

Clare House Care Limited - Clare House

Introduction

This report records the results of a Certification Audit; Partial Provisional 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: Clare House Care Limited

Premises audited: Clare House

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

Dates of audit: Start date: 7 October 2025 End date: 8 October 2025

Proposed changes to current services (if any): The service have requested to reconfigure 20 rest home only beds to be utilised as dual purpose (rest home and hospital) beds as per the Ministry of Health (Manatū Hauora) letter dated 1 October 2025. These rooms were verified as being suitable to provide rest home and hospital level of care. Following this reconfiguration, Clare House will have a total of 87 beds, comprising 48 dual purpose beds, 18 rest home beds located in apartments, and 21 dementia care beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 62

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

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

Key to the indicators

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

Indicator	Description	Definition
	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 Clare House is owned and operated by Radius Residential Care Limited. The service provides hospital (geriatric and medical), rest home, and dementia levels of care for up to 87 residents. On the days of the audit there were 62 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand. 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 nurse practitioner.

There was a change in management since the last audit. The service continues to upgrade the environment. The facility manager is an registered 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 certification audit identified one improvement required in relation to the building warrant of fitness.

There were no identified areas for improvement related to the partial provisional audit.

The service has been awarded a continuous improvement rating around palliative care training.

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.

Radius Clare House 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 Clare House 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.

Radius Clare House 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 nurse 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

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of low risk.</p>
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The facility meets residents' needs and is clean and well-maintained. A preventative maintenance programme is being implemented. 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 infection control coordinator is a registered nurse. 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 onsite. 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. At the time of the audit there was a resident using a restraint. Strategies to eliminate restraint are included as part of the education and training plan. There is a process for quality review. Restraint use 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	28	0	1	0	0	0
Criteria	1	174	0	1	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 Korowai Oranga: Māori Health Strategy. 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.</p> <p>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. The Radius strategic plan and Māori Health Strategy document support strategies to increase Māori capacity by employing and recruiting Māori staff at Radius Clare House. The Radius Clare House business plan documents a commitment and responsiveness to a culturally diverse workforce. There were current staff members who identified as Māori. Radius is supporting Māori staff to succeed in the workplace.</p> <p>Interviews with twenty-two staff (including six healthcare assistants</p>

		(HCA), six registered nurses (RN), one enrolled nurse (EN), one laundry person, one housekeeper, one diversional therapist, three activities coordinators, one kitchen manager, one kitchen assistant and one property maintenance person); and four managers (including one facility manager, one clinical nurse manager, one national quality manager and one regional manager), 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>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, the 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. Engagement with Pacific communities is facilitated by Pacific staff members, to ensure connectivity within the region to increase knowledge, awareness, and understanding of the needs of Pacific people.</p> <p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is accessible in a range of Pacific languages. 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	Details relating to the Code are included in the information that is

<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>provided to new residents and their family/whānau. The facility 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. 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. 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.</p> <p>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 Clare House business and quality plan for 2025, Radius Māori Health Strategy and principles of Enabling Good Lives. 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.</p> <p>Interviews with five residents (including one hospital and four rest home residents); and eight family/whānau (including two hospital, one rest home, and five dementia care) 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 RNs 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 activities they participate in, and who they</p>

		<p>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. 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.</p> <p>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. 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. The facility manager confirmed that cultural diversity is embedded at Radius Clare House, and this was confirmed during interviews with staff.</p> <p>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>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse and neglect policy is being implemented. Radius Clare House policies documents actions taken to prevent any form of</p>

<p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>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.</p> <p>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. Police checks are completed as part of the employment process.</p> <p>The service implements a process to manage residents' comfort funds.</p> <p>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. 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 wellbeing.</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 service. Residents are supported by the resident's EPOA (enduring power of attorney) to develop their goals and staff provide choice.</p>

<p>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>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.</p> <p>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. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Resident and family/whānau participation is encouraged through general feedback, case conference meetings, surveys, and meetings. 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. 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>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</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 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. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. These are regularly reviewed.</p> <p>The service follows relevant best practice tikanga guidelines, and staff welcome the involvement of family/whānau in decision making,</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>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. Admission agreements had been signed and sighted for all the files reviewed. Copies of EPOAs, activation letters and incapacity assessments are stored electronically (sighted in resident files in the dementia unit).</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 Commissioner (HDC).</p> <p>Two complaints have been made in 2024 (after the previous audit in June 2024) and eight complaints have been received in 2025 year to date. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. Health New Zealand requested follow up on two HDC complaints that were reviewed at the last audit. The complaints have been investigated, and the service is waiting for responses from HDC. There were no identified issues in respect of these complaints. Staff are informed of complaints (and any subsequent corrective actions) in the staff, RN, and quality meetings (meeting minutes sighted). Higher risk complaints are managed with the support of the regional manager and national quality manager.</p> <p>Complainants are informed of the complaints process and their satisfaction with the final resolution of their complaint is documented. 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</p>

		<p>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 Clare House has a total of 87 beds certified for rest home, hospital, and dementia levels of care. Twenty beds in the care centre are dedicated rest home only. Twenty-eight beds in the hospital wing are dual-purpose. Twenty-one beds are in the dementia wing. All 18 beds in the serviced apartments have been certified for rest home level of care. At the time of the audit there were 62 beds occupied, including 21 residents at rest home level, including one resident in a serviced apartment, and one resident was on accident compensation corporation (ACC) contract; 25 residents at hospital level of care; and 16 residents were in the dementia unit. All other residents were on the age-related residential care (ARRC) agreement.</p> <p>The Radius Strategic plan 2025-2029 describes the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our calling.' The strategic plan describes annual goals and objectives that support outcomes to achieve equity for Māori. The strategic plan also reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. There is a business and quality plan 2025, with documented site-specific goals that are reviewed on a regular basis. 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</p>

		<p>Board members.</p> <p>The national quality 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. Ethnicity data is captured electronically at facility level, and a three-monthly report is generated for the National Cultural Committee to review. Ethnicity data is then analysed and reported in terms of opportunities for addressing inequalities, improving health equity, and outcomes for all residents. The strategic plan reflects a 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 Clare House are holistic in nature, and inclusive of cultural identity and spirituality.</p> <p>The organisation respects the connection to family/whānau and the wider community to improved health outcomes for Māori and tāngata whaikaha. Opportunities for whānau are provided through general</p>
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		<p>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. 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>The facility manager (RN) has been in the role for two years and has worked at Radius for seven years. The facility manager is supported by a clinical nurse manager, who has been in the role since January 2025 and has worked in the aged care industry for seven years, a regional manager (present at the time of the audit) and national quality manager (present at the time of the audit).</p> <p>The facility manager has completed other professional development activities in excess of eight hours annually, related to managing an aged care facility.</p> <p>Partial Provisional:</p> <p>The service has requested a reconfiguration of 20 rest home beds to be utilised as dual purpose (rest home and hospital) use. These were viewed and verified as being suitable on the day of the audit.</p> <p>There are no changes required to the current governance structure, strategic or business plans. A comprehensive transition plan is documented. Clare House currently provides hospital level of care, and all management and staff are fully aware of the requirements for this level of service provision. The total number of beds remains at 87. There will now be 48 dual purpose beds, 18 rest home beds located in apartments, and 21 dementia care beds.</p>
Subsection 2.2: Quality and risk	FA	Radius Clare House is implementing a quality and risk management

<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>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). A range of monthly meetings (eg, staff quality meeting, RN 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.</p> <p>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. 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 has 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 2025 resident and family/whānau satisfaction survey results have been compared with previous surveys. An overall satisfaction rate of 85% in 2025 showed an improvement from 79% in 2024. The facility manager was reviewing any required corrective actions at the time of the audit. The survey results are going to be discussed at the next staff and</p>
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	<p>resident meetings. 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 quality/health and safety meetings. The health and safety representative (property maintenance person) was interviewed and confirmed that 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 at the staff, quality/health and safety, and RN/clinical meetings. Staff incidents, hazards, and risk information is collated at facility level, and 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 12 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 RNs and HCAs. An internal audit on accident and incident reporting in September 2025 was completed and evidence full compliance.</p> <p>Discussions with the facility manager, clinical nurse manager, and national quality manager reflected their awareness of their</p>
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		<p>requirement to notify relevant authorities in relation to essential notifications. There have been notifications sent to the Health Quality and Safety Commission, and Section 31 notifications reported. There have been outbreaks reported to relevant authorities since the previous audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. 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. Healthcare assistants (HCAs) 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.</p> <p>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. 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 RNs 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 hospice. The positive outcomes related to the palliative care training have been awarded a continuous improvement rating. Staff are encouraged to participate in learning</p>

	<p>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 to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-eight HCAs are employed and thirty-five hold the National Certificate in Health and Wellbeing level three or above. There are eleven HCAs employed that work full time in the dementia unit. Five have completed the relevant dementia standards; two are in the progress of completing the certificate, and two are enrolled. Two HCAs are not yet enrolled but are newly employed. All six have started employment within the last eighteen months. 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 2024-2025 year to date. 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. Five of the thirteen RNs are interRAI trained.</p> <p>All HCAs are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand hygiene, personal protective equipment (PPE) use, and cultural competencies. A selection of HCAs complete 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. There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys, and performance appraisals. Signage supporting organisational counselling programmes are posted in visible staff</p>
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		<p>locations. Interviews with staff confirmed that they feel supported by their managers.</p> <p>Partial Provisional:</p> <p>The transition plan clearly outlines staffing provisions to accommodate the reconfiguration and the potential for up to 20 hospital level residents. This includes an RN and three extra HCAs on the morning shift (1x 7.00am to 3.00pm; 1x 7.00am to 2.00pm; and 1x 8.00am to 1.00pm); one RN and three HCAs on the afternoon shift (1x 3.00pm to 11.00pm; 1x 3.00pm to 9.00pm and 1x 4.00pm to 8.00pm). Night shift will have an RN and one HCA from 11.00pm to 7.00am. Activities hours will be increased as more residents are admitted requiring hospital level of care.</p> <p>The current education planner includes suitable competencies and training requirements to provide for the increase of hospital level residents.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resources system. Ten staff files reviewed (one clinical nurse manager, two RNs, five HCAs, one diversional therapist and one property maintenance person) evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. All performance appraisals were completed as per the appraisal schedule.</p> <p>All staff have completed orientation documentation on file. 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. Information</p>

		<p>held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken is documented.</p> <p>Partial Provisional:</p> <p>There are robust established recruitment processes in place, which are fully implemented. There are no changes required with the reconfiguration of beds.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>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. 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.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities</p>	FA	<p>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. Placement letter</p>

<p>between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>for residents assessed as requiring rest home, hospital, or dementia rest home levels of care were in place. 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. Potential residents who are declined entry are recorded.</p> <p>When an entry is declined, family/whānau and residents are informed of the reason of this, and other options or alternative services, and are referred to their referring agency. When an entry is delayed, resident, family/whānau and referring agency are informed of reasons of the delay and discuss options of suitable date to enter service. There were eight residents 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. The RN and the senior healthcare assistant 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 resident files reviewed included three hospital, two rest home, and three dementia levels of care. Resident, family/whānau, EPOA, and nurse practitioner (NP), involvement is encouraged in the plan of care. The RNs are responsible for conducting assessments and for the development of care plans.</p> <p>Care plans are linked to assessments. InterRAI assessments are completed within the required timeframe for all residents. 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</p>

	<p>resident's lived experiences, cultural needs, values, and beliefs. For the resident on ACC contract, 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. All residents had identified activities of choice, and were actively supported to engage with help from staff. 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 NP 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. Behavioural support plans are developed when needed, which identify triggers and care plan interventions that were implemented.</p> <p>Nurse practitioner 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 NP expressed satisfaction with the care provided.</p> <p>Staff reported that sufficient and appropriate information was shared</p>
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	<p>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' care journey. A multidisciplinary approach promotes continuity in service delivery, including the NP, RNs, 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 RNs and to the NP, as evidenced in the records sampled.</p> <p>In assessing and monitoring residents, the following monitoring charts were completed (but not limited to): behaviour identification and intervention; weight monitoring; pain; blood glucose monitoring; bowel charts; food intake and output charts; and toileting regime, as required for individual residents. Concussion monitoring (including neurological 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>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds was assessed in a timely manner, and reviewed at appropriate intervals. Photographs were taken where this was required. There were two residents with a chronic lower leg ulcer, which were well managed and were showing progress towards healing. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. Other wounds included skin tears, grazes, and lesions. There were five residents with a pressure injury (three stage II, one stage III and one suspected deep tissue injury).</p> <p>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</p>
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		<p>to manage these would be documented. The staff confirmed they understood the process to support residents and family/whānau. There were eight residents who identified as Māori. The cultural assessment process supports Māori healing methodologies, such as karakia, rongoā and spiritual assistance.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The activity programme is developed and implemented by the activity coordinator in each area. There are three activities coordinators (AC), all working full time. One is a qualified diversional therapist who works in the dementia unit, and the other two ACs are progressing through the completion of the diversional therapy course. The activity programme for the rest home and hospital units is operationalised five days a week, while the programme in the dementia unit is offered seven days per week. A part-time activities coordinator assists with implementation of the programme in the dementia unit.</p> <p>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 is published monthly.</p> <p>Radius has 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 a good variety of culturally themed activities in the programme to meet the needs of (but not limited to) Māori and Pasifika residents (example: pois hand crafted by residents and staff are used in the exercise routines). 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 day. The activities and community connections were varied and suitable for the residents.</p>

		<p>Family/whānau and friends can attend activities, as verified through family/whānau interview. There are weekly van outings for residents. Resident meetings are facilitated monthly, and they provide a forum for feedback on the activities programme. Activities sighted on the previous and current planners included church services, sit and fit, movies, men's group, bowls, mad scientist, and Matariki mid-winter lunch. 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>The activities team work closely with the family/whānau of residents, and they engage with and assist with activities, especially on outings (eg, picnics, visits to local cafés, and places of interest), and attending local festivals (such as PolyFest 2025). Interviewed residents, their family/whānau and staff stated that the outings were a huge success.</p> <p>Te ao Māori is facilitated by celebrating religious and cultural festivals, such as Matariki and Māori language week. The residents and their 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 NP completes three-monthly medication reviews.</p> <p>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. Medications with a short shelf life were dated on opening.</p> <p>Medication reconciliation was conducted by the nursing team when a</p>

		<p>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 of the medication fridge and medication room temperatures is conducted regularly, and deviations from normal are reported, with corrective actions put in place if required. The prescriber considers over-the-counter medication and supplements as part of the person's medication, as noted on the day of the audit.</p> <p>The RNs and a medication competent HCA were observed administering medications. There are three nursing stations (one in each wing), with the main treatment room situated behind the hospital nursing station, where medications are stored safely and securely in lockable medication trolleys. There is a documented policy and processes in place to ensure that residents wishing to self-administer medicines, can do so safely. There were no residents self-administering medication during the audit. There were no standing orders in use. Residents and their family/whānau are supported to understand their medicine when required. The NP stated that when requested by Māori, appropriate support and advice would be provided. Māori and whānau are supported to access medication.</p> <p>Partial Provisional:</p> <p>There are comprehensive policies and procedures in place to accommodate the increase in hospital level residents. There are no changes required to the current medication processes in the current rest home area, that has been verified as suitable to provide dual purpose care.</p>
<p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and</p>	<p>FA</p>	<p>The kitchen at Radius Clare House is managed by an external catering company, which oversees staff employment, menu</p>

<p>consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>planning, food preparation (ordering, cooking, and baking), and compliance with food safety legislation. Meals are prepared and cooked on site using seasonal menus developed by a registered dietitian. The current verified food control plan is valid until March 2026, and the dietitian review was completed on 28 April 2025.</p> <p>Kitchen operations, including temperature checks, cleaning schedules, and food safety practices, are monitored and documented using the catering company’s electronic application. This was reviewed during the audit. The kitchen manager (interviewed) is a qualified cook and leads a team consisting of two cooks and eight kitchen hands. All staff completed food safety and infection control training. The kitchen is well-equipped, clean, and adheres to legislative guidelines, with appropriately labelled and dated food items. No expired food was observed, and thermometer calibrations are completed monthly.</p> <p>Meals are served in dining rooms. A hot box is used to transport food to the hospital wing, and covered trays are used to deliver to residents who choose to have their meal in the room. Special dietary needs are met, including cultural preferences and modified diets. The kitchen receives a copy of the dietary assessment which is completed on admission, where likes, dislikes, and nutritional needs are documented. The residents’ weights are monitored regularly, and supplements are provided to residents with identified weight loss issues. Snacks and drinks are available at all times.</p> <p>Residents’ dining experiences was observed as positive, with a focus on maintaining independence and dignity. Special equipment such as lipped plates are available and residents were given sufficient time to eat their meal, and assistance was provided when necessary. The kitchen manager confirmed that cultural and alternative options are catered for as required, and has prepared food for events such as Matariki. Discussion and feedback on the menu and food provided is sought at the monthly residents’ meetings and in the annual residents’ survey.</p> <p>Partial Provisional:</p> <p>The menu is reviewed by a dietitian. There is already sufficient specialised cutlery, and crockery should this be required for the</p>
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		increase in hospital level residents. There are no changes required to the current food services with the reconfiguration of beds. The current dining room provides sufficient space for the potential for increased numbers of mobility aids, wheelchairs, or reclining chairs.
<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. 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.</p> <p>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. Resident records are archived in an electronic management system upon discharge of a resident.</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</p>	PA Low	<p>There is a current Specified System Report and Declaration (S-RaD) certificate in place which expires 13 December 2025. There is a maintenance officer who works full time and is supported by a part-time maintenance person. There is a comprehensive organisational preventative maintenance plan in place which is maintained. All reactive maintenance issues is entered into the electronic system and is signed off when completed. There are essential services available on request. All medical and electrical equipment has been calibrated, tagged, and tested annually according to schedule. Hot water temperatures are recorded, and any discrepancies are</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>recorded, reported to management, and signed off when completed.</p> <p>The grounds is maintained by a part-time gardener. All rooms are single occupancy. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. All bedrooms and communal areas have ample natural light and ventilation. The temperature was at a good ambient temperature on the day of the audit. Staff and residents interviewed stated the temperature of the facility is comfortable at all times. Staff interviewed reported there is adequate equipment and space in residents' rooms to provide cares.</p> <p>All corridors have safety rails that promote safe mobility. Corridors are wide and residents were observed moving freely around the areas with mobility aids where required. There is a mixture of rooms with full ensembles, and some are shared between two rooms. There are sufficient numbers of communal toilets and showers within close proximity to resident rooms. Visitor's toilet is centrally located. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is ample space in toilet and shower areas to accommodate shower chairs and a hoist if appropriate. There are signs on all shower/toilet doors.</p> <p>The serviced apartments wrap around the perimeter of the hospital unit. There are 12 one-bedroom apartments, two apartments with two bedrooms, and four studios. All are certified to provide rest home level of care. There is a large lounge diner, with kitchenette area in the serviced apartment area.</p> <p>The hospital wing has large rooms providing adequate space for resident's equipment, including hoists and wheelchairs. All rooms have full length windows. There is a centrally located open plan lounge/dining room, with separate secure kitchen/servery, and access to a patio area. There is easy access to the outdoor gardens which provide seating and shade.</p> <p>The dementia wing is secure and has easy access through the wing with a variety of doors for residents to wander. There is keypad entry to the unit. All rooms are single, and shared toilet and shower facilities are within close proximity. There are pictures of interest in the corridors. The outdoor areas have areas of interest and raised vegetable and fruit gardens. There is a separate lounge and dining</p>
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		<p>room areas, and quiet areas in the unit to enjoy.</p> <p>Partial Provisional:</p> <p>The current rest home wing was verified as suitable to provide hospital level of care (verified as dual purpose beds). The wing has three lounges (one main large lounge and two smaller lounges at the end of corridors). Residents were observed to be enjoying an activity in the main lounge, and the other two lounges were being used by residents enjoying the garden views or reading. There is a centrally located nurses' station which is glazed to provide the staff with the opportunity to observe residents while completing other duties.</p> <p>All rooms are single and provide sufficient space to include reclining chairs and equipment required to provide complex hospital level of care. Each room has an external window with garden views, and the temperature of the room can be adjusted to suit individual preferences. Each room has a shared 'jack and jill' ensuite with a basin and toilet. These are large enough to accommodate shower chairs/ over toilet chairs There are two shower rooms that are centrally located to the resident rooms, and have space to accommodate shower chairs. The corridors are wide enough to accommodate wheelchairs or large specialised wheelchairs and equipment. There is also a large storage room that is large enough to store large hospital equipment, such as hoists.</p> <p>There is sufficient equipment already in place that would be utilised to provide for hospital level residents, and there is a plan already being implemented to purchase more hospital beds, a hoist and other hospital equipment as required. This was also well documented in the transition plan.</p> <p>The service has no plans for building or refurbishments; however, should this occur, the organisation would take into consideration of how designs and environments reflect the aspirations and identity of Māori. This would be coordinated from head office with support from the national cultural committee to lead the strategy.</p>
Subsection 4.2: Security of people and workforce	FA	The policies and guidelines for emergency planning, preparation and

<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>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. Fire and Emergency approved a fire evacuation plan that was in place, dated 25 August 2016.</p> <p>Fire evacuation drills are conducted every six months. 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. Radius Clare House has an agreement with a local provider for a larger generator, should a civil defence emergency occur. The provider details are located in the emergency response plan. 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 three water tanks holding 1,000 litres each, and 300 litres of stored bottled water, providing residents and staff with three litres per person, per day. There are sufficient supplies of food stored in the kitchen. There is a gas barbeque and gas hob/s in the kitchen to cook on, if or when required. There is always a first aid-trained staff member on duty 24/7.</p> <p>The call system alerts from the call bell to overhead panels during the day and to RN cellphone 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 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. Appropriate security arrangements are in place.</p> <p>The dementia unit is secure with a security keypad. Closed circuit television (CCTV) cameras are located at the main entrance, car park and throughout the facility.</p> <p>Partial Provisional:</p>
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		There are no changes required to the existing emergency procedures with the reconfiguration of beds. There are emergency exits in the current rest home wing. There are no changes to the current fire evacuation plan required. The existing call bell system meets the needs of residents and no changes are required.
<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. 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 any outbreaks 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>Partial Provisional:</p> <p>There are no changes required to the infection control programme. Radius is experienced in providing aged care services and are aware of all legislative and contractual requirements.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p>	FA	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 Clare House. There is

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>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 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 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>A senior registered nurse is the infection control coordinator and has a role description. The coordinator completed infection control training and is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. 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</p>
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		<p>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> <p>Partial Provisional:</p> <p>There are no changes required to the implementation of the infection control programme.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the 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.</p> <p>Partial Provisional:</p> <p>There are no changes required to the antimicrobial stewardship programme.</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</p>	FA	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator uses the information obtained through surveillance to determine infection</p>

<p>surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>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 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 Clare House infection rates compared favourable to other Radius facilities. The infection control coordinator interviewed confirmed that monthly analysis includes preventative and corrective measures, to further improve infection rates in the facility.</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 were four outbreaks (Covid-19 and gastroenteritis, both in 2024 and 2025) since the 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. Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Visitors to the facility sign in at entry to the building.</p> <p>Partial Provisional:</p> <p>There are no changes to be made to the implementation of the surveillance programme with the potential increase of hospital level</p>
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		residents.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>The facility implements Radius waste management policies that conform to legislative, 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. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. 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 designated colour-coded containers was observed. All laundry is processed on site. The facility has clear separation of dirty and clean laundry areas, equipped with a commercial grade washing machine and dryer. Appropriate PPE is available and was seen being used. Residents' clothing is labelled and personally returned to their rooms. Both residents and their families/whānau expressed satisfaction with the laundry services during interviews and in satisfaction surveys.</p>

		<p>A policy is in place to provide clear guidance on minimising infection risks during construction, renovation, installation, and maintenance activities. It outlines the involvement of the infection control team in these processes.</p> <p>Partial Provisional:</p> <p>There are no changes to be made to the cleaning and laundry services. There are adequate provisions of good quality linen and towels to accommodate the potential increase of hospital level residents. There are already adequate numbers of housekeeping and laundry staff in place. The environment was observed to be clean and tidy throughout the facility.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. The organisational policy evidenced a Radius Care commitment to be restraint free. A registered nurse is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator is conversant with restraint policies and procedures.</p> <p>An interview with the restraint coordinator described the organisation's commitment to restraint elimination and implementation across the organisation and also to the process of holistic assessment of the resident's care or support plan (sighted in resident records where restraint was used). The restraint policy describes the process of approval and review of de-escalation methods; the types of restraint that can be used; the duration of restraint when in use; restraint elimination; and use of alternative interventions. There is access to an advocate with involvement of the residents' family/whānau when restraint is assessed. The reporting process to the governance body includes restraint data that is gathered and analysed monthly. Staff interviewed were familiar with the restraint policy.</p> <p>A review of the file for the hospital resident requiring restraint (bedrails) included assessment, consent, monitoring, and evaluation. The NP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any</p>

		<p>resident be unable to consent and any impact on family/whānau is also considered.</p> <p>Restraint is used as a last resort, when all alternatives have been explored. This was evident from interviews with the resident on restraint, and staff who are actively involved in the ongoing process of restraint elimination. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings. Training for all staff occurs at orientation and annually. This includes a competency assessment for care staff around restraint.</p>
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>The restraint policy details the process for assessment. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes, and when the restraint will end. The file reviewed evidenced assessment, monitoring, evaluation, and NP involvement. Restraint is only used to maintain resident safety and only as a last resort. The restraint coordinator discusses alternatives with the resident, family/whānau, general practitioner (GP) and staff taking into consideration wairuatanga. Alternatives to restraint include intentional rounds, low beds, and sensor mats.</p> <p>Documentation includes the restraint method approved, when it should be applied, frequency of monitoring, and when it should end. It also details the date, time of application and removal, risk/safety checks, food/fluid intake, pressure area care, toileting, and social interaction during the process.</p> <p>Each episode of restraint documented on the restraint register and in resident's records where restraint occurs, include the type of restraint used; details of the reasons for initiating the restraint; evidence of the decision-making process, including details of de-escalation techniques, and alternative interventions that were attempted or considered prior to the use of restraint; details of all involved in giving consent for the use of restraint including family/whānau; the outcome of the restraint, any impact, injury, and trauma on the resident as a result of the use of restraint; observations and monitoring of the resident during the restraint; and</p>

		<p>comments resulting from the evaluation of the restraint.</p> <p>Review of documentation and interviews with staff confirmed that restraint monitoring is carried out in line with Radius policy. A restraint register is maintained and reviewed by the restraint coordinator, who shares the information with staff at the quality, staff, and RN/clinical meetings. All restraints are reviewed and evaluated as per Radius policy and requirements of the standard. Use of restraints is evaluated three-monthly, or more often according to identified risk. The evaluation includes a review of the process and documentation (including the resident's care plan and risk assessments), future options to eliminate use, and the impact and outcomes achieved. Evaluations are discussed at the staff meetings.</p> <p>A procedure is in place for emergency use of restraint and debriefing processes are also in place. There has been no emergency restraint used, and no incidents occurred related to restraint use since the last audit.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>A review of documentation and interview with the restraint coordinator demonstrated that there was monitoring and quality review of the use of restraint. The internal audit schedule was reviewed and evidence full compliance. The content of the internal audits included the effectiveness of restraints, staff compliance, safety, and cultural considerations. The restraint committee meet six-monthly to review restraints. Effectiveness and ongoing use of restraint is also discussed at the three-monthly NP reviews, with the resident and family/whānau included in the review whenever possible.</p> <p>The six-monthly review of all restraint practices includes discussion around use of all restraint; the extent and types of restraints used; any adverse events that have occurred (discussion of any incident forms that have been documented); safety of restraint use and continued need for restraint; and any other alternatives that could be considered. Staff monitor restraint related adverse events while restraint is in use. Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews</p>

		<p>with staff (including RNs and HCAs), confirmed that the use of restraint is only used as a last resort, and discussions related to elimination strategies occur.</p> <p>The resident and family/whānau have input into the review. Trends related to use of restraint is identified by maintaining an electronic restraint register, which also provide an overview of the use, number and type of restraint in the facility, and across all Radius facilities. The outcome of the review is reported to the governance body.</p> <p>Staff monitor restraint related adverse events while restraint is in use. Any changes to policies, guidelines or education are implemented if indicated. Data reviewed, minutes and interviews with staff (including RNs and HCAs), confirmed that the use of restraint is only used as a last resort, and discussions related to elimination strategies occur.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	PA Low	<p>There is a S-RAD building warrant of fitness declaration certificate in place which expires 13 December 2025. A building warrant of fitness certificate was unable to be issued due to a fault in the heating/ ventilation system, which was rectified immediately. All required checks have been completed as scheduled. All electrical and medical equipment has been tagged, tested, and calibrated annually according to schedule, and is next due in April 2026. All residents' equipment is checked on admission and annually thereafter. The environment is inclusive of residents' cultures and has paintings of the local countryside and landmarks on corridor walls around the facility.</p>	<p>There was no building warrant of fitness in place as required in Section 108 of the Building Act 2004.</p>	<p>Ensure that there is a current building warrant of fitness in place.</p> <p>365 days</p>

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 RNs who face unique challenges in palliative care. The challenge impacted communication within the team, but also with the family/whānau during palliative care. 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.</p> <p>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, and cultural needs.</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 have 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. 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 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 discussions around end-of-life care and responding when a person raises</p>

			<p>assisted dying.</p> <p>A review of the compliments 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. 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.</p> <p>The facility manager and clinical nurse manager stated the Hospice verified the treatment pathway and communication to be successful and residents' quality of life are optimised until death. 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% to 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 85% in 2025, this was an improvement from previous results 79% in 2024. Satisfaction with care provided by nurses increased from 94% in 2024, to 95% in</p>
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			2025, and satisfaction with communication increased from 81% in 2024, to 86% in 2025.
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End of the report.