

Radius Residential Care Limited - Radius Rimu Park

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

Legal entity: Radius Residential Care Limited

Premises audited: Radius Rimu Park

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

Dates of audit: Start date: 11 October 2022 End date: 12 October 2022

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 52

Executive summary of the audit

Introduction

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

- ō 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 haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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 Rimu Park is owned and operated by Radius Residential Care Limited and cares for up to 55 residents requiring hospital (medical and geriatric), rest home or specialist hospital (psychogeriatric) level care. On the day of the audit there were 52 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora – Health New Zealand. 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 facility nurse manager is a registered nurse with considerable experience in management roles in the aged care sector. The facility manager is supported by a clinical nurse manager who has been in the role for five years and has been employed at the facility in a registered nurse role prior to this. They are both supported by the Radius regional manager.

This audit has identified an area for improvement around registered nurse 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.



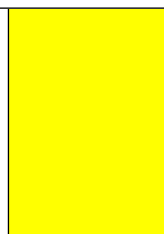
Subsections applicable to this service fully attained.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Radius Rimu Park provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family 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 takes 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. A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated at facility level, reported to the regional manager and a consolidated report and analysis of all Radius facilities are then provided to the Board each month.

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

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. Residents who identify as Māori or Pasifika have their needs met in a manner that respects their cultural values and beliefs. 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 programme is managed by activities coordinators. The activity team provides an activities programme in the rest home and hospital and a separate programme in the psychogeriatric 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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The building holds a current building warrant of fitness certificate. 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 psychogeriatric 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 officer 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 practices 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. The laundry for linen and personal clothing is outsourced. 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were residents using a restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	28	0	1	0	0	0
Criteria	0	176	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 a kaumātua who regularly visits the residents. Comprehensive Māori assessments are completed for residents who identify as Māori. Two Māori family (one psychogeriatric, one hospital) were interviewed. Both individuals stated that the needs of their family member were being met and that their input was sought during entry to the service, in the development of their care plan and continues to be sought as needed.</p> <p>The facility nurse manager stated that they support increasing Māori capacity by employing more Māori staff members when they apply for employment opportunities at Radius Rimu Park. At the time of the audit, there were staff members who identify as Māori. Māori staff interviewed</p>

		<p>confirmed 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 resident's care planning, their activities, and their dietary needs. Eight care staff interviewed (four healthcare assistants (HCAs) who work the in the rest home/hospital and psychogeriatric (PG) unit; 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 residents that identify as Pasifika. The resident's 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 six residents (four rest home and two hospital) and nine family/whānau (six psychogeriatric (PG), two hospital, one rest home) confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p> <p>Radius Rimu Park partners with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people.</p> <p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pasifika languages.</p> <p>The service is actively recruiting new staff. There are currently staff employed that identify as Pasifika. The facility nurse manager described how Radius increases the capacity and capability of the Pacific workforce.</p> <p>Interviews with twelve staff (eight care staff, one administrator, one maintenance, one kitchen manager, one cleaner), two managers (facility nurse manager, clinical nurse manager) and documentation</p>

		reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility nurse manager, clinical nurse manager or registered nurse discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the two-monthly resident meetings. Families are invited to attend. 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 and the resident advocacy 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 supports. Church services are held weekly. The service recognises Māori mana Motuhake, which is reflected in the Māori health care plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is 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>	FA	<p>Healthcare assistants and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have 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</p>

		<p>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>It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2022 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. One resident interviewed (rest home) stated that they enjoy coming and going as they please. Another resident (hospital) commented that this is their 'happy place'.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family 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>The facility manager confirmed that cultural diversity is embedded at Radius Rimu Park and was confirmed during interviews with staff. 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 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 The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Radius Rimu Park policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. Inclusiveness of</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>		<p>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>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/family/whānau on admission. Resident meetings identify feedback from residents and consequent 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 of an accident/incident. This is also documented in the progress notes. Fifteen accident/incident forms reviewed identified family/whānau are kept informed. This was confirmed through</p>

		<p>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 hospice and Te Whatu Ora 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 opportunities 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 supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent. Eight resident files reviewed (four at hospital level, three at rest home level and one at psychogeriatric (PG) 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 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.</p> <p>Admission agreements had been signed and sighted for all the files</p>

		seen. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Residents in the PG unit all have evidence of an EPOA activation letter on file.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The facility nurse manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held 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 Commission (HDC).</p> <p>Eleven complaints have been lodged in 2022 (year-to-date). None of these complaints have been raised by an external source (eg, Te Whatu Ora, HDC). 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 (meeting minutes sighted).</p> <p>Discussions with residents and family/whānau confirmed they are 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 facility nurse 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 support resources for Māori is available to staff to assist Māori in the complaints process. The facility nurse manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities</p>	FA	<p>Radius Rimu Park has a total of 55 beds certified for rest home, hospital (including medical), and psychogeriatric (PG) levels of care. Thirty-five beds are dual-purpose (rest home or hospital) and the</p>

<p>they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>		<p>remaining twenty beds are in the secure PG unit.</p> <p>At the time of the audit there were 52 beds occupied: 13 residents at rest home level, 21 residents at hospital level (with two residents on accident and compensation corporation (ACC), one resident on respite, and one resident on a younger person with a disability (YPD) contract. Eighteen residents in the PG unit included one resident on ACC. Residents not under a specific contract identified are under the age-related residential care (ARRC) contract.</p> <p>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 2022-2023 Radius Rimu Park business plan describes specific and measurable goals that are regularly reviewed and updated. These site-specific goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising, and promotion. Goals are regularly reviewed, evidenced in monthly reporting.</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 the 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</p>
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		<p>Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Radius Rimu Park are holistic in nature, and 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. Two rest home level residents interviewed stated that they come and go as they please. One of these residents still drives their car (locally).</p> <p>The Radius quality programme, overseen by the organisation's quality manager, includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved or the goal is achieved.</p> <p>The facility nurse manager is a registered nurse who has been in the role for one year and has many years of experience in management roles in the aged care sector. The facility nurse manager is supported by a regional manager, the Radius quality manager, and a clinical nurse manager. The clinical nurse manager has been in the role for the past five years and has many years of experience as a registered nurse in the aged care sector.</p> <p>The facility nurse 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>FA</p>	<p>Radius Rimu Park is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints).</p> <p>A range of monthly meetings (eg, quality, staff, RNs, health and safety) provide an avenue for discussions in relation to (but not limited to):</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>quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place with corrective actions documented where indicated, to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed.</p> <p>Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. This is scheduled to be repeated every year.</p> <p>The 2022 resident and resident/family satisfaction survey results reflect overall levels of satisfaction with the service provided. Results have been communicated to residents. One corrective action implemented addressed concerns in relation to communication.</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. Review of policies provide a critical analysis of practice to improve health equity. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team, led by the health and safety representative, meets monthly. The office administrator (health and safety representative) and maintenance staff (health and safety team member) were interviewed. The health and safety representative has completed health and safety training. Hazard identification forms and an up-to-date hazard register were reviewed. Health and safety audits are completed three-monthly. Corrective actions are followed up in the health and safety meetings. Staff incidents, hazards and risk information is 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</p>
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	<p>month.</p> <p>There are regular manual handling training sessions for staff, led by a physiotherapist. 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.</p> <p>Incidents from residents falls peaked in April 2021 (59 falls). Falls gradually reduced following implementation of a corrective action plan with the introduction of a lounge watch in each of the two lounges. Other strategies implemented to reduce the frequency of falls include intentional rounding and the regular toileting of residents who require assistance. Falls have reduced and remain on average of 16.2 falls per month. Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is contracted for two hours per week with plans in place to increase these hours. Additional physiotherapy hours are available for staff training (eg, manual handling). Registered nurses collaborate with healthcare assistants to evaluate interventions for individual residents.</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 15 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 e-case system escalates alerts to Radius senior team members depending on the risk level. Results are discussed in meetings and at handover. Each event involving a resident reflected a clinical 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 facility nurse 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 year to date around pressure injuries</p>
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		(two), RN staffing issues (nine), and resident aggression (four). Public Health authorities have been notified in relation to two Covid outbreaks (March 2022 and May – July 2022) and one scabies outbreak (2021).
<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>	PA Low	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support. 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. Radius has developed the role of virtual registered nurse. This includes a team of RNs working remotely from their place of residence, providing virtual support.</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>At the time of the audit, there was one RN vacancy and a full complement of healthcare assistants. Agency healthcare assistants are occasionally used under special circumstances (eg, the mental health service requests one on one for a new resident in the PG wing). Note: this staffing is in addition to the regular staff roster. Staff and residents are informed when there are changes to staffing levels, evidenced in interviews. Residents interviewed confirmed their care requirements are attended to in a timely manner.</p> <p>The facility nurse manager and the clinical nurse manager/RN work full-time (Monday to Friday). On-call cover is shared between the clinical manager and the facility nurse manager.</p> <p>Care staff are rostered on 12-hour shifts (except for a few staff). In addition to the RN staffing stated below, two eight-hour RN shifts are rostered every week for completion of the residents' interRAI assessments. Minimum staffing (night shift) includes two RNs and three healthcare assistants.</p> <p>PG wing (18 residents): An RN is rostered when available 24/7 (0700-1900 and 1900 – 0700). A medication competent healthcare assistant</p>

	<p>is used in place of an RN approximately 32 hours per week. This arrangement is supported by Radius virtual RNs and the availability of an on-call RN (either facility nurse manager or clinical nurse manager) but does not meet contractual staffing requirements for specialised hospital level services with greater than 50 residents. Three healthcare assistants are rostered 0700 – 1900 and two healthcare assistants are rostered 1900 – 0700 with one of these staff floating between the PG wing and the rest home/hospital. An additional healthcare assistant is rostered 1500 – 2300.</p> <p>Rest home / hospital wings (13 rest home level and 21 hospital level): An RN is available 24/7 (0700-1900 and 1900 – 0700). Four healthcare assistants are rostered 0700 – 1900. Two healthcare assistants are rostered 1900 – 0700 with one of these staff floating between the PG wing and the rest home/hospital. An additional healthcare assistant is rostered 1500 – 2300.</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. This includes staff completing a cultural competency. External training opportunities for care staff include training through Te Whatu Ora 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 are provided with resources during their cultural training. The learning platform and expertise of Māori staff creates opportunities for that 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. Thirty healthcare assistants are employed and 63% hold the national certificate in health and wellbeing level four, or have over ten years of experience in aged residential care. Radius supports all employees to transition through the NZQA Careerforce certificate for health and wellbeing. Eleven healthcare assistants work in the PG unit. Nine have completed the NZQA required dementia qualification and the remaining two staff are in the process of completing their qualification. These staff have been employed for less than 18 months.</p>
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		<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 cover: 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. Two of nine RNs are interRAI trained.</p> <p>All RNs are encouraged to attend in-service training which includes 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 HCAs are required to complete competencies at orientation. Annual competencies include 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 two-monthly and provide opportunities to discuss results from satisfaction surveys and corrective actions being implemented (meeting minutes sighted).</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Signage supporting organisational counselling programmes (OCP) are posted in visible staff locations. An exercise stepper, located in the staff room, is available for staff to use. Interviews with staff confirmed that they feel supported by their managers.</p>
Subsection 2.4: Health care and support workers	FA	There are human resources policies in place, including recruitment,

<p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>selection, orientation and staff training and development. Staff files are held in the facility nurse manager's office in a locked filing cabinet. Eight staff files reviewed (four healthcare assistants, two RNs, one office administrator, one cleaner) 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 practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry, and dietitian). There is an appraisal policy. All staff have a three-monthly appraisal following their period of orientation, followed by annual performance appraisals.</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. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and healthcare assistants to provide a culturally safe environment to Māori.</p> <p>Volunteers are utilised. An orientation programme and policy for volunteers is in place which includes health and safety.</p> <p>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 password protected. There is a documented Radius</p>

<p>data in order to achieve Māori health equity. 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>business continuity plan in case of information systems failure.</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. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>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, and general practitioner (GP) are informed of the decline to entry. Alternative services when possible are to be offered and documentation of reason in internal files. Interviews with the clinical nurse manager and facility nurse manager confirmed that there had been no declines to the service since the last audit. The resident would be declined entry if not within the scope of the service or if a bed was not available.</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</p>

		<p>residents and families and review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity, including Māori, is being collected and analysed by the service. The facility manager described relationships with identified Māori service provider groups within the community.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files reviewed (three at hospital level, including one younger person with disabilities (YPD) and one respite resident, three at psychogeriatric (PG) level of care, including one on an accident compensation contract (ACC) and two at rest home level care). Initial care plans are developed with the residents/EPOA consent within the required timeframe. Care plans are 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 (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment and completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs.</p> <p>Review of residents' records showed that the residents under the YPD contract participate in care planning as able. Their plan includes activities and interventions to ensure that their physical, mental health, cultural and wellbeing needs are met. The residents who identified as Māori have a Māori health care plan 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 and working alongside residents and relatives when developing care plans so residents can develop their own pae ora outcomes.</p> <p>Short-term care plans (STCP) are developed for acute problems, for example, infections, wounds, and weight loss.</p>

	<p>The initial medical assessment is undertaken by the GP within the required timeframe following admission. 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. The GP visits the facility twice-weekly. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. The facility is provided access to an after-hours service by the GP. A physiotherapist visits the facility weekly and reviews residents referred by the CNM or RNs.</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 was one resident with an unstageable pressure injury on the day of the audit and one stage II. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. Other wounds included surgical wounds, skin tears, abrasions, and chronic ulcers.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed 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 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</p>
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		<p>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 a full time and a part-time activities coordinator. Activities for the residents in the hospital and rest home are provided Monday to Friday 8.00 am to 4.30 pm. Healthcare assistants have access to a cupboard with table games, puzzles, quizzes, and other resources to assist with activities after hours and weekends. A selection of movies is available for residents. The activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly. An outing is organised fortnightly and regular visits from community visitors are planned subject to Covid restrictions. Multi-denominational and communion church services are both held monthly.</p> <p>The activity coordinator integrates te reo in the daily programme with a waiata every morning and use of te reo phrases and everyday words as part of the daily activities programme. Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. A recent Māori men's programme has commenced with regular meetings with a kaumātua. The programme commences with a waiata and includes a karakia and whanaungatanga. A kapa haka group performs at Radius Rimu three-monthly. A volunteer diversional therapist provides support in the psychogeriatric unit for two hours a day. Family/whānau participation in the programme is encouraged.</p> <p>The residents' activities assessments are completed by the activity coordinator 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</p>

		<p>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.</p> <p>The activities programme is displayed on noticeboards in the central lounges in each area and emailed to whānau.</p> <p>The residents and their families reported satisfaction with the activities provided. The 2022 resident satisfaction survey identified 85% of respondents were either satisfied or very satisfied with the activities programme. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held and include discussion around activities.</p> <p>In the psychogeriatric unit, activities are within a limited timeframe which will increase as more residents are admitted. Residents are encouraged to congregate in the main lounge to ensure they are able to participate and enjoy relevant activities. Residents living in the PG wing have assessments on admission relating to their previous life experiences, interests, and pastoral care needs. The activity section of the long-term care plan is developed from these assessments. Additional nutritious snacks are available in the secure PG unit over a 24-hour period.</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.</p> <p>A safe system for medicine management using a paper-based system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP were recorded. Resident allergies and sensitivities are documented on the medication chart and in the resident's record.</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</p>

		<p>unwanted medication to the contracted pharmacy.</p> <p>The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. 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. Current medication competencies were evident in staff files.</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the CNM or RN. Medication information for residents and whānau can be accessed online as needed.</p> <p>There was one resident 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.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<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>All meals are prepared on site and served in the dining rooms or in the residents' rooms if requested. There are two dining rooms in the facility. Meals are transported to the dining rooms in hot boxes. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan expiry date is 31 March 2023. 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. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the cook was familiar with the concepts of tapu and noa. The cook discussed occasions where the service has provided boil ups and other culturally appropriate meal services.</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.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services.</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</p>

<p>We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>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.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a building warrant of fitness certificate that expires on 1 June 2023. The maintenance person (also a health and safety representative) works full time (Monday to Friday). 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 and residents), residents' 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 a day as required. Testing and tagging of electrical equipment was completed May 2021 and is due again next year. Checking and calibration of medical equipment, hoists and scales was also completed in June 2022. There is a contracted gardener who works one day a week and a contracted lawn mowing service. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>Dual purpose wings</p> <p>All corridors have safety rails that promote safe mobility. Corridors are narrow, but residents were observed moving freely around the areas with mobility aids where required. The external courtyard and garden have seating and shade. There is safe access to all communal areas.</p> <p>All rooms are single occupancy. Three rooms have individual toilets and hand-basins. All rooms have handbasins. There are sufficient numbers of communal toilets and showers. 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</p>

	<p>chairs and a hoist if appropriate. There are signs on all shower/toilet doors.</p> <p>There are large and small communal areas. Activities occur in the larger areas and the smaller areas are spaces where residents who prefer quieter activities or visitors may sit. Two lounges open out onto recently renovated attractive courtyards. There is a spacious dining room in close proximity to the kitchen.</p> <p>Psychogeriatric wing</p> <p>The psychogeriatric unit has 20 bedrooms with two entrances to the unit. Both entrances have been fitted with pin-code locks. A large lounge/dining area, sluice room, small quiet area, communal toilet and shower areas, and a secure nurse's station are in place. There are storage areas for linen and equipment.</p> <p>There are two doors for residents to enter and exit from the unit to the internal courtyard. There is an outdoor garden of remembrance with walking areas accessible from the PG unit, which has a loud alarm to alert staff of residents going out. The indoor area is safe and allows for residents to move freely. All corridors have safety rails that promote safe mobility. Corridors are wide and residents were observed moving freely around the areas. Meals are transported to the dining area by hot box.</p> <p>All rooms are single occupancy with hand-basins. There are sufficient numbers of communal toilets and showers. 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>Care staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is wall mounted electric heating in each room. The temperature was a good ambient temperature on the day of the audit. Staff and residents interviewed stated that this is effective. There is a</p>
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		<p>smoking area available for one resident who smokes with supervision.</p> <p>The service has no plans for building or refurbishments; however, should this occur, the organisation would take into consideration of how designs and environments reflect the aspirations and identity of Māori. This would be coordinated from 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, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A recent fire evacuation drill has been completed and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage there is back-up power available with Radius head office support and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is included as part of the education plan. A minimum of one person trained in first aid is available 24/7.</p> <p>There are call bells in the residents' rooms 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 near to them. 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. Currently, under Covid</p>

		restrictions, visitors are controlled through a screening process for symptoms and body temperature is measured at entry.
<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>	FA	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Radius strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>The Radius organisation have personnel with expertise in infection control and AMS as part of their senior management team. Expertise can also be accessed from Radius quality manager, Public Health and Te Whatu Ora, who can supply Radius with infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the Radius Board. The clinical team report pandemic analysis weekly to the regional manager whose report is available to the CEO/Board; outbreak of other infectious diseases are reported if and when they occur. Monthly compliance and risk reports are completed for all facilities by the compliance and risk manager for the CEO. Monthly collation of data is completed, trends are analysed and then referred back to the facilities for action.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control nurse, 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 Te Whatu Ora when required. Overall effectiveness of the programme is monitored by the facility management team.</p> <p>The clinical nurse manager is the infection control nurse and has completed training for the role. A documented and signed role description for the position is in place. The infection control nurse reports to the facility manager.</p> <p>There are adequate resources to implement the infection control programme at Radius Rimu Park. The infection control nurse is responsible for implementing the infection control programme, liaises</p>

		<p>with the infection control committee who meet monthly and as required.</p> <p>Infection control reports are discussed at the facility's meetings. The infection control nurse 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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and AMS programmes are reviewed annually and is linked to the quality and business plan.</p> <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), were 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 has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control nurse and infection control committee have input when infection control policies and procedures are reviewed.</p> <p>The infection control nurse 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 nurse has access to an online training system with resources, guidelines, and best</p>

		<p>practice. The infection control nurse has completed infection control audits.</p> <p>At site level, the facility manager and infection control nurse have responsibility for purchasing thermometers, face masks and face shields. All other equipment/resources are purchased at national level. Infection control personnel have input into new buildings or significant changes, which 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. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service has included the new criteria in their cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori can be accessed online if needed. All residents are included and participate in infection control and staff are trained in cultural safety.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at clinical meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Further discussion takes place at senior management level and is reported to the Board. Trends are identified both at site level and national level. Feedback occurs from national senior management level.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy</p>

<p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>in use at the facility. The infection control nurse 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, quality, and staff meetings. Meeting minutes are available to staff. Ethnicity data (where available) is included in 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.</p> <p>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 Covid outbreaks since the previous audit. These occurred in April 2022 and again in July 2022 in the PG unit only. In May 2022 a Norovirus outbreak was successfully managed, and in March 2022 a Covid-19 outbreak was managed effectively and limited to one wing with input and advice from the MoH and Public Health.</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. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and</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</p>

<p>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>accessible to staff in relevant places in the facility, such as the sluice rooms. Staff receive training and education in waste management 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, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas. There is a sluice room in each of the units with sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked cupboards for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training and are enrolled in NZQA through CareerForce.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. All laundry inclusive of resident's clothing is outsourced, with the exception of cleaners' mops, kitchen linen and on occasions blankets. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process for the hygienic washing, drying, and handling of these mops. 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>
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<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraints. The RN in the PG unit 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 restraint data that is gathered and analysed monthly. A review of two files 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, 13 residents (six hospital, seven PG) were using one or more restraints (bed rails, lap belts, one clear plastic shield).</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 all staff meetings.</p> <p>Training for all staff occurs at orientation and annually. This includes a competency assessment. The restraint coordinator reported that staff have an excellent understanding of restraint minimisation. Staff working in the PG unit can detect early warning signs and triggers for residents who exhibit challenging behaviours.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure</p>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on</p>

<p>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>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 restraint 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 three-monthly or more often according to identified risk. The evaluation includes a 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>A procedure is in place for emergency use of restraint. The restraint coordinator recalled two episodes of emergency restraint (PG residents). The residents remained on emergency restraint until family consent was gained and then were transferred to the restraint register. A debrief session was undertaken and documented following each episode of emergency restraint use. One accident related to restraint use was documented with appropriate follow-up action taken including a debrief session to prevent the accident from reoccurring.</p>
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<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. The restraint committee meet on a regular basis to review restraints. Restraint is also discussed at the three-monthly GP reviews.</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 staff (including RNs and caregivers), confirmed that the use of restraint is only used as a last resort.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<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>RN staffing in the PG unit does not consistently meet contractual requirements for specialised hospital services. For approximately 32 hours per week, a level four (medication competent) healthcare assistant is rostered on the PG unit, when an RN is unavailable. Section 31 reports are completed to keep HealthCERT informed. Te Whatu Ora are also kept informed.</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.</p> <p>Radius has developed the role of virtual registered nurse. This includes a team of RNs working remotely from their place of residence, providing virtual support. A list of expectations has been documented under the scope of the</p>	<p>Approximately 32 hours per week are required for a medication competent healthcare assistant to fill the role of an RN in the PG unit. Recruitment efforts are underway. Radius virtual RNs are available to provide RN cover on the days that an on-site RN is not available. This is a temporary solution until RNs can be recruited to fill vacancies.</p>	<p>Ensure RN staffing meets contractual requirements for specialised hospital level services.</p> <p>180 days</p>

		virtual RN. RNs have been orientated by Radius to provide virtual cover. It has been implemented at Radius Rimu Park but not required. 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.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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

End of the report.