Radius Residential Care Limited - Radius Millstream

Introduction

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

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

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

You can view a full copy of the standard on the Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Radius Residential Care Limited
Premises audited:	Radius Millstream
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: 11 December 2025 End date: 12 December 2025

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 96

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 haumaru │ 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 Millstream Care Centre is certified to provide hospital (geriatric and medical), rest home, and dementia level care for up to 99 residents. There were 96 residents on the days of the audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand. The audit process included a review of organisational and quality documentation; resident and staff files; observations; and interviews with residents, family/whānau, management, staff, and a general practitioner.

The facility manager is supported by a clinical nurse manager, office manager and a team of experienced registered nurses and healthcare assistants There are quality systems and processes being implemented. Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

There were no shortfalls identified at the previous certification.

This surveillance audit has identified shortfalls related to care planning.

Ō tātou motika | Our rights

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

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

Radius Millstream demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries.

There are established systems to facilitate informed consent and to protect resident's property and finances. The complaints process is responsive, fair, and equitable. Complainants are kept informed of outcomes following any investigation.

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 Residential Care Ltd is the organisation's governing body responsible for the service provided at this facility. Radius Millstream has a business and quality plan in place for 2025 with documented site-specific goals, which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori. The service has

effective quality and risk management systems in place that take a risk-based approach and progress is regularly evaluated against quality outcomes.

There is a process for following the National Adverse Event Reporting Policy and management comply with statutory and regulatory obligations in relation to essential notification reporting.

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

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

The registered nurses assess, plan and review residents' needs, outcomes, and goals. Care plans demonstrate service integration. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents’ transfers and referrals occur in a coordinated manner.

Te aro ki te tangata me te taiao haumaru | 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. The dementia unit is secure. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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

All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved by the governing body. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. There had been two outbreaks since the last audit.

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.

The restraint coordinator is a registered nurse. There were no residents using restraint. Minimisation of restraint use 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. Staff have completed training in the management of behaviours that challenge and are skilled in the use of de-escalation strategies.

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	17	0	1	0	0	0
Criteria	0	47	0	2	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	The Māori health plan acknowledges Te Tiriti o Waitangi as the founding document for New Zealand. Radius Millstream is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau. At the time of the audit there were residents and staff who identified as Māori. Staff who identified as Māori confirmed in interview that mana motuhake is recognised.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	The Pacific Health and Wellbeing Plan 2020-2025 is the basis of the Radius Pacific health plan. At the time of the audit there were residents and staff who identified as Pasifika. The staff confirmed that cultural safety for Pacific peoples, their worldviews, cultural and spiritual beliefs are embraced.

Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is displayed in English and te reo Māori. The facility manager and office manager discussed how the welcome packs are given in the language most appropriate for the resident, to ensure they are fully informed of their rights. Six residents (three hospital and three rest home) and three family/whānau (one dementia care and two hospital) interviewed stated that all staff respected their rights.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Radius policies prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff have received education around and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff interviewed including seven healthcare assistants (HCAs), seven registered nurses (RN), kitchen manager, lead maintenance; and three managers (the facility manager, the office manager and clinical nurse manager), interviewed demonstrated an understanding of professional boundaries.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. 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. As service providers: We provide people using our services or their legal representatives with the information necessary	FA	There are policies around informed choice and consent. Six resident files reviewed included informed consent forms signed by either the resident or the resident powers of attorney/welfare guardians. Staff and management have a good understanding of the organisational process to ensure informed consent for all residents including Māori, who may wish to involve family/whānau for collective decision making. Interviews with family/whānau and residents confirmed their choices regarding decisions, and their wellbeing is respected. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) or welfare guardians. All documentation regarding EPOA, and activation (where required) is on file.

to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.		
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. 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.	FA	The complaints procedure is provided to residents and families/whānau during the resident's entry to the service. A comprehensive 'Welcome to Radius Care' booklet includes information on access to advocacy and complaint support systems. The Code is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The facility manager is responsible for the management of complaints and is able to provide Māori residents with support to ensure an equitable complaints process. A complaints register is maintained, which includes all complaints, dates and actions taken. There have been seven complaints received since the last audit. Documentation reviewed included acknowledgement, follow up and outcome resolution, which demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC). Health New Zealand requested follow up on an HDC complaint that was made before the last audit. The complaint was investigated by the service and has been closed off by HDC June 2025 with the recommendations completed. The Ministry of Health requested follow-up in relation to aspects of a complaint regarding the standard of care provided to a resident of Radius Millstream, specifically in relation to quality and risk management (criteria 2.2.2 and 2.2.5), service management and staff training (criterion 2.3.5), and assessment and care planning processes under My Pathway to Wellbeing (criteria 3.2.3 and 3.2.5). The surveillance audit confirmed that incident management, post-fall processes, staff training, and care plan review requirements (criteria 2.2.2, 2.2.5, 2.3.5 and 3.2.5) were reviewed and addressed. However, gaps were identified in the implementation of interventions to meet residents' assessed

		needs, link 3.2.3 Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Radius Millstream has a total of 99 beds certified for hospital, rest home, and dementia level of care. There are 89 dual purpose beds; including 19 serviced apartments and 10 dementia dedicated beds. At the time of the audit there were 96 beds occupied. This included 10 residents at secure dementia level of care; 37 at hospital level care (including two residents on end-of-life contract and one in the serviced apartments); and 49 residents at rest home level (including two residents funded by accident compensation corporation (ACC), seven in the serviced apartments and three residents on respite care contract). The younger person with disability is on respite care at rest home level care). All other residents were under the Health New Zealand age-related residential care contract (ARRC). 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 Board members. The facility manager (RN) has been in the role for nine years. The facility manager (FM) is supported by a clinical nurse manager (CNM) who has

		been in the role for seven years, a regional manager, and national quality manager. The service has appointed a clinical team leader to assist the clinical nurse manager manage the day-to-day clinical operations of the facility. The facility manager has completed other professional development activities in excess of eight hours annually, related to managing an aged care facility.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	There is an organisational quality and risk management programme documented. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. There is an annual meeting schedule that includes monthly quality improvement/health and safety, staff, RN/clinical and resident meetings. The meetings provide an avenue for discussions in relation to (but not limited to): infection control; complaints received (if any); staffing; education; quality data; health and safety; hazards; service improvement plans; incidents and accidents; internal audits; and infections. All agenda items, discussion points and actions have been evidenced as being followed up or completed. The most recent resident survey was in September 2025 with overall positive results and documented an overall satisfaction of 93%. The employee satisfaction survey result has shown improvement with improved employee net promoter score. The survey results has been discussed in the previous meetings. The national quality manager benchmarks data against other Radius facilities and industry standards. Data is also analysed internally to identify areas for improvement. Quality data and trends in data are posted on a quality noticeboard. A risk management plan is in place. Health and safety is included in the monthly quality/health and safety meeting. Actual and potential risks are documented on a hazard register, which identifies risk ratings, and documents actions to eliminate or minimise each risk. Staff incident, hazards, and risk information is collated at facility level, and is reported to the regional manager. The service has documented Serious and Sentinel Events (July 2024) and Accident, Incident & Adverse Events (December 2024) policies that clearly define clinical and operational responsibilities for reporting and investigating

		incidents. These include escalation pathways based on event severity and a risk-based approach to investigation, corrective action and follow-up. Training requirements related to incident management and falls are outlined. As part of the complaint follow-up, the policies and associated processes were reviewed and confirmed to be implemented in practice (link subsection 1.8). Electronic reports using an electronic system are completed for each incident/accident, has a severity risk rating, and immediate action is documented with any follow-up action(s) required, evidenced in the accident/incident forms reviewed. There is a process for following the National Adverse Event Reporting Policy. Management demonstrated an understanding and are compliant with statutory and regulatory obligations in relation to essential notification reporting. There have been notifications sent to the Health, Quality and Safety Commission (HQSM) appropriately and Section 31 notifications reported as required. There have been two Covid-19 outbreaks reported as required since the previous audit.
Subsection 2.3: Service management 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.	FA	The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and clinical nurse manager work full time from Monday to Friday. There is always at least one RN on each shift. Staff interviewed stated that the RNs are accessible and supportive. The facility manager is on call 24/7 for any operational related matters. The clinical nurse manager is on call 24/7 for any clinical issues. The staffing roster is adaptable and can increase staffing depending on resident numbers and acuity. The facility roster reviewed for the last two weeks 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. There is an annual education and training schedule being implemented for 2025. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti O Waitangi. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-six HCAs are employed and 80% hold the National Certificate in Health and Wellbeing level three or above. There

		are thirteen HCAs employed that work full time in the dementia unit. All apart from two have completed the relevant dementia standards; the two other HCAs started in 2025 and are in the process of completing the required dementia standards. Staff training to care for dementia residents includes person first, dementia second sessions, behaviours of concern, and de-escalation. The staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Six of the thirteen RNs are interRAI trained. The annual education and training programme supports staff competency and safe service delivery. As part of the complaint follow-up, staff training content and implementation were reviewed and confirmed to align with the HDC recommendations. (link subsection 1.8).
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	Six staff files (the clinical team lead, two registered nurses, two healthcare assistants, one activities coordinator) reviewed included evidence of completed training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation and induction programme in place that provides new staff with relevant information for safe work practice and includes buddying on commencement. Competencies are completed as part of orientation, and orientation programmes include dementia-specific content for staff working in the dementia unit to support safe practice in accordance with dementia care requirements. Staff employed for one year or more have a current performance appraisal on file. Performance review processes include discussion of role responsibilities and competencies relevant to dementia care for staff working in the dementia unit.

Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Six resident files were reviewed: three hospital, including one under a EOL contract and one funded by ACC; two rest home residents, including one younger person on respite care and residing in the serviced apartments, and one in the dementia unit. The registered nurses (RN) are responsible for all residents' assessments, care planning, and evaluation of care. All long-term care plans (LTCPs) and interRAI assessments (including LTS-CHC and those funded under close to age and need contracts) sampled had been completed within three weeks of the residents' admission to the facility. Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. Initial care plans are completed within 24 hours of admission. The resident on ACC and YPD had the mandatory assessments completed to identify their physical, social, cultural, and medical needs with plans documented following the assessments. The individualised LTCPs are developed with information gathered during the initial assessments and the interRAI assessment. The information from the activity assessments (about me, pastoral care, and leisure) include a cultural assessment which gathers information about cultural needs, values, and beliefs. Comprehensive assessment is undertaken including use of pain assessment tools. See tracers. Documented interventions meet the residents' assessed needs; however, residents who presented with recurrent urinary tract infections (UTIs), did not have care plans that recognised early warning signs or interventions needed to prevent further reoccurrences. Residents in the dementia unit have care plans documented with interventions that include management of their behaviours and the best ways to deescalate the behaviours over a 24-hour period. Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes.

		Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. Family/whānau involvement in the care planning process was not always clearly documented. There are several GP practices involved in the care of the residents; the GPs are only available after hours for residents on palliative care. The initial medical assessment is undertaken by the general practitioners (GPs) within the required timeframe following admission. Residents have ongoing reviews by the GPs within required timeframes and when their health status changes. The GPs visit weekly and as required. Medical documentation and records reviewed were current. One GP and a palliative care nurse specialist were interviewed and stated that there was good communication with the service and also complimentary of the clinical oversight. A physiotherapist visits the facility twice a week and on request, to review residents referred by the registered nurses. There is access to a continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, older persons mental health service and medical specialists are available as required through Health New Zealand. An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photographs to show progress to healing of wounds were taken when this was required. Additional specialist input was initiated when required and a wound nurse specialist was consulted. At the time of the audit there were thirteen active wounds, including one stage three and three stage two pressure injuries. All pressure injuries were facility acquired. The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Concussion assessments are recorded following un-witnessed falls. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; intentional rounding, behaviour monitoring, food intake charts, fluid, and balance monitoring. Monitoring of care occur; however, the repositioning charts for residents at high risk of pressure injuries were not always utilised or completed as stated in the care plans. Staff interviews confirmed they are familiar with the needs of all residents in

		the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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.	FA	There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications on the days of the audit have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses are required to complete syringe driver training. Staff were observed to be safely administering medications. The registered nurses and medication competent HCAs interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication, and for pro re nata (PRN) medications. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and all were within accepted ranges. Appropriate medication room temperatures are maintained and monitored. All stored medications are checked weekly. Eyedrops have been dated on opening, and all are within the expiry date. Twelve electronic medication charts were reviewed. The medication charts reviewed identified that the GPs had reviewed all resident medication charts three-monthly, and each drug chart has photographic identification and allergy status identified. Indications for use were noted for pro re nata (PRN) medications. There were three residents partially self-administering medications. There are policies and procedures to guide self-administration. The process related to assessment, review and care planning is documented. Residents who self-administer their own medications had a competency assessment completed, and these were reviewed three monthly. All had secure medication storage in their rooms. The care plans reflect the fact the resident is self-administering their medications.

		There were no standing orders in use. When medication related incidents occurred, these were investigated and followed up on.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and 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.	FA	Food preferences and cultural preferences are encompassed into a seasonal menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. The external catering kitchen manager reported they accommodate residents' requests. There is a current verified food control plan. The residents and family/whānau interviewed were complimentary regarding the standard of food provided.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.	FA	The buildings, plant, and equipment are fit for purpose at Radius Millstream and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's culture and supports cultural practices. A current building warrant of fitness is displayed for the serviced apartments and the main building. There is an annual maintenance plan that includes

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.		electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. The maintenance manager (interviewed) works fulltime. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges. The 10-bed secure dementia unit is accessible through the main reception area and by keypad.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	There is an infection, prevention, and antimicrobial policies and procedures that includes the pandemic plan. The infection prevention and control and antimicrobial stewardship programme is reviewed annually with input from the Infection Control Coordinator, who has completed infection control training and provides specialist oversight of infection control policies and procedures. The programme is linked to the quality improvement programme and is also approved by the governing body. The pandemic plan is available for all staff. Staff education includes standard precautions; isolation procedures; hand washing competencies; and donning and doffing of personal protective equipment (PPE). All staff have completed the required training within the last 12 months. The infection prevention and control and antimicrobial stewardship programme is reviewed annually with input from the Infection Control Coordinator, who has completed infection control training and provides specialist oversight of infection control policies and procedures. Infection prevention education is coordinated and delivered by the Infection Control Coordinator (Clinical Nurse Manager) and is included in staff orientation, with annual mandatory updates relevant to the service, including hand hygiene, standard precautions, and use of personal protective equipment.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme.	FA	The antimicrobial policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility, and reinforce basic principles of infection prevention and control. Infection surveillance processes are documented in the infection control policy and include the use

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.		of standardised definitions. Infection surveillance is the responsibility of the infection control coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection control coordinator. Any trends are identified, and corrective actions implemented. The service incorporates ethnicity data into surveillance methods and data captured around infections. Results of infection surveillance, including identified trends, outcomes, and corrective actions, are documented and reported through quality, staff, and registered nurse meetings, with meeting minutes available to staff, ensuring findings and recommendations are shared in a timely manner to inform service improvement and governance oversight. Internal infection control audits are completed with corrective actions put in place when areas of improvement are identified. The service receives regular notifications from Health New Zealand. There have been two outbreaks (influenza in 2025 and gastroenteritis in 2024) since the previous audit. The outbreaks were documented, appropriately managed, and reported to relevant authorities. Debrief meetings occurred following the outbreaks as evidenced in staff meeting minutes sighted.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The governance body demonstrates a commitment to eliminating restraint. The facility maintains a focus on ensuring care is provided in the least restrictive way possible. A registered nurse has been delegated to be the restraint coordinator and to drive the ongoing philosophy of eliminating restraint. The restraint policy confirms that restraint consideration and application must be made in partnership with family/whānau, and the choice of the device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana-enhancing. There is no restraint in use at the time of audit. Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Staff complete restraint competencies at orientation

		and annually.

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)
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people’s lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing	PA Low	The individualised LTCPs are developed with information gathered during the initial assessments and the interRAI assessment. The infection register was reviewed. There were four residents with recurrent urinary tract infections. The infection register evidence the signs and symptoms related to each infection and how it specifically presented with the individual signs range from general malaise, supra pubic pain, and mental function deterioration. Although there were STCP for each associated infection there were no early warning signs within the care plans e.g. related to risks, toileting, catheter, or continence. Preventative strategies to minimise recurrent urinary tract infections were not	Early warning signs and interventions to prevent and manage UTIs were not always documented in three of the four files reviewed where a UTI was present. One resident with a stage three heel pressure injury had no prevention strategies documented to alleviate pressure on their heel.	Ensure the long-term care plans of residents with recurrent UTIs have individual early warning signs documented in the continence, risk, and toileting care plan, with associated prevention or escalation for appropriate interventions. Ensure that strategies are documented to guide staff in the prevention and care of a resident with a pressure injury. 90 days

practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		well documented. A hospital level resident file reviewed evidenced that pressure prevention strategies related to the sacrum and not to the heel; the pressure injury was not identified in the care plan. There was a comprehensive wound management and wound care plan documented. The resident was observed to have booties on and comfortable within a lazy boy with their feet free from any pressure. Staff were knowledgeable around the care of the resident. This finding relates to documentation.		
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any	PA Low	The facility has a policy that provide guidance to staff in the management and prevention of pressure injuries. At the time of the audit there were thirteen active wounds, including one stage three and three stage two pressure injuries. All pressure injuries were facility acquired. Staff reported that they have appropriate equipment for the management and prevention of pressure injuries. Monthly observations such as weight and blood pressure were completed and are up to date. Concussion assessments are recorded following un-witnessed falls. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; weight monitoring; bowel records; repositioning chart; blood glucose levels; intentional rounding, behaviour monitoring, food	Residents at a high risk of pressure injuries and those that had a pressure injury did not all have a repositioning chart commenced or completed as required.	Ensure that residents who are at risk of developing pressure injuries or have a pressure injury have documented evidence that repositioning has occur as required per policy and care planning. 90 days

changes are documented.		intake charts, fluid, and balance monitoring. Monitoring of care occur; however, when the wound register was reviewed, the residents at high risk of pressure injuries that had a pressure injury developed did not all have a repositioning charts commenced or completed as required. One hospital level resident with a very high-pressure risk score had developed a stage two pressure injury stage; the resident repositioning chart was not completed as per the frequency in the care plan (two hourly). One hospital level resident with a pressure injury had a delay of one month in initiating the repositioning chart. Two hospital level residents with stage two pressure injuries and a very high risk of developing pressure injuries and neither had a repositioning chart commenced or completed (noted both healed within two weeks).		

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.

No data to display

End of the report.