

# Clare House Care Limited - Clare House

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## Introduction

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

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

<b>Legal entity:</b>	Clare House Care Limited
<b>Premises audited:</b>	Clare House
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 13 June 2024    End date: 14 June 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	63

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Radius Clare House provides hospital (geriatric and medical), rest home and dementia levels of care for up to 87 residents. On the days of the audit there were 63 residents.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the contract held with Health New Zealand Te Whatu Ora- Southern. The audit processes included observations; a review of organisational documents and records, including staff records and the resident files; interviews with residents and family/whānau; and interviews with staff, management and a nurse practitioner. Residents and family/whānau interviewed spoke positively about the care and support provided.

The facility manager has experience in aged care. The facility manager is supported by the clinical nurse manager and experienced registered nurses and caregivers. Radius Clare House has implemented cultural safety protocols to ensure there is a safe environment for Māori and others to come into the service.

The service has addressed one of the two shortfalls from the previous audit in relation to staffing. There is an ongoing shortfall around care plan interventions.

This audit has identified four shortfalls related to care planning timeframes, neurological observations, and medication management.

## 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 fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Radius Clare House demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent and to protect resident's property and finances.

The complaints process is responsive, fair and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

## 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.

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

Radius Residential Care Ltd is the organisation’s governing body responsible for the service provided at this facility. There is a business plan 2023-2024 with documented site-specific goals, which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has effective quality and risk management systems in place that take a risk-based approach and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy and management comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. Regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

## 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>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan, review, and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input.

The organisation has an electronic resident management system. Resident files are electronic and enrolled nurses included medical notes by the general practitioner, and allied health professionals. Medication policies reflect legislative requirements and guidelines. Medications are stored securely.

A current food control plan is in place. Nutritious snacks are available 24/7.

Transfers and discharges are coordinated and involve input from the resident and family/whānau.

## **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 fully attained.
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The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

## **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 fully attained.
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There is a comprehensive organisational infection control programme which has been approved and reviewed annually. Staff complete education in relation to infection control and complete relevant competencies.

Surveillance data is collated and analysed. Data includes ethnicity data and is shared with staff. Since the previous audit, there have been three Covid-19 outbreaks and a norovirus outbreak.

## 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 fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the clinical nurse manager, who is the restraint coordinator. There are no residents currently using restraints. Maintaining a restraint-free environment is included as part of the education and training plan and staff have completed a restraint competency.

### 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	15	0	1	2	0	0
Criteria	0	44	0	3	2	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

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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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The Māori health plan acknowledges Te Tiriti o Waitangi as the founding document for New Zealand. Radius Clare House is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. At the time of the audit, there were Māori staff who confirmed in interview that mana motuhake is recognised.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific health plan. At the time of the audit there were Pacific staff who confirmed that cultural safety for Pacific peoples, their worldviews, cultural and spiritual beliefs are embraced.</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>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager and clinical nurse manager demonstrated how the welcome packs are given in the language most appropriate for the resident, to ensure they are fully informed of their rights. Ten residents (six rest home and four hospital) and eight family/whānau (four hospital, two dementia and two rest home) interviewed stated that all staff respected their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Radius policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff have received education around and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records.</p> <p>Nine staff (four healthcare assistants (HCAs), two registered nurses (RNs), two enrolled nurses (ENs), one housekeeper) and four managers (one facility manager, one chef manager, one clinical nurse manager and one national quality manager) interviewed demonstrated an understanding of professional boundaries.</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</p>	FA	<p>In the six files reviewed, admission agreements were signed and saved in the residents' electronic file. Informed consents had been signed and were included on the electronic file for general matters, as well as specific consents for Covid-19, influenza, and for specific procedures.</p>

<p>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>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. A comprehensive 'Welcome to Radius Care' booklet includes information on access to advocacy and complaint support systems. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process. A complaints register is being maintained, which includes all complaints, dates and actions taken. There have been four complaints received in 2024 year to date and seven complaints made in 2023. The complaints reviewed included acknowledgement, follow up, and resolution.</p> <p>Four of the complaints were made through Health and Disability Commissioner (HDC). Health New Zealand requested follow up of these HDC complaints (letters dated 1 November 2023) in relation to appropriate resident monitoring; care taken when feeding residents; identifying septicaemia; open disclosure to families/whānau; and staff not adhering to care plans. The complaints have been investigated by Radius and were responded to HDC on 13 December 2023. The complaints remain open as the service are awaiting a further response from HDC. There were no issues identified at this audit in relation to these complaints. Processes are well documented to ensure that follow-up letters and resolution can be managed in accordance with guidelines set by the HDC.</p> <p>Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager and clinical nurse manager acknowledged their</p>

		<p>understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Clare House has a total of 87 beds certified for rest home, hospital and dementia levels of care. Twenty beds in the care centre are dedicated rest home only. Twenty-eight beds in the hospital wing are dual-purpose. Twenty-one beds are in the dementia wing. All 18 beds in the serviced apartments have been certified for rest home level of care.</p> <p>At the time of the audit there were 63 beds occupied: 20 residents were at rest home level, including one resident in a serviced apartment, one resident was on accident compensation corporation (ACC) contract and two on respite care; 26 residents were at hospital level, including one resident on a palliative care contract; and 17 residents were in the dementia unit. All other residents were on the age-related residential care (ARRC) agreement.</p> <p>Radius Strategic plan 2023-2028 describe the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our calling.' There is a business plan 2023-2024 with documented site-specific goals. 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. The strategic plan describes annual goals and objectives that support outcomes to achieve equity for Māori. The national cultural committee and Māori advisor supports implementation of the business goals.</p> <p>The strategic plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The working practices at Radius Clare House are holistic in nature, inclusive of cultural identity, spirituality, and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing. Tāngata whaikaha have meaningful representation through monthly resident meetings and annual satisfaction surveys.</p> <p>The facility manager has been in the role since January 2023 and has</p>

		<p>worked at Radius for six years. The facility manager is supported by a clinical nurse manager, regional manager, and national quality manager (present at the time of the audit). The clinical nurse manager has also been in the role since January 2023 and has worked for Radius for six years.</p> <p>The facility manager and the clinical nurse manager have completed other professional development activities in excess of eight hours annually, related to managing an aged care facility, including completing the Radius exceptional people and exceptional care (EPEC) leadership course. The facility manager also attended the three-day Radius facility manager conference in 2024 and the clinical nurse manager attended the three-day Radius clinical nurse manager conference 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>PA Low</p>	<p>Radius Clare House is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. There is an annual meeting schedule in place; however, not all quality/health and safety, staff and activities meetings have been completed as per the required annual schedule, and not all agenda items have been evidenced as discussed. The meetings provide an avenue for discussions in relation to (but not limited to): infection control/pandemic strategies; complaints received (if any); cultural compliance; staffing; education; quality data; health and safety; hazards; service improvement plans; incidents and accidents; internal audits; and infections. Corrective actions are documented where indicated to address service improvements, with evidence of progress and closure when achieved. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom. The results of the resident and family/whānau satisfaction survey results have been compared with previous surveys and showed a decline in the overall satisfaction from 86% in 2022, to 63% in 2023. Corrective action plans have been implemented around communication, laundry services, environment cleanliness, and food service. Resident and family/whānau meetings provide a forum for open disclosure, sharing of survey results and staff movements. Staff have completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for</p>

		<p>Māori.</p> <p>The national quality manager benchmarks data against other Radius facilities and industry standards is analysed internally to identify areas for improvement. A risk management plan is in place. Health and safety is included in the monthly quality/health and safety meeting. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards and risk information is collated at facility level, and is reported to the regional manager. Electronic reports using an electronic system are completed for each incident/accident, has a severity risk rating, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms. There is a process for following the National Adverse Event Reporting Policy. Management have an understanding and comply with statutory and regulatory obligations in relation to essential notification reporting.</p> <p>Discussions with the national quality manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed since the previous audit to notify HealthCERT of pressure injuries, deep tissue injuries, aggressive behaviours, missing medications, and RN shortages. Three Covid-19 outbreaks (June 2023, February and April 2024) and one norovirus outbreak (September 2023) were reported appropriately to Public Health.</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 a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and the clinical nurse manager both work full-time from Monday to Friday. The rosters reviewed evidence any vacancies and unplanned absence have been covered. The facility manager is on call 24/7 for any operational related issues and the clinical nurse manager for any clinical concerns.</p> <p>All RNs, the activities staff and maintenance person hold current first aid certificates. A first aid trained staff member is rostered on duty 24/7. Since the reported two RN shortages in February 2023, the service has been able to meet contractual requirements for 24/7 RNs, with eight RNs, two</p>

		<p>enrolled nurses (EN) and a clinical nurse manager employed. The previous audit shortfall in criterion # 2.3.1 has been addressed. Residents and family/whānau interviewed stated that there were adequate staff on duty at all times. Staff interviewed felt that the RNs are accessible and supportive.</p> <p>There is an annual education and training schedule implemented for 2023 and 2024. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti O Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 54 HCAs employed in total. Nineteen have a New Zealand Qualifications Authority level four certificate (four are IQNs), eleven have a level three certificate, and two have a level two certificate. Staff have completed training around: speech language therapy; positioning residents for meals and drinks; assisting residents safely with their meals and drinks; and managing residents with swallowing issues. Mandatory training was also completed around: Code of Consumer Rights; advocacy; open disclosure; and managing acute deterioration of a resident.</p> <p>Eleven HCAs work in the dementia unit. Six have completed the NZQA required dementia qualification; one is in the process of completing their qualification and four have not completed. The four HCAs have been employed for less than six months. Training to care for dementia residents includes person first, dementia second sessions, behaviours of concern, and de-escalation. The staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Four of the eight RNs are interRAI trained.</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>FA</p>	<p>Six staff files (one facility manager, one clinical nurse manager, one RN and three HCAs) reviewed included evidence of completed training and competencies and professional qualifications on file where required. The orientation records for four of the five staff files were not retrievable. There are job descriptions in place for all positions that includes outcomes,</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>accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. All staff who have been employed for a year or more, have a current performance appraisal on file.</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>PA Moderate</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Six resident files were reviewed: two at hospital level; including one on a palliative care contract; two at rest home level, including one on an accident compensation contract (ACC) and one respite; and two dementia level residents. Initial care plans were developed with the residents/EPOA consent within the required timeframe. Care plans are based on data collected during the initial nursing assessments, risk assessments and information from pre-entry assessments.</p> <p>Cultural assessments were completed by staff who have completed appropriate cultural training. Cultural information for residents who identify as Māori included the person's iwi, information relating to the whānau, and other important aspects for the resident. The staff interviewed confirmed they understood the process to support residents and whānau. Whānau interviewed confirmed satisfaction with the processes in place.</p> <p>The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission, in consultation with the residents and family/whānau, where appropriate or per the residents' request. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs.</p> <p>InterRAI assessments are not required to be completed for the residents on the palliative care, respite care and ACC contracts, as per Health New Zealand – Southern requirements. Residents not on the ARRC contract had appropriate risk assessments completed and holistic care plans in place. InterRAI assessments are scheduled for completion within three weeks of an admission and planned for a six-monthly or earlier review;</p>

	<p>however, the interRAI assessments and reassessments reviewed were not always completed within the required timeframes.</p> <p>The long-term care plans were scheduled to be completed following the initial interRAI assessment. When the interRAI assessment was not completed as scheduled, this meant the long-term care plan was completed prior to the completion of the interRAI assessments. In the residents' files sampled, the interRAI assessments were not always current, and therefore the outcome scores did not always support the care plan goals and interventions. The long-term care plans are holistic and align with the service's model of person-centred care. The long-term care plans sampled reflected residents' strengths, goals and aspirations aligned with their values and beliefs identified through the assessment process documented. Care plans included comprehensive interventions to guide care delivery. However, shortfalls in the planning and updating of appropriate interventions was evident in a number of files reviewed; this is an ongoing shortfall.</p> <p>Residents' and family/whānau representatives of choice or enduring power of attorney (EPOAs) were involved in the assessment and care planning processes. Residents and family/whānau confirmed their involvement in the assessment process.</p> <p>Care plan evaluations were completed and documented progress against the set goals. Acute changes in health status are recorded in the progress notes and were recorded as short-term care plans or updated in the long-term care plan. A record of who participated in the development and evaluation of care plans was documented in meetings that occur with family/whānau. These meetings occur at the time of admission, as well as at the time of any acute health change and at the six-monthly review.</p> <p>Where progress towards goals was different from expected, the service, in collaboration with the resident or family/whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral would be made to the needs assessment service coordination (NASC) team for reassessment of level of care. The care plans evidenced service integration with other health providers, including activity notes, medical and allied health professionals. Allied health interventions were documented for visits and consultations. A physiotherapist visits weekly. A</p>
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	<p>podiatrist visits six to eight-weekly.</p> <p>The nurse practitioner (NP) who sees most of the residents, visits weekly. The NP service provides 24/7 out of hours consultations. Medical assessments were completed by the NP within five working days of an admission. Routine medical reviews were completed every three months and more frequently as determined by the resident's needs. Medical records, including three-monthly reviews, were evidenced in sampled records. Changes in residents' health were appropriately escalated to the NP. Records of referrals made to the NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated, were evidenced in the sampled residents' files. Examples of evidence of referrals in the files sampled included those sent to specialist services, including mental health services for older people. On interview, the NP confirmed they were contacted in a timely manner when required, and that medical orders were followed, and care was implemented promptly.</p> <p>Residents' care was monitored on each shift and reported in the progress notes by the HCAs. Any changes noted were reported to the ENs/RNs, as confirmed in the records sampled.</p> <p>A wound register is maintained. There were 36 wounds for 25 residents, including three stage I pressure injuries, skin tears, bruises, and grazes. Clare House has a process in place for ensuring wounds were reviewed and updated with the frequency that was planned. All had comprehensive wound assessments, which provided information regarding assessment, monitoring and progress of the wound. The wound management plans and documented evaluations, including photographs to show healing progression. However, there were minor wounds, including small skin tears and grazes that did not have a wound care plan or a short-term care plan implemented. Wound dressings are completed by RNs and ENs who have completed a wound competency.</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. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries describe the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Monitoring charts had been completed</p>
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		<p>as scheduled. Neurological observations have routinely been commenced for unwitnessed falls as part of post falls management; however, not completed in accordance with the policy in place at the time of the audit.</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>PA Moderate</p>	<p>Policies and procedures that meet legislative requirements are in place for medication management. All staff who administer medications have completed annual competencies. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses and ENs interviewed could describe their role regarding medication administration. Clare House uses blister packs for regular use and prn 'as required' medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>All medications are stored in a secure room. Medication trolleys are locked and stored securely when not in use. The medication fridge and medication room temperatures are monitored weekly. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly; however, the six-monthly stock checks and weekly checks have not been consistently completed. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies are prescribed by the GP and charted on the electronic medication chart.</p> <p>Twelve electronic medication charts were reviewed; each chart has a photographic identification, allergy status and sensitivity identified. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly. Medication charts have photo identification and allergy status identified. There were no residents self-medicating at the time of the audit. There are comprehensive policies in place should a resident wish to self-administer medications. The staff interviewed could describe the process around residents self-administering medications.</p> <p>All medications are administered as prescribed. The effectiveness of pro re nata (PRN) medications is expected to be recorded in the progress notes or on the electronic medication system. There are no vaccines kept</p>

		<p>on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects; this is documented in the progress notes. Residents and their family/whānau are supported to understand their medications when required. The clinical nurse manager described how they work in partnership with residents to understand and access medications when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 25 July 2024. The healthy eating policy supports staff to provide healthy balanced meals for residents. Meals are prepared and reflect nutritional guidelines that are appropriate for the residents. Residents are encouraged to enjoy nutritional meals and to participate in meal preparation and clean up as they are able to.</p> <p>Diets are modified as required and the staff confirmed awareness of the dietary needs of the resident. Residents have a nutrition profile developed on admission, which identifies dietary requirements and preferences. Alternatives are catered for as required. Snacks and drinks are available for residents throughout the day and night, when required.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is a Radius resident transfer/discharge policy. Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies, Health New Zealand - Southern, where indicated or requested. The clinical nurse manager and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Radius Clare House and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building has a current warrant of fitness, which expires on 31 December 2024.</p> <p>There is a planned and reactive maintenance programme in place, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales, and clinical equipment and testing, which are all current. Hot water temperatures are monitored and managed within 43-45 degrees Celsius.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>A clearly defined and well documented infection prevention and control programme is implemented. The programme was developed with input from an external infection prevention and control expert. The current infection prevention and control programme was approved by the Board and is linked to the quality improvement programme. The infection prevention and control policies were reviewed by the clinical nurse manager who seeks advice from external experts as required. The policies and procedures comply with legislation and accepted best practice and include appropriate referencing.</p> <p>Staff have received education in infection prevention and control programme at orientation and through ongoing face to face and annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents occurs individually during care provision, as well as reminders about handwashing and advice about remaining in their rooms if they are unwell; residents confirmed this at interview.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. Health care-associated infections being</p>

<p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>monitored included skin, eyes, and respiratory infections. Infection prevention and control audits were completed, including environment (cleaning and laundry) and hand hygiene. Relevant corrective actions were implemented where required. Surveillance of infections includes ethnicity data.</p> <p>Records of quarterly data (sighted) confirmed apart from the outbreaks, there were low infection rates. Benchmarking is completed by the clinical nurse manager/infection prevention and control coordinator. Staff confirmed they are advised of benchmarking results which occurs by comparison with the previous months and the reasons for increase or decreases, and actions taken was advised. Staff reported they receive information about infection rates and audit outcomes at staff meetings, and these were sighted in meeting minutes. New infections are discussed at shift handovers to ensure prompt intervention can occur.</p> <p>Since the last audit, there have been three Covid-19 infection outbreaks that have occurred in June 2023, February and April 2024, and a N0orovirus outbreak in September 2023. The outbreaks have been appropriately managed with notifications completed. A comprehensive pandemic plan is in place.</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>	FA	<p>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. The clinical nurse manager is the restraint coordinator. Clare House has been actively working to reduce restraint at Clare House. There are procedures providing guidance and direction for the staff if restraint were considered and it would be reported at the staff/quality, health and safety, and RN meetings. The service works in partnership with Māori, to promote and ensure services are mana enhancing, and has access to cultural advice and support through links within the staff and the community. All staff are aware of the service's policy and are trained in restraint minimisation. Staff have had training in behaviours that challenge and de-escalation techniques.</p> <p>The use of restraint is reported at the RN meeting, which acts as the restraint approval group. The reporting process to the governance body includes restraint data that is gathered and analysed monthly. A review of the file for the hospital level resident who requested restraint, included</p>

		assessment, consent, monitoring, and evaluation. Seclusion is not used at Clare House.
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# Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>There is an annual meeting schedule in place; however, not all quality/health and safety, staff and RN/clinical meetings have been completed as per the required annual schedule. Agenda items, discussion points, and corrective actions have not always been followed up or completed.</p>	<p>i). Quality/health and safety, staff and activities meetings have not been held as per the required annual schedule.</p> <p>ii). Not all agenda items, discussion points and actions have been followed up or completed.</p>	<p>i). Ensure that quality improvement, staff and activities meetings are held as per the required annual schedule.</p> <p>ii). Ensure all agenda items, discussion points and actions are evidenced as followed up and completed.</p> <p>90 days</p>

<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	<p>PA Low</p>	<p>All residents have admission assessment information collected and an initial care plan completed at time of admission. The residents on the ACC, respite care and palliative care contracts did not require interRAI assessments to be completed. All residents on the ARRC contract had interRAI assessments in place; however, not all interRAI assessments and reassessments were completed within expected timeframes.</p>	<p>InterRAI assessments and six-monthly reassessments were not completed within timeframes for one rest home, two hospital, and one dementia files reviewed.</p>	<p>Ensure all interRAI assessments are completed in a timely manner and care plans are based on the assessed needs.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with</p>	<p>PA Moderate</p>	<p>Care plans are developed by RNs in partnership with residents and family/whānau. Care plans are developed and reviewed within expected timeframes; however, not all care plan interventions were documented to meet resident's current needs.</p>	<p>i). In one dementia resident's file, there were no documented interventions regarding the resident's aggressive behaviour.</p> <p>ii). In two dementia residents' files, the interventions had not been updated as the residents' behaviours had changed.</p> <p>iii). In one rest home resident files, there were no interventions related to the resident's cognitive decline.</p> <p>iv) In one rest home resident's file where the resident used alcohol daily, this was not included in the long-term care plan.</p>	<p>i). – iv). Ensure interventions are in place and are current to meet the resident's needs.</p> <p>90 days</p>



<p>people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>				
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are</p>	<p>PA Low</p>	<p>There is a Radius falls prevention policy which includes management of unwitnessed falls; this policy has been reviewed in May 2024. The new policy has changes on how neurological observations will be managed. Neurological observations were commenced following an unwitnessed fall; however, these were not always completed according to the policy in place at the time of the audit.</p>	<p>Neurological observations in three of the ten incident/accident forms (two residents in the dementia unit, and one in the rest home) reviewed had been started, but the recordings were not consistent with the required timeframes that were in the policy in place at the time of the audit. The falls did not result in any injuries.</p>	<p>Ensure the completion of neurological observations meets the requirements of the policy and process.</p> <p>90 days</p>

documented.				
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>Medication policies are documented and available to staff. The medication policies align with current legislation and guidelines. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Not all routine checks of medications have been evidenced as occurring as scheduled.</p>	<p>(i). Six-monthly stock checks of controlled drugs for the year of 2023 had not been completed.</p> <p>(ii). The weekly drug counts had not been consistently completed between April and June, with four weeks not completed in two of the three controlled drug books.</p>	<p>(i).&amp; (ii). Ensure routine drug counts are evidenced as being completed as scheduled.</p> <p>60 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.