

# Clare House Care Limited - Clare House

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## 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 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Clare House Care Limited
<b>Premises audited:</b>	Clare House
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 27 September 2022    End date: 28 September 2022
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	63

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou 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 haumarua | 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 Clare House, acquired by Radius on 1 November 2021, provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 87 residents. There were 63 residents on the days of audit.

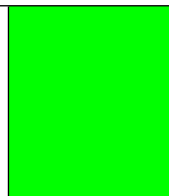
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora – Southern District. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews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

The general manager is appropriately qualified and experienced and is supported by a clinical nurse manager (RN). There are quality systems and processes being implemented. Feedback from residents and families was positive about the care and the services provided. Orientation and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified an improvement required around staffing.

## Ō tatou 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.



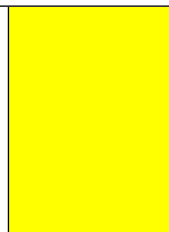
Subsections applicable to this service fully attained.

Radius Clare House provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. A Māori health plan and a Pacific health plan are in place for the organisation. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Radius Clare House 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 are kept informed. The rights of the resident and/or their family 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 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Some subsections applicable to this service partially attained and of low risk

The business plan includes a mission statement and operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality

improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated at facility level, and reported to the regional manager. A consolidated report and analysis of all Radius facilities is then provided to the Board each month.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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 whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes. The general practitioner or nurse practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Long-term care plans are developed and implemented within the required timeframes. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Handovers between shifts guide continuity of care and teamwork is encouraged.

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 activity team provides an activities programme in the rest home and hospital and a separate programme in the dementia care unit. The programme provides residents with a variety of individual and group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. There are nutritious snacks available 24 hours per day. Residents and family confirmed satisfaction with meals provided.

Transition, exit, 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 2 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 a preventative and reactive maintenance programme. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Bedrooms are all single with their own ensuites or shared facilities. There are communal shower rooms with privacy locks. Rooms are personalised. The dementia unit is secure with safe access to a secure internal courtyard.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

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

Includes 5 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.

A suite of infection control policies and procedures are documented. There is a comprehensive pandemic plan. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

The infection control coordinator is the clinical nurse manager. The infection control committee is supported by representation from all areas of the service. The infection control team have access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practises through meetings, and education sessions.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and specific on-site laundry duties. 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 4 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 who is a registered nurse. On the day of the on-site audit, there were five residents using bed rails as a restraint. Restraint is only used as a last resort when all other options have been explored.

### 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	28	0	1	0	0	0
Criteria	0	172	0	1	0	0	0

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



# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Radius is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau and evidence is documented in the resident care plan and evidenced in practice. Links are established with Ngai Tahu – Murihuku with regular visits from the kaumātua. Comprehensive Māori assessments are completed for residents who identify as Māori.</p> <p>The general manager stated that they support increasing Māori capacity by employing more Māori staff members when they do apply for employment opportunities at Radius Clare House. At the time of the audit, there were staff members who identify as Māori. Māori staff interviewed confirm they feel supported by Radius and Radius’s commitment to improve labour market outcomes for Māori.</p> <p>Residents and whānau are involved in providing input into the</p>

		<p>resident's care planning, their activities, and their dietary needs. Ten care staff interviewed (six healthcare assistants (HCAs) who work the AM and PM shifts across the rest home, hospital, and dementia wings; three registered nurses (RNs); one activities coordinator) described how care is based on the resident's individual values and beliefs.</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>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were no residents that identified as Pasifika residing in the facility. Whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs. Interviews with seven residents (four rest home and three hospital) and five family/whānau (three dementia, one rest home, one hospital), confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>Radius Clare House partners with Pasifika organisations and their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. Pasifika staff reviewed the Clare House Māori Health plan and Pacific Health and Wellbeing plan commenting that the organisation is to be commended for their objectives, purpose and vision for both Māori and Pasifika communities.</p> <p>The Code of Rights is accessible in Pasifika languages.</p> <p>The service is actively recruiting new staff. There are currently staff employed that identify as Pasifika. The general manager described how Radius increases the capacity and capability of the Pacific workforce. One staff wrote 'what I was most impressed with is the drive that Radius Care has put into place to engage and support Pacific workforce participation in governance, leadership and</p>

		<p>management at all levels of the organisation’.</p> <p>Interviews with fifteen staff (ten care staff, one maintenance, one kitchen manager, one kitchen assistant, one laundry, one cleaner), and three managers (general manager, clinical nurse manager, regional manager), and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</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>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The general manager, clinical nurse manager or registered nurse discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code of Health and Disability Services Consumers’ Rights is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during resident/family meetings. Residents and family/whānau interviewed reported that the service is upholding the residents’ rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support. The service recognises Māori mana Motuhake, which is reflected in the Māori health care plan. Church services are held weekly.</p> <p>Staff receive education in relation to the Health and Disability Commissioners (HDC) Code of Health and Disability Consumers’ Rights (the Code) at orientation and through the annual education and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>Residents have control over and choice over activities they participate in.</p> <p>The Radius annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services.</p> <p>Satisfaction survey results (2022) and observations during the audit confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo resources are available on the education</p>
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		<p>platform.</p> <p>Cultural awareness training is provided annually and covers Te Tiriti o Waitangi and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>An abuse and neglect policy is being implemented. Radius Clare House policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Inclusiveness of ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Te Whare Tapa Whā is recognised and implemented in the workplace as part of staff wellbeing and to improve outcomes for Māori staff and Māori residents.</p>
Subsection 1.6: Effective communication occurs	FA	<p>Information is provided to residents/family/whānau on admission. Resident meetings identify feedback from residents and consequent</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>follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. This is also documented in the progress notes. Twenty accident/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. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family 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 Te Whatu Ora – Southern District specialist services. The delivery of care includes a multidisciplinary team and residents/family/whānau provide consent and are communicated with regarding services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes related to Covid-19 through emails and newsletters.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that</p>	<p>FA</p>	<p>There are policies around informed consent. Eight resident files reviewed (four at hospital level, two at rest home level of care, and two at dementia level of care) included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe</p>

<p>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>what informed consent was and knew they had the right to choose.</p> <p>There is resuscitation order policy and procedure guidelines. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. 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 family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows best tikanga guidelines and understand that the concept of 'next of kin' may be broadly interpreted by Māori. A Māori health consent is available for residents and whānau who identify as Māori.</p> <p>Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files where available. Residents in the dementia unit all have evidence of an EPOA activation letter on file.</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>The complaints procedure is provided to residents and family/whānau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is in hard copy and electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were six complaints logged in 2021 and two in 2022 (year-to-date). One complaint lodged was escalated from the Nationwide Health and Disability Advocacy Service to HDC (May 2022). The service has responded with details of their investigation and corrective actions to the issues raised. This complaint is currently under review by HDC.</p> <p>Complaints logged include an investigation, follow up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in the quality and staff meetings</p>

		<p>(meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are chaired by the activities staff where concerns can be raised. During interviews with family/whānau, they confirmed the general manager is available to listen to concerns and acts promptly on issues raised. Residents/family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The general manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p><b>Subsection 2.1: Governance</b></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 high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Clare House has a total of 87 beds certified for rest home, hospital (including medical), and dementia levels of care. Twenty beds in the care centre are rest home only. Twenty-eight beds in the hospital wing are dual-purpose. All eighteen beds in the serviced apartments have been certified for rest home level of care, as evidenced in the previous report. Twenty-one beds are in the dementia wing.</p> <p>At the time of the audit there were 63 beds occupied; 19 residents were at rest home level with one resident in a serviced apartment; 27 residents were at hospital level with one resident on accident and compensation corporation (ACC) contract and one resident on a long-term service – chronic health funding (LTS-CHC) contract; and 17 residents were in the secure dementia unit with one resident on respite. Residents not under a specific contract identified were under the age-related care contract.</p> <p>The Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy. The 2021-2022 business plan is specific to Radius Clare House and describes specific and measurable goals that are regularly reviewed and updated. Site</p>



		<p>specific goals relates to clinical effectiveness, risk management and financial compliance.</p> <p>The Governance Board consists of the Radius managing director / executive chairman and four professional directors, each with their own expertise. One Board member identifies as Māori. The terms of reference for Radius governance body adheres to the terms and reference guidelines from the New Zealand's Exchange (the NZX), or Te Prehook o Aotearoa and the New Zealand Institute of Directors. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural safety. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori.</p> <p>The chief executive officer (CEO) is responsible for the overall leadership of the management team. As part of the CEO's role, responsibility for the operations lies with senior management team of Radius Residential Care. The weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. The Board invites members of the senior team to join the Board meetings for pertinent discussions to assist with decision-making.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Radius Clare House are holistic in nature, inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha. The activities team support residents to maintain links with the community (eg, library, car club, church services, local exhibitions).</p> <p>The Radius quality programme includes regular quality and compliance and risk reports that highlights operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting, led by one of the Board members. High risk areas are discussed alongside</p>
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		<p>corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The general manager has been in this role since August 2017, qualified as a physiotherapist many years ago, and has held numerous management roles within Te Whatu Ora – Southern prior to the appointment at Radius Clare House. This individual holds a post graduate certificate in rehabilitation and a certificate in te reo Māori. The general manager is supported by a regional manager who was present during the audit and a clinical nurse manager. The clinical nurse manager/registered nurse, has been in the role for four years and has worked in aged care for eighteen years.</p> <p>The general manager and clinical nurse manager have maintained at least eight hours of professional development activities related to managing an aged care facility.</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>Radius Clare House is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection and collation of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints).</p> <p>Monthly combined quality/health and safety meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and the collation of data were documented as taking place with corrective actions documented to address service improvements and evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom. Corrective actions are discussed at quality meetings and staff meetings to ensure any outstanding matters are addressed, with sign-off when completed.</p> <p>Staff have recently completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for</p>

		<p>Māori. This will be repeated annually.</p> <p>The 2022 resident and family satisfaction surveys indicate that both residents and family are either satisfied or very satisfied with the services provided. Results have been communicated to residents. No specific corrective actions were identified.</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. Policies are regularly reviewed and have been updated with further updates required in order to meet the 2021 Standard (link 2.1.11). New policies or changes to policy are communicated and discussed to staff.</p> <p>Review of policies, benchmarking across the organisation, annual reviews of KPIs, quality goals, and progress to meeting Ngā Paerewa are all processes that provide a critical analysis of practice to improve health equity.</p> <p>A health and safety system is in place. The health and safety team meets monthly during the combined quality/health and safety meetings. There are three health and safety representatives; all three have attended external stage three health and safety training. One health and safety representative has a level six qualification in occupational health and safety. The maintenance staff, one of the health and safety representatives, was interviewed. Hazard identification forms and an up-to-date hazard register were reviewed. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information are collated at facility level, reported to the regional manager and a consolidated report and analysis of all Radius facilities are then provided to the Board each month.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including: manual</p>
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		<p>handling; hoist training; chemical safety; emergency management including (six-monthly) fire drills; personal protective equipment (PPE) training; and hazard reporting. Environmental internal audits are completed. Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting the Employee Assistance Programme (EAP) is posted in visible staff locations. An EAP representative visits the facility once per week. A financial wellness programme is being planned.</p> <p>The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. One staff member was off on a work-related injury at the time of the audit.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for two days (five hours) per week and when required. Strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. Mobility is assessed and evaluated by the physiotherapist at admission and as part of post fall assessment. Registered nurses collaborate with healthcare assistants to evaluate interventions for individual residents. Hip protectors are available for at-risk residents who consent to wearing them.</p> <p>Electronic reports using e-case are completed for each incident/accident. Immediate action is documented with any follow-up action(s) required, evidenced in 20 accident/incident forms reviewed (witnessed and unwitnessed falls, challenging behaviours, skin tears). Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other Radius facilities. The eCase system escalates alerts to Radius senior team members depending on the risk level.</p> <p>Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical</p>
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		<p>assessment and a timely follow up by a registered nurse. Neurological observations were consistently recorded as per policy. Family/whānau are notified following incidents. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and healthcare assistants.</p> <p>Discussions with the general manager and regional manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been section 31 notifications completed to notify HealthCERT in 2021/2022 around issues relating to pressure injuries and RN staffing issues (link 2.3.1). Te Whatu Ora – Southern and public health authorities have been notified in relation to two Covid breaks (April 2022 and June 2022) and one Norovirus outbreak (May 2021). Te Whatu Ora – Southern is also regularly informed regarding RN staffing issues.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change and outbreak management. The general manager interviewed confirmed staff needs and weekly hours are included in the weekly report to the regional manager. The roster provides sufficient and appropriate coverage for the effective delivery of care and support on the AM and PM shifts, but the night shifts fail to reflect consistent RN cover. There were four full time equivalent (FTE) RN positions vacant at the time of the audit. Corrective actions have been implemented to minimise risk, with evidence of ongoing consultation with the Te Whatu Ora – Southern District portfolio manager.</p> <p>The registered nurses and a selection of healthcare assistants hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>The general manager stated there has been a very high turnover of RN staff. There is access to an agency; however, this must be scheduled well in advance. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Residents interviewed confirmed their care requirements are attended</p>

		<p>to in a timely manner.</p> <p>The general manager and the clinical nurse manager/RN work full-time (Monday to Friday). On-call cover is shared between the clinical manager and the general manager, with a senior RN occasionally assisting. The general manager escalates any clinical issues to the clinical manager.</p> <p>RN/EN staffing:</p> <p>Rest home wing and dementia wing (19 rest home residents and 17 dementia residents): An RN oversees both the rest home and dementia wings on the AM shift three days a week (Monday – Wednesday).</p> <p>Hospital wing and serviced apartments (27 hospital level residents and one rest home level in the serviced apartments): One RN and one EN are rostered on the AM and PM shifts, seven days a week. A level four healthcare assistant covers for the EN when the EN is not available. RN staffing on nights is limited to three nights a week. A level four team leader/healthcare assistant is rostered four nights a week to cover in the absence of a (night shift) RN.</p> <p>Healthcare assistants (HCAs) staffing is as follows:</p> <p>Williams wing (19 rest home level residents):</p> <p>AM (0700-1500): one long shift (eight hour 0700-1500) and two short shift (0700-1330; 0800 – 1100).</p> <p>PM (1500 – 2300): one long and one short shift (1645-2045),</p> <p>Night (2300 – 0700): one staff.</p> <p>Johnstone wing (17 dementia level residents):</p> <p>AM: two long and one short shift (0645-1330).</p>
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		<p>PM: two long and one short shift (1700 – 2100).</p> <p>Night: two staff</p> <p>Perriam wing (27 hospital):</p> <p>AM: four long shifts.</p> <p>PM: three long and one short shift (1445 – 2130).</p> <p>Night: two staff.</p> <p>Healthcare assistants in the hospital wing also attend to the one rest home level resident in the serviced apartment due to its close proximity to the hospital wing.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. Staff last attended cultural awareness training 2022. This included staff completing a cultural competency. External training opportunities for care staff include training through Te Whatu Ora - Southern, and hospice.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they were provided with resources during their cultural training. The learning platform and expertise of Māori staff creates opportunities for the workforce to learn about and address inequities.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-nine healthcare assistants are employed. Radius supports all employees to transition through the NZQA Careerforce certificate for health and wellbeing. Twenty-seven healthcare assistants have achieved a level three NZQA qualification or higher. Ten healthcare assistants work in the dementia unit. Six have completed the NZQA required dementia qualification and four are in the process of completing their</p>
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		<p>qualification. These four staff have been employed for less than 18 months.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Registered nurse competency assessments include: restraint; medication administration; controlled drug administration; nebuliser; blood sugar levels and insulin administration; oxygen administration; bladder irrigation; male catheterisation; and wound management. Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Three of five RNs are interRAI trained.</p> <p>All RNs are encouraged to attend in-service training and complete training in relation to critical thinking and Covid-19 preparedness. Clinical staff have also had training on the detection of early warning signs and escalation of treatment for residents who become unwell.</p> <p>All healthcare assistants (HCAs) are required to complete annual competencies for restraint, moving and handling, and cultural competencies. A selection of (level four) HCAs complete annual medication administration competencies. A record of completion is maintained on an electronic human resources system.</p> <p>A management of agency staff policy is documented for the organisation. If agency staff are used, the orientation included health and safety and emergency procedures (clinical and non-clinical).</p> <p>The service encourages all their staff to attend monthly meetings (eg, staff meetings, quality meetings). Resident/family meetings are held monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are held in the general manager's office in a locked filing cabinet. Ten</p>



<p>values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>staff files reviewed (five healthcare assistants, two RNs including the clinical nurse manager, one EN, one kitchen manager, one weekend cook) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practicing certificates is maintained for all health professionals (eg, RNs, ENs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Role-specific competencies are completed at orientation and are repeated annually. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised when the Covid-19 protection framework permits. An orientation programme and policy for volunteers is in place. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented. Wellbeing support is provided to staff.</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</p>	<p>FA</p>	<p>There is a clinical records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented Radius business continuity plan in case of information systems failure.</p>

<p>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>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents past paper-based archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</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 care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>On enquiry, an information booklet detailing entry criterion is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>The service has a process in place if access is declined, should this occur. It requires that when residents are declined access to the service, residents and their family/whānau, the referring agency, general practitioner (GP) and/or nurse practitioner (NP) are informed of the decline to entry. Alternative services when possible are offered and documentation of reason in internal files. Residents would be declined entry if not within the scope of the service, a bed was not available or lack of registered nurse cover.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service. All resident files reviewed had current interRAI assessments in place.</p> <p>The admission policy requires the collection of information that includes (but is not limited to): ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and families and review of records confirmed the admission process was completed in a timely manner.</p>

		<p>Ethnicity is collated on admission to the service and is included on the residents' individual files. The service is working on ways to collate and analyse ethnicity data. The general manager described developing relationships with local Māori service provider groups within the community.</p>
<p><b>Subsection 3.2: My pathway to wellbeing</b></p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files reviewed (four at hospital level including one resident funded by ACC, one on long-term support - chronic health condition contract (LTS-CHC), two at rest home level of care including one resident from the serviced apartments, and two dementia including one resident on respite). Initial care plans reviewed were developed with the residents/EPOA consent within the required timeframe. Care plans reviewed were based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments completed by the NASC or other referral agencies.</p> <p>The individualised electronic long-term care plans were completed within three weeks of the residents' admission to the facility for all long-term residents including the resident on LTS-CHC. This was not required for the resident funded by ACC. Documented interventions and early warning signs were not always in place to meet the residents' assessed needs.</p> <p>Review of residents' records showed that the residents participate in care planning. The residents who identified as Māori have a Māori health care plan (Te Whare Tapa Whā) in place which describes the support required to meet their needs. The registered nurses interviewed describe removing barriers so all residents have access to information and services required to promote independence. The RNs work alongside residents and relatives when developing care plans so residents can develop their own pae ora outcomes.</p> <p>Short-term care plans are developed for acute problems, for example, infections, wounds, and weight loss.</p>

	<p>The initial medical assessment is undertaken by the GP or nurse practitioner (NP) within the required timeframe following admission. Each resident retains their own GP/ NP. Residents have reviews by the GP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP visits when the resident's condition is considered stable. Documentation and records reviewed were current. The NP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. A physiotherapist and podiatrist visit the facility regularly, to review residents referred by the clinical nurse manager or RNs. The RNs interviewed described accessing specialists through the local hospital. The NP confirmed timely access to allied health services as sighted in resident files.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. There were three residents with pressure injuries on the day of the audit: two stage IV, one stage II and one suspected deep tissue injury. The local hospital surgical team, wound care specialist and GP/NP have had input to the pressure injuries. Incident reports and section 31 notifications have been completed.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and up to date. Neurological observations are recorded following all unwitnessed falls.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive</p>
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		<p>handover at the beginning of their shift.</p> <p>Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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 two recently appointed activity assistants. The activities team have been in their roles for four months, and are in the process of building the team, and planning activities to suit the current residents' tastes, level of ability and available resources. The activities team have enrolled to complete a New Zealand Qualification Authority (NZQA) diversional therapy qualification through Careerforce. The activities team are supported by sister facilities.</p> <p>Residents' activities assessments are completed by the activities team in conjunction with the RN within three weeks of the residents' admission to the facility. Information on residents' interests, family, 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 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. Attendance records and progress notes are maintained. Newsletters are sent to relatives to keep them informed of what's been happening and what is upcoming at Claire House.</p> <p>The residents and their families reported satisfaction with the activities</p>

		<p>provided in both areas. Over the course of the audit, residents were observed engaging and enjoying the activities offered. Regular resident meetings are held and include discussion around activities.</p> <p>Activities for the residents in the hospital wing are provided Monday, Thursday, and Saturday afternoons and Wednesday morning. The activities programme is displayed in the communal area and on the individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities. Family/whānau participation in the programme is encouraged. Relatives are provided with a copy of the activity's planner. Residents who are able are encouraged to maintain links with the community and regularly go on shopping trips in taxis.</p> <p>Activities take place Monday to Friday from 11 am to 3.30 pm in the secure dementia unit. Activities are planned; however, tend to be more spontaneous depending on the weather for outdoor walks.</p> <p>The rest home planner includes more independent activities.</p> <p>There are two vans (one accommodates wheelchairs) for residents to go on outings. Both activities coordinators have completed a van competency and have current first aid certificates. There is evidence of whānau input to the current Māori resident's leisure care planning to ensure the residents cultural needs are accommodated. The service encourages all residents to maintain linkages and attend their Marae, churches, and groups as they wish. The activities team are learning songs and sayings in te reo and are teaching these to the residents.</p> <p>Younger residents who are able, assist with ice cream afternoons, and often enjoy household activities including folding washing, setting dining room tables, and making their bed. They are supported to access the community as they wish and are encouraged to maintain links in the community.</p> <p>For those residents who choose not to take part in the programme, one on one visits from the activities team occur regularly. One on one</p>
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		<p>sessions include a general chat, word puzzles, nail cares, and hand massages.</p> <p>Community linkages have been disrupted over the last three years in response to Covid restrictions. The activities team and management are in the process of introducing these back into the activities programme. Groups include schools, kindergartens, speakers, entertainers, Lion's foundation, stroke club, and church groups.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. All staff who administer medications have current medication competencies. Registered nurses have syringe driver competencies. Recently employed RNs are enrolled to complete the next course available through the hospice. All agency staff are required to complete medication competencies.</p> <p>A medicine management system is implemented. All 16 electronic medication charts reviewed had up-to-date resident identification photos, allergies documented, and three-monthly GP/NP medication reviews completed. Pro ne rata (PRN)/ as required medications were appropriately prescribed and administered accordingly. Effectiveness was recorded in the electronic medication system. A review of the medication charts of residents in the dementia unit evidenced a very low usage of regular or PRN antipsychotic medications. Pain assessments and blood glucose monitoring are recorded in the medication system.</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 and were all within expected ranges. Medications are stored securely in accordance with requirements. Medication reconciliation is completed by a registered</p>

		<p>nurse and entered onto the electronic system on completion.</p> <p>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 RN oversees the use of all pro re nata (PRN) medicines and documentation made regarding effectiveness in the progress notes was sighted.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the clinical manager. Medication information for residents and whānau can be accessed online as needed.</p> <p>There were no residents self-administering medication on the day of the audit.</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 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. The RNs interviewed describe discussing any questions around new medications or changes made by the GP with residents and families as required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration</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 cook at interview confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents identifying as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p>



<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>Food services are shared between an external catering company and Radius. The Radius organisation employ the staff, and are responsible for all ordering, food preparation, cooking, and baking. The external catering company provide seasonal menus developed by a dietitian, and all fridge, freezer, and food temperatures as well as the cleaning schedules are monitored through the external catering companies app.</p> <p>Since the last audit, two new ovens, a deep fryer, gas hob, cake mixer, and meat slicer have been purchased. All meals are prepared on site and served in the dining rooms or in the residents' rooms if requested. Food is plated in the kitchen and delivered to the hospital dining room in hot boxes which are temperature checked. Meals are plated by kitchen staff for residents in the rest home and dementia wings. The main meal is served at lunchtime. Both the lunch and teatime meal have alternative options and dessert. The service utilises pure foods for residents requiring a puree diet. Since the introduction of this, the cook reported a large increase in these residents' weights. There is a whiteboard in the kitchen for a quick reference of residents' dislikes and allergies.</p> <p>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. Residents and families interviewed stated that they were satisfied with the meals provided. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan is current. The kitchen staff have relevant food handling and infection control training. 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.</p> <p>Discussion and feedback on the menu and food provided is sought at the monthly residents' meetings and in the annual residents' survey. Residents and families interviewed stated that they were satisfied with the meals provided. The cook identifies as Māori and could easily describe providing cultural meals for Māori residents when requested,</p>
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		and also accommodating any resident requests.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a Radius resident transfer/discharge policy. Transition, exit, 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/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 the CNM and RN and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers. The service utilises the yellow envelope system for hospital transfers. All discharge information from the hospital is scanned onto the residents' electronic files as sighted, any follow up recommendations such as weekly blood tests are actioned.</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</p>	FA	<p>There is a form 12a in place which was issued in December 2021 and is valid for a year in place of the building warrant of fitness (BWOFF). The building warrant of fitness could not be issued as 12 monthly checks were unable to be completed due to Covid-19. All emergency equipment and building requirements are safe and functional and meet requirements.</p> <p>The maintenance person (also a health and safety representative) works full time (Monday to Friday) and has been in the role for five years. Maintenance requests are logged through the electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical testing and tagging (facility</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>and residents), resident equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available 24 hours as required. Testing and tagging of electrical equipment was completed in May 2022. Checking and calibration of medical equipment, hoists and scales was also completed in May 2022. There is a contracted gardener who maintains the external garden areas. Healthcare assistants and registered nurses interviewed reported that they have adequate space to provide care to residents.</p> <p>The facility is non-smoking. All corridors have safety rails that promote safe mobility. Corridors are wide and residents were observed moving freely around the areas with mobility aids where required. All rooms are single occupancy. There is a mixture of rooms with full ensuites, and some are shared between two rooms. There are sufficient numbers of communal toilets and showers within close proximity to resident rooms. Visitor's toilet is centrally located. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. There are signs on all shower/toilet doors.</p> <p>Residents are encouraged to personalise their bedrooms as viewed on the day of audit. All bedrooms and communal areas have ample natural light and ventilation. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective.</p> <p>The hospital wing is the newest part of the facility. This wing has large rooms providing adequate space for resident's equipment including hoists and wheelchairs. All rooms have full length windows. There is a centrally located open plan lounge/dining room with separate secure kitchen/servery and has access to a patio area. There is easy access to the outdoor gardens which provide seating and shade.</p> <p>The serviced apartments wrap around the perimeter of the hospital unit. There are 12 one-bedroom apartments, two apartments with two</p>
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		<p>bedrooms and four studios. All are certified to provide rest home level of care. There is a large lounge diner with kitchenette area in the serviced apartment area.</p> <p>The rest home wing has a large communal lounge dining area, all rooms are single and have shared shower ensuites.</p> <p>The dementia wing is secure and has easy access though the wing and a variety of doors for residents to wander endlessly. There is keypad entry to the unit. All rooms are single, and shared toilet and shower facilities are within close proximity. There are pictures of interest in the corridors. The outdoor areas have areas of interest and raised vegetable and fruit gardens. There is a separate lounge and dining room areas and quiet areas in the unit to enjoy.</p> <p>There are no plans for major renovations or building projects at the moment. The regional manager and general manager confirm the organisation is aware to include the aspirations and values of Māori, and this would be organised through the head office.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is back-up power available with Radius head office support and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a</p>

		<p>minimum of three days. Emergency management is included in staff orientation and external contractor orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is always available.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors and on attenuating panels in hallways to alert care staff to who requires assistance. Residents were observed to have their call bells in proximity. They can choose to wear a call bell pendant or wrist alarm. Residents and families 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. All external doors are alarmed. The dementia unit is secure with key pad access. Currently, under Covid restrictions, visitors are controlled through a screening process for symptoms and body temperature is measured at entry.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) are an integral part of the Radius strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme. The organisational infection control programme is developed and reviewed annually by the team at head office.</p> <p>Radius, as part of their senior management team have personnel with expertise in infection control and AMS. Expertise can also be accessed from Radius quality manager, Public Health and Te Whatu Ora Southern who can supply Radius with infection control resources. The infection control coordinator (clinical nurse manager) is supported by the RNs, general manager and the Radius Operations Team, including the Radius senior infection control coordinator, and quality manager.</p> <p>If there are any infectious outbreaks, this is reported to the chief operations officer (COO) on a weekly basis and reported to the Board. All reportable events are collated by the compliance and risk manager</p>

		<p>and included in reporting to the COO. Monthly compliance and risk reports are completed for all facilities by the compliance and risk manager for the CEO. Monthly collation of data is completed, trends are analysed and then referred back to the facilities for action.</p> <p>There are policies and procedures in place to manage significant IPC events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the national clinical team, the GP, and the public health team.</p> <p>External resources and support are available through external specialists, microbiologist, GP, wound nurse, and the infection control specialist from the local hospital when required. Overall effectiveness of the programme is monitored by the facility management team.</p> <p>Infection control reports are discussed at the facility's meetings. The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE) are available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Radius have an organisational pandemic response plan in place which is reviewed and tested at</p>

		<p>regular intervals.</p> <p>The infection control coordinator is part of the health and safety/quality and infection control team at Radius and has input to any changes to policies.</p> <p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection control coordinator has access to an online training system with resources, guidelines, and best practice, and is booked into the next available training held through Te Whatu Ora (which has been cancelled previously due to Covid restrictions). The infection control coordinator has had one on one training with the local infection control specialist. Infection control internal audits have been completed according to schedule.</p> <p>At site level, the general manager and clinical manager have responsibility for purchasing thermometers, face masks and face shields. All other equipment/resources are purchased at national level.</p> <p>Infection control personnel have input into new buildings or significant changes. This occurs at national level and involves the head of resident risk and the regional managers. There is a policy in place for decontamination of reusable medical devices and this is followed. HCAs and registered nurses could easily describe their processes of disinfecting all shared equipment between use. Single use medical devices and wound packs are not reused. Educational resources in te reo Māori can be accessed online if needed. All residents are included and participate in safe infection control practices, and staff are trained in cultural safety. The staff interviewed (including cleaning and laundry staff) were knowledgeable and could easily describe culturally safe infection control practices.</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>	<p>FA</p>	<p>There are approved policies and guidelines for antimicrobial prescribing. Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. Further discussion takes place at senior management level and is reported to the Board. Trends are identified both at site level and national level. Feedback occurs from national senior management level. Prior to the prescribing of antibiotics, residents must meet set criteria. The RNs and infection control coordinator work in partnership with the GPs and NP to ensure antibiotics are prescribed appropriately. Prescribing of prophylactic antibiotics is actively discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the infection control meetings, quality, and staff meetings. All results are benchmarked within the organisation and at a national level. Meeting minutes are available to staff. The service is working towards including ethnicity data with infection control data.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required. Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>There have been two outbreaks since the previous audit. Norovirus in</p>



		<p>May 2021 and Covid-19 April 2022. Both outbreaks were managed effectively. Appropriate logs and notifications were maintained. Relatives interviewed felt they were well informed and kept up to date throughout the Covid outbreak and lockdown periods.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Ministry of Health information and Covid-19 information is available to all visitors to the facility. Visitors to the facility are scanned for temperature monitoring and record keeping of all incoming and outgoing visits is maintained.</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 antimicrobial resistant organisms.</p>	<p>FA</p>	<p>The facility implements Radius waste and hazardous management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice room. Staff receive training and education in waste management, chemical safety, and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, masks, and visors. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled.</p>

		<p>There is a sluice in each area and a sanitiser in the hospital wing.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. All laundry is completed on site. There is a defined dirty to clean area with a commercial washing machine and dryer. Appropriate PPE is available and was observed to be in use. Residents' clothing is labelled and personally delivered to their rooms. Residents and families confirmed satisfaction with laundry services in interviews and in satisfaction surveys.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process described in the restraint policy and procedures meets the requirements of the restraint minimisation and safe practice standards and provides guidance on the safe use of restraints. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>The reporting process to the governance body includes monthly data that is gathered and analysed; and supports the ongoing safety of residents and staff. A review of the records for residents requiring restraint included assessment, consent, monitoring, and evaluation.</p> <p>The GP at interview confirmed involvement with the restraint approval process. 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, five hospital level residents were using a restraint (bed rails).</p> <p>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 minimisation. Regular training occurs. Review of restraint use is completed and discussed at staff meetings.</p> <p>Training for all staff occurs at orientation and annually thereafter.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. Two files reviewed of residents using restraint evidenced assessment, monitoring, evaluation, and GP involvement.</p> <p>Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, GP, and staff taking into consideration wairuatanga. Alternatives to restraint include low beds, and sensor mats. Documentation includes the method approved, when it should be applied, frequency of monitoring and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with Radius policy.</p> <p>A restraint register is maintained and reviewed by the restraint coordinator who shares the information with staff at the quality, staff, and clinical meetings.</p> <p>All restraints are reviewed and evaluated as per Radius policy and requirements of the standard. Use of restraints is evaluated monthly or more often according to identified risk. The evaluation includes a</p>

		<p>review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use and the impact and outcomes achieved. Evaluations are discussed at the staff meetings and at the Radius national restraint committee meetings.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraints.</p> <p>The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations.</p> <p>Staff monitor restraint related adverse events while restraint is in use.</p> <p>Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with care staff confirmed that the use of restraint is only used as a last resort.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Contractual requirements are currently not being met around night-time staffing. An RN is available three nights a week with a level four (team leader) healthcare assistant rostered on the nights that an RN is unavailable. Te Whatu Ora – Southern is kept informed. Section 31 reports are completed weekly to HealthCERT.</p> <p>Growing concern around the availability of RNs within the aged care sector has been exacerbated by border closures due to the ongoing Covid-19 pandemic, movement of nurses to other employers, difficulty in recruiting RNs within New Zealand and the pressure nurse sick leave creates on filling a safe roster.</p> <p>Radius has developed the role of virtual registered nurse. At Clare House, this will include a team of two RNs working remotely from their place of residence. Each RN will</p>	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue. Twenty-four-hour RN cover at Clare House is available three of seven nights a week. Recruitment efforts are underway. At the time of the audit, an experienced healthcare assistant (team leader) is filling the role of the RN with on-call cover provided by the clinical nurse manager and general manager. Two virtual RNs were undergoing orientation at the time of the audit and will provide RN cover on the days that an on-site RN is not available. This is a temporary solution until RNs can be</p>	<p>Ensure RN staffing meeting contractual requirements under the ARCC contract for hospital level services.</p> <p>90 days</p>

		provide overnight (awake) virtual support. A list of expectations has been documented under the scope of the virtual RN. Two RNs were being orientated by Radius to provide virtual cover at the time of the audit. The virtual RN will provide clinical assessment using telehealth technologies, virtual supervision/direction to the healthcare assistant, immediate advice, and support, and will complete the appropriate documentation including assessment, care plans, and progress notes.	recruited to fill vacancies.	
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.