

Radius Residential Care Limited - Radius Taupaki Gables

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 Taupaki Gables

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

Dates of audit: Start date: 3 June 2025 End date: 4 June 2025

Proposed changes to current services (if any): The service was verified as suitable for physical disability services (physical). Please add this level to their certificate.

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 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
	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
	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 Taupaki Gables is owned and operated by Radius Residential Care Limited. The service provides hospital (medical and geriatric) and rest home level of care for up to 60 residents. On the day of the audit there were 58 residents.

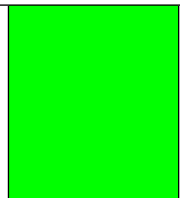
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand and Ministry of Social Development. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner. No consumer auditor participated in the audit process. The service is also verified at this audit as suitable for providing residential disability services (physical).

There was a change in management since the last audit. The service continues to upgrade the environment. The facility manager is an enrolled nurse, who is suitably qualified and experienced in aged care. The facility manager is supported by the clinical nurse manager, office manager, and team of experienced care staff. These roles are supported by a Radius regional manager and a national quality manager.

This audit has identified no shortfalls.

The positive outcomes related to the palliative care training and the sustainability programme have each been awarded a continuous improvement rating.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Radius Taupaki Gables 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 fully attained.
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Radius Taupaki Gables is part of the Radius Residential Care group. The business plan 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. 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 is in place.

The service ensures the collection, storage, and use of personal and health information of residents and staff is secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 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.		Subsections applicable to this service fully attained.
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Residents are assessed before entry to the service to confirm their level of care. The registered nurses are responsible for assessing, developing, and evaluating care plans under the guidance of the clinical nurse manager. Care plans were individualised based on the residents' assessed needs, with appropriate interventions.

Activities are planned to address the residents' needs and interests as individuals and in group settings. Activity plans are completed in consultation with family/whānau, residents, and staff. Residents and family/whānau expressed satisfaction with the activity programme in place.

The organisation uses an electronic medication management system to prescribe and administer medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. Residents' nutritional requirements are met. Nutritional snacks are available for residents when required.

Residents are referred or transferred to other health services as required.

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 facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. A current building warrant of fitness is in place. Electrical and biomedical equipment has been checked and calibrated as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities. Emergency equipment and supplies are available. There is an approved evacuation scheme, and fire drills are conducted six-monthly. Staff members on duty on each shift hold current first aid certificates. Staff, residents, and family/whānau understand emergency and security arrangements. Hazards are identified, and appropriate interventions are implemented. Residents and family/whānau reported a timely staff response to call bells. Security is maintained.

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.

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 coordinator is supported by representation from all areas of the service. There is 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 collated. 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 handover, 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 duties, and laundry service is undertaken off site. 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 fully attained.

There is governance commitment documented to eliminate restraint in their facilities. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort. There were no residents using restraint at the time of the audit. The restraint coordinator is an enrolled nurse. Restraint training which includes behaviours that challenge and de-escalation strategies, is completed as part of the mandatory training plan. Quality review of restraint use occurs monthly and is benchmarked.

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	2	169	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 strategic plan is documented for the service, with this based on He Korowhai Oranga: Māori Health Strategy 2014. This plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. Radius is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and the resident care plans include a Māori Health care plan based on Te Whare Tapa Whā. Links are established with local Māori community members, current residents, their family/whanau, and staff. Cultural assessments are in place and are completed for residents who identify as Māori. Staff receive compulsory training on cultural safety, kawa whakaruruhau and Te Tiriti O Waitangi.</p> <p>The Radius strategic plan and Māori Health Strategy document support strategies to increase Māori capacity by employing and recruiting Māori staff at Radius Taupaki Gables. The Radius Taupaki Gables business plan documents a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified as Māori. Radius is supporting Māori staff to succeed in the workplace. Residents and family/whānau are involved in providing input into the resident's care planning, their</p>

		<p>activities, and their dietary needs.</p> <p>Interviews with fifteen staff (seven healthcare assistants [HCA], three registered nurses [RNs], two cleaners, one activities coordinator, one kitchen manager and one maintenance person) and three managers (facility manager [FM], clinical nurse manager [CNM], and regional manager [RM]) and documentation reviewed identified that the service promotes a culturally safe environment, and all staff members could describe encompassing the principles of Te Tiriti o Waitangi into their role.</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 Ola Manuia Pacific Health Plan describes the commitment to appropriate care and is the basis of the Radius Pacific Care Plan, based on the Fonofale model. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare. The National Cultural Committee represent Pacific staff and residents and ensure they have a voice.</p> <p>There were no residents identifying as Pasifika at the time of the audit. However, RNs interviewed confirmed that their family/whānau are encouraged to be involved in all aspects of care, particularly in nursing and medical decisions, and recognition of cultural needs. Radius Taupaki Gables partners with their Pacific employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural activities. The Code of Health and Disability Services Consumers' Rights (the Code) is accessible in a range of Pacific languages.</p> <p>The service continues to actively recruit new staff. There are currently staff employed that identify as Pasifika. The facility manager confirmed how Radius increases the capacity and capability of the Pacific workforce, as described in the business plan.</p>
Subsection 1.3: My rights during service delivery	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility</p>

<p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>manager or clinical nurse manager 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.</p> <p>Discussions relating to the Code are held during the monthly resident meetings. Family/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and information around 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. Interdenominational church services are held weekly and these are well attended by residents. Staff have completed cultural training which includes Māori rights, Māori model of care and health equity. The service recognises Māori mana motuhake, which reflects in the Radius Taupaki Gables business and quality plan for 2025, Radius Māori Health Strategy and principles of Enabling Good Lives.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interviews with six residents (four hospital, including two residents on a young person with disability contract [YPD], and two rest home residents) and six family/whānau (including four hospital, two of whom had residents who were under a YPD contract, and two rest home) evidenced that individual cultural beliefs and values, 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; they are treated with respect and they participate in decision making. 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</p>

		<p>activities they participate in and who they socialise with.</p> <p>The Radius annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoke to in a courteous manner.</p> <p>The model of care for YPD is strength based and aligns with Enabling Good Lives. A sexuality and intimacy policy is in place, with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships, including for the couples admitted in the service. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau 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. Satisfaction surveys are completed annually to survey resident satisfaction in relation to upholding residents' spiritual and cultural needs.</p> <p>The facility manager confirmed that cultural diversity is embedded at Radius Taupaki Gables, 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 Māori 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>
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<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Radius Taupaki Gables policies document actions taken to 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. A staff code of conduct and Radius pledge is discussed and signed 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. Radius Māori Health Strategy includes strategies to abolishing institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity, as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with care staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are included as part of orientation. The staff engagement survey for 2024 and 2025 (sighted), evidence positive comments related to colleagues being helpful and supportive of each other, thus creating a positive workplace culture. Te Whare Tapa Whā is recognised, and the care plans identify resident-focused 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</p>	<p>FA</p>	<p>Information is provided to residents and family/whānau on admission related to the type of services provided. Monthly resident meetings identify feedback from residents and consequent follow up by the</p>

<p>wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. 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>service. Residents are supported by the residents EPOA (enduring power of attorney) to develop their goals and staff provide choice.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. All correspondence with family/whānau is recorded on the resident's electronic file. Accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Resident and family/whānau participation is encouraged through general feedback, case conference meetings, surveys and meetings. Regular newsletters and activity calendars are provided in large printed format.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/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 specialist services. 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 numerous compliments from family/whānau, which evidence effective communication.</p> <p>Family/whānau of YPD residents and YPD residents interviewed confirmed that their language and communication needs are addressed.</p>
<p>Subsection 1.7: I am informed and able to make choices 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</p>	<p>FA</p>	<p>Resuscitation Management, Resident Representative, Enduring Power of Attorney (EPOA) policies guide staff around informed consent processes. The resident files reviewed included signed</p>

<p>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>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, there were appropriately signed resuscitation plans and advance directives 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. Staff have received training related to informed consent. The YPD residents interviewed stated they are involved in all decision making related to their care.</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, an activation letter and incapacity assessment was on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<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 an electronic complaint register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>Three complaints have been lodged in 2024 and seven complaints were logged in 2025 year to date. Two complaints in 2025 were lodged with the Health and Disability Advocacy Services in relation to food. One complaint still remains open, with an initial meeting already held.</p> <p>There were no identified trends in respect of any other complaints. 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) in the staff, registered nurse</p>

		<p>and quality meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional manager and national quality manager. Complainants are informed of the complaints process and their satisfaction with the final resolution of their complaint is documented.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including (but not limited to) resident meetings, or one to one with feedback with management. During interviews with family/whānau, they 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 management procedure ensures Māori residents 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 Taupaki Gables is part of the Radius Residential Care group. The facility is certified to provide hospital (medical and geriatric) and rest home level of care for up to 60 residents. All 60 beds are dual purpose beds and for single occupancy only. The service was verified to be suitable to provide residential (physical) disability services. A reconfiguration of services notification was completed by the regional manager at the time of the audit.</p> <p>At the time of the audit, there were 58 residents at the facility. There were 51 at hospital level including, one resident on a long-term support-chronic health contract (LTS-CHC) and six residents with physical disabilities on a younger person with a disability (YPD) contract. There were seven residents at rest home level of care. The remaining residents were on the age-related residential care (ARRC)</p>

		<p>contract.</p> <p>Radius strategies describe the vision, values, and objectives of Radius aged care facilities. The overarching Radius Care strategic plan 2022-2028 has clear business goals to support their philosophy 'Caring is our calling'. The Radius Taupaki Gables business and quality plan for 2023 was reviewed quarterly and signed off. The 2024-2025 Radius Taupaki Gables business plan describes specific and measurable goals that were reviewed in July 2024. These site-specific goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising, and promotion; and clinical quality goals related to antimicrobial usage reduction, decrease of skin and eye infections and compliance of clinical documentation. Goals are regularly reviewed, evidenced in monthly reporting.</p> <p>The regional manager interviewed confirmed that there have been no changes made to the governance structure since the last audit. 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 level. There is now a cultural advisory group (National Cultural Committee) which meets three-monthly and provides advice to the Board 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. There is a Māori advisory group appointed to support the Board at a strategic level and is available to advise on any issue or matter that requires cultural oversight and direction.</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.</p>
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	<p>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.</p> <p>The strategic plan reflects a commitment for the leadership team to collaborate with Māori which in turn, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The working practices at Radius Taupaki Gables are holistic in nature, and inclusive of cultural identity and spirituality. The organisation respects the connection to family/whānau and the wider community to improve health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general feedback to participate in the planning and implementation of service delivery. There are nominated residents' advocates that provide support to residents to provide feedback about all aspects of service delivery.</p> <p>Clinical governance is overseen by the organisation's national quality manager and the risk and compliance manager, and includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting, led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.</p> <p>A recent internal succession plan has been implemented whereby the FM, CNM and senior registered nurse moved into their new roles (as regional manager, facility manager and clinical nurse manager respectively). The RM and FM have been at Radius for more than 15 years; and the CNM for seven years.</p> <p>The facility manager has completed other professional development activities in excess of eight hours annually as part of their previous CNM role, related to managing an aged care facility. A comprehensive CNM orientation is currently implemented.</p>
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<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 Taupaki Gables is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints).</p> <p>A range of monthly meetings (eg, staff quality meeting, registered nurse quality meeting and restraint) 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, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard located in the staff room. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysed includes benchmarking, feedback through residents' meetings, and complaints management; with these providing an avenue for critical analysis of work practices to ensure health equity.</p> <p>Quality improvement plans have been documented and include monitoring the impact of an improved activities programme; improvement in the reduction of skin condition/rashes; monitoring the success of the palliative care training; and monitoring the positive impact of the sustainability programme. The positive outcomes related to the palliative care training and the sustainability programme have been awarded a continuous improvement rating.</p> <p>Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. Tāngata whaikaha have meaningful representation through the monthly resident meetings and six-monthly case conferences.</p> <p>An annual resident and family/whānau survey is conducted by an independent external company. The results of the 2023 resident and family/whānau satisfaction survey results have been compared with previous surveys. An overall satisfaction rate of 98% in 2024 showed an improvement from 89% in 2023. The residents, family/whānau and</p>
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		<p>staff have received the results.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by the national quality manager. New policies or changes to policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team, led by the health and safety representative, meets monthly as part of the staff, registered nurse and quality meetings. The health and safety representative was interviewed and confirmed six health and safety representatives have received training through WorkSafe to support their role. Identifications of any hazards are documented 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 registered nurses' meetings. Staff incidents, hazards and risk information is collated at facility level, reported at organisational level by the support office to the operations management team. A consolidated report of the analysis of data across the facilities 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 provided against each clinical indicator. Benchmarking occurs on a national level against other Radius facilities. Ethnicity data is linked to benchmarking data. 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. A sample of incident/accident reports were reviewed and evidence appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with registered nurses and healthcare assistants. An internal audit on accident and incident reporting was completed and evidence full compliance.</p> <p>Discussions with the facility manager, clinical nurse manager and regional manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. One</p>
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		<p>notification was made to WorkSafe New Zealand, with no recommendations made to the service. The incident has been closed.</p> <p>There have been notifications made for the change in FM and CNM, and for a Covid-19 outbreak (April 2025). There have been notifications made to the Health Quality and Safety Commission as required.</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>	<p>FA</p>	<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 clinically safe care and support to residents. There is 24/7 RN cover, with sufficient number of HCAs to support them.</p> <p>Healthcare assistants reported staffing is adequate. The rosters reviewed were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. The Radius agency supports the facility when staff is required on short notice. The facility manager interviewed confirm call bell reports are regularly reviewed to ensure timely attendance to residents' needs. Meeting minutes evidence staff and residents are informed when staffing levels change.</p> <p>The facility manager and the clinical nurse manager work full-time (Monday to Friday). There is also a clinical team leader working shift patterns that provide weekend cover. The registered nurses on shift manage most of the queries and staffing cover, with the clinical nurse manager and facility manager providing support out of hours. In the absence of the facility manager, the clinical nurse manager will oversee the service.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training, which includes cultural awareness training. This includes staff completing a cultural competency. External training opportunities for care staff include training through Health New Zealand and the</p>

	<p>hospice. The positive outcomes related to the palliative care training have been awarded a continuous improvement rating.</p> <p>Compulsory training also includes topics relevant to the conditions of young people with physical disabilities. Two YPD residents expressed confidence in the ability and competence of the staff. 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 sharing information. Māori staff have also shared information and whakapapa experiences to support learning.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-seven healthcare assistants are employed, and twenty-five hold the National Certificate in Health and Wellbeing level three or above. Radius supports all employees to transition through the NZQA Certificate in Health and Wellbeing.</p> <p>An annual in-service programme is implemented, and all compulsory topics are included and completed for 2024-2055 year to date. Completion records are held electronically and evidence an above 90 percent completion. A training policy is being implemented. 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. Seven of the eleven RNs are interRAI trained.</p> <p>All healthcare assistants are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene, PPE use, and cultural competencies. A selection of healthcare assistants completes annual medication administration competencies. A record of completion is maintained on an electronic human resources system. Topics covered communication, strength-based model (enabling good lives principles) for care planning, and life limiting conditions.</p> <p>There are documented policies to manage stress and work fatigue.</p>
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<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 (one clinical nurse manager, two registered nurses, one chef manager, one housekeeping staff and three HCAs) 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.</p> <p>A register of practising certificates is maintained for all health professionals. All staff have completed orientation documentation on file. All performance appraisals were completed as per the appraisal schedule.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori.</p> <p>Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing, support and follow-up action taken is 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>	<p>FA</p>	<p>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 uploaded to the electronic system and securely destroyed.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The 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 between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>A policy for managing inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the residents and whānau/family of choice, and where appropriate, referral agencies. Completed authorisation forms for residents assessed as requiring rest home, hospital (including younger people with a disability) and respite level of care were in place.</p> <p>The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Residents and family/whānau interviewed confirmed they were consulted and received ongoing sufficient information regarding the services provided.</p> <p>Potential residents who are declined entry are recorded. When an entry is declined, family/whānau and residents are informed of the</p>

		<p>reason for this and other options or alternative services, and are referred to their referring agency.</p> <p>There was one resident who identified as Māori. The organisation has a process to combine a collection of ethnicity data from all residents and the analysis of the same for the purposes of identifying entry and decline rates for Māori. The service has existing engagements with local Māori communities and organisations to support Māori individuals and whānau.</p> <p>The RNs and the general practitioner interviewed stated that Māori health practitioners and traditional Māori healers for residents and family/whānau who may benefit from these interventions, are consulted when required.</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>A total of eight files sampled identified initial assessments, interRAI assessments (where relevant), initial care plans and long-term care plans were completed in a timely manner. The files reviewed included three rest home residents and five hospital level residents (including two YPD and one resident on a LTS-CHC). Resident, family/whānau, EPOA, and general practitioner involvement is encouraged in the plan of care. The registered nurses (RN) are responsible for conducting assessments and for the development of care plans.</p> <p>Care plans are linked to assessments. InterRAI assessments are completed for those residents under the age-related residential contract. There is evidence of resident and family/whānau involvement in the assessments and long-term care plans reviewed, and this was documented in progress notes. Assessment tools considered resident's lived experiences, cultural needs, values, and beliefs. For residents on YPD and LTS-CHC contracts, an interRAI assessment is not required; however, a comprehensive suite of assessments contained in the electronic resident management system had been completed.</p> <p>The RNs reported that the service develops goal-oriented long-term care plans. Younger residents with disabilities confirm they have choice and formulate their own goals. The principles of Enabling Good Lives are incorporated into their care plan. The care plans document</p>

	<p>the activities of daily living, support required, and residents' health issues. All residents had identified activities of choice and were actively supported to engage with help from staff.</p> <p>Interviews verified that residents and family/whānau were included and informed of changes where required, as evidenced in the resident's files reviewed. The family/whānau and residents interviewed confirmed their involvement in evaluating progress and any resulting changes. Staff interviewed were able to describe interventions provided that contributed to the residents achieving their goals, and in addition, were able to describe interventions provided that contributed to the overall health quality and wellbeing of the residents.</p> <p>The GP visits weekly, and the practice provides after hours cover. Three-monthly reviews were completed promptly or where required. The assessments completed informed the development of residents' person-focused care plans.</p> <p>Where progress was different from expected, the service, in collaboration with residents or family/whānau, responded by initiating changes to the care plans and/or commencing a short-term care plan. The goals sampled in the care plans reflected residents' goals, and aspirations that aligned with their values and beliefs. The evaluations were completed six-monthly. There were documented strategies to maintain and promote residents' independence. Behaviour plans are developed when needed, which identify triggers and care plan interventions that were implemented.</p> <p>Medical input was sought within an appropriate timeframe, orders were being followed, and care was person-centred. This was confirmed in the files reviewed and in interviews conducted with the staff. Completed medical records were sighted in all files sampled. Files sampled identified service integration with other members of the health team. The general practitioner expressed satisfaction with the care provided.</p> <p>Staff reported that sufficient and appropriate information was shared between the staff at each handover. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were documented to reflect an accurate picture of the residents'</p>
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		<p>care journey. A multidisciplinary approach promotes continuity in service delivery, including the general practitioner, registered nurses, physiotherapist, activities staff, kitchen staff, healthcare assistants, and other allied health team members, residents, and family/whānau. Any change in condition is reported to the general practitioner and registered nurses, as evidenced in the records sampled.</p> <p>In assessing and monitoring residents, the following monitoring charts were completed: weight monitoring; pain; blood glucose monitoring; bowel charts; food intake and output charts; and toileting regime, as required for individual residents. Concussion monitoring (including neuro observations) has been completed for unwitnessed falls or head injuries. Incident reports reviewed evidenced timely nursing follow up, with information provided to the family/whānau.</p> <p>At the time of the audit, there was an active wound register, recording one chronic wound, several pressure injuries, skin tears and minor wounds that were being treated. The staff interviewed stated that adequate clinical supplies and equipment, including continence, wound care, and pressure injury prevention resources, were available. Short-term care plans are utilised for acute issues, including weight loss, infections, and changes in medication. Short-term care plans are signed off when resolved or transferred to the long-term care plan when ongoing for more than 21 days.</p> <p>The Māori health care plan in place supports residents and family/whānau, as applicable, to identify their own pae ora outcomes in their care and support wellbeing. Tikanga principles are included within the Māori health care plan. The RNs reported that any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services would be identified, and strategies to manage these would be documented. The staff confirmed they understood the process to support residents and family/whānau. There was one resident who identified as Māori. The cultural assessment process supports Māori healing methodologies, such as karakia, rongoā and spiritual assistance.</p>
Subsection 3.3: Individualised activities	FA	The activity programme is developed and implemented by two activity

<p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>coordinators, who each work 27 hours per week. The activity programme is offered seven days per week. The activities coordinators have sufficient resources to implement the programme. The planned activities are based on the residents' assessed needs and are recorded on leisure plans. Leisure plans are incorporated into the care planning process and completed within two weeks of admission, in consultation with the family/whānau and residents. A monthly planner is developed, and each resident is given a copy. A newsletter (the Tattler) is published monthly.</p> <p>Radius have a monthly meeting for activities coordinators led by a diversional therapist. These meetings provide additional support with activities planning. The activities are varied and appropriate for people assessed as requiring rest-home, and hospital levels of care. There is sufficient variety in the programme to meet the needs of younger people with a disability. Progress notes and activity attendance checklists are maintained.</p> <p>The residents were observed participating in and enjoying a variety of activities on the audit days, including the younger residents. The activities and community connections were varied and suitable for the residents. Family/whānau and friends can attend activities verified through family/ whānau interview. There are fortnightly van outings for residents. Resident meetings are facilitated monthly that provide a forum for feedback on the activities programme. Activities sighted on the current planners included (but was not limited to): church service; sit and fit; movie; men's group; bowls; mad scientist; and Matariki mid-winter lunch. Activities specific to the younger residents included visits to art galleries, local cafes, and the winter gardens. The variety of activities are meaningful and reflect the spiritual, physical, cognitive needs/abilities, past hobbies, interests, and enjoyments of each resident group.</p> <p>As the needs of the residents' change, there are times when outings become more difficult for individuals to participate in. Interview informed this has become particularly prevalent for the younger group of residents who regularly visited cafés in the community. The activities team thought if the residents cannot visit local cafés, then the Radius Taupaki Gables team would bring the café to the residents, providing the opportunity to have café-style coffee and</p>
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		<p>patisseries without leaving the facility. Residents were asked to invite family/whānau and friends to the café and approximately ten friends and family/whānau attended. This initiative was widely supported by the Radius Taupaki Gables team, who participated in leading the event for the residents. This activity was reported to have been a resounding success.</p> <p>Te ao Māori is facilitated by celebrating religious and cultural festivals, such as Matariki and Māori language week.</p> <p>The residents and family/whānau reported overall satisfaction with the level and variety of activities provided.</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 is current and meets best practice. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. A total of 16 medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications, including over-the-counter medications and supplements on the medication charts. The effectiveness of PRN medications was documented in the electronic medication management system and progress notes. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening.</p> <p>Medication reconciliation was conducted by the nursing team when a resident was transferred back to the service from the hospital, or any external appointments. The nursing team checked medicines against the prescription. Medication competencies were current and completed in the last 12 months for staff administering medicines. Medication incidents were completed in the event of a medication error, and corrective actions were taken. There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring medicine fridge and medication room temperatures was conducted regularly, and deviations from normal were reported and attended. Records were sighted. The prescriber considers over-the-counter medication and supplements as part of the</p>

		<p>person's medication, as noted on the day of the audit.</p> <p>The RNs were observed administering medications. Medications were stored safely and securely in the trolley, the locked treatment room, and cupboards. There is a documented policy and processes in place to ensure that residents wishing to self-administer medicines can do so safely. There were residents self-administering medication during the audit, all had appropriate assessments completed and storage in their rooms. There were no standing orders in use.</p> <p>Residents and their family/whānau are supported to understand their medicine when required. The general practitioner stated that when requested by Māori, appropriate support and advice would be provided. Māori and whānau are supported to access medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The kitchen service complies with current food safety legislation and guidelines. All food and baking are prepared and cooked on site. The kitchen manager is a cook. There is enough kitchen staff employed to manage the food service. Food is prepared in accordance with recognised nutritional guidelines for older people. The verified food control plan expires on 31 May 2026. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. The menu has been reviewed by a registered dietitian on 28 April 2025. Kitchen staff have current food handling certificates.</p> <p>The kitchen manager oversees management of the kitchen. The kitchen is well-equipped, with all meals being cooked on site. Meals are served in the dining rooms from hot boxes. Meals going to rooms on trays have covers to keep the food warm. Special equipment such as lipped plates is available. Diets are modified as required, and the kitchen manager confirmed staff awareness of the residents' dietary needs. Upon admission, residents have a dietary assessment completed that identifies dietary requirements, likes, and dislikes. Alternatives are catered for as required. The residents' weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available for residents throughout the day and night when required.</p>

		<p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and services comply with current legislation and guidelines. Labels and dates were on all containers. Thermometer calibrations were completed monthly. Records of temperature monitoring of food, fridges, freezers, and dishwasher are maintained and recorded on the electronic record management system. All decanted food use by dates recorded on the containers, and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service.</p> <p>The kitchen manager reported that the service prepares food that is culturally specific to different cultures.</p> <p>Residents were observed during lunch time, with equipment available to promote independence. The residents' dining experience and environment were observed to be pleasurable, and dignity of the residents was maintained.</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 documented process for managing the discharge and transfer from services. The RNs oversee discharges and manage the process until residents leave. Transfers and discharges to other facilities are conducted in consultation with the resident, family/whānau, and other external agencies. Risks are identified and managed as required.</p> <p>A discharge or transition plan is developed in conjunction with the residents and family/whānau (where appropriate) and documented on the residents' file. Residents and family/whānau are advised of their options to access other health and disability services, social support, or Kaupapa Māori agencies, where indicated or requested. Referrals to other allied health providers were completed, when resident need determined such as wound specialists and hospice services. Residents and their family/whānau are involved in discharges and transfers to and from the service, and there was sufficient evidence in the residents' records to confirm this. Transfers to hospital include yellow envelope system. Upon discharge, resident records are archived in an electronic management system.</p>

<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>There is a current building warrant of fitness in place. The environment is inclusive of peoples' cultures and supports cultural practices. Corridors are wide supporting safe resident mobility. Residents were observed moving freely around the areas using mobility aids. There is a full-time maintenance person who ensures the planned maintenance programme is implemented. Maintenance requests are documented electronically and acted upon in a timely manner. This is checked and signed off when repairs have been completed. The planned maintenance schedule includes electrical testing and tagging (last completed in March 2025), and calibrations of the weighing scales and clinical equipment (last completed in December 2024). Hot water temperatures were monitored monthly, and the reviewed records demonstrate actions are taken when temperatures are outside of the recommended ranges. Essential contractors such as plumbers and electricians are available 24-hours a day as required. There is a process in place for contractors to assist YPD residents with the service of their equipment, including power chairs. There are storage areas for hoists, wheelchairs, and other equipment. The staff interviewed stated that they have all the equipment referred to within care plans to provide care. The facility is heated with a mixture of panel heaters in hallways and bedrooms, gas log fires, and heat pumps. Processes are in place to manage significant temperature changes.</p> <p>The service comprises 60 dual-purpose beds (rest home and hospital level of care). The facility is ground level. There is a mixture of large and small communal areas. The dining area is large. There is a secure medication room. There is also a family/whānau room available. The facility manager reported that residents can bring their possessions into the facility and can adorn their rooms as desired. Personalisation of resident rooms was observed during the audit. The grounds and external areas were well maintained. External areas are independently accessible to residents. Outdoor areas have seating and shade. Safe access to all communal areas is available.</p> <p>There is a mixture of ensuite, and communal toilet and shower facilities. The communal facilities have a system indicating whether they are engaged or vacant. All the washing areas have free-flowing</p>

		<p>soap and paper towels in the toilet areas. There is a hairdressing salon on site. Toilets are suitable sizes to accommodate equipment. All rooms have external windows to provide natural light, appropriate ventilation, and heating.</p> <p>A continuous improvement has been awarded for the service's work around sustainability.</p> <p>The regional manager reported that should there be planned further development for the building, they are aware that consultation would occur with Māori and iwi if significant changes are considered for the facility.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The policies and guidelines for emergency planning, preparation and response are accessible to staff. Civil defence planning guides the facility in preparing for disasters and describes the procedures for fire or other emergencies. Staff interviewed confirmed their awareness of the emergency procedures. The New Zealand Fire Service approved a fire evacuation plan that was in place, dated July 2001. Fire evacuation drills are conducted every six months and was last completed January 2025. The staff orientation programme includes fire and security training. There are adequate fire exit doors with a designated assembly point. An external contractor checks required fire equipment within the required timeframes. Civil defence supplies are stored and checked quarterly. In the event of a power outage, there is a generator on site. Radius Taupaki Gables has an agreement with a local provider for a larger generator, should a civil defence emergency occur. There is a current residents' list that documents their current mobility assistance requirements, to ensure evacuation in case of an emergency.</p> <p>There are five water tanks holding an estimated 20,000 litres each, providing residents and staff with three litres per person, per day. There is always a first aid-trained staff member on duty 24/7.</p> <p>The nurse call system alerts from the call bell to overhead panels during the day and to nurse cell phone at night. Call bell monitoring is in place, with repairs being completed when required. Residents and family/whānau interviewed confirmed that staff respond to calls</p>

		promptly. The facility is secure after hours. Family/whānau and residents know how to alert staff when they need access to the facility after hours. Visitors and contractors are required to sign in and out electronically.
<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 national quality manager, Public Health and Health New Zealand, who can supply Radius with infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the Radius Board. The clinical team report pandemic analysis weekly to the regional manager, whose report is available to the CEO/Board. Outbreak of other infectious diseases 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>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>The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and is linked to the quality and business plan. The infection control programme is reviewed annually for Radius Taupaki Gables. There is an infection control committee that meets monthly.</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</p>

	<p>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 accessible and observed to be used appropriately. 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 has input when infection control policies and procedures are reviewed.</p> <p>The infection control coordinator is the clinical nurse manager and has a role description. They completed infection control training and are responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection control coordinator has access to an online training system with resources, guidelines, and best practice. Infection control audits are completed and evidence compliance.</p> <p>At site level, the facility manager and clinical nurse manager 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, with collaboration and support from 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 evidenced that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, and sterile single use wound packs for wound management and catheterisations. 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>
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<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>	<p>FA</p>	<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 registered nurse and staff quality meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at registered nurse, staff and quality meetings.</p> <p>Prescribing of antimicrobial use is monitored, recorded, and analysed at site level and the national quality manager provide a benchmarking report for AMS. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Further discussion takes place at senior management level and is reported to the Board. Trends are identified both at site level and national level. Feedback occurs from national senior management level. The facility is currently implementing a project where the GP prescribed `bleach soaks` for the reduction of skin rashes/skin conditions and skin infections. The project is in its infancy state and has seen a reduction in the prevalence of skin infections and skin conditions/rashes between March and June 2025.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator (CNM) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service. Infection control reports are discussed at the quality meetings and staff meetings. The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations.</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</p>

		<p>outcomes and actions, are discussed at the registered nurse, staff and quality meetings. Meeting minutes are available to staff. Ethnicity data is included in benchmarking of infection control data at facility and national level. Review of benchmarking data shows that Radius Taupaki Gables infection rates compared favourably to other Radius facilities. The infection control coordinator interviewed confirmed the process of creating improvement plans, should this be required.</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 and to keep family/whānau up to date on any infections.</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. There was a Covid-19 outbreak since last audit. These were well documented, managed and reported to Public Health. Outbreak meetings occurred regularly. Residents and family/whānau were updated regularly through the outbreaks.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Visitors to the facility signs in at entry to the building.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</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>	<p>FA</p>	<p>The facility implements Radius waste management policies that conform to legislative, local council requirements and a goal towards sustainability. 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 and housekeeper’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</p>

		<p>equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. There are sluice rooms 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. Linen is laundered off site five days a week and include resident's personal clothing. Staff interviewed confirm there is enough linen available over weekends. Residents' clothes are transported and delivered in labelled mesh bags. Residents and family/whānau confirmed satisfaction with laundry services in interviews. Any concerns that arise are immediately addressed. Laundry audits are completed.</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. The policy details consultation required with 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 the 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</p>	<p>FA</p>	<p>Radius has set a national objective of zero use of restraint by end 2025. Radius Taupaki Gables has remained restraint free since 2012. The restraint minimisation policy guides practice, reinforcing restraint use is a last resort and must be done in partnership with the resident and/or their activated EPOA/ next of kin. The choice of restraint must be the least restrictive possible. The restraint minimisation policy includes expectation that restraint is discussed at staff meetings and</p>

<p>restraint in the context of aiming for elimination.</p>		<p>includes reporting requirements. There are resident advocates who can be consulted to provide input when restraint is considered/required. Restraint is a benchmarked indicator.</p> <p>When restraint is considered for a resident, the facility will work in partnership with Māori to promote and ensure services are mana-enhancing. The designated restraint coordinator is the facility manager. There is a job description for the role. Restraint has been discussed as part of staff meetings. Restraint use (including the absence of restraint use) is reported to the quality manager, who then reports through to the senior management team and the Board.</p> <p>Interviews with staff informed restraint would only be used as a last resort, when all other alternatives have been explored. Training for all staff occurs at orientation and annually. Training includes cultural considerations and de-escalation techniques to manage challenging behaviour.</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 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	CI	<p>The facility manager and clinical nurse manager identified a gap in newly employed registered nurses who face unique challenges in palliative care. The challenge impacted communication within the team but also with the family/whānau during palliative care.</p> <p>There was collaboration with the care team (mid 2023), national quality manager, and clinical nurse specialist, to understand how service delivery can be improved to ensure an improved resident and family/whānau experience. The service actively participates with the clinical nurse specialist by improving the palliative care pathway within the clinical setting, to ensure RNs are well equipped to deliver quality palliative care. The initiative is based around improving and developing skills, with emphasis on end-of-life communication to meet physical, emotional, psychosocial, spiritual</p>	<p>A quality improvement plan was developed, and was discussed at facility meetings, including staff, quality and RN. All care staff completed training in palliative care. Registered nurses completed fundamentals in palliative care. Four RNs completed the Radius Unleash EPEC training and understanding of palliative care concepts. The quality improvement plan was regularly reviewed against the goals.</p> <p>The palliative clinical nurse specialist supported the service to discuss expectations with families/whānau, assisted with anticipatory prescribing, and with the grieving/debrief process. A three-session staff training was completed. Regular meetings between the care staff and with the clinical nurse specialist built capacity and capability for staff to feel comfortable and confident in the care they provide, and for RNs to facilitate challenging</p>

		<p>and cultural needs.</p>	<p>discussions around end-of-life care and responding when a person raises assisted dying.</p> <p>A review of the complements register, communication notes in documentation, interviews with RNs, and reviewed correspondence from the palliative nurse specialist evidence improvement on communication strategies with family/whānau and the hospice; and identification of residents on palliative care occurs early, to provide the required care at the right time and place. A booklet and several resources were developed for family/whānau to understand the palliative pathway, and these described the care required to meet the resident's individual goals and needs, according to the phases and progression of the illness.</p> <p>Family/whānau and resident's wishes are regularly discussed and incorporated into the care plan. As a result, there is an established collaborative relationship between the care team, hospice, and family/whānau. The email of feedback from families/whānau that lived through the experience was overall positive. The FM and CNM stated the Hospice verified the treatment pathway and communication to be successful and residents' quality of life are optimised until death. The positive outcome includes discussions of dedicated funded (four) palliative care beds at Radius Taupaki Gables to support the region, noting that the funding has not yet been confirmed. The palliative care pathway is embedded into practice and RNs stated overall communication has improved with pre programme clinical knowledge (understanding palliative care, skills to deliver palliative care, general knowledge improved from 60% to 80%, and pre programme communication improved from 70%-90%. Forty families/whānau have been supported through the palliative care pathway process between May 2024 and May 2025. With an overall satisfaction rate of</p>
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			98% in 2024, this was an improvement from previous results 89% in 2023. Spiritual and cultural support increased from 88% in 2023 to 100% in 2024, and satisfaction with communication increased from 86% in 2023, to 100% in 2024.
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	CI	<p>At the previous certification audit a continuous improvement (CI) was awarded for the activities programme that referred to the large vegetable garden, chickens, and a community drop off station. Radius Taupaki Gables have now well embedded these improvements, and other similar initiatives, into practice. This work is now aligned to the wider Radius strategic goals.</p> <p>One of Radius' strategic goals is around supporting sustainable practice. Sustainability is described as creating a comfortable and eco-friendly environment for residents, while reducing the environmental impact. Quarterly reporting on progress towards meeting strategic goals is completed. There is a sustainability committee that Radius Taupaki Gables regional manager attends. Strategic goals are embedded into local business plans where initiatives are further defined, implemented, and embedded into practice.</p>	<p>One of the business plan goals for Radius Taupaki Gables is to support sustainability by introducing simple initiatives, such as kitchen gardening and composting, keeping laying hens and recycling goods. Activities outlined in the previous CI have been strengthened to focus on the strategic goal of sustainability and include:</p> <p>a) Composting – all garden waste is composted. One of the activities linked to this initiative included growing vegetables in commercial compost and Radius Taupaki Gables compost. Photographs suggest stronger growth from the Radius Taupaki Gables compost.</p> <p>b) Kitchen gardens – several raised gardens have been built in resident accessible areas such as decks, so residents with mobility issues can access. Radius Taupaki Gables residents are now raising seedlings from seeds collected in the garden.</p> <p>c) Battery hens – the facility continues to rescue battery hens and use the eggs in the kitchen.</p> <p>d) A community exchange station and community library are both located at the front entrance. The exchange station includes items such as toys, children's wear, plants, and fruit. The items are dropped off by members of the community (and/or staff) and can be exchanged if they wish. The community library is located beside the exchange station and has proved popular for both the</p>

			<p>community and Radius Taupaki Gables residents.</p> <p>e) Radius Taupaki Gables takes part in the NZ native bird tally by creating food for birds from pinecones.</p> <p>There are numerous photographs showing resident involvement in, and enjoyment of, the initiatives above. Demonstrating these initiatives are now well embedded into practice and can be seen through several resident leisure plans, examples as below:</p> <p>a) a resident feeds the chickens every day, and most recently has been caring for a mother hen and two chicks, ensuring they are fed and have water.</p> <p>b) a resident enjoys the gardening club, and was reported as having grown the tallest sunflower last season.</p> <p>c) a younger person's plan states he helps with the swap stand out the front; he is keen to keep it full and tidy and often goes out with staff to have a look and maintain it.</p> <p>d) a resident who was slow to gain confidence at the facility, but has expressed interest in attending the gardening group. The resident appeared to come out of his shell and engage with other residents when attending group/s.</p> <p>e) one resident 1:1 time was suggested as taking the resident down to the garden or help set up potting on the back deck that could be done together.</p> <p>These sustainability practices demonstrate a commitment to both ecological stewardship and holistic care, enriching the lives of residents and engagement with the community.</p> <p>The overall satisfaction with the aged care home increased from 93% in 2023 (related to key areas</p>
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			safety and security, cleanliness, furniture and furnishings, grounds and walkways, common areas, maintenance, laundry, activities programme and nutritious meals), to 98% in 2024.
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End of the report.