

Radius Residential Care Limited - Radius Lexham Park

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius Lexham Park

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

Dates of audit: Start date: 5 June 2025 End date: 6 June 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 56

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 Lexham Park is owned and operated by Radius Residential Care Limited. The service provides hospital (geriatric and medical), and rest home levels of care for up to 64 residents. On the day of the audit there were 56 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is non-clinical with experience in aged care. The facility manager is supported by a clinical nurse manager, a clinical team leader and an office manager. These roles are supported by the Radius regional manager and a national quality manager.

This audit has identified the service meets the Ngā Paerewa Health and Disability Services Standard. Radius Lexham Park has been awarded a continuous improvement rating for falls reduction.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Radius Lexham Park provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a Māori view of health and provide high-quality and effective services for residents.

The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents. Residents receive services in a manner that considers their dignity, privacy, and independence.

Radius Lexham Park 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 resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager and the clinical nurse manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. Radius Lexham Park has a well-established quality and risk management system that is directed by the Board and clinical governance committee of Radius Care. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Radius Lexham Park provides clinical indicator data for the rest home and hospital services provided.

There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats as required. Registered nurses assess residents on admission. InterRAI assessments and risk assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Handovers between shifts guide continuity of care and teamwork is encouraged.

The activity programme is overseen by a diversional therapist. The activity team and programme provides residents with a variety of individual and group activities and maintains their links with the community. There are sensory and reminiscing activities provided that are meaningful. The activities calendar has a range of activities that are appropriate to their cognitive and physical capabilities.

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. All meals are prepared on site by an external contractor. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family/whānau confirmed satisfaction with meals provided.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is an annual maintenance plan that includes electrical compliance testing, call bell checks, calibration of medical equipment, hot water temperatures, and appropriate pest control management. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single, with most having dedicated ensuites or shared facilities. There are communal shower rooms and toilets with privacy locks. Resident rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate. Appropriate security measures are implemented.

The building holds a current building warrant of fitness certificate.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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Infection prevention management systems are in place to minimise the risk of infection to consumers, staff, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the staff. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has a robust pandemic and outbreak management plan in place. There are sufficient supplies on site to effectively manage an outbreak of infection. The internal audit system monitors for a safe environment. Two Covid-19 outbreaks in 2023 since the last audit were managed effectively.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely in locked chemical cupboards. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people’s dignity and mana are maintained.		Subsections applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were no residents using restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	1	167	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Radius Residential Care has a Māori health strategy in place that recognises Te Tiriti o Waitangi as the founding document in New Zealand and is reviewed at Board level. There is a national cultural committee that advises the Board and operations team on areas of cultural significance to Māori. The national cultural committee includes four Māori members. There is also a Māori advisory group appointed to support the Board at a strategic level and available to advise on any issue that requires cultural oversight and direction. Ethnicity data is captured on the electronic system and reported three-monthly to the national cultural committee to review. This data is analysed and reported on to identify opportunities for improving health equity and outcomes for Māori. An example is the 2024 menu, which includes Māori kai that was reviewed and approved.</p> <p>Currently there are no residents who identify as Māori at Radius Lexham Park; however, there is a Māori care plan available to detail the individual affiliations, values, beliefs, and preferences for Māori. This is based on Te Whare Tapa Whā model of Māori health. Staff described their process of always involving families/whānau in assessments, planning care and evaluations. There are staff employed who identify as Māori. All staff are required to complete training in Te Tiriti o Waitangi,</p>

		<p>Te Whare Tapa Whā and relevant words in te reo Māori for healthcare.</p> <p>The Māori health strategy identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct their care in the way they choose. Staff are encouraged to incorporate te reo Māori into everyday practice and there is signage in te reo Māori throughout the facility.</p> <p>Interviews with management (regional manager, facility manager, clinical nurse manager) and staff (two registered nurses, three healthcare assistants, kitchen manager, housekeeping staff, laundry staff, diversional therapist, activities coordinator and maintenance person) included examples of providing culturally safe services in relation to their roles.</p> <p>Radius Lexham Park has linkages with a local kaumātua and a college Kapa Haka group.</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>	<p>FA</p>	<p>Radius Residential Care has a Pacific health plan, Ola Manuia, which aligns with the Ministry of Health Pacific Plan. Ethnicity data is captured in the electronic system. Currently there are no residents who identify as Pasifika; however, there is a Pasifika care plan available which is based in the Fonofale model of health for Pacific people. There are staff employed who identify as Pasifika. The facility manager and other staff have personal links in the community with Pacific groups, such as the recognised seasonal workers.</p> <p>All staff are required to complete training in Pacific models of health and providing healthcare and support for Pacific people. Registered nurses advised that family members of all residents are encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>The facility manager confirmed staff who identify as Pasifika are supported through the employment process. As an organisation, Radius Residential Care has a stated commitment to ensure all staff are treated</p>

		<p>fairly and equally within the workplace; to make sure the environment remains inclusive and accessible for all staff and residents; and to ensure staff have equal opportunities for career advancement within the company.</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>	<p>FA</p>	<p>Radius Residential Care policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their families/whānau. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Information about the Nationwide Health and Disability Advocacy is available to residents and families/whānau on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>Staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme.</p> <p>Six residents (four rest home level and two hospital level) and three families/whānau (two rest home level and one hospital level) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. The residents and families/whānau expressed they are encouraged to make their own choices. Interactions observed between staff and residents were respectful. Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do and be as independent as they can be.</p> <p>The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting future Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in decision-making that</p>

		supports their health and wellbeing.
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Interviews with residents and families/whānau confirmed they are asked about their individual preferences, lifestyle, significant people in their lives, aspirations, and anything else that is important to them. Care plans and activities plans are based around this information and residents' individual values and beliefs. The service offers people of all denominations and religions a platform to access and maintain their cultural and spiritual beliefs.</p> <p>Radius Residential Care policies and procedures require the environment is to be inclusive and accessible for all residents and diversity is celebrated. The training programme is responsive to the diverse needs of residents and families/whānau. Training records from 2024 and 2025 show training completed includes (but is not limited to): equality/diversity; enriching lives through Te Whare Tapa Whā; death, dying and tangihanga; sexuality and intimacy; enabling good lives; informed consent, privacy, and dignity; and the ageing process. During the audit, staff were observed to be respectful, responsive, and maintaining residents' privacy. Residents and families/whānau interviewed expressed their dignity and privacy is maintained.</p> <p>Te reo Māori is actively promoted in the activities programme and there is signage in te reo Māori throughout the facility. Celebrations are held during Te Wiki o Te Reo Māori, Waitangi Day, and Matariki with Māori kai and kōrero with residents and families/whānau. Interviews with staff confirm they understand what Te Tiriti o Waitangi means to their practice and examples were provided of how they uphold tikanga best practice.</p> <p>Cultural assessments were evident on files reviewed. Electronic care plans identified residents' preferred names. Information from cultural assessments is incorporated through the care plan and activities plans. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>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>	<p>FA</p>	<p>Radius Residential Care has policies and procedures that express a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses, healthcare assistants and activities staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The abuse and neglect policy is implemented. Staff have ongoing training in recognising and responding to abuse and neglect. Staff interviewed could easily describe signs and symptoms of abuse they may witness and were aware of how to escalate their concerns. Residents have enduring power of attorney for finance and wellbeing documented in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of residents' possessions within the resident's signed service level agreement.</p> <p>The service implements a process to manage residents' comfort funds through an external agency. The service provides education on cultural safety and awareness and boundaries. Cultural days are held to celebrate diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Families/whānau interviewed confirmed that the care provided to their family members is of a high standard.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and family/whānau on admission in an information pack and on the website. Bi-monthly resident and family/whānau meetings identify feedback from residents and families/whānau and minutes of the meetings show consequent follow up by the service. Policies and procedures relating to accidents, incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau or next of kin of any accident or incident that occurs. Electronic accident and incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. Twelve accident and incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit there were no residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreters, family/whānau members, picture charts, and online translation tools, if there were residents who could not speak English. Non-subsidised residents (should there be any in future) would be advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services including (but not limited to) speech and language therapist, and wound nurse specialist. The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau members interviewed stated they receive appropriate timely notification to attend review meetings.</p>
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<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There is an informed consent policy in place. Eight resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and families/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and families/whānau confirmed they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where available and had been activated where necessary. Staff on interview demonstrated their knowledge in applying tikanga principles in obtaining informed consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>There is a policy and procedures for complaints that are communicated to residents and families/whānau. The facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The facility manager maintains an up-to-date complaints' register on the electronic system. Concerns and complaints are discussed at relevant meetings.</p> <p>Four complaints have been made since the last audit. The review of the complaints evidenced acknowledgement of the lodged complaint, an investigation, communication with the complainants, including any corrective action taken, and documented resolution. All complaints reviewed were of a minor nature, and no trends were identified. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings. There have been no external complaints received.</p> <p>Interviews with residents and families/whānau confirmed they were provided with information on the complaints process. Complaint forms</p>

		<p>are easily accessible throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>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 Lexham Park provides rest home and hospital level care for up to 64 residents. On the days of the audit there were 56 residents, 34 rest home level (including one resident on a younger person with a disability (YPD) contract, and one resident on respite) and 22 hospital level (including one resident on a YPD contract). Aside from the residents on the YPD and respite contracts, all residents are under the age-relate residential care contract (ARRC). All rooms are dual purpose.</p> <p>The governance body of Radius Care is the Board of Directors, comprised of the Radius managing director/executive chair and four professional directors. The Board has overall responsibility for all decision making within Radius Care. Day-to-day management of the company is delegated to the chief executive officer (CEO). The CEO is responsible for the overall leadership of the management team. A weekly and monthly reporting structure informs the CEO and Board of Operations across the organisation. Facility managers' report to the regional managers through the electronic system, including clinical and quality indicators, health and safety, and human resources. Data is displayed on Power BI to provide an overview of performance around measuring key performance indicators (KPIs).</p> <p>The Board is made up of experienced directors with a mix of skills, knowledge, experience, and diversity to adequately discharge its responsibilities. The Board encourages directors to undertake appropriate training to enable them to remain current on how best to discharge their responsibilities and keep up to date on changes and trends in areas relevant to their work. Directors are provided with industry information and receive copies of appropriate company documents to enable them to perform their role. Training courses are provided by Radius Residential Care when required. In addition, visits to Radius Residential Care facilities, briefing from senior management and</p>

	<p>key advisors to Radius Residential Care are arranged for directors. The Board also ensures that new directors are appropriately introduced to management and to the care homes. The Board aims to strengthen its knowledge of the requirements of applicable standards and legislation in all disciplines, as required, by obtaining expert advice. This advice is used to support their decisions and guide development of Radius Care policy and procedures.</p> <p>The organisation's values and mission are stated on the website. The organisation has goals for the following: business strategy; clinical governance (including clinical care and effectiveness, Māori health, consumer participation and workforce effectiveness); financial leadership and management; and risk management (including health and safety, clinical risk, financial risk, and human resources). There is a monthly reporting structure that aligns with the business goals. Reports are discussed at management and Board meetings. Action items on issues to progress are raised and allocated to the appropriate personnel to implement. There is a monthly report from the quality manager to the operations management team, regional managers, and facility managers that includes a monthly review of clinical KPIs and benchmarking of data with Radius facilities and other providers of residential aged care.</p> <p>The facility manager is new to the role but has been employed at Radius for three years as an office manager. They are being supported into the role by the regional manager and by undertaking training in leadership and management. The clinical nurse manager has been in the role for four years and has extensive experience in aged care.</p> <p>The Board ensures policies, procedures and practices align with current government strategies and protocols, including Enabling Good Lives Strategy; He Korowai Oranga: Māori Health Strategy; Whakamaua: Māori Health Action Plan 2020-2025; Ministry of Health, Healthy Ageing Strategy 2016; New Zealand Disability Strategy 2016-2026; and Ministry of Health (2018) Whaia Te Ao Marama 2018-2022: The Māori Disability Action Plan, and the Disability Action Plan 2019-2023. A national cultural committee is in place and meets three-monthly, with a standing agenda in place. Collecting ethnicity data for residents and staff is a priority. A plan is being implemented to analyse data and implement a plan of action to identify and eliminate bias, and health inequities. The</p>
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		<p>committee include Pakeha and Māori representatives and has terms of reference.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, family/whānau, and staff input through feedback and meetings. All of this is discussed and reviewed from Board level down to facility level, with corrective actions being filtered through all committees at all levels. Radius Lexham Park invites local communities to be involved in their facility, and they support and provide a venue for sporting and community groups.</p> <p>All members of the Radius governance team have completed training on Te Tiriti o Waitangi, cultural safety and understanding institutional bias and racism. Any new members are provided with links and resources to complete these requirements.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>A quality and risk management programme is in place that allows Radius Lexham Park to track their progress against the organisation's quality goals, as outlined in the business plan. Quality goals for 2025 are documented and progress towards quality goals is reviewed regularly at staff and quality meetings. The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors, and staff injuries. The service actively looks for opportunities to improve through quality initiatives, and continuous improvement has been achieved in falls reduction and reduction in harm related to falls, see 2.2.4.</p> <p>A range of meetings are held monthly, including general staff, qualified staff, healthcare assistants, heads of department, health safety and quality, resident, family/whānau and infection control. Discussions include (but are not limited to): tabling the previous minutes; matters outstanding; incidents and accidents; clinical indicators as above; internal audit reports; human resources; education; compliments and complaints; policy updates; general business; and actions going forward.</p> <p>Internal audits, meetings, and collation of data are documented as</p>

	<p>taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level.</p> <p>Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities. The 2024 resident and family/whānau satisfaction surveys demonstrate 96% satisfaction with communication; 100% satisfaction with healthcare services; 91% satisfaction with spiritual and cultural support; and 96% satisfaction with the facility. Corrective actions were initiated related to the meals and communication as a result of survey comments.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place with identified health and safety goals. The health and safety officer interviewed maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health, safety and quality committee meeting. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are reported into the electronic system, e-case, which allows collation and categorisation of data. Twelve incident forms were reviewed and this evidenced immediate</p>
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		<p>action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the health, safety and quality and at staff meetings and shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>Discussions with the facility and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications completed as required. There have been no severity assessment code (sac) reports to the Health Quality and Safety Commission; however, during the audit an unstageable pressure injury was identified, and the clinical nurse manager submitted a report on the day of audit. There were two outbreaks of Covid-19 since the previous audit which were notified appropriately.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The facility manager works Monday to Friday. The clinical nurse manager currently works 0.8 full time equivalent. There is always a registered nurse on duty, and they can call the facility or clinical nurse manager after hours if needed. The maintenance person is available for maintenance and property related calls.</p> <p>Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support.</p> <p>Review of the rosters showed any gaps in staffing due to absences were covered by staff picking up extra shifts. Residents and family members interviewed reported that there are adequate staff numbers.</p> <p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior healthcare assistants and</p>

		<p>registered nurses have current medication competencies. Registered nurses, senior healthcare assistants, activities staff, and the van driver have a current first aid certificate.</p> <p>All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 33 healthcare assistants in total; 21 of whom have achieved NZQA level four.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurse and healthcare assistants related to specialised procedures or treatments, including (but not limited to) infection control; wound management; medication; monitoring blood glucose levels; and insulin competencies. At the time of the audit there were eight registered nurses, in addition to the clinical nurse manager. Eight registered nurses have completed interRAI training including the clinical nurse manager. Staff have completed online training that covers equality/diversity; Te Tiriti o Waitangi; enriching lives through Te Whare Tapa Whā; Pacific models of health; providing healthcare and support to Pasifika; and a broad range of other subjects relevant to aged care nursing. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>Existing staff support systems include recognising staff achievements during staff meetings, and provision of education to promote health care and staff wellbeing. Staff interviewed report a positive work environment and team collaboration.</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</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Eight staff files, including two registered nurses, the diversional therapist, two healthcare assistants, a kitchen assistant, housekeeping staff, and maintenance person were reviewed. These included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form, and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals.</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>A register of current annual practising certificates was sighted and included all registered nurses, the podiatrist, physiotherapist, and general practitioners.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored on an electronic platform. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process.</p> <p>Following any incident or accident, evidence of debriefing and follow-up actions taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available through the occupational counselling programme.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant registered nurse or healthcare assistant, including designation. Any paper-based documents are scanned into e-case. Resident files are archived for ten years as required.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality</p>	<p>FA</p>	<p>An information pack detailing entry criteria is provided to prospective residents and their family/whānau, which includes information about what to expect at rest home, hospital and end of life on enquiry. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p>

<p>care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. The resident would be declined entry if not within the scope of the service or if a bed were not available. Where entry to the service is delayed, the service ensures those involved receives timely updates.</p> <p>The needs assessment service coordination (NASC) assessments are completed for entry to the service to determine the level of care required.</p> <p>Ethnicity is being collected and analysed by the service. The service acts in accordance with the admission entry and declining policy, which requires the collection of information that includes (but is not limited to) ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. The two clinical nurse managers and one clinical team leader described having access to Māori service providers through Health New Zealand – Bay of Plenty. The registered nurses (RNs) described how they support residents to maintain their relationships in the community. The service has links with local Māori and there are staff who identify as Māori who are available to support residents and whānau.</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>Eight electronic resident files were reviewed: four rest home level (including one respite resident), and four hospital level (including one on a YPD contract). Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans.</p> <p>All residents have admission assessment information collated and an initial care plan completed within required timeframes. All interRAI assessments and re-assessments have been completed within the contractual required timeframes for all long-term residents, excluding those on a respite and palliative care contract. All care plan</p>

	<p>development and resident reviews have been completed within required timeframes.</p> <p>A suite of risk assessments are available on the electronic system. Appropriate risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. The care plans identify resident focussed goals, aligns with Te Whare Tapa Whā, and reflects a person-centred model of care. The care plans identify key assessed risks, including medical risks and are reflective of interRAI assessments. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others, form the basis of the long-term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. There are three contracted GPs. The GPs visit Monday, Thursday, and Friday. On call after hours are till 6pm weekdays, and 12pm weekends, then they call the ambulance if required. The GP (interviewed) was complimentary of the care, communication, and the quality of the service provided. The GP stated the information was consistent and RNs were using the 'Introduction, Situation, Background, Assessment and Recommendation (ISBAR) communication tool. The GPs has remote access to the electronic medication system.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, older person mental health team, and wound care nurse specialist is available as required through Health New Zealand. The service has support from clinical nurse specialists from Waipuna hospice. The physiotherapist visits the facility monthly and as required.</p> <p>Healthcare assistants, and the RN interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Healthcare assistants complete task lists</p>
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	<p>that reflect within the progress notes on every shift. When changes occur with the resident's health, these are reflected in the electronic progress notes to provide an evolving picture of the resident's journey. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home residents. There is regular documented input from the GPs and allied health professionals. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status. This was confirmed through the interviews with family/whānau.</p> <p>The wound register reviewed evidenced there were 42 wounds across the service, including chronic wounds, skin tears, abrasions, and other skin conditions. There were eight pressure injuries documented (three stage II, and five stage I). Assessments and wound management plans, including wound measurements and photographs, were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms, and wound monitoring occurs as planned in the sample of wounds reviewed. There have been education sessions held around wound care and pressure injury prevention and management. Pressure injuries are referred to a wound nurse specialist for advice on dressings. The wounds are dressed by the RNs, with regular review from the wound nurse specialists.</p> <p>Healthcare assistants and registered nurse interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. There is access to a continence specialist as required.</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</p>
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		<p>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. A post fall concussion checklist is completed as per policy, once per shift for 24 to 72 hours for all residents who had an unwitnessed fall and is unable to say if they have hit their head or not, or has an obvious or suspected head injury, including bruises and lacerations.</p> <p>There is a written and verbal handover between shifts to ensure continuity of care. Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans have been updated following the six-monthly multidisciplinary (MDT) meeting and to reflect the interRAI reassessment, or sooner when changes have occurred. Family/whānau are invited to attend the care plan review meeting.</p> <p>Short-term issues such as infections, weight loss, and wounds are addressed in an electronic short-term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The residents' activities programme is implemented by a full time qualified diversional therapist (DT) and an activities coordinator (AC), who provides exercises and assists with all aspects of the activities programme. The DT works Monday to Friday 09.00 to 3pm, and AC Tuesday to Saturday, with Sundays kept for the weekly church services, and family time. Family/whānau interviewed were happy with activities programme on offer.</p> <p>The activities programme is displayed on noticeboards in the communal areas and a copy given to residents. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly.</p> <p>Outings are organised weekly and regular visits from community visitors occur. Various denominational services church services are held</p>

		<p>weekly, and all residents are welcomed at all services.</p> <p>Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. The team explained how they incorporate te reo Māori into aspects of the activities programme. A hangi is planned for upcoming Matariki celebrations, and a printed menu in English and te reo Māori was sighted. Community engagement occurs through local volunteer initiatives, and the residents have the opportunity to participate in cultural learning and hands on crafts at Otawhiwhi Marae.</p> <p>Themed celebration days are a regular feature of the activities programme and residents were observed enjoying a pirate themed dress up on the day of audit.</p> <p>The residents' activities assessments are completed by the diversional therapist in conjunction with the RN on admission to the facility, and within 21 days. Information on residents' interests, family/whānau, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment and resident profile (about me and life history) which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided. Regular resident meetings are held bi-monthly and include discussion around activities.</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</p>	<p>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Sixteen medication files were reviewed for this audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GPs were recorded. Resident allergies and sensitivities are documented on the</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>electronic medication chart.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy.</p> <p>The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication demonstrated knowledge and at interview, demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. The registered nurses oversee the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical nurse manager or registered nurses. Medication information for residents and family/whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit; however, there are policies documented to guide staff around this process. Staff administering medications were knowledgeable of the process and the secure storage of medications. No vaccines are stored on site, and no standing orders are used.</p> <p>The medication policy describes use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with and prescribed by a medical practitioner. Interview with RNs and enrolled nurse confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the GP, following discussion with the resident and/or their family/whānau.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>A nutritional assessment is undertaken by the RN for each resident on admission to identify the residents' dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the kitchen manager at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning.</p> <p>All meals are prepared on site and served in the dining rooms or in the residents' rooms if requested. These are transported in temperature controlled hot boxes and the temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. A dietitian has developed the seasonal menu and reviews it six-monthly. The food control plan expiry date is 31 March 2026. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen manager is responsible for purchasing the food to meet the requirements of the menu plans. The kitchen staff have relevant food handling and infection control training. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview, the kitchen manager was familiar with the concepts of tapu and noa. They discussed occasions where the service has provided culturally appropriate meal services, including Māori bread, boil up and described previous hangi they had provided for cultural days, along with the menu planned for upcoming Matariki celebrations.</p> <p>Discussion and feedback on the menu and food provided is sought at the residents' meetings and in the annual residents' survey. Residents and families/whānau interviewed stated that they were satisfied with the meals provided.</p>
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<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>	<p>FA</p>	<p>There is a Radius discharge, transition, and transfer policy. Transition, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with staff and management confirmed there is open communication between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers. A verbal handover is provided, and the facility utilise the yellow envelope Health New Zealand transfer documentation system to ensure consistency of transfer processes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a building warrant of fitness certificate that expires on 21 October 2025. The environment is inclusive of peoples' cultures and supports cultural practices. There is a full-time experienced maintenance person who is well qualified for the role. The maintenance person is responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged through the electronic system and followed up in a timely manner. An annual maintenance plan includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, monthly testing of hot water temperatures, and appropriate pest control management is in place. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually. Healthcare assistants and RNs interviewed stated they have adequate equipment to safely deliver care for rest home, hospital level of care residents.</p>

	<p>All outdoor areas well maintained and are accessible and safe for residents' use. Seating and shade are provided. External areas and garden areas surrounding the facility are well maintained. Level paths to the outside areas provide safe access for residents and visitors. Pathways are clear and well maintained.</p> <p>All rooms apart from one double room are single occupancy only, with a mix of ensuite and shared ensuite facilities. The double room was occupied by a married couple on the day of audit. Residents' bedrooms throughout the facility have resident's own personal belongings displayed. There is a nurse's station in each wing, and both wings have their own separate dining room and separate outdoor area.</p> <p>All bedrooms and communal areas have sufficient natural light and ventilation. There are lights above the beds. There is ceiling heating and heat pumps throughout the facility. On the days of audit, the facility was of a comfortable temperature.</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. The external courtyards and gardens have seating and shade. There is safe access to all communal areas. Healthcare assistants confirmed they could move freely to provide cares and there is enough space to move mobility equipment safely. Doorways into residents' rooms and communal areas are wide enough for wheelchair and power wheelchairs access.</p> <p>There are adequate numbers of communal toilets and showers for residents and separate toilets for staff and visitors. Toilets and showers have privacy locks in place. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. Flooring throughout is appropriate for ease of cleaning.</p> <p>There are lounges in each of the wings, a library, and whānau room available for quiet areas and family/whānau visiting. The lounges are spacious and able to accommodate equipment and provide appropriate areas for dining, relaxation, and activities.</p> <p>There are no plans for building or major refurbishments; however, the service would seek input from Māori staff and local iwi should this occur.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, 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. There is a resident list with mobility needs and assistance required in an event of evacuation.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service (5 September 2002). A recent fire evacuation drill has been completed and this is repeated every six months (last 20 March 2025). 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.</p> <p>In the event of a power outage, the services has a rapid connection point for a generator, and a memorandum of understanding for priority supply of a generator from a local supplier. There are adequate supplies in the event of a civil defence emergency, including water stores (tank on site) to provide residents and staff with four litres per day, for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms, communal toilets, showers, and lounge/dining room areas. The call bell system is 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. They can choose to wear a call bell pendant. The residents in the secure units are monitored through call bell availability and sensor mats. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure after hours and staff complete security checks at night. Visitors and contractors sign in at reception.</p>
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<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship is an integral part of Radius Care's business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. The clinical governance committee has oversight of policies, procedures and data on infections and antimicrobial usage throughout Radius facilities. Data is analysed for trends and reported to the Board as part of the monthly quality reporting. Expertise in infection control and antimicrobial stewardship is available through the quality manager at head office and infection control nurse specialist at Health New Zealand. Resources on infection prevention and control and antimicrobial stewardship are accessible to staff at Radius Lexham Park.</p> <p>The infection control committee, consisting of the clinical nurse manager, infection control coordinator, registered nurse, healthcare assistant and allied health staff, meet monthly to discuss infection rates, types of infections with comparison to the previous month, and use of antimicrobials. This information is included in monthly quality and staff meetings (minutes sighted). The regional manager and quality manager have access to the facility's infection data. Any significant events are managed using a collaborative approach and involve the infection prevention control coordinator, the senior management team, quality manager, and general practitioner. There is a documented pathway for reporting infection prevention and control and AMS concerns to the governance body. Outbreaks are escalated in a timely manner.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and the antimicrobial stewardship programmes are reviewed annually by the quality manager. The report for 2024 was sighted.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the clinical</p>

	<p>governance committee in consultation with the quality manager. Policies are available to staff. The infection control coordinator job description outlines the responsibility of the role relating to infection prevention and control matters and antimicrobial stewardship. The infection control coordinator has completed training specific to the infection control coordinator role. The service has access to the quality manager at head office.</p> <p>The infection control coordinator described the outbreak management plans used to manage previous, and any possible future outbreaks within the facility. The infection control coordinator monitors the effectiveness of education and infection control practices, such as hand hygiene competencies for all staff.</p> <p>The infection control coordinator has input in the procurement of consumables for infection prevention and control and personal protective equipment (PPE). Sufficient infection prevention resources including PPE were sighted and these are regularly checked against expiry dates. The infection prevention and control resources are readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The infection control coordinator, registered nurses and healthcare assistants described how they would work in partnership with Māori residents and whānau and use of tikanga best practice to ensure culturally safe practices in infection prevention and control, acknowledging the spirit of Te Tiriti.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audit system.</p> <p>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 family/whānau are kept informed and updated through meetings, newsletters, and emails.</p>
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<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The antimicrobial stewardship programme guides the use of antimicrobials and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme was approved by the clinical governance committee for Radius Care. The programme aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The registered nurses work in collaboration with the general practitioner and the pharmacist to monitor the use of antibiotics. Quantity and types of antibiotic usage is monitored monthly. Staff, residents and families/whānau have received education on antibiotic usage. Monthly records of infections and prescribed antibiotic treatment are maintained. The effects of the prescribed antimicrobials are monitored, and the infection control coordinator reported that any adverse effects are reported to the general practitioner. The antimicrobial stewardship programme is evaluated annually and a report for 2024 was sighted.</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. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection, and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly. Infection control surveillance is discussed at monthly infection control committee, quality committee and staff meetings. Infection surveillance data is reported to the governance body through clinical indicator reports. The service incorporates ethnicity data into surveillance data. Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits</p>

		<p>are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a healthcare acquired infection.</p> <p>Since the last audit, there have been two outbreaks of Covid-19 (one in May/June 2023 and one in October/November 2023). Records of the outbreak management plans, daily outbreak records and actions implemented to minimise the spread of infections show both outbreaks were appropriately reported and well managed. Staff were debriefed following each outbreak.</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>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals are clearly labelled with manufacturer’s labels and stored in locked cupboards. The trolleys are kept in a locked cleaner’s room when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, face shields and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms with a sanitiser and stainless-steel bench and separate handwashing facilities in each sluice room. Staff have completed chemical safety training. Laundry and cleaning processes are monitored for effectiveness through internal audits and resident and family/whānau feedback.</p> <p>All laundry is completed on site. There are dedicated laundry staff on duty each day. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards are well stocked, and linen was sighted to be in a good condition. Cleaning and laundry services are monitored through the internal auditing system. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator and clinical nurse manager oversee the implementation of the cleaning and laundry audits.</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 Radius governance body is committed to work towards a restraint-free environment across all their facilities. The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. A registered nurse 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. The organisational plan evidenced a Radius Care commitment to be restraint free.</p> <p>The reporting process to the governance body includes restraint data that is gathered and analysed monthly.</p> <p>The GP at interview confirmed involvement with the restraint approval process when required. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>On the day of the audit, no residents were using restraint. Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint elimination. Review of restraint usage is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually. This includes a restraint competency assessment</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	CI	<p>The quality and risk management system includes performance monitoring through internal and external audits and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication errors, and staff injuries. The service actively looks for opportunities to improve through quality initiatives.</p>	<p>In analysing falls data, it was noted a rise in falls in 2022 to 2023, from 13.18 per 1000 occupied bed days in 2021, to 2022 at 21.62 (471 falls in total). The problem was identified as a high falls rate with a high acuity of residents with poor gait, balance, and mobility. The Radius benchmarked reference range for falls is between 3.3 and 11 per 1000 occupied bed days. The objectives were: to reduce falls; reduce harm due to falls; increase residents’ enjoyment in exercise and activities; and improve residents’ health and wellbeing.</p> <p>The strategies for meeting the objectives included: the physiotherapist to deliver a one-hour exercise session per month and a specific exercise session for those with Parkinson’s disease; those who had falls were to be seen by the physiotherapist for specific review and assessment, and their plan of care to be incorporated into the long-term care plan; a mobility chart developed by the physiotherapist was to be placed in the resident’s</p>

			<p>rooms; mobility and transfer plans were to be entered into e-case and reviewed at least six-monthly; provide music and movement classes twice a week by the activities team (one of the activities staff is a qualified movement and wellness coach); walking group (weather dependent) three times per week with five to ten residents; one-to-one exercises for residents who prefer not to come to a group exercise class; and activities to be tailored to improve flexibility, movement and coordination. Monitoring was to be through a monthly review of falls, skin tears and bruising, an annual falls review of rates of falls, and incidence of injury sustained.</p> <p>The outcomes evidence a reduction in falls. In 2023 to 2024, there were 16.16 per 1000 occupied bed days (365 falls in total), and in 2024 to 2025 there were 14.09 per 1000 occupied bed days. For 2025 to 2026, Lexham Park is tracking at 12.32 per 1000 occupied bed days. The general practitioner on interview stated the residents at Radius Lexham Park are some of the most active and engaged people they see in aged care facilities. The physiotherapist was interviewed and stated there are now much fewer referrals to them for post fall injuries. Feedback for 11 residents was sighted and comments included (but were not limited to): "I feel steadier, I am breathing better, my legs are less swollen, my balance has improved and I feel looser".</p>
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End of the report.