

# Radius Residential Care Limited - Radius Matua

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## Introduction

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

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

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

**Dates of audit:** Start date: 12 January 2023      End date: 13 January 2023

**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:** 142

# Executive summary of the audit

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## Introduction

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

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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 Matua provides hospital (geriatric and medical), rest home and dementia level care for up to 154 residents. There were 142 residents on the days of audit. Radius Matua is one of 23 facilities operated by Radius Residential Care.

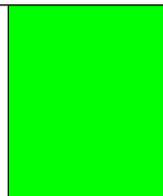
This surveillance audit was conducted against a sub section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand – Hauora a Toi Bay of Plenty. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

The service is managed by a facility manager who has been in the role for seven years with support from the Radius regional manager, a nurse manager, recreation and quality coordinator, administration staff and a team leader for each unit/area. Residents and relatives interviewed were complimentary of the service and care.

This surveillance audit identified the service meets the intent of the standard.

## 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.



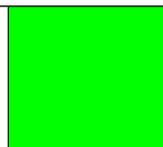
Subsections applicable to this service fully attained.

The organisation has developed a Pacific health plan. 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. Radius Matua provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations.

## 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.



Subsections applicable to this service fully attained.

The business plan includes operational objectives. The service has effective quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for

safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families reported that staffing levels are adequate to meet the needs of the residents.

## 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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Registered nurses are responsible for care planning. Resident files reviewed evidenced resident and whānau input to decision making. Resident files included medical notes by the general practitioner and visiting allied health professionals.

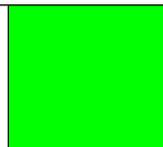
The activities team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings (subject to Covid restrictions), entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences, dietary and cultural requirements are identified during admission. There are additional snacks available 24/7. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care.

## 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.

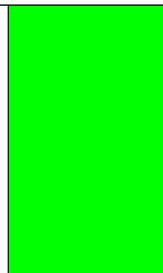


Subsections applicable to this service fully attained.

The building has a current building warrant of fitness. The dementia unit is secure with a secure enclosed outdoor area. There is an approved fire evacuation scheme. Fire drills occur six-monthly.

## 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.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. A pandemic plan is in place and the service has access to personal protective equipment supplies. There have been two Covid outbreaks since the previous audit, and these have been well documented.

## 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.

There are policies documented on restraint management. At the time of the audit, the facility was restraint free. The restraint coordinator is the nurse manager. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	22	0	0	0	0	0
Criteria	0	60	0	0	0	0	0

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

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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>	FA	<p>During interviews, the facility manager and quality manager stated the organisation supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Radius Matua. At the time of the audit, there were staff members who identify as Māori. Interviews with staff (seven healthcare assistants, four registered nurses, one maintenance, one kitchen manager, one recreation and quality coordinator, and one administrator), two managers (facility manager [FM] and nurse manager [NM]), and documentation confirmed they feel supported by Radius. Two of the staff interviewed identified as Māori.</p> <p>Ethnicity data is gathered when staff are employed, and this data is analysed at a governance level.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific health plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing</p>

<p>enjoy good health and wellbeing.  Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.  As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>families, and providing high quality healthcare. The service has linkages to Pacific groups locally through staff members who identify as Pasifika.</p>
<p>Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others.  Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Rights is displayed in English and te reo Māori. The service recognises Māori mana motuhake, and this is reflected in the current Māori health care plan.  Ten residents (five rest home and five hospital) interviewed, confirmed that individual cultural beliefs were respected, and they are encouraged to be independent and make their own choices. The six family/whānau (four dementia and two hospital), interviewed stated they were encouraged to be part of decision-making processes.</p>
<p>Subsection 1.4: I am treated with respect  The People: I can be who I am when I am treated with dignity and respect.  Te Tiriti: Service providers commit to Māori mana motuhake.  As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The Radius Matua annual training plan schedules training that meets the diverse needs of people across the service. Training on Te Tiriti o Waitangi was provided throughout the year with specific training in 2022.  Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga, and a selection of words in te reo Māori. Staff are supported to learn te reo. Māori cultural days are celebrated (eg, Matariki). Signage in te reo Māori is promoted by activities staff during cultural celebrations. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao 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. Staff are encouraged to address the issue of any abuse. Cultural days are held to celebrate diversity. An employee handbook and staff code of</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>conduct is discussed during the new employee's induction to the service with evidence of staff signing an acknowledgement. This code of conduct addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment.</p> <p>The Radius organisation provides a strengths-based and holistic model of care. The service ensures wellbeing outcomes for all residents (including those who identify as Māori) are prioritised, as evidenced in the resident centred care plans. 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>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the resident receiving services wants them to be involved. The RNs interviewed demonstrated a good knowledge around tikanga best practice guidelines in relation to consent.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints</p>	FA	<p>Access to complaint forms is located at the entrance to the facility or on request from staff. A secure complaints box is located adjacent to reception. Residents and relatives making a complaint can involve an independent support person in the process if they choose. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English.</p> <p>A complaints register is being maintained. Four complaints were lodged in 2021 and ten were lodged for 2022. There have been no</p>

<p>in a manner that leads to quality improvement.</p>		<p>complaints for 2023 at the time of the audit. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. No trends have been identified. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had were addressed promptly. There have been no complaints received from external agencies.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Matua has a total of 154 beds and is certified for rest home, hospital (including medical) and dementia level of care. One hundred and twenty-eight beds are dual-purpose, including five certified beds in the studio wing. There are four rest home only beds, and twenty-two beds in the secure dementia unit.</p> <p>At the time of the audit there were 142 beds occupied; 48 rest home level care residents, which included four residents on a respite contract and four residents in the studio units; 22 residents in the secure dementia unit; and 72 residents at hospital level of care, including one resident on a long-term support- chronic health (LTS-CHC) contract, one on a respite contract, and one resident in the studio unit. All other residents are under the age-related residential care (ARRC) contract.</p> <p>The Governance Board consists of the Radius managing director/executive chairman and four professional directors, each with their own expertise. 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 strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Radius Matua is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved</p>

		<p>health outcomes for tāngata whaikaha. The activities team support residents to maintain links with the community.</p> <p>The national cultural safety committee has been established to identify and address issues to ensure a safe living and working environment is developed and maintained for all. The organisation has employed a Māori advisor who works in partnership with Māori to ensure policies and procedures represents Te Tiriti partnership and equality. The Māori advisor consults with and reports on any barriers to the senior executive members and Board to ensure these can be addressed.</p> <p>The facility manager (non-clinical) has eight years management experience at Radius Matua. He is supported by a regional manager, national quality manager and a nurse manager. The nurse manager has been in this and similar roles since Radius purchased the facility in 2012. The facility manager and nurse manager have maintained at least eight hours of professional development activities related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Matua is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly meetings including a combined quality, health and safety, and infection control meeting and clinical meetings. Two to three-monthly full staff, hospital, rest home, dementia, and departmental meetings document comprehensive review and discussion around all areas. The national quality manager benchmarks data against other Radius facilities and industry standards are analysed internally to identify areas for improvement.</p> <p>The 2022 resident satisfaction survey has been completed and indicates that residents have reported high levels of satisfaction with the service provided. Results of the survey have been collated and analysed, and a comprehensive report provided by an external agency. The 2022 results have been communicated to staff with copies of the results in each nurse's station. A resident and family newsletter provides a summary of the results and readers are invited</p>

		<p>to ask to see the full report if they wish. One corrective action implemented addressed concerns in relation to meal satisfaction.</p> <p>Quality management systems are linked to internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. Data is collected for a comprehensive range of adverse event data. An internal audit programme is being implemented. Corrective actions are 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 noticeboards in each area.</p> <p>A health and safety system is in place. Hazard identification forms and an up-to-date hazard register were reviewed. All new staff and contractors undergo a health and safety orientation programme with evidence sighted of staff and contractors participating in annual health and safety refresher programmes.</p> <p>Electronic reports using eCase are completed for each incident/accident and has a severity risk rating and immediate action documented with any follow-up action(s) required, evidenced in eighteen accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. The electronic system escalates alerts to Radius senior team members depending on the risk level.</p> <p>Discussions with the facility manager and clinical manager evidenced 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 and 2023 year to date relating to pressure injuries, absconding, a medication error and suicide. There have been five Covid-19 outbreaks in 2022. Public Health authorities were notified of the outbreaks.</p> <p>The service collects ethnicity data during the resident's entry to the service and is reviewing quality data in relation to improving health equity through critical analysis of data and organisational practises. Staff complete cultural training to ensure the service can deliver high quality care for Māori.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios in an event of acuity change or outbreak management. The facility manager interviewed confirmed staff needs and weekly hours are included in the weekly report sent to the regional manager. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the Ministry of Health safe staffing hours and Te Whatu Ora -Hauora a Toi Bay of Plenty contractual requirements. Staffing is flexible to meet the acuity and needs of the residents, confirmed during interviews with both managers and staff. 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>Interviews with staff confirmed that their workload is manageable. The facility manager stated turnover had increased on previous years. Registered nurse recruitment has been difficult over the last 12 months. There is access to an agency and a virtual registered nursing service to support staffing shortages. Where possible, Matua staff have covered shifts when required. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews. Interviews with residents and families confirmed staffing overall was satisfactory and residents confirmed their care requirements are attended to in a timely manner.</p> <p>The facility manager, clinical nurse manager and two clinical team leaders work Monday to Friday 8.30am- 5pm. On call cover is covered by the facility manager, nurse manager, team leaders and quality coordinator. The virtual nursing service provides on-call clinical advice. There is 24-hour RN cover.</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. Toolbox talks are held when required at handovers. External training opportunities for care staff include training through Te Whatu Ora - Health New Zealand- Hauora a Toi Bay of Plenty and the hospice.</p> <p>Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. On interview, staff confirmed a knowledge of the Treaty</p>
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		<p>of Waitangi and cultural practises relating to Māori. The learning platform and expertise of Māori staff creates opportunities for that workforce to learn about and address inequities. The collection and sharing of Māori health information is included in the data collated, analysed, and shared with staff at facility meetings.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. All healthcare assistants who work in the dementia area have either attained the required dementia qualifications or are working on them. Eight staff are currently working on dementia qualifications through CareerForce and have been recently employed. A majority of care staff have level three or four qualifications.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. All HCAs are required to complete competencies at orientation. Annual competencies include (but are not limited to): restraint, moving and handling, and cultural competencies. Registered nurse competency assessments cover: restraint; medication administration; controlled drug administration; and wound management. Additional specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. Eleven of thirteen RNs are interRAI trained. 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>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Electronic staff files are stored on a secure online electronic programme. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Eight staff files reviewed on the electronic human resource system evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Radius code. This document includes, (but is not</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>limited to): the Radius values; responsibility to maintain safety, health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest. 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 RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>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>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an implemented admission policy and procedures to safely guide service provision and entry to the service. The service collects ethnicity information at the time of admission from individual residents and this is recorded on the admission form and on the lifestyle profile. The facility does identify entry and decline rates for Māori and is analysing and reporting on this information which is reported to head office. The service identifies and implements supports to benefit Māori and whānau. The service engages with the local marae in order to further develop meaningful partnerships with Māori communities and organisations, to benefit Māori individuals and whānau.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know</p>	<p>FA</p>	<p>Eight resident files were reviewed (four hospital level, two rest home and two dementia care files). One resident under a long-term support-chronic health conditions (LTS-CHC), hospital level and one</p>

<p>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>respite rest home level resident were included in the file review. The RNs are responsible for undertaking all aspects of assessments, care plan development and evaluations. There is evidence of resident and whānau involvement in the interRAI assessments and long-term care plans. This is documented in progress notes and all communication is linked to the electronic system (including phone calls and emails) and automatically uploaded.</p> <p>Risk assessments are conducted on admission. Outcomes of the assessments formulate the basis of the long-term care plan. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others form the basis of the long-term care plans. Barriers that prevent whānau and tāngata whaikaha from independently accessing information are identified and strategies to manage these documented. The service supports Māori and whānau to identify their own pae ora outcomes in their care or support plan. Cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Residents in the dementia unit all have behaviour assessment and a behaviour plan with associated risks and support needed and includes strategies for managing/diversion of behaviours. Short-term issues such as infections, weight loss, and wounds are either resolved or incorporated.</p> <p>Written evaluations reviewed identify if the resident goals had been met or if further interventions and support are required. Long-term care plans had been updated with any changes to health status following the multidisciplinary (MDT) meeting. Family is invited to attend MDT meetings.</p> <p>Medical services are provided by the general practitioners (GP) from the local medical centre. The GP visits at least twice a week and is available to see any residents of concern and is available 24 hours a day. The resident files identified the GP had seen the resident within five working days of admission and had reviewed the residents at least three-monthly or earlier if required. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP interviewed on the day of audit stated they were very happy with the communication</p>
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	<p>from the RNs and there was good use of allied health professionals in the care of residents. The GP liaises with families and has been actively involved in advance care planning with staff, residents (as appropriate) and families. There are regular visits from the palliative care nurse specialist, mental health team, dietitian, and podiatrist. A physiotherapist is employed for 24 hours a week and completes initial assessments for all hospital level residents and other residents as required. There are six-monthly reviews, equipment assessment and post falls assessments as required also completed. There are podiatry services.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery; this was sighted on the day of audit. Healthcare assistants document progress notes on each shift and the GP and allied health professionals document their reviews. There was evidence that RNs added to the progress notes when there was an incident or changes in health status or to complete regular RN reviews of the care provided.</p> <p>When a resident's condition alters, the RN initiates a review with the GP. The electronic progress notes reviewed provided evidence that family have been notified of changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family members.</p> <p>Eighteen wounds were reviewed across the service including an unstageable pressure injury. Assessments and wound management plans including wound measurements were reviewed. The wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. There is access to wound expertise from a wound care nurse specialist. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring</p>
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		<p>charts, including (but not limited to): vital signs; behaviour charts; food and fluid chart; turning charts; neurological observations; and toileting regime. Monitoring charts had been completed as scheduled. Residents interviewed reported their needs and expectations were being met. Incident reports reviewed evidenced timely RN follow up and any opportunities to minimise risks were identified and implemented.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>Waitangi Day, Matariki and Māori language week are celebrated. Celebrations included, singing of Māori songs, and learning words and phrases in Māori language. The service is actively working with staff to support community initiatives that meet the health needs and aspirations of Māori, including, ensuring that te reo Māori and tikanga Māori are actively promoted and included in the activities programme.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>There are policies and procedures in place for safe medicine management that meet legislative requirements. All medications are stored safely in each service level area. Registered nurses and HCAs complete annual medication competencies and education. Registered nurses complete syringe driver training. Medication reconciliation of monthly regular and 'as required' medication is checked by the RN. Any errors are fed back to the pharmacy. Hospital level impress medications are checked regularly for stock level and expiry dates. Medication audits are completed.</p> <p>There were no residents self-administering medications at the time of the audit. There are policies and procedures in place should any residents choose to self-administer medications. The medication fridge and medication room temperatures are monitored daily, and the temperatures were within acceptable ranges. All eye drops, creams and sprays were dated on opening.</p> <p>The service uses an electronic medication system. Sixteen medication charts were reviewed and met prescribing requirements.</p>

		<p>All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that regular medications were administered as prescribed. 'As required' medications had the indication for use documented. The effectiveness of 'as required' medications were recorded in the electronic medication system and in the progress notes.</p> <p>There was documented evidence in the progress notes that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. The RNs and management described working in partnership with all residents and whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>Standing orders are in use and align with the policy on management of standing orders and Ministry of Health Guidelines. All medications are charted either regular doses or as required. Over the counter medications and supplements are prescribed on the electronic medication system.</p> <p>Staff have attended training around medication management and pain management as part of their annual scheduled training programme.</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>The food service is managed by an external catering company. The service adopts an approach to menu development that ensures nutritional value, and respects and supports cultural beliefs, values, and protocols around food. Kitchen staff and healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. The kitchen staff interviewed stated they accommodate all residents' requests and food preferences.</p> <p>Residents can provide feedback on the meals through resident meetings and direct contact with the food services staff. Resident and relatives interviewed spoke positively about the choices and 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. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The residents and their families were involved for all exits or discharges to and from the service. Discharge notes and summaries are uploaded to the electronic system and integrated into the care plan. There is evidence of referrals for re-assessment from rest home and dementia to hospital level of care.</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>The building has a current warrant of fitness that expires 26 February 2023. The buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services being provided. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. This plan comes from Radius head office.</p> <p>There are no current plans for building projects, or further refurbishments; however, if this arises, the organisation is open to the inclusion of local Māori providers to ensure aspirations and Māori identity are included. 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>The facility has an approved fire evacuation plan and fire drills take place six-monthly. The last fire evacuation drill occurred recently in January 2023. Staff advised that they conduct security checks inside at night. The external doors are locked overnight. Currently under Covid restrictions, all visitors and contractors are required to sign in and wear a face mask at all times when in the facility.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Infection prevention and control resources, including personal protective equipment (PPE), were available should an 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 a pandemic response plan in place which is reviewed and tested at regular intervals. During Covid-19 lockdown, there were regular zoom meetings with Radius head office which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests. All staff complete a rapid antigen test before commencing work. Sufficient staff were available to ensure all people coming to the site are screened.</p> <p>Educational resources in te reo Māori can be accessed online if needed. The infection prevention and control staff consult with the national cultural safety committee to ensure culturally safe practice and to provide educational resources, acknowledging the spirit of Te Tiriti. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the infection control meetings, quality, and staff meetings. Meeting minutes are available to staff. The service incorporates ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been two Covid outbreaks in April/May and October/November 2022. The outbreaks were managed effectively with support and advice from the Ministry of Health, Te Whatu Ora -</p>

		<p>Hauora a Toi Bay of Plenty 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>Staff test daily and residents three times a week. Visitors have the option of testing if they wish or if their temperature or screening questions indicate.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Restraint policy, including acute and emergency restraint policy, confirm that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility was restraint free. The nurse manager (restraint coordinator) confirmed the service is committed to providing services to residents without use of restraint. The board is committed to eliminating restraint and restraint-use KPIs and stats are provided in monthly reports.</p> <p>A restraint approval committee meets monthly to review falls, unsettled residents, use of anti-psychotic medications and if appropriate, strategies are in place for residents and staff education needs. Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the mandatory training plan and orientation programme.</p>

## Specific results for criterion where corrective actions are required

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

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

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

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

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

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

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

No data to display
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End of the report.