

Radius Residential Care Limited - Radius Hawthorne

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:

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| Legal entity: | Radius Residential Care Limited | |
| Premises audited: | Radius Hawthorne | |
| Services audited: | Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical | |
| Dates of audit: | Start date: 23 January 2023 | End date: 24 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: | 84 | |



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 |
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|  | 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 |
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| 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 Hawthorne is part of the Radius Residential Care group. The facility is certified to provide hospital, rest home, psychogeriatric and residential physical disability care for up to 94 residents. At the time of the audit there were 84 residents at the facility.

This unannounced surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Te Whatu Ora Health New Zealand -Waitaha Canterbury. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents and families, management, staff, and the general practitioner.

The service is managed by a facility manager who is supported by an experienced clinical nurse manager.

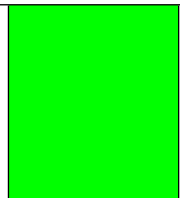
The service continues to make environmental improvements and room refurbishments. Family/whānau spoke positively about the care provided.

There are quality systems and processes implemented. There is a stable team of experienced healthcare assistants and non-clinical staff to support the management team and registered nurses. Hazards are identified and appropriately managed. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care. Competencies specific to the employee roles are reviewed annually.

The previous shortfall related to assessments has been addressed.


This surveillance audit has met the intent of the sub-section of the relevant standard.

Ō tatou motika | Our rights

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| Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs. |  | Subsections applicable to this service fully attained. |
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A Māori health plan is documented for the organisation. Māori mana motuhake is recognised in all aspects of service delivery, using a strengths-based and holistic model of care. Staff encourage participation in te ao Māori. The service is working towards developing a Pacific health plan. Policies are in place around the elimination of discrimination, harassment, and bullying. Consent forms are signed appropriately. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

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| 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. |
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The Radius strategies describe the vision, values, and objectives of Radius aged care facilities. A 2022/2023 business plan is in place for Radius Hawthorne and describes specific and measurable goals that are regularly reviewed and updated. 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. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. An in-service programme is provided with all compulsory block training sessions provided annually.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. There is evidence of family participation in care and treatment provided. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and other visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

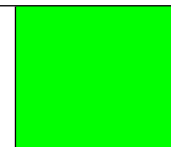
An activities programme includes community visitors and outings. There are activities for residents who want to be connected with te ao Māori, and staff members work in ways that ensure the connection is authentically maintained.

Residents' food preferences, dietary requirements, cultural, traditional, and religious practices, and choice related to food are respected. Nutritious snacks are available 24/7.

Transfer, exit, and discharges occur in a 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.

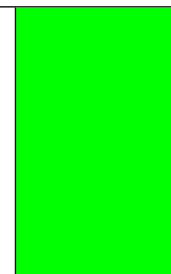


Subsections applicable to this service fully attained.

The building has a current warrant of fitness, and an approved fire evacuation scheme is in place. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. The psychogeriatric unit is secure. Security checks are completed.

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 pandemic plan has been successfully implemented at times of any outbreaks. There are sufficient supplies of personal protective equipment to manage outbreaks.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Benchmarking occurs. There was one documented outbreak since the last audit.

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.

Radius Hawthorne strives to maintain a restraint-free environment. The restraint coordinator is the clinical team leader. At the time of the audit, there were no residents using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, and orientation booklet. Annual restraint competencies are completed.

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 | 21 | 0 | 0 | 0 | 0 | 0 |
| Criteria | 0 | 57 | 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 |
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| <p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p> | FA | <p>A Māori health plan is documented for the service. On interview, the facility manager stated the organisation supports increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Radius Hawthorne. At the time of the audit, there were staff members who identified as Māori. The Māori health plan documents a commitment to a diverse workforce.</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> | Not Applicable | <p>The service plans to partner with a Pacific organisation or leader who identifies as Pasifika to provide guidance and consultation as the Pacific health plan is developed and implemented. At the time of the audit, there were staff who identified as Pasifika.</p> |

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| <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>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p> | <p>FA</p> | <p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The service recognises Māori mana motuhake, and this is reflected in the current Māori health plan. Interviews with twelve staff (two registered nurses (RN), six healthcare assistants (HCA), one diversional therapist, one physio assistant, one maintenance person and one kitchen manager) could describe promoting residents independence in relation to their roles.</p> <p>Interviews with seven residents (three rest home and four hospital) and five family/whānau (four psychogeriatric and one hospital) confirmed that residents are encouraged to be autonomous and as independent as they can be.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>Staff attend specific cultural awareness training that covers Te Tiriti o Waitangi and tikanga Māori. The staff noticeboards contain information on Māori tikanga practice. Cultural training is also included in the orientation programme for new staff. Interviews with staff confirmed their awareness of Te Tiriti o Waitangi, tikanga Māori, and a selection of words in te reo Māori. Māori cultural days are celebrated, including Matariki. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>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. Staff interviewed stated there is a positive workplace</p> |

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| | | <p>culture at Radius Hawthorne.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, including Māori, as detailed in the Māori health plan. A section of the electronic resident care plan captures any required health preferences and cultural information for all residents.</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>There are policies around informed consent. The service follows relevant best practice tikanga guidelines. The registered nurses have a good understanding of the organisational process to ensure informed consent for Māori residents involved the family/whānau for collective decision making. Enduring power of Attorney (EPOA) documentation was signed and on file. The residents and family/whānau interviewed stated they participated in all decision making.</p> |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p> | FA | <p>The complaints procedure is equitable and is provided to residents and families/whānau during the resident's entry to the service. The residents Code of Rights is displayed in te reo Māori and English. A 'Welcome to Radius Care' booklet includes information on access to advocacy and complaint support systems. There is a resident advocate available to support residents if required. Access to complaint forms is located at the entrance to the facility or on request from staff. The facility manager maintains a record of all complaints, both verbal and written on an electronic complaint register.</p> <p>There have been six complaints received in 2023 (year to date) and nine complaints made in 2022. Documentation including follow-up letters and resolution, demonstrated that complaints are being managed in accordance with guidelines set by the Health and</p> |

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| | | <p>Disability Commissioner (HDC). 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 external complaints received.</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>Hawthorne is part of the Radius Residential Care group. The facility is certified to provide hospital, rest home, psychogeriatric and residential physical disability care for up to 94 residents, including 47 in the two psychogeriatric units (one unit has 20 beds, the other has 27 beds) and 47 in the two hospital units, including 15 dual purpose beds.</p> <p>At the time of the audit, there were 84 residents at the facility: 21 at hospital level, including two on end-of-life contracts. There were 12 at rest home level, including one on respite care, and 46 psychogeriatric (PG) level residents in the two psychogeriatric units; all PG residents were under the Age-Related Residential Hospital Specialised Services (ARRHSS) contract. There were five residents on the younger persons with disabilities (YPD) contract, including four at hospital level and one at rest home level. The remaining residents were on the age-related residential care (ARRC) contract.</p> <p>The Governance 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. Tāngata whaikaha are supported to provide feedback through surveys and resident meetings, as evidenced in meeting minutes.</p> <p>The Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our calling'. A 2022/2023 business plan is in place for Radius Hawthorne and describes specific and measurable goals that are regularly reviewed and updated. Site specific goals relates to clinical effectiveness, risk management and financial compliance. The business plan reflects a</p> |

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| | | <p>commitment to collaborate with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery.</p> <p>The facility manager (RN) has been in the role for one year and has over 10 years of facility management experience. They are supported by a clinical nurse manager who has been in the role for one and a half years and has worked at Radius Hawthorne as an RN for ten years.</p> <p>The facility manager and clinical nurse manager have maintained at least eight hours of professional development activities related to managing an aged care facility. The village manager attended a Radius facility manager conference and a New Zealand Aged Care Association course.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>Radius Hawthorne has 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. New policies or changes to policy are communicated and discussed with staff. Radius Hawthorne is implementing a quality and risk management programme.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. 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 range of adverse event data. Monthly meetings including quality/health and safety, clinical, staff and infection control ensure good communication. 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 a quality noticeboard. The 2022 resident satisfaction survey has been completed and showed increases in key indicators such as safety/security, Code of Rights, responding to requests/concerns, and care provided by RNs. Results</p> |

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| | | <p>of the survey have been collated and analysed recently. A corrective action plan has been implemented around meals/food service, activities programme and the laundry service. The 2022 results have been communicated to residents in resident meetings (meeting minutes sighted).</p> <p>A health and safety team is in place with health and safety meetings taking place monthly. Health and safety is a regular agenda item in staff and quality meetings. Hazards are identified and managed. A current hazard register is available to staff. Electronic reports are completed for each incident/accident, has a severity risk rating and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms 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 for pressure injuries, one resident's aggressive behaviour, and RN shortages. There has been one Covid-19 outbreak in June 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 reviews quality data in relation to improving health equity through critical analysis of data and organisational practises. Staff complete cultural training to ensure high quality services are provided for Māori.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> | <p>FA</p> | <p>A Radius policy is in place for determining staffing levels and skills mix for safe service delivery. Sufficient staff are rostered on to manage the care requirements of the residents. The facility manager and clinical manager both work full time and jointly cover on-call responsibilities. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within</p> |

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| <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> | <p>contractual timeframes. The service has been sending through RN shortage Section 31 notifications weekly due to not meeting their organisation master roster requirement. They are now meeting the ARRC contact requirements as they always have two RNs on duty 24/7, one in the psychogeriatric unit and one in the hospital/dual purpose unit. There are two RNs on nightshift, one covers both PG units and the other covers both dual purpose/ hospital units. Interviews with residents and family/whānau identify that staffing is adequate to meet the needs of residents.</p> <p>A qualified diversional therapist and two activities staff provide a programme weekdays and care staff provide activities in the psychogeriatric units during the weekend.</p> <p>An annual in-service programme is implemented, and all compulsory topics are included. There are 60 HCAs in total, 36 have completed level four, 10 have completed level three and three have completed level two. There are currently 16 RNs in total; 14 are interRAI trained and two are in progress of completing. There are 35 HCAs who work across the two psychogeriatric units. Fourteen have completed the required training to meet ARHSS D17.11. Five HCAs are in the process of completing the training. There are 13 that have not completed the required training yet, all commenced work within the last six months.</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 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. Staff last attended cultural awareness training in July 2022. External training opportunities for care staff includes training through Te Whatu Ora – Waitaha Canterbury and the hospice.</p> <p>A competency assessment policy is being implemented, that includes new competency-based programmes which are being implemented to support the RNs, by upskilling senior HCAs with basic wound cares and observations. All staff are required to complete competency assessments as part of their orientation. Competency assessments include (but are not limited to): restraint; moving and</p> |
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| | | <p>handling and back care; hand hygiene; and donning and doffing of personal protective clothing. A record of completion is maintained on an electronic human resources system. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs attend in-service training and complete training in: critical thinking; Covid-19 preparedness; wound management; pain management; medication; and training related to specific conditions.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | <p>FA</p> | <p>There are human resource policies including recruitment, selection, orientation and staff training and development. Six staff files reviewed included: a signed employment contract; job description; police check; induction documentation relevant to the role the staff member is in; application form; and reference checks. A register of RN practising certificates is maintained within the facility. Practising certificates for other health practitioners are also retained to provide evidence of their registration.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment to Māori. Healthcare assistants interviewed reported that the orientation process prepared new staff for their role and could be extended if required.</p> <p>Information held about staff is kept secure, and confidential in an electronic database. Ethnicity and nationality data is identified during the employment application stage. The service is collecting and collating ethnicity data and reporting it at a governance level.</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</p> | <p>FA</p> | <p>The service has an established relationships with Kaumatua Kaitautoko at Te Whatu Ora- Waitaha Canterbury and Nga Tahu. This relationship benefits Māori individuals and whānau. The facility receives all referrals for Māori residents from Kaumatua Kaitautoko at Te Whatu Ora- Waitaha Canterbury.</p> |

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| <p>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>The service collects ethnicity information at the time of admission from individual residents; however, they do not currently perform routine analysis of the same for the purposes of decline rates for Māori. This is a work in progress. The service is currently working towards gathering ethnicity for decline rates specific to Māori.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>Six resident files were reviewed, two rest home (including one respite and one young person with a disability [YPD]), two hospital (including one on end-of-life care) and two in the psychogeriatric unit.</p> <p>All residents have admission assessment information collected and an interim plan completed at time of admission. InterRAI assessments are completed in a timely manner and assessments are completed at regular intervals and when there is a significant change. Cultural assessment include cultural considerations, spiritual wellbeing and beliefs and details are weaved through all sections of the care plan. The previous shortfall related to NZS 2008:8134 criteria 1.3.3.3 has been addressed.</p> <p>Long-term care plans are developed and evaluated within expected timeframes. Care plans are holistic in nature and reflect a person-centred care plan that give tāngata whaikaha choice and control over their supports. The diversional therapist (DT) completes a 24-hour leisure plan for all residents in the psychogeriatric units, describing the resident's usual morning, afternoon, and night-time habits/routines. Interventions and personal strategies are recorded to meet the individual resident's physical, medical needs and pae ora outcomes. Evaluations are completed at the time of the interRAI re-assessment and six-monthly multidisciplinary review. Evaluations reflect progression towards the goals. Six-monthly multidisciplinary meetings occur where residents and family/whānau participate in care plan review. There are short-term care plans developed for short-term acute issues, such as infections, weight loss, and wounds. These issues are added to the long-term care plan when not resolved</p> |

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| | <p>within a specific timeframe.</p> <p>The YPD resident records include a suite of assessments and a long-term care plan to address cultural, medical and physical needs. Normal routine, hobbies and social wellbeing are addressed. The resident on respite care had an initial assessment, initial care plan and appropriate strategies to manage care needs. The service implements Te Ara Whakapiri as an end-of-life pathway and the resident on end-of-life care has a care plan to support symptom management. There were residents who identified as Māori. A Māori health plan is developed within the long-term care plan and document the appropriate cultural considerations, supports and interventions required to maintain cultural safe care. There is evidence of resident and family/whānau involvement in the interRAI assessments, care planning and evaluation processes.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission and the GP reviews each resident at least three-monthly. The GP (interviewed) routinely visits once a week and has regular contact with Te Whatu Ora Waitaha Canterbury older persons mental health team when required. The GP is on call for advice after hours. The clinical manager is also available for after-hours calls and advice. The GP interviewed is complimentary of the service provided. Specialist referrals are initiated as needed. The service supports and advocates for residents with disabilities to access relevant disability services. Allied health interventions were documented and integrated into care plans specialist services at Te Whatu Ora Waitaha Canterbury, including older persons mental health community team, podiatry, dietitian, and speech and language therapist. The service has contracted a physiotherapist that visits once a week. A physio assistant (employee) works four days a week, implementing a daily exercise programme and individual mobility improvement strategies for residents.</p> <p>Healthcare assistants interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery, this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by healthcare assistants and RNs complete weekly review entries. The RN further adds to the progress notes if there are any incidents or</p> |
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| | | <p>changes in health status. Progress notes reflects a clear picture of the resident's care journey.</p> <p>Residents interviewed reported their needs and expectations were being met. When a resident's condition alters an RN initiates a review with the GP. Family/whānau were notified of all changes to health including infections, accident/incidents, GP visits, medication changes and any changes to health status.</p> <p>There is an electronic wound register. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. Wound records were reviewed for three residents with current wounds. Input from the wound nurse specialist is accessible when required. There were two pressure injuries (one suspected deep tissue injury and one stage I - both facility-acquired) at the time of the audit. Pressure injury prevention strategies are implemented. Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources, as sighted during the audit. There is also access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts including (but not limited to): bowel chart; blood pressure; weight; food and fluid chart; pain; and behaviour. Incident reports reviewed evidenced neurological observations have been completed within the required protocol frequencies for unwitnessed falls with or without head injuries. Incidents are managed and each event involving a resident reflected a clinical assessment and a timely follow up by a RN.</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</p> | <p>FA</p> | <p>The service facilitates opportunities for Māori to participate in te ao Māori through the use of Māori language flash cards, the use of Māori mythology stories and culturally focussed music. There are opportunities to learn some basic te reo Māori simple conversations, new words and some popular waiata (songs). There are activities for residents who want to be connected with te ao Māori, and staff</p> |

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| <p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p> | | <p>members work in ways that ensure the connection with the community is authentically maintained. Other activities include Māori weaving, interaction with Māori artefacts and art and poi dance. There is an intermediate school that entertain residents with kapa haka. Special events include a hāngi planned for Waitangi Day.</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>There are policies available for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. The registered nurse and healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and ‘as required’ medications. All medications are checked on delivery against the electronic medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Each resident’s medications are appropriately stored in the facility medication room and locked trolley. The medication fridge is monitored daily, and the temperatures were within acceptable ranges. Medication room temperatures are checked daily and within acceptable limits. All eyedrops have been dated on opening. Over the counter vitamins, supplements or alternative therapies residents choose to use, had been reviewed, and prescribed by the GP.</p> <p>Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GP had reviewed all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were three self-medicating residents (one rest home and two hospital). The appropriate consent, assessment and evaluations were completed. Visual inspection evidence the medication is securely stored in a drawer in their room. No standing orders are used.</p> <p>There is documented evidence in the electronic clinical files that</p> |

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| | | residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The registered nurse described working in partnership with all residents and family/whānau to ensure the appropriate support is in place, advice is timely, treatment and services are easily accessed and prioritised to achieve better health outcomes. |
| <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> | FA | <p>Kitchen staff are trained in safe food handling. The menu provide for choice and residents can choose from the menu what they would like to eat; likes and dislikes are catered for. The chef interviewed stated they can implement menu options for Māori residents and consult with residents on the food and their choices. Healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. Nutritious snacks are available 24/7.</p> |
| <p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | FA | <p>Planned exits, discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care. Transfer documents are printed in a format of a pack from the electronic system and include resuscitation status, EPOA or next of kin contact numbers, latest medication chart, progress notes and last GP notes.</p> |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-</p> | FA | <p>The buildings, plant, and equipment are fit for purpose at Radius Hawthorne and comply with legislation relevant to the health and disability services being provided. The current building warrant of fitness expires 1 January 2024. There is a documented preventative maintenance plan and includes checking and calibration of medical equipment, and electrical equipment; this occurred as required in</p> |

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| <p>centred and culturally safe for Māori and whānau. 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>August and December 2022.</p> <p>Hot water temperatures are maintained within suitable ranges and checked weekly. The environment is homelike and there are spaces to support family/whānau interaction. The organisation is improving the internal environment. The art and decor are reflective and inclusive of peoples' cultures and supports cultural practices.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, the service will consult with local Māori providers to ensure aspirations and Māori identity is included.</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>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service for Radius Hawthorne (sighted and dated 31 August 2010). A fire evacuation drill is repeated six-monthly and last completed in August 2022, in accordance with the facility's building warrant of fitness requirements. There is a current fire register which list the assistance required for each resident in an event of an evacuation.</p> <p>The psychogeriatric unit is secure and entry to the psychogeriatric unit are by keypad entry. There is a secure perimeter fence to ensure safety of the residents. The buildings are secure after hours, and staff complete security checks at night and this is documented. The front doors are closed, and visitors can press a bell. All doors that lead to the outside are alarmed after hours.</p> <p>Staff are identifiable and wear name badges. All visitors and contractors must sign in. Contractors' complete orientation specific to the site.</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.</p> <p>Communication about the programme is easy to access and</p> | <p>FA</p> | <p>There is a suite of infection, prevention and antimicrobial policies that includes the pandemic plan. The service is working to access educational resources in te reo.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Personal protective equipment (PPE) stock balance is maintained to support any outbreaks. There</p> |

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| <p>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>are readily available isolation kits. There is a large supply of PPE stocks available. This is accessible to all staff and regularly checked against expiry dates and stock numbers. Hand sanitisers are placed throughout the facility.</p> <p>All staff have completed cultural safe education in July 2022. Healthcare assistants and RN interviewed could explain cultural safe practices related to Māori and how they will involve family/whānau of Māori residents.</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. 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>FA</p> | <p>Infection surveillance and antimicrobial use is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the electronic resident management system and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends and discussed at various meetings. Meeting minutes and graphs are available to staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement. The service receives regular notifications and alerts from Te Whatu Ora - Waitaha Canterbury for any community concerns.</p> <p>There has been one Covid-19 outbreak in June 2022. This was appropriately managed with Te Whatu Ora Waitaha Canterbury, and Public Health was appropriately notified. Outbreak logs were completed; however, the service is yet to incorporate ethnicity data within their infection control data.</p> <p>There was daily communication with the portfolio manager of Te Whatu Ora Waitaha Canterbury. Daily outbreak management meetings occur (sighted) and captured 'lessons learned' to prevent, prepare for and respond to future infectious disease outbreaks.</p> |
| <p>Subsection 6.1: A process of restraint</p> | <p>FA</p> | <p>The restraint policy confirms that the organisation is working to actively minimise the use of restraint. Strategies implemented include</p> |

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| <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>working in partnership with family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice. Radius Hawthorne strives to maintain a restraint-free environment. The restraint coordinator is the clinical team leader. There were no residents using restraints at the time of the audit. An interview with the clinical team leader described the organisation's commitment to restraint minimisation and implementation across the organisation. The use of restraint (should this be required) would be monitored in the monthly quality, clinical and staff meetings. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are completed. Residents and families/whānau would be involved in restraint reviews if restraint were to be used.</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.

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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.

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End of the report.