

Radius Residential Care Limited - Radius Peppertree Care Centre

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius Peppertree Care Centre

Services audited: 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: 22 February 2024 End date: 23 February 2024

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: 58

Executive summary of the audit




Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service are unattained and of moderate or high risk

General overview of the audit

Radius Peppertree is owned and operated by Radius Residential Care Limited. The service provides hospital (medical and geriatric), rest home and residential disability (physical) levels of care for up to 62 residents. On the day of the audit there were 58 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora– Te Pae Hauora o Ruahine o Tararua Midcentral and Whaikaha- Ministry of Disabled People. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

There has been a change in management since the last audit. The facility manager is a registered nurse with experience in aged care. The facility manager is supported by the clinical nurse manager and office manager. These roles are supported by the Radius regional manager and a national quality manager.

This audit has identified the service meets the Ngā Paerewa Health and Disability Services Standard.

The service has been awarded a continuous improvement ratings related to staff training, activities and restraints.

Ō tātou motika | Our rights

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



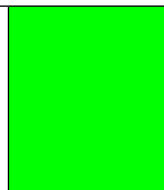
Subsections applicable to this service are fully attained.

Radius Peppertree provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and a Pacific health plan in place. The service aims to provide high-quality and effective services and care for residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Radius Peppertree provides services and support to people in a way that is inclusive and respects their identity and their experiences.

The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service are fully attained.

The business plan 2023-2024 includes a mission statement and operational and clinical objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented

as taking place as scheduled, with corrective actions as indicated. A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented and monitored by the health and safety committee. Staff incidents, hazards and risk information is collated at facility level, reported to the regional manager and a consolidated report and analysis of all Radius facilities are then provided to the Board each month. There is a staffing and rostering policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place. The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

The activity programme is provided by a team of activities coordinators who provide a programme with a variety of individual, group activities and maintains resident links with the community. Activities are adapted to encourage sensory stimulation and residents are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities.

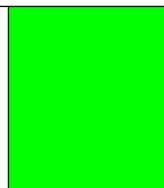
There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

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

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

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.



Subsections applicable to this service are fully attained.

The building holds a current building warrant of fitness certificate. There is an annual maintenance plan that includes electrical compliance testing, call bell checks, calibration of medical equipment, hot water temperatures and appropriate pest control management. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Residents' bedrooms are all single occupancy. Toilets have privacy locks. Resident rooms are personalised. The outdoor areas are safe and easily accessible and provide seating and shade. Cleaning and laundry staff are providing appropriate services. Systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is adequate civil defence supplies in the event of an emergency. There is always a staff member on duty with a current first aid certificate. Appropriate security measures are implemented.

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

Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service are fully attained.

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

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

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

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and specific on-site laundry duties. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Restraint is an agenda item at quality, staff, and clinical meetings.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	3	168	0	0	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit the service had residents and staff who identified as Māori. Radius Peppertree is supporting Māori staff to succeed in the workplace. Radius is committed to respecting the self-determination, cultural values, and beliefs of Māori residents (if any) and family/whānau and the resident care plan will include a Māori Health care plan based on Te Whare Tapa Whā. Links are established with Te Rangimarie Marae who host ANZAC day services yearly and acts as a civil defence centre during any floods. The activities coordinator also takes residents to the Marae to learn about Māori history and their culture. Te Kura Kaupapa Māori o Manawatū (school) visits the service regularly to perform for the residents.</p> <p>Radius Peppertree business plan documents a commitment and responsiveness to a culturally diverse workforce. Residents and family/whānau are involved in providing input into the resident's care planning, their activities, and their dietary needs. Interviews with fifteen staff, including six healthcare assistants (HCAs), three registered nurses (RNs), one kitchen manager, two cleaners, one laundry assistant, one maintenance officer and one activities</p>

		<p>coordinator and four managers, including one facility manager, one clinical nurse manager, one regional manager and one national quality manager, and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	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 families, and providing high quality healthcare. On admission all residents state their ethnicity. There were no residents identifying as Pasifika at the time of the audit and the facility manager confirmed that the residents' family/whānau will be encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>Radius Peppertree partners with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people. The Health and Disability Commissioner's (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pasifika languages. There are currently staff employed that identify as Pasifika. The facility manager described how Radius increases the capacity and capability of the Pacific workforce as described in the business plan.</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>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical nurse manager or RN discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English, and te reo Māori. Discussions relating to the Code are held during the monthly resident meetings. Family/whānau are invited to attend. Six residents (three hospital and three rest home) and five family/whānau (two hospital and three rest home) interviewed stated that the service is upholding the residents' rights. Interactions observed between staff</p>

		<p>and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports. Church services are held weekly. Staff have completed cultural training which includes Māori rights, Māori models of care and health equity. The service recognises Māori mana motuhake, which reflects in the Radius Peppertree business and quality plan for 2023-2024 and Radius Māori health Strategy. Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Residents and family/whānau interviewed confirm that individual cultural beliefs and values, knowledge, arts, morals, and personality are respected.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do. Residents interviewed stated they have choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over their choice and personal matters including choice over activities they participate in and who they socialise with. The Radius annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The five principles of Te Tiriti o Waitangi are implemented daily in the facility for all residents.</p> <p>The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed during the audit that residents are treated with dignity, respect and spoke to in a courteous manner. Satisfaction surveys are completed annually to survey resident satisfaction in relation to upholding resident's rights and privacy. A sexuality and intimacy policy is in place with training as part of the education schedule. Staff</p>

		<p>interviewed stated they respect each resident's right to have space for intimate relationships. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. One resident on a younger person's disability (YPD) contract was interviewed by the consumer auditor and stated they were pleased that staff respects their independence. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori.</p> <p>Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. The facility manager confirmed that cultural diversity is embedded at Radius Peppertree and this was confirmed during interviews with staff. Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. A tikanga Māori flip chart is available for staff to use and te reo resources are available on the education platform. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Radius Peppertree policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. Radius Māori Health Strategy includes strategies to abolishing institutional racism. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged and staff are educated on systemic racism, and the understanding of injustices through policy and the code of conduct. Staff complete education on orientation and annually as per the</p>

		<p>training plan on how to identify abuse and neglect.</p> <p>Staff are educated on how to value the older person showing them respect and dignity. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. The staff engagement survey for 2023 (sighted) evidenced positive comments related to teamwork and a positive workplace culture. Te Whare Tapa Whā is recognised and the care plans identify resident focussed goals and reflects a person-centred model of care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission. Resident meetings identify feedback from residents and subsequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/ whānau or next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice and Health New Zealand - Te Pae Hauora o Ruahine o Tararua Midcentral specialist services. The delivery of care includes a multidisciplinary team approach and</p>

		<p>residents and family/whānau provide consent and are communicated with regarding services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured several compliments from family/whānau which evidence positive feedback in relation to effective communication. Interview with the hospice nurse confirmed effective communication between healthcare professionals. The consumer auditor stated the following related to the YPD interview:” Staff do a very good job looking after me and the service is excellent”.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes through regular communication and newsletters.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The Resuscitation Management, Resident Representative, Enduring Power of Attorney (EPOA) policies guide staff around informed consent processes. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations, media release and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>In the files reviewed, appropriately signed resuscitation plans and advance directives were in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident’s care. An informed consent audit has been completed and evidenced full compliance and resuscitation orders are completed and reviewed as per the Resuscitation Management policy.</p> <p>Admission agreements had been signed and sighted for all the files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated</p>

		an activation letter and incapacity assessment was on file.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</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 management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. This register is held electronically. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC). Three complaints have been lodged since the previous audit. There is one open HDC complaint from July 2023. The service has completed an internal investigation in relation to the complaint and is still awaiting a response from HDC. A HDC complaint made in December 2021 was closed off by HDC in August 2023. Manatū Hauora Ministry of Health requested follow up against aspects of a complaint that included implementation of wound care plans (criteria # 3.2.4); review of medication to reduce polypharmacy (criteria #3.4.2); safe administration of medication (criteria # 3.4.6) and facilitation of self-administration of medication (criteria # 3.4.6). There were no identified issues in respect of this complaint. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Staff are informed of complaints (and any subsequent corrective actions) during the facility (staff and quality) meetings (meeting minutes sighted).</p> <p>Higher risk complaints are managed with the support of the regional manager. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident meetings are chaired by an independent resident advocate where concerns can be raised. Family/whānau interviewed, confirmed the facility manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints process. The complaints</p>

		<p>management procedure ensures Māori residents (if any) are supported to ensure an equitable complaints process. The facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Peppertree has a total of 62 beds and is certified for hospital (geriatric and medical), rest home and residential physical disability (physical) services. There are 20 dual-purpose beds, 22 dedicated hospital beds and 20 dedicated rest home beds. At the time of the audit there were 58 beds occupied; 26 rest home level including one on respite care and 32 hospital level, including one resident on respite care; one resident on a younger person’s disability (YPD) contract, two residents on Accident Compensation Corporation (ACC) contracts, one resident on a long-term support - chronic health condition (LTS-CHC) contract and two residents on interim care at hospital level care. All other residents are under the age-related residential care (ARRC) contract. There were no shared, double or couples’ room within the facility.</p> <p>Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching Radius Care strategic plan 2023-2028 has clear business goals to support their philosophy ‘Caring is our calling’. The 2023-2024 Radius Peppertree business plan describes specific and measurable goals that are regularly reviewed and updated. These site-specific goals relate to business and services, leadership and management, financial leadership and management, risk management and marketing, advertising and promotion, clinical quality goals related to safe medication management, compliance of clinical documentation, infection control/antimicrobial stewardship and continuation of the restraint free environment. Goals are regularly reviewed, and progress is documented in monthly reporting. The national quality manager interviewed by phone confirmed that there were no changes to the governance.</p> <p>The Governance Board consists of the Radius managing director/executive chair and four professional directors, each with their own expertise. A Māori health strategy is actioned at Board</p>

	<p>level. There is a Māori cultural advisory group that advises on any issues requiring cultural oversight and direction. The terms of reference for the Radius Governance Body adheres to a documented agreed terms and reference. The Board and the senior team have completed cultural training to ensure they are able to demonstrate expertise in Te Tiriti o Waitangi, 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 as documented in the strategic plan.</p> <p>The chief executive officer (CEO) is responsible for the overall leadership of the management team. As part of the CEO's role, responsibility for the operations lies with senior management team of Radius Residential Care. The weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. Ethnicity data is captured electronically at facility level and a three-monthly report is generated for the National Cultural Committee to review. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity and outcomes for all residents. 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 Peppertree are holistic in nature, and inclusive of cultural identity and spirituality.</p> <p>The organisation respects the connection with family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities are provided through general feedback and annual surveys to participate in the planning and implementation of service delivery. There is a National Cultural Committee that meets three monthly to consider how decisions best reflect a cultural response to strengthen Māori influence. Clinical governance is overseen by the organisation's national quality manager and the risk and compliance manager, which includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome,</p>
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		<p>or the goal is achieved.</p> <p>There has been a change in management since the last audit. The facility manager is a registered nurse and has been in the role 20 months. The facility manager is supported by a clinical nurse manager who has been in the role since June 2023, having previously been in an RN role for the past two years. The management team is supported by a regional manager (who was present on the days of the audit) and a national quality manager (who was interviewed by phone during the audit).</p> <p>The facility manager and the clinical nurse manager has completed other professional development activities in excess of eight hours annually, related to managing an aged care facility (including the Radius managers unleashed programme in 2023).</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 Peppertree is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (e.g., falls, medication errors, infections, skin integrity/tears, complaints, restraints). A range of monthly meetings (e.g. triangle of support, staff/quality, RN/restraint, health and safety) provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any) cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated, to address service improvements. Corrective actions were signed off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staff room. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis including benchmarking, feedback from residents' meetings and complaints management provides an avenue for critical analysis of work practices to ensure health equity.</p> <p>Quality improvement plans have been documented and include</p>

	<p>progress and monitoring of contractual requirements related to the completion of interRAI following an internal audit; medication errors following a quality review of medication management. The facility implemented an electronic medicine management system in September 2022. Staff have completed cultural competency and training to ensure a high-quality and cultural safe service is provided for Māori. The service developed and implemented Unleash EPEC (exceptional people, exceptional care) training for international qualified nurses (IQN) and RNs (link CI 2.3.5) that proved to benefit resident outcomes. Cultural safety is embedded in the quality system. Tāngata whaikaha have meaningful representation through regular resident meetings and six-monthly care conferences. The results of the 2023 resident and family/whānau satisfaction survey evidence an overall performance result of 93%. Results have been compared with the previous survey and corrective action plans were developed around activities programme (link CI 3.3.1). The residents, family/whānau and staff received the results from the survey.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation of systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. The national quality manager regularly reviews policies. New policies or changes to policy are communicated and discussed with staff. A health and safety system is in place. The health and safety team, led by a health and safety representative, meets monthly. A health and safety representative (maintenance officer) was interviewed and confirmed he had completed external training for their role. Hazard identification forms and an up-to-date hazard register were reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff/quality and health and safety meetings. Staff incidents, hazards and risk information is collated at facility level, reported at company level by the support office to the operations management team and a consolidated report of the analysis of data are provided to the board.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is</p>
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		<p>provided against each clinical indicator. The electronic resident management system escalates alerts to Radius senior team members depending on the risk level. Results are discussed in meetings and at handover. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with RNs and HCAs. An internal audit on accident and incident reporting was completed in June 2023 and evidence 87.5% compliance, a corrective action was completed and signed off. Benchmarking occurs on a national level against other Radius facilities. Ethnicity data is linked to benchmarking data.</p> <p>Discussions with the facility manager and regional manager reflected their awareness of their responsibilities to notify relevant authorities in relation to essential notifications. There have been seven section 31 notifications completed to notify HealthCERT of four RN shortages since the last audit (in January to March 2023), one change of clinical nurse manager (June 2023), a suspected deep tissue pressure injury (March 2023) and one for a virtual GP consultants' clause as part of the new change in GP model of care (November 2022). Public Health authorities have been notified in relation to one Covid-19 outbreak and one Scabies outbreak in 2023.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is an acuity and clinical staffing ratios policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support. The regional manager interviewed confirmed staff requirements and weekly hours are included in the weekly report received from the facility manager. The facility manager works from Monday to Thursday and the clinical nurse manager works full-time from Monday to Friday. The facility manager and clinical nurse manager share the on call after hours duties for all clinical matters. The roster provides sufficient and appropriate coverage for the effective delivery of care and support and meets the ARRC requirements. There is an RN on duty 24/7. The regional manager and facility manager stated RN recruitment had been a challenge in early 2023. The facility sent Section 31 notifications to HealthCERT in relation to RN shortages (January and March 2023).</p>

	<p>The RNs are supported by the HCAs. The roster reviewed for the last three weeks were fully covered and backfilled when staff were absent on short notice. There is a 'cover-pool' of staff, that are additional staff who are added to the roster as required. Separate cleaning and laundry staff are rostered. Staff on the floor on the days of the audit were visible and were attending to call bells in a timely manner and confirmed by residents` interviewed. Staff interviewed stated that overall, the staffing levels are satisfactory and that the management team provide good support. Residents and family/whānau members interviewed reported that there are adequate staff numbers to attend to residents` needs.</p> <p>There is an annual education and training schedule being implemented. The electronic (Bamboo) education and training schedule lists compulsory training which includes cultural awareness training and a completion of a cultural competency. External training opportunities for care staff include training through Health New Zealand - MidCentral and hospice. Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and opportunities to share information. Māori staff also share information and whakapapa experiences to support learning about and address inequities. Training specific to YPD residents` needs were included in the following topics: privacy, sexuality/intimacy, spirituality/counselling and person-centred care.</p> <p>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-five HCAs are employed and 84% hold the national certificate in health and wellbeing level two or above. Radius supports all employees to transition through the NZQA certificate in health and wellbeing. All staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs have attended in-service training which included medical conditions specific to the current residents. The service has attained a continuous improvement rating for the development and implementation of Unleash EPEC (exceptional people exceptional care) training for International qualified nurses</p>
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		<p>(IQN) and RNs. Seven of the ten RNs are interRAI trained. All HCAs are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene and cultural competencies.</p> <p>A selection of HCAs completes annual medication administration competencies. A record of completion is maintained on an electronic human resources system. There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals. Staff wellness is encouraged through participation in health and wellbeing activities and initiatives. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers and workplace initiatives are encouraged. The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support.</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 resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resources system. Eight staff files reviewed, including one facility manager, one clinical nurse manager, three HCAs, one RN, one kitchen manager and one activities coordinator evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The appraisal policy is implemented. All staff have a three-monthly appraisal following their period of orientation, followed by annual performance appraisals. All performance appraisals were completed as per the appraisal schedule. 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</p>

		<p>employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>There is a clinical records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Radius business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities</p>	FA	<p>On enquiry, an information booklet detailing entry criteria is provided to prospective residents and their family/whānau. There is a resident admission policy that defines the screening and selection process for admission. Review of residents' files confirmed that entry to service complied with entry criteria.</p>

<p>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 has a process in place if access is declined, should this occur. The resident would be declined entry if not within the scope of the service or if a bed were not available. When residents are declined access to the service, residents and their family/whānau, the referring agency, and general practitioner (GP) are informed of the decline to entry. Alternative services when possible are offered and the reason of decline is documented.</p> <p>The Needs Assessment and Service Coordination (NASC) assessments are completed for entry to the service.</p> <p>The admission entry and declining policy requires the collection of information that includes (but is not limited to); ethnicity, spoken language, interpreter requirements, iwi, hapu, religion, and the referring agency. Interviews with residents and family/whānau and a review of records confirmed the admission process was completed in a timely manner.</p> <p>Ethnicity data is being collected and analysed by the service. The clinical nurse manager described having access to Māori service through Te Rangimarie Marae. The registered nurses described how they support residents to maintain their relationships in the community.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight electronic resident files were reviewed: three rest home level including one resident on respite care and five hospital level care residents including one YPD, one interim contract, one on ACC and one on a LTS-CHC contract. Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. There is evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans.</p> <p>All residents have admission assessment information collated and an initial care plan completed within required timeframes (including the resident on respite care). All interRAI assessments, re-assessments, care plan development and reviews have been completed within the contractual required timeframes for all long-term residents.</p>

	<p>A suite of risk assessments is available on the electronic system. They are completed in detail to inform the care plan for residents who do not have interRAI assessments (ACC, respite, YPD, interim contract). The assessments include (but not limited to), those related to falls, skin, pressure risk, nutrition, activities, mobility, and pain. Appropriate risk assessments are conducted on admission. A cultural assessment has been implemented for all residents. For the resident files reviewed, the outcomes from assessments and risk assessments were reflected into care plans. The care plans identify resident focussed goals, recognise Te Whare Tapa Whā and reflects a person-centred model of care. The care plans identify key assessed risks, including medical risks and initial interventions reflective of interRAI assessments describe in detail all support required to address assessed needs. The YPD care plan reviewed evidence the care plan integrated normal routine, hobbies and social wellbeing. The resident was interviewed by the consumer auditor and described how the service supports them to maintain family/whānau relationships.</p> <p>Other available information such as discharge summaries, medical and allied health notes, and consultation with resident and family/whānau or significant others form the basis of the long-term care plans. The service supports Māori and family/whānau to identify their own pae ora outcomes through input into their electronic care plan. Barriers that prevent tāngata whaikaha and family/whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>The service is responsive to young people with disabilities, creating an environment where they can be supported to access community resources, facilities, family/whānau and friends. The care plans demonstrated to be resident centred including a reflection of resident wellbeing, community participation as well as meeting the physical and health needs of the residents.</p> <p>All residents had been assessed by a general practitioner (GP) within five working days of admission. The GP reviews the residents at least three-monthly or earlier if required. The contracted GP services uses telehealth model of care for five hours a week with priority face to face appointments available at the GP practice centre</p>
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	<p>as required. The GPs provide on call cover during work hours. After hours support is through the local public hospital. The GP (interviewed) was complimentary of the care, communication, and the quality of the service provided. The GP also stated they felt the clinical team was competent and aware of the residents' needs. The GP has remote access to the electronic resident management system and the medication charts.</p> <p>Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and an organisational dietitian, speech language therapist, hospice nurse and wound care nurse specialist is available as required through Health New Zealand- Midcentral. The physiotherapist visits the facility for two hours a week.</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. Healthcare assistants complete task lists that reflect within the progress notes on every shift. When changes occur with the residents' health these are reflected in the electronic progress notes to provide an evolving picture of the resident' journey. Registered nurses document at least daily for hospital level and at least weekly and as necessary for rest home level care residents. There is regular documented input from the GP and allied health professionals. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, the registered nurse initiates a review with the GP. The electronic progress notes reviewed provided evidence that family/whānau have been notified of changes to health including infections, accident/incidents, GP visit, medication changes and any changes to health status. This was confirmed through the interviews with family /whānau.</p> <p>There were 48 wounds across the service including one stage one pressure injury, skin tears, grazes, and skin conditions. Assessments and wound management plans including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. When wounds are due to be dressed, a task is automated on the RN daily schedule. Wound assessment, wound management, evaluation forms and wound monitoring occurred as</p>
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		<p>planned in the sample of wounds reviewed. There have been education sessions held around wound care and pressure injury prevention and management in 2023.</p> <p>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 access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional rounding; blood sugar levels; and toileting regime. Monitoring charts had been completed as scheduled. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management.</p> <p>Evaluations are scheduled and completed at the time of the interRAI re-assessment. Evaluations documented the progression towards goals. Written evaluations reviewed identify if the resident goals had been met or unmet. Long-term care plans have been updated following the six-monthly care conferences (multidisciplinary meeting [MDT]) and to reflect the interRAI reassessment, or sooner when changes have occurred. Family/whānau are invited to attend the care conferences when care plans are reviewed.</p> <p>Short term issues such as infections, weight loss, and wounds are addressed in an electronic short-term care plan and closed off when resolved or transferred to the long-term care plan of ongoing.</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>	FA	<p>The residents' activities programme is implemented by a team comprising of a full-time activity coordinator who works Monday to Friday, a part time coordinator (seven hours a week on Tuesday and Wednesday) and student volunteers. All volunteers are inducted to the service. The activities coordinators work together to support the hospital and rest home residents on the days they are both on duty. Healthcare assistants have access to a cupboard with table games, puzzles, quizzes, and other resources to assist with activities after hours and weekends. A selection of movies is available for residents.</p>

	<p>The monthly activities programme is displayed on a noticeboard in the communal area and on individual resident noticeboards. The daily schedule is clearly written on the board each morning for residents to see.</p> <p>The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. The consumer auditor interviewed the younger resident (YPD) and they stated they are able to participate in a range of activities including cultural and community events consistent with their interests. There is a resident committee which is involved in surveying other residents for activities of choices, creating community links, organising large events, and ensuring that every resident's 'voice' is heard. A continuous improvement rating is awarded to the service in relation to the implementation of the emergent of the residents' event planning team (REP Team).</p> <p>For those residents who choose not to take part in the programme, one on one visits from the activities staff occur regularly. An outing is organised weekly and regular visits from community visitors occur. There are outings such as for shopping, coffee and lunch, especially for younger residents. Church services are held weekly and include multi-denominational and catholic services are also available. The local schools and students on the gateway programme provide assistance, cultural activities, entertainment, and craft opportunities for residents.</p> <p>The activity coordinators integrate te reo in the daily programme with the use of te reo phrases and everyday words as part of the daily activities programme. Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. The activities coordinators utilise Māori connections through Te Rangimarie Marae to embed te ao Māori within activities of the facility.</p> <p>The residents' activities assessments are completed by the activity coordinator on admission to the facility. Information on residents' interests, family/whānau, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural</p>
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		<p>assessment and resident profile (about me and life history) which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly at the same time as the care plans and contribute to the formal six-monthly multidisciplinary review process.</p> <p>The residents and their family/whānau reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities. Regular resident meetings are held with a resident advocate chairing each meeting. Opportunities for discussion are facilitated and the advocate raises concerns with the facility manager, clinical nurse manager and activities staff.</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>The medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines. A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required documented three-monthly reviews by the general practitioner provide evidence of assessment to reduce polypharmacy where indicated. Resident allergies and sensitivities have been recorded on the electronic medication chart, and all medication charts have current photo identification.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the registered nurse on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored daily.</p> <p>Medications are stored securely in accordance with requirements. The staff observed administering medication, demonstrated knowledge and at interview demonstrated clear understanding of their roles and responsibilities related to each stage of medication management. The medication administration process complies with</p>

		<p>the medicine administration policies and procedures. The registered nurses oversee the use of all pro re nata (PRN) medicines and review documentation made regarding effectiveness on the electronic medication management system as evidence in progress notes. Current medication competencies were evident in staff files and in medication rooms.</p> <p>Education for residents regarding their medications occurs on a one-to-one basis by the clinical nurse manager or registered nurses. Medication information for residents and family/whānau can be accessed online as needed.</p> <p>The service facilitates young people with disabilities wishing to self-administer medications to do so in line with the policy and procedure. At the time of the audit, there were six residents self-administering medication. Each had a current signed medication self-administration competency which included approval by the general practitioner. This is reviewed at least three monthly. There are documented procedures in place around safe self-administration and safe storage. There are no vaccines stored on site, and no standing orders are used.</p> <p>The medication policy describes the consideration of over-the-counter medications when prescribing occurs and access to traditional Māori medications. Interview with registered nurses confirmed that where over the counter or alternative medications were being used, they were added to the medication chart by the general practitioner following discussion with the resident and/or their family/whānau.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food services at Radius Peppertree including all food and baking are prepared onsite. The kitchen manager works full time Monday to Friday and is supported by a qualified weekend cook, relief cook and four kitchen hands who cover the morning and afternoon shifts. The Radius menu and ordering plans are provided by an external catering company which is used by other Radius sites.</p> <p>A nutritional assessment for each resident is undertaken by the registered nurses on admission to identify the residents’ dietary</p>

	<p>requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident's dietary needs change. Diets are modified as needed and the kitchen manager interviewed confirmed awareness of the dietary needs, likes, dislikes and cultural needs of residents. These are accommodated in daily meal planning. For residents who identify as Māori, information is gathered regarding nutritional needs and preferences during the initial assessment and during the development of their individual Māori care plan.</p> <p>Meals served in the main dining adjacent to the kitchen are placed in the Ban Marie and served from there by HCAs. A hot box is used to service the hospital dining and to the residents who prefer to have their meals in their rooms. All the meals are served by the HCAs according to the needs and preferences of the residents.</p> <p>The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. There is a current food control plan expiring 31 March 2024. The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted. All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The kitchen manager (interviewed) is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer is electronically monitored through an electronic platform. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>On interview the kitchen manager was familiar with the concepts of tapu and noa. The kitchen manager discussed occasions where the service has provided culturally appropriate meal services. Culturally specific menu options are identified on the menu and includes cultural selections appropriate for Māori, Pasifika and Asian. Snacks are available all day and special utensils are available to use.</p>
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		Discussion and feedback on the menu and food provided is sought at the residents' meetings (family/whānau invited) and in the annual residents' survey. Residents (three rest home and three hospital) and family/whānau (three rest home and two hospital) interviewed stated that they were satisfied with the meals provided.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a Radius discharge, transition, and transfer policy. Transition, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies if indicated or requested.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the clinical nurse manager, RNs, and review of residents' files confirmed there is open communication between services, the resident and the family/whānau. Relevant information is documented and communicated to health providers. A verbal handover is provided, and the facility utilise the yellow envelope Health New Zealand transfer documentation system to ensure consistency of transfer processes.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well</p>	FA	<p>The building has a current building warrant of fitness, which expires on 5 April 2024. The environment is inclusive of peoples' cultures and supports cultural practices. There is a full-time maintenance officer responsible for implementing the annual organisational maintenance programme. Maintenance requests are logged through the electronic system and followed up in a timely manner. There is an annual maintenance plan that includes electrical test and tag of</p>

<p>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>equipment, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures and appropriate pest control management. This plan comes from Radius head office. Essential contractors such as plumbers and electricians are available as required. Checking and calibration of medical equipment, hoists and scales is completed annually. All medical and electrical equipment was recently serviced and or calibrated. Hot water temperatures are monitored and managed within 45 degrees Celsius.</p> <p>The facility has sufficient space for residents to mobilise using mobility aids, including a mobility scooter parking/charging bay. The external area is well maintained. Residents have access to safely designed external areas that have seating and shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents. All resident rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids including those required by hospital level care residents in the dual-purpose and hospital level rooms. Residents are encouraged to personalise their bedrooms. There are an adequate number of toilets and shower/bathing areas for residents and separate toilets for staff and visitors. Toilets and showers have privacy systems in place. Vacant/in use identifiers are on all doors.</p> <p>Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. The communal areas include the main lounge and several smaller lounges and separate dining areas in each of the rest home and hospital units. These areas are easily and safely accessible for residents. Any future refurbishment plans will be discussed with Māori representatives in order to ensure their aspirations and identity are included. General living, communal areas and all resident rooms are appropriately heated and ventilated by heat pumps/air conditioners and panel heaters in the resident rooms. All rooms have external windows that open, allowing plenty of natural sunlight. The temperature was a good ambient temperature on the day of the audit. All corridors have safety rails that promote safe mobility. Corridors are spacious and residents</p>
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		<p>were observed moving freely around the areas with mobility aids where required. All outdoor areas well maintained and are accessible and safe for residents' use.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency. The emergency planning includes business continuity plans in case of an emergency/disaster. A fire evacuation scheme is in place that has been approved by the New Zealand Fire Service on 8 February 2005. A fire evacuation drill was completed on 22 December 2023 and this is repeated every six months. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Staff received the appropriate training at orientation and annually to effectively respond to identified emergency and security situations.</p> <p>Civil defence supplies (sighted) are stored centrally and checked at three monthly intervals. There is back-up emergency lighting available for up to four hours. There are adequate supplies in the event of a civil defence emergency including water stores (header ceiling tanks and 15 litre bottles of water in each of the resident rooms) to provide residents and staff with three litres per day for a minimum of three days. A BBQ, two portable gas burners and gas cooktops in the kitchen are available for alternate cooking supplies. A minimum of one staff member trained in first aid is available 24/7. There are call bells in the residents' rooms and ensuite, communal toilets, shower rooms and lounge/dining room areas. Sensor mats are used for fall prevention management. Residents were observed to have their call bells near to them. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner.</p> <p>Staff are easily identifiable and there is a sign in process to identify visitors and contractors. The building is secure after hours and staff complete security checks at night. Closed circuit television cameras</p>

		are installed at the main entrance, nurses' stations and in both car parks.
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Radius strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>The Radius organisation have personnel with expertise in infection control and AMS as part of their senior management team. Expertise can also be accessed from Radius quality manager, Public Health, and Health New Zealand - Midcentral, who can supply Radius Peppertree with infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the Radius Board. Outbreak of other infectious diseases is reported if and when they occur. Monthly compliance and risk reports are completed for all facilities by the compliance and risk manager for the CEO. Monthly collation of data is completed, trends are analysed and then referred back to the facilities for action.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the Radius national clinical team, the general practitioner, and the Public Health team.</p> <p>External resources and support are available through external specialists, microbiologist, general practitioner, wound nurse, and Health New Zealand -Midcentral when required. Overall effectiveness of the programme is monitored by the facility management team.</p> <p>The clinical nurse manager is the infection control coordinator. A documented and signed role description for the position is in place. The infection control coordinator reports to the facility manager.</p> <p>There are adequate resources to implement the infection control programme at Radius Peppertree. The infection control coordinator is responsible for implementing the infection control programme,</p>

		<p>liaises with the infection control committee who meet monthly as part of the health and safety and staff/quality meeting and as required.</p> <p>Infection control reports are discussed at the health and safety and staff/quality meetings. The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and AMS programmes are reviewed annually and is linked to the quality and business plan.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE), were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Radius has an organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control coordinator and infection control committee have input when infection control policies and procedures are reviewed.</p> <p>The infection control coordinator (clinical nurse manager) is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff.</p>

		<p>Staff have completed infection control education in the last 12 months with the last training completed in October 2023. The infection control coordinator has access to an online training system with resources, guidelines, and best practice. The infection control coordinator has completed infection control audits in July 2023 with corrective actions signed off on completion.</p> <p>At site level, the facility manager and infection control coordinator have responsibility for purchasing consumables. All other equipment/resources are purchased at national level. Infection control personnel have input into new buildings or significant changes, which occurs at national level and involves the head of resident risk and the regional managers. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management and catheterisations.</p> <p>Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff are trained in cultural safety.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff/quality meeting. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at staff/quality meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Further discussion takes place at senior management level and is reported to the Board. Trends are</p>

		identified both at site level and national level. Feedback occurs from national senior management level.
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator (clinical nurse manager) uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the health and safety, registered nurse, and staff/quality meetings. Meeting minutes are available to staff. Ethnicity data is included in benchmarking of infection control data at national level.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate, for isolation.</p> <p>There has been one Covid-19 outbreak in September 2023 affecting 22 residents and one scabies outbreak in April 2023 affecting eight residents. The outbreaks were managed and reported effectively. Outbreak meetings occurred regularly. Staff were working in bubbles with no sharing of staff in areas that had infectious residents. Residents and family/whānau were updated regularly through the outbreaks. Staff continue to do weekly rapid antigen tests (RAT) on themselves, and weekly for residents and as clinically indicated.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Visitors to the facility are scanned for</p>

		temperature monitoring and record keeping of all incoming and outgoing visits is maintained.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>The facility implements Radius waste management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, laundry/cleaner’s room. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas. There is a sluice room in each of the units with sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked rooms for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. All linen, towels, personal clothing and mop heads are laundered on site by healthcare assistants and a team of dedicated laundry staff. Visual inspection of the on-site laundry demonstrated the implementation of a clean/dirty process. Residents’ clothing is labelled, and personally delivered to their rooms by laundry staff. Residents and family/whānau confirmed</p>

		<p>satisfaction with laundry services in interviews and in satisfaction surveys. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits are completed by infection control coordinator.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. The restraint coordinator is a registered nurse who provides support and oversight for restraint management in the facility.</p> <p>The restraint coordinator, RNs, HCAs and clinical nurse manager interviewed are conversant with restraint policies and procedures. The restraint policy confirms that restraint consideration and application would be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, Radius Peppertree will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility continues to be restraint free with no residents using restraints. The restraint coordinator confirmed Radius Peppertree is committed to providing services to residents without use of restraint, thus maintaining a restraint-free environment. The organisational plan evidence a Radius Care commitment to maintain a restraint free environment.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the resident (where appropriate), EPOA restraint coordinator and cultural advisor (if required).</p> <p>The use of restraint (if any) would be reported in the combined quality and staff meetings. The reporting process to the governance body includes restraint data that is gathered, analysed and</p>

		<p>benchmarked.</p> <p>Training for all staff occurs at orientation and annually. This includes a competency assessment. A continuous improvement rating was awarded for the implementation of strategies to eliminate restraint and maintain a restraint free environment.</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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.3.5</p> <p>Service providers shall assist with training and support for people and service providers to maximise people and whānau receiving services participation in the service.</p>	CI	<p>As a result of the Covid-19 pandemic and the national workforce shortage, particularly amongst RNs, Radius Peppertree had successfully implemented recruitment strategies to employ international qualified RNs (IQN). With the initiative Radius Peppertree could meet their immediate contractual obligations; however, the nurses and management identified that there was a knowledge gap with newly employed IQNs. Radius Peppertree implemented the new developed Radius Unleash EPEC (exceptional people exceptional care) training for their new RNs. The programme is led by the Radius national quality manager and Radius education manager.</p>	<p>The comprehensive 10-week programme was designed to address the shortfalls in the newly employed IQNs knowledge. The IQNs lack prior experience in aged care and were unfamiliar with the New Zealand healthcare system. The programme includes 40 hours of virtual training and 40 hours of completion of a workbook including several reflection sessions on various topics. This led to several opportunities for continuous improvement, particular in the areas of cultural adaptation, cultural safety and cultural awareness, communication and developing of an aged care specific skill set. Participants and the management team completed surveys prior to training to identify the challenges. Participants and management were again surveyed after completion of the training. Positive outcomes include:(a) improved communication within the clinical team as evidenced by statements from multidisciplinary team members (hospice nurse interviewed) including the</p>

			<p>GP;(b) increase in IQN confidence to provide cultural safe care as evidence through their written feedback and reflective practice narratives; (c) improvement in their reporting and observation skills that led to early resident intervention when required and improved the quality of care of residents.</p> <p>The resident and family/whānau survey evidence an increase of the overall performance from 79% in 2022 to 93% in 2023; with an increase in satisfaction in communication (from 75 to 100%) and provision of healthcare services (from 80 to 100%).</p>
<p>Criterion 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The resident's survey 2022 level of satisfaction with the provision of varied and interesting activities for hospital level care residents was 43%, communication was 75% and 72% satisfaction for spiritual and cultural support. There was a desire to shift the resident's customer role from passive beneficiary to specifier and planners which saw the emergent of the residents' event planning team (REP Team) in January 2023, with diverse membership.</p>	<p>The REP team with a membership of five residents (one YPD, two rest home and two hospital level care residents) has then been working with the activities team and holding monthly meetings (minutes sighted) where there is active involvement in monthly planning and putting together specific events such as a Christmas market and themed community engagements. The REP team is also involved in auditing of services at the facility e.g. activities and reporting on the results. The service has tracked attendance at events and engagements at meetings as well as measured the satisfaction level. The 2023 satisfaction survey results evidence an improvement in satisfaction in the activities programme (compared to the 2022 survey) for hospital level care residents. The satisfaction increased from 43% to 60%. Satisfaction in relation to communication increased from 75% to 100% and satisfaction in relation to spiritual and cultural support increased from 72% to 100%.</p>
<p>Criterion 6.1.1</p>	CI	<p>Radius Peppertree initiated a quality improvement project to reduce restraint usage at the service in</p>	<p>The facility worked towards eliminating restraint and to maintain a restraint free environment. Since 2021</p>

<p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>		<p>comparison or benchmarked against other sister Radius sites. Historically Radius Peppertree has had residents who have required restraint. In 2021 the facility engaged on a project to critically review the three residents on restraints with the main goal of eliminating all restraints within the facility.</p>	<p>the facility has been restraint free through implementing of (i) staff training that include restraint elimination, alternatives to restraint use and effective management of distress behaviour, (ii) Diversional therapy which is tailored to specific residents; (iii) a falls prevention programme that include use of alternatives including (but not limited to) low beds, intentional rounding, activities; and (iv) discussion with new residents and their family/whānau prior to admission on strategies in place to support them.</p> <p>The success of Radius Peppertrees ongoing commitment was measured by extracting data on restraint usage from the organisation's benchmarking record. The benchmarking evidence that Radius Peppertree compared with other sister facilities was amongst the top facilities that had managed to remain restraint free. The service has remained committed to the elimination of all restraints within the facility. Despite there being no restraint in use there have been regular restraint meetings as part of the registered nurses meeting, which include, review, analysis and reporting on residents who would require restraint if the facility did not provide their comprehensive suite of alternative measures. These include the implementation of intentional rounding for at risk residents, toileting regimes, use of alternative equipment to support the residents, ongoing discussions with family/whānau and EPOAs, and facilitation of activities. The restraint usage dropped from three in 2021 to zero restraint so far year to date 2024.</p> <p>Positive outcomes have been measured in staff, residents, and relative satisfaction surveys conducted and data reviewed. This was also confirmed in interviews conducted with the staff, residents, and family/whānau respectively.</p>
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