

# Radius Residential Care Limited - Radius Baycare Home and Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Radius Residential Care Limited
<b>Premises audited:</b>	Radius Baycare Home and Hospital
<b>Services audited:</b>	Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 7 October 2025 End date: 8 October 2025
<b>Proposed changes to current services (if any):</b>	The service wishes to remove residential disability services physical and intellectual from their certification.

**Total beds occupied across all premises included in the audit on the first day of the audit: 42**

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Radius Residential Care Limited – Baycare Home and Hospital is owned and operated by Radius Residential Care Limited. The service provides hospital (Geriatric and medical), and rest home levels of care for up to 46 residents. On the day of the audit there were 42 residents.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is an experienced registered nurse with extensive management experience. The facility manager is supported by a clinical nurse manager, and an office manager. These roles are supported by the Radius regional manager and a national quality manager.

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

## 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.

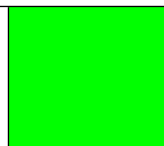
Radius Baycare provides an environment that supports residents' rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan. The service works collaboratively to embrace, support, and encourage a Māori view of health, and provide high-quality and effective services for residents.

The service care philosophy focuses on achieving equity and efficient provision of care for all ethnicities, including Pacific residents. Residents receive services in a manner that considers their dignity, privacy, and independence. Radius Baycare 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.

Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager and the clinical nurse manager are responsible for the day-to-day operations. The organisational strategic plan informs the site-specific operational

objectives, which are reviewed on a regular basis. Radius Baycare has a well-established quality and risk management system that is directed by the Board, and clinical governance committee of Radius Care. Quality and risk performance is reported across the various facility meetings and to the organisation's management team. Radius Baycare provides clinical indicator data for the rest home and hospital services provided. There are human resources policies including recruitment, selection, orientation, and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support, and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents. The service ensures the collection, storage, and use of personal and health information of residents 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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Radius Baycare has an admission package available prior to, or on entry to the service. The facility manager and clinical nurse manager efficiently manage the entry process to the service. Admissions are managed by the registered nurses and the general practitioner. The registered nurses assess, plan and review residents' needs, outcomes, and goals. The care plans demonstrated individualised care.

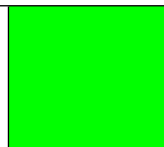
The planned activity programme provides residents with a variety of individual and group activities, and maintains their links with the community. There were adequate resources to undertake activities at the service. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements, and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission, and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines, and additional requirements/modified needs were being met. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services, and to other health services as required. Discharge and transfers are coordinated and planned.

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

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



Subsections applicable to this service fully attained.

The building holds a current building warrant of fitness certificate. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All bedrooms are single. Rooms are personalised.

Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management. There is always a staff member on duty with a current first aid certificate.

## 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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, staff, and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the staff. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner.

The service has a robust pandemic and outbreak management plan in place. There are sufficient supplies on site to effectively manage an outbreak of infection. The internal audit system monitors for a safe environment. There have been two outbreaks since the last audit, with both managed effectively.

There are documented processes for the management of waste and hazardous substances in place, chemicals are stored safely in locked chemical cupboards. 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.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator. At the time of the audit there were no residents using restraint. Encouraging a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort.

### Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	27	0	0	0	0	0
Criteria	0	167	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Radius Residential Care has a Māori health strategy in place based on He Korowai Oranga Māori Health Strategy that recognises Te Tiriti o Waitangi as the founding document in New Zealand and is reviewed at Board level. There is a national cultural committee that advises the Board and operations team on areas of cultural significance to Māori. The national cultural committee includes Māori members. There is also a Māori advisory group appointed to support the Board at a strategic level, and is available to advise on any issue that requires cultural oversight and direction. Ethnicity data is captured on the electronic system and reported three-monthly to the national cultural committee to review. This data is analysed and reported on to identify opportunities for improving health equity and outcomes for Māori.</p> <p>Currently there are residents who identify as Māori at Radius Baycare, and there is a Māori care plan available to detail the individual affiliations, values, beliefs, and preferences for Māori. This is based on Te Whare Tapa Whā model of Māori health. Staff described their process of always involving family/whānau in assessments, planning care and evaluations.</p> <p>There are staff employed who identify as Māori. All staff are required to complete training in Te Tiriti o Waitangi, Te Whare Tapa Whā and</p>

		<p>relevant words in te reo Māori for healthcare.</p> <p>The Māori health strategy identifies the service is committed to enabling the achievement of equitable health outcomes between Māori and non-Māori residents. This is achieved by applying the Treaty principles and enabling residents and their whānau to direct their care in the way they choose. Staff are encouraged to incorporate te reo Māori into everyday practice, and there is signage in te reo Māori throughout the facility.</p> <p>Interviews with the regional manager, quality manager, facility manager, clinical nurse manager, office manager and staff (three registered nurses, two healthcare assistants, kitchen manager, regional support manager (external provider), two housekeeping staff, one laundry staff, and two maintenance) included examples of providing culturally safe services in relation to their roles.</p> <p>Radius Baycare has linkages with a local Kaumātua (chief of Waitangi Marae) to access for cultural advice.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Radius Residential Care has a Pacific health plan, Ola Manuia, which aligns with the Ministry of Health Pacific Plan. Ethnicity data is captured in the electronic system. Currently there are no residents who identify as Pasifika, but there is a Pasifika care plan available which is based in the Fonofale model of health for Pacific people. There are staff employed who identify as Pasifika, with cultural links available through the staff and also via the Pasifika proud organisation.</p> <p>All staff are required to complete training in Pacific models of health and providing healthcare and support for Pacific people. Registered nurses advised that family members of all residents are encouraged to be present during the admission process, including completion of the initial care planning processes, and ongoing reviews and changes. Individual cultural and spiritual beliefs for all residents are documented in their care plan and activities plan.</p> <p>The facility manager confirmed that staff who identify as Pasifika are supported through the employment process. As an organisation, Radius care has a stated commitment to ensure all staff are treated</p>

		<p>fairly and equally within the workplace; to make sure the environment remains inclusive and accessible for all staff and residents; and to ensure staff have equal opportunities for career advancement within the company.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Radius Residential Care policies and procedures align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and are implemented. Information related to the Code is made available to residents and their family/whānau. The Code is displayed in multiple locations in English and te reo Māori.</p> <p>Information about the Nationwide Health and Disability Advocacy is available to residents and family/whānau on the noticeboard and in their information pack. Resident and family/whānau meetings provide a forum for residents to discuss any concerns.</p> <p>Staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive training about the Code, which begins during their induction to the service. This training continues through the mandatory staff education and training programme.</p> <p>Six residents (three rest home level and three hospital level), and five family/whānau (one rest home level and four hospital level) interviewed stated they felt their rights were upheld, and they were treated with dignity, respect, and kindness. The residents and family/whānau expressed they are encouraged to make their own choices.</p> <p>Interactions observed between staff and residents were respectful. Healthcare assistants and registered nurses interviewed described how they support residents to choose what they want to do, and be as independent as they can be.</p> <p>The service recognises Māori mana motuhake through the development of a Māori specific care plan to promote and respect independence and autonomy. Clinical staff described their commitment to supporting future Māori residents and their whānau by identifying what is important to them, enabling self-determination and authority in</p>

		decision-making that supports their health and wellbeing.
<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>	FA	<p>Interviews with residents and family/whānau confirmed they are asked about their individual preferences, lifestyle, significant people in their lives, aspirations, and anything else that is important to them. Care plans and activities plans are based around this information, and residents' individual values and beliefs. The service offers people of all denominations and religions a platform to access and maintain their cultural and spiritual beliefs.</p> <p>Radius Residential Care policies and procedures require the environment is to be inclusive and accessible for all residents and diversity is celebrated. The training programme is responsive to the diverse needs of residents and family/whānau, and records from 2024 and 2025 show training completed includes (but is not limited to) equality/diversity; enriching lives through Te Whare Tapa Whā; death, dying and tangihanga; sexuality and intimacy; enabling good lives; informed consent; privacy and dignity; and the ageing process. During the audit, staff were observed to be respectful, responsive, and they maintained residents' privacy (eg, by knocking on bedroom or bathroom doors prior to entering). Residents and family/whānau interviewed expressed their dignity and privacy is maintained.</p> <p>Te reo Māori is actively promoted in the activities programme, and there is signage in te reo Māori throughout the facility. Celebrations are held during Te Wiki o Te Reo Māori, Waitangi Day, and Matariki, with Māori kai and kōrero with residents and family/whānau. Interviews with staff confirm they understand what Te Tiriti o Waitangi means to their practice, and examples were provided of how they uphold tikanga best practice.</p> <p>Cultural assessments were evident on files reviewed. Electronic care plans identified residents' preferred names. Information from cultural assessments is incorporated through the care plan and activities plans. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The service promotes service delivery that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha when planning or changing</p>

		services.
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Radius Residential Care has policies and procedures that express a zero-tolerance approach to racism, discrimination, coercion, abuse and neglect, harassment, sexual, financial, or other forms of exploitation. The service also aligns with the Code. Policies reflect acceptable and unacceptable behaviours. Training around bullying and harassment is held annually. Police checks are completed as part of the employment process. A staff code of conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee.</p> <p>Professional boundaries are defined in job descriptions. Interviews with registered nurses, healthcare assistants and activities staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The abuse and neglect policy is implemented. Staff have ongoing training in recognising and responding to abuse and neglect. Staff interviewed could easily describe signs and symptoms of abuse they may witness, and were aware of how to escalate their concerns. Residents have enduring power of attorney for finance and wellbeing documented in their files (sighted). Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of residents' possessions within the resident's signed service level agreement.</p> <p>The service implements a process to manage residents' comfort funds. The service provides education on cultural safety and awareness and boundaries. Cultural days are held to celebrate diversity. Staff are educated on how to value the older person, showing them respect and dignity. All residents interviewed confirmed that the staff are very caring, supportive, and respectful. Family/whānau interviewed confirmed that the care provided to their family members is of a high standard.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the service is provided to residents and family/whānau on admission in an information pack and on the website. Monthly resident and family/whānau meetings identify feedback from residents and family/whānau, and minutes of the meetings show consequent follow up by the service. Policies and procedures relating to accidents, incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau or next of kin of any accident or incident that occurs. Electronic accident and incident forms have a section to indicate if next of kin have been informed (or not). This is also documented in the progress notes. Twelve accident and incident forms reviewed identified family/whānau are kept informed; this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. During the audit, there were no residents who were unable to communicate in English. Staff interviewed confirmed the use of staff as interpreters, family/whānau members, picture charts, and online translation tools, if there were residents who could not speak English. Non-subsidised residents (should there be any in future) would be advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand specialist services, such as dietitian, speech and language therapist, and wound nurse specialist. The delivery of care includes a multidisciplinary team review. Residents and family/whānau provide consent and are communicated with regarding services involved. The registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required. Family/whānau members interviewed stated they receive appropriate timely notification to attend review meetings.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There is an informed consent policy in place. Seven resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision-making, where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files where applicable, and had been activated where necessary. Staff on interview demonstrated their knowledge in applying tikanga principles in obtaining informed consent.</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>There is a policy and procedures for complaints that are communicated to residents and family/whānau. The facility manager has overall responsibility for ensuring all complaints (verbal and written) are fully documented and investigated within timeframes determined by the Code. The facility manager maintains an up-to-date complaints' register on the electronic system. Concerns and complaints are discussed at relevant meetings.</p> <p>Four complaints have been made in 2024 since the last audit, and two in 2025 year to date. The review of the complaints evidenced acknowledgement of the lodged complaint, an investigation, communication with the complainants, including any corrective action taken, and documented resolution. All complaints reviewed were of a minor nature, and no trends were identified. Staff interviewed reported that complaints and corrective actions as a result are discussed at meetings. There have been no external complaints received since the last audit in August 2024; however, one received in 2023 is still open,</p>

		<p>with the facility having fully responded and are awaiting further instructions from HDC.</p> <p>The Ministry requested follow up against aspects of a complaint that included assessment of resident needs, care planning, and incident escalation. There were no identified issues in respect of this complaint. Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible throughout the facility, with advocacy services information provided at admission and as part of the complaint resolution process. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. The facility manager acknowledged the understanding that for Māori, there is a preference for face-to-face communication.</p>
<p><b>Subsection 2.1: Governance</b></p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Baycare provides rest home and hospital level care (geriatric and medical) for up to 46 residents. The service wishes to remove residential disability services physical and intellectual from their certification. On the days of the audit there were 42 residents, 14 rest home level (including one young disabled and one on respite) and 28 hospital level (including one young disabled [YPD], three on respite funded by ACC, and two on an [EOL] end of life palliative care contract). Aside from the YPD, EOL, and residents on respite, all residents are under the age-relate residential care contract (ARRC). All rooms are dual purpose.</p> <p>The governance body of Radius Care is the Board of Directors comprised of the Radius managing director/executive chair and four professional directors. The Board has overall responsibility for all decision making within Radius Care. Day-to-day management of the company is delegated to the chief executive officer (CEO). The CEO is responsible for the overall leadership of the management team. A weekly and monthly reporting structure informs the CEO and Board of operations across the organisation. Facility manager’s report to the regional managers through the electronic system, including clinical and quality indicators, health and safety, and human resources. Data is displayed on Power BI to provide an overview of performance around</p>

	<p>measuring key performance indicators (KPIs).</p> <p>The Board is made up of experienced directors with a mix of skills, knowledge, experience, and diversity to adequately discharge its responsibilities. The Board encourages directors to undertake appropriate training to enable them to remain current on how best to discharge their responsibilities, and keep up to date on changes and trends in areas relevant to their work. Directors are provided with industry information and receive copies of appropriate company documents to enable them to perform their role. Training courses are provided by Radius Care when required. In addition, visits to Radius Care's facilities, briefing from senior management and key advisors to Radius Care are arranged for directors. The Board also ensures that new directors are appropriately introduced to management and to the care homes. The Board aims to strengthen its knowledge of the requirements of applicable standards and legislation in all disciplines, as required, by obtaining expert advice. This advice is used to support their decisions and guide development of Radius Care policy and procedures.</p> <p>The organisation's values and mission are stated on the website. The organisation has goals for the following: business strategy; clinical governance (including clinical care and effectiveness, Māori health, consumer participation, and workforce effectiveness); financial leadership and management; and risk management (including health and safety, clinical risk, financial risk, and human resources). There is a monthly reporting structure that aligns with the business goals. Reports are discussed at management and Board meetings. Action items on issues to progress are raised and allocated to the appropriate personnel to implement. There is a monthly report from the quality manager to the operations management team, regional managers and facility managers that includes a monthly review of clinical KPIs and benchmarking of data with Radius facilities and other providers of residential aged care.</p> <p>The facility manager is new to the role (seven months), but has been in health management roles for a number of years in the public sector. They are supported by the regional manager, national quality manager, clinical nurse manager, office manager, and wider team. The clinical nurse manager has been in the role for three months and has over four</p>
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		<p>years of aged care experience.</p> <p>The Board ensures policies, procedures and practices align with current government strategies, and protocols including Healthy Ageing Strategy, Enabling Good Lives Strategy, He Korowai Oranga: Māori Health Strategy; Whakamaua: Māori Health Action Plan; Ministry of Health, Healthy Ageing Strategy 2016; New Zealand Disability Strategy 2016-2026, and Ministry of Health (2018) Whaia Te Ao Marama 2018-2022: The Māori Disability Action Plan, and the Disability Action Plan 2019-2023. A national cultural committee is in place and meets three-monthly with a standing agenda in place. Collecting ethnicity data for residents and staff is a priority. There is an embedded process implemented to analyse data, identify, and eliminate bias, and health inequities. The committee include Pakeha and Māori representatives and has terms of reference.</p> <p>Performance of the service is monitored through satisfaction surveys, clinical indicators, staff incident reporting, audit results, complaints, resident, family/whānau and staff input through feedback and meetings. All of this is discussed and reviewed from Board level down to facility level, with corrective actions being filtered through all committees at all levels. Radius Baycare invites local communities to be involved in their facility, and they support and provide a venue for sporting and community groups.</p> <p>All members of the Radius governance team have completed training on Te Tiriti o Waitangi, cultural safety, and understanding institutional bias and racism. Any new members are provided with links and resources to complete these requirements.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide</p>	<p>FA</p>	<p>A quality and risk management programme is in place that allows Radius Baycare to track their progress against the organisation's quality goals, as outlined in the business plan. Quality goals for 2025 are documented and progress towards quality goals is reviewed regularly at staff and quality meetings. The quality and risk management system includes performance monitoring through internal and external audits, and through the collection of clinical indicator data for wounds, falls, infections, incidents, restraint, complaints, medication</p>

<p>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>errors, and staff injuries.</p> <p>A range of meetings are held monthly, including heads of department, health safety and quality (including infection control), resident and family/whānau. Discussions include (but are not limited to): tabling the previous minutes; matters outstanding; incidents and accidents; clinical indicators as above; internal audit reports; human resources; education; compliments and complaints; policy updates; general business; and actions going forward.</p> <p>Internal audits, meetings, and collation of data are 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 in the staffroom. The corrective action log is discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Data is benchmarked and analysed within the organisation and at a national level.</p> <p>Staff have received a wide range of culturally diverse training, including cultural sensitivity awareness, with resources made available to ensure a high-quality service is provided for Māori and other residents with diverse ethnicities. The 2025 resident and family/whānau satisfaction surveys demonstrate a net promoter score of +30. Corrective actions were initiated related to menu display, carpet cleaning, and maintenance as a result of survey comments.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. New policies or changes to policy are communicated to staff.</p> <p>A health and safety system is in place, with identified health and safety goals. The health and safety officer (facility manager) interviewed, maintains oversight of the health and safety and contractor management on site. Hazard identification forms and an up-to-date electronic hazard register were sighted. A risk register is placed in all areas. Health and safety policies are implemented and monitored monthly at the health and safety, and quality committee meeting. There</p>
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		<p>are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process would be documented on the accident/incident form. There is timely completion of investigation and reporting following staff incidents and accidents. The internal audit schedule includes health and safety, maintenance, and environmental audits.</p> <p>All resident's incidents and accidents are reported into the electronic system (e-case), which allows collation and categorisation of data. Twelve incident forms were reviewed, and these evidence immediate action noted, and any follow-up action(s) required. Incident and accident data is collated monthly and analysed. Results are discussed in the health and safety, and quality meeting, and at shift handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse.</p> <p>Discussions with the facility and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of changes in management, and police attendance. There has been one report to the Health Safety and Quality Commission relating to an unstageable pressure injury. There have been two outbreaks, with these reported appropriately to external authorities.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a staffing and rostering policy and procedure in place for determining staffing levels and skills mix for safe service delivery. This defines staffing ratios to residents. Rosters implement the staffing rationale. The facility manager, and clinical nurse manager work Monday to Friday. There is always a registered nurse on duty, and they can call the facility or clinical nurse manager after hours if needed. The maintenance person is available for maintenance and property related calls. Staff interviewed stated that overall, the staffing levels are satisfactory, and that the management team provide good support.</p> <p>Review of the rosters showed any gaps in staffing due to absences were covered by staff picking up extra shifts. Residents and family members interviewed reported that there are adequate staff numbers.</p>

		<p>The annual training programme exceeds eight hours annually. There is an attendance register for each training session and an electronic individual staff member record of educational courses offered, including: in-services; competency questionnaires; online learning; and external professional development. All senior healthcare assistants and registered nurses have current medication competencies. Registered nurses, senior healthcare assistants, activities staff, and the van driver have a current first aid certificate.</p> <p>All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) through Careerforce. There are 22 healthcare assistants in total; 15 of whom have achieved NZQA level three or higher.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurse and healthcare assistants related to specialised procedures or treatments, including (but not limited to) infection control; wound management; medication; monitoring blood glucose levels; and insulin competencies. At the time of the audit there were eight registered nurses, in addition to the clinical nurse manager. Five registered nurses have completed interRAI training, including the clinical nurse manager. Staff have completed online training that covers equality/diversity, Te Tiriti o Waitangi, enriching lives through Te Whare Tapa Whā, Pacific models of health, providing healthcare and support to Pasifika, and a broad range of other subjects relevant to aged care nursing. Learning opportunities are created that encourage collecting and sharing of high-quality Māori health information.</p> <p>Existing staff support systems, include recognising staff achievements during staff meetings, and provision of education to promote health care and staff wellbeing. Staff interviewed report a positive work environment and team collaboration.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p>	<p>FA</p>	<p>There are comprehensive human resources policies including recruitment, selection, orientation, and staff training and development. Seven staff files, including two registered nurses, two healthcare assistants, a kitchen manager, and two housekeeping staff, were</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>reviewed. These included a signed employment contract, job description, police check, induction paperwork relevant to the role the staff member is in, application form,, and reference checks. All files reviewed of employees who have worked for one year or more included evidence of annual performance appraisals. A register of current annual practicing certificates was sighted and included all registered nurses, the podiatrist, physiotherapist, and general practitioner.</p> <p>An orientation/induction programme provides new staff with relevant information for safe work practice. It is tailored specifically to each position and monitored on an electronic platform. Information held about staff is kept secure, and confidential. Ethnicity data is identified during the employment process.</p> <p>Following any incident or accident, evidence of debriefing and follow-up actions taken are documented. Wellbeing support is provided to staff and is a focus of the health and safety team. Staff wellbeing is acknowledged through regular social events. Employee assistance programmes are made available through the occupational counselling programme.</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>The resident files were appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Electronic resident files are protected from unauthorised access and are password protected. Entries on the electronic system are dated and electronically signed by the relevant registered nurse or healthcare assistant, including designation. Any paper-based documents are scanned into e-case. Resident files are archived for ten years as required.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p>	FA	<p>There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a</p>

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission, or on entry to the service. A review of residents' files confirmed that entry to service complied with entry criteria.</p> <p>Seven admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical nurse manager are available to answer any questions regarding the admission process, and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process, and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. Any queries are followed up with potential residents and family/whānau kept informed if waiting for a bed, or acknowledgement of entry to service.</p> <p>The service collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. Radius Baycare is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and liaison with the Waitangi Marae.</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>FA</p>	<p>Seven files were reviewed for this audit: four hospital residents (including one resident using an EOL contract, one young person with a disability (YPD), and one resident under an ACC contract); and three rest home residents. The clinical nurse manager and the registered nurses (RN) are responsible for conducting all assessments and for the development of care plans. Residents and family/whānau interviewed report they are involved in the assessment, care planning and review</p>

<p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>process, as evidenced in the files reviewed.</p> <p>A Māori health plan and cultural awareness policy is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan. There is also a Pacific health care plan to support Pacific residents.</p> <p>All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files (excluding the ACC contract and two new admissions) had interRAI assessments completed in a timely manner. All files reviewed confirmed that the initial interRAI or comprehensive assessment and initial long-term care plans were completed in a timely manner. The long-term care plan includes interventions to guide care delivery, with these reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed at least six-monthly, or when residents' needs changed. Short-term care plans for infections, weight loss, behaviour that challenges, and wounds are well utilised, with interventions transferred to the long-term care plans in a timely manner.</p> <p>An independent general practitioner (GP) ensures residents are assessed within five working days of admission. The GP reviews each resident at least three-monthly. The GP provides on-call service for after hours, and visits the facility at least once weekly. The clinical nurse manager is available 24/7 for clinical advice and decision making as required. When interviewed, the GP stated that there had been some issues earlier in the year (due to staffing), but now expressed satisfaction with the standard of care and the RN's competence at Radius Baycare. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has an independent physiotherapist contracted to work four hours a week. A dietitian is contacted as required. A podiatrist visits six to eight-weekly and a continence advisor, hospice specialists and wound care specialist nurse are available as required.</p> <p>Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed on the day of audit and found to be comprehensive in nature. Progress notes are written daily</p>
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		<p>by registered nurses and healthcare assistants. The registered nurses further add to the progress notes if there are any incidents, GP visits, or changes in health status.</p> <p>Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the clinical nurse manager, who then initiate a review with the GP. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, GP visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes.</p> <p>A wound register is maintained. There were minor wounds such as skin tears, blisters and one venous ulcer. There was one resident with two pressure injuries. All wounds were reviewed, and had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show progression of healing. The wound care specialist had been accessed for input to treatment of the pressure injuries. The healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; blood glucose levels; and repositioning. All monitoring reviewed was implemented as scheduled. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful</p>	<p>FA</p>	<p>The regional manager was interviewed as the relieving activities coordinator is currently in hospital. Recently while there has been a relieving activities coordinator who facilitated the programme for three days, the facility has recently appointed a full-time activities coordinator. Once they complete orientation, they will facilitate the October programme for five days a week. The programme is also</p>

<p>community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>supported by the healthcare assistants.</p> <p>The programme is planned monthly and weekly. Each resident has a copy of the weekly programme in their room, with copies on noticeboards. The activities coordinator facilitates opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, and participation in Waitangi weekend, Māori language week and Matariki. The chief of the Waitangi marae has met with all Māori residents and will visit anytime requested.</p> <p>Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as manicures, hand massage, and chit-chat. There are lounges where residents and family/whānau can watch television, and access games, puzzles, and books.</p> <p>A resident's social and cultural profile in the resident's file includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include (but are not limited to) exercises; newspaper reading; music and movement; crafts; games; quizzes; entertainers; board gaming; hand pampering; bingo; and happy hour. There are regular van drives for outings, a church service the first Wednesday of the month, and Catholic communion on request. The resident duck currently has eight ducklings and pet therapy dog's visit.</p> <p>Residents and family/whānau can provide feedback through the resident meetings at the six-monthly reviews. Residents and family/whānau interviewed stated the activity has been 'light' due to staff changes, but noted that the appointment of a new activities coordinator will improve the programme.</p>
<p>Subsection 3.4: My medication</p>	<p>FA</p>	<p>A medication management policy is available for safe medicine management and meets legislative requirements. All staff who</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>administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Some RNs have completed syringe driver training.</p> <p>Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. The facility uses medico packs. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys were always locked when not in use. The medication fridge and medication room temperatures are monitored daily, with corrective actions resolved if issues are identified. All medications, including stock medications, are checked monthly. All medications with a short shelf life have been dated on opening, and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use, are prescribed by the GP and charted on the electronic medication chart.</p> <p>Fourteen electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly, and each chart has photographic identification and allergy status identified. There was one resident self-administering on the day of audit. A competency form was documented, and the medications were stored safely. Competency was checked three-monthly, or if any issues or concerns were raised.</p> <p>Pro re nata (PRN) medications are administered as prescribed, and effectiveness is documented on the electronic medication system, or in the progress notes. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site. The facility does not use standing orders. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes.</p> <p>The registered nurses and clinical nurse manager described the process to work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health</p>
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		outcomes. Residents and their family/ whānau are supported to understand their medications when required.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>All meals are prepared and cooked on site. Radius use their own staff in the kitchen; however, an external provider has developed and reviewed the menu and provides ongoing oversight. All kitchen staff have completed safe food handling training, which has been signed off by a dietitian. The four-weekly seasonal menu has been reviewed by a dietitian.</p> <p>The kitchen was observed to be clean, well-organised, well equipped, and a current approved food control plan was evidenced.</p> <p>There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the registered nurses, and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods), or residents with weight loss. The regional support manager from the external provider, kitchen manager and staff (interviewed) are aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Cultural choices are incorporated into the menu plan. On the day of audit, meals were observed to be well presented. Tikanga guidelines are available to staff, and healthcare assistants interviewed understood tikanga guidelines in terms of everyday practice related to food services. There are options on the menu that provide culturally centred food for Māori.</p> <p>The cook completes a daily diary, which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Meals are transported to dining rooms using hot boxes. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining area. Modified utensils are available for residents to maintain independence with eating as required.</p>

		The residents and family/whānau interviewed were very complimentary regarding the food service, and the variety and choice of meals provided. They can offer feedback at the residents' meetings and through resident surveys.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner.</p> <p>Family/whānau and residents are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support, or kaupapa Māori agencies, where indicated or requested. The clinical nurse manager and registered nurses explained the transfer between services includes a comprehensive verbal handover, and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>The building holds a current warrant of fitness. The facility has recruited a new maintenance person who starts on 1 November 2025. Meantime there is a local maintenance person who is on site weekly, and they can be accessed easily to attend to any urgent issues. There is a contracted plumber and electrician available 24 hours a day as required. There is also a contracted gardener. Maintenance requests are documented at reception, checked weekly by the maintenance person, and signed off when repairs have been completed. There is an annual preventative maintenance plan that comes from head office. This includes electrical testing and tagging and calibration of medical equipment (completed July 2025). Monthly testing of hot water temperatures occurs and if temperature recordings are out of expected range, then a plumber is notified.</p> <p>Most of the service is carpeted with vinyl surfaces in bathrooms/toilets and kitchenette areas. There is adequate space for storage of mobility equipment. Residents are encouraged to bring their own possessions, including those with cultural or spiritual significance into the facility, and</p>

		<p>are able to personalise their room. In the hospital there is a mixture of rooms with basins and toilets, and rooms with ensuites. The rest home rooms all have basins and toilets. There are also four studio rooms with ensuites. Residents were observed moving freely around the areas with mobility aids where required. The healthcare assistants interviewed stated there was sufficient equipment to safely carry out the resident cares, as documented in care plans.</p> <p>There are handrails in hallways, and private and communal toilets. The hallways are wide. The lounges are large allowing ample room for residents to mobilise and use equipment safely. There are large well-appointed dining rooms. There are also small lounges for residents to have quieter times or entertain visitors. Activities take place in the large communal lounges.</p> <p>There are outdoor areas with outdoor seating, shaded areas and raised gardens. There are sufficient communal toilets situated in close proximity to communal areas.</p> <p>The building is appropriately heated and ventilated. There is ample natural light in the rooms.</p> <p>The facility manager and the clinical nurse manager described how they would utilise their links with the kaumātua and local iwi to ensure the designs and environments reflect the aspirations and identity of Māori in any new construction.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand on the 22 July 2025. Fire and emergency evacuation drills are held six-monthly, with these held as per schedule.</p> <p>Civil defence supplies are stored in an identified cupboard and are checked six-monthly. The facility has a small generator on site, and a larger one would come from Whangarei if required. There are 4,000</p>

		<p>litres of water available. There are gas barbeques to cook on. There is an adequate food supply available for each resident, for a minimum of three days.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. Call bells are tested as per maintenance schedule. Staff were observed to be responsive to call bells on the days of the audit. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night, and there is external closed-circuit television (CCTV).</p>
<p><b>Subsection 5.1: Governance</b></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>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship is an integral part of the Radius Care business and quality plan, to ensure an environment that minimises the risk of infection to residents, staff, and visitors. The clinical governance committee has oversight of policies, procedures and data on infections and antimicrobial usage throughout Radius facilities. Data is analysed for trends and reported to the Board as part of the monthly quality reporting. Expertise in infection control and antimicrobial stewardship is available through the quality manager at head office and infection control nurse specialist at Health New Zealand. Resources on infection prevention and control and antimicrobial stewardship are accessible to staff at Radius Baycare.</p> <p>The infection control committee, consisting of the clinical nurse manager (infection control coordinator), registered nurse, healthcare assistant and allied health staff, meet monthly to discuss infection rates, types of infections with comparison to the previous month, and use of antimicrobials. This information is included in monthly quality and staff meetings (minutes sighted). The regional manager and quality manager have access to the facility's infection data. Any significant events are managed using a collaborative approach, and involve the infection prevention control coordinator, the senior management team, quality manager, and general practitioner. There is a documented pathway for reporting infection prevention and control and AMS concerns to the governance body. Outbreaks are escalated</p>

		in a timely manner.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The infection prevention and control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The programme is linked into the electronic quality risk and incident reporting system. The infection prevention and control and the antimicrobial stewardship programmes are reviewed annually by the quality manager, with this completed in a timely manner.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the clinical governance committee, in consultation with the quality manager. Policies are available to staff. The infection control coordinator job description outlines the responsibility of the role relating to infection prevention and control matters and antimicrobial stewardship. The infection control coordinator has completed training specific to the infection control coordinator role. The service has access to the quality manager at head office.</p> <p>The infection control coordinator described the outbreak management plans used to manage previous, and any possible future outbreaks within the facility. The infection control coordinator monitors the effectiveness of education and infection control practices, such as hand hygiene competencies for all staff.</p> <p>The infection control coordinator has input in the procurement of consumables for infection prevention and control and personal protective equipment (PPE). Sufficient infection prevention resources, including PPE, were sighted and these are regularly checked against expiry dates. The infection prevention and control resources are readily accessible to support the pandemic plan and outbreak management plan. Staff interviewed demonstrated knowledge on the requirements of standard precautions, and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene</p>

		<p>posters in te reo Māori. The infection control coordinator, registered nurses and healthcare assistants described how they would work in partnership with Māori residents and whānau, and use of tikanga best practice to ensure culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are included in the internal audit system.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and family/whānau are kept informed and updated through meetings, newsletters, and emails.</p> <p>Visitors are asked not to visit if unwell.</p> <p>There are hand sanitisers strategically placed around the facility, and handbasins all have flowing soap.</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>	<p>FA</p>	<p>The antimicrobial stewardship programme guides the use of antimicrobials, and is appropriate for the size, scope, and complexity of the service. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The antimicrobial stewardship programme was approved by the clinical governance committee for Radius Care. The programme aims to promote optimal management of antimicrobials, to maximise the effectiveness of treatment and minimise potential for harm. Responsible use of antimicrobials is promoted. The registered nurses work in collaboration with the general practitioner and the pharmacist to monitor the use of antibiotics. Quantity and types of antibiotic usage is monitored monthly. Staff, residents and family/whānau have received education on antibiotic usage. Monthly records of infections and prescribed antibiotic treatment are maintained. The effects of the prescribed antimicrobials are monitored, and the infection control coordinator reported that any adverse effects are reported to the general practitioner. The antimicrobial stewardship programme is evaluated annually (report</p>

		sighted).
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate for the size and complexity of the service. National surveillance programmes and guidance is applied when required. Monthly infection data is collected for all infections based on signs, symptoms, definition of infection, and laboratory test results. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and six-monthly. Infection control surveillance is discussed at monthly infection control committee, quality and health and safety meetings. Infection surveillance data is reported to the governance body through clinical indicator reports. The service incorporates ethnicity data into surveillance data.</p> <p>Meeting minutes are available for staff. Action plans are completed as required. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear communication pathways are documented to ensure clear communication to staff and residents who develop or experience a healthcare acquired infection.</p> <p>Since the last audit there have been two outbreaks (Covid-19 in November 2024, and a Gastroenteritis outbreak in May 2025). Records of the outbreak management plans, daily outbreak records and actions implemented to minimise the spread of infections, show both outbreaks were appropriately reported and well managed. Staff were debriefed following each outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p>	FA	<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. All chemicals are clearly labelled with manufacturer's labels and stored in locked cupboards. The trolleys are kept in a locked cleaner's room when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, face shields, and masks are available for staff, and they were observed to be wearing these as they</p>

<p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>carried out their duties on the days of audit. There are sluice rooms with a sanitiser and stainless-steel bench and separate handwashing facilities. Staff have completed chemical safety training.</p> <p>All laundry is completed on site. There are dedicated laundry staff on duty each day. There is clear separation between the handling and storage of clean and dirty laundry. Personal laundry is delivered back to residents in named baskets. There is enough space for linen storage. The linen cupboards are well stocked, and linen was sighted to be in a good condition. Laundry and cleaning processes are monitored for effectiveness through internal audits, and resident and family/whānau feedback. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection control coordinator oversees the implementation of the cleaning and laundry audits.</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 Radius governance body is committed to working towards a restraint-free environment across all their facilities. The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. 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. The organisational plan evidenced a Radius Care commitment to be restraint free.</p> <p>The reporting process to the governance body includes restraint data that is gathered and analysed monthly.</p> <p>The GP at interview confirmed involvement with the restraint approval process when required. Family/whānau approval would be gained, should any resident be unable to consent, and any impact on family/whānau is also considered.</p> <p>On the day of the audit, no residents were using restraint. Restraint is used as a last resort, when all alternatives have been explored. This</p>

		<p>was evident from interviews with staff, who are actively involved in the ongoing process of restraint elimination. Review of restraint usage is completed and discussed at all staff meetings.</p> <p>Training for all staff occurs at orientation and annually. This includes a restraint competency assessment.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.