

Radius Residential Care Limited - Althorp

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: Althorp

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

Dates of audit: Start date: 22 January 2026 End date: 23 January 2026

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: 112

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Radius Residential Care Limited - Althorp is owned and operated by Radius Residential Care Limited. The service provides psychogeriatric hospital, rest home, and dementia levels of care for up to 119 residents. On the day of the audit, there were 112 residents.

The service is governed by a Board of Directors. The chief executive officer and the senior leadership team provide executive oversight. Operational management is delivered through the regional manager, facility manager, clinical nurse managers, and clinical team leaders, with support from the office and property managers. Registered nurses and care staff support the management team to deliver day-to-day service provision.

This surveillance audit was conducted against a sub-section of Ngā Paerewa Health and Disability Services Standard 2021 and funding agreements with Health New Zealand- Te Whatu Ora. The audit processes included observations, a review of organisational documents and records, including staff records and the files of residents, interviews with residents and their family/whānau, and interviews with staff, management, and the general practitioner.

There were no shortfalls identified at the previous audit.

This surveillance audit identified no shortfalls.

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 Residential Care Limited - Althorp provide an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan, and residents and staff state that culturally appropriate care is provided. The service works 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. A Pacific health plan is in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The management and staff listen to and respect the voices of the residents and effectively communicate 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.

The organisation's quality and risk management systems are focused on quality service provision and care. The business plan includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach. Policies and procedures are current.

The service and management ensure the best outcomes for residents and that the health and safety of residents is a priority. Actual and potential risks are identified and mitigated. The service complies with all statutory and regulatory reporting obligations and meets the requirements of the contract with Health New Zealand.

Staff coverage is maintained for all shifts. The acuity of residents is taken into consideration when planning and ensuring adequate coverage. Staff employed are provided with orientation, job descriptions, and receive education. All employed and contracted health professionals maintain a current practising certificate.

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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On admission, the facility manager, clinical nurse managers, and nursing staff work collaboratively to ensure a coordinated and smooth admission process. Comprehensive assessments are completed in a timely manner and consider residents' life experiences, cultural needs, values, and beliefs. Care plans are developed promptly with input from residents and their whānau where appropriate. Cultural needs are documented, and each resident has an individualised care plan that reflects their assessed needs and is reviewed and updated when their condition or circumstances change.

The service uses a safe medication management system, including pre-packed medicines and an electronic medication record system. Medication is administered by trained and competent staff. Medicine-related allergies and sensitivities are recorded where applicable. Self-medication is supported where appropriate, with safe systems in place to ensure this is managed safely.

Residents are referred or transferred to other health services as required to support their ongoing care needs.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well-maintained. There is a current building warrant of fitness. Electrical equipment and calibration are up to date. External areas are accessible, safe, and meet the needs of residents living in this care home.

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


Includes five subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The infection prevention and control programme is appropriate to the size and complexity of the service and has been developed by personnel with infection prevention expertise. The programme is aligned with the quality improvement programme and has been approved by the governance body. It is led by a suitably qualified infection control nurse and is reviewed annually to ensure it remains current and effective.

Staff demonstrated an understanding of infection prevention and control principles and practices, which are guided by current policies and reinforced through ongoing education and training. Infection prevention education is included in staff orientation and provided annually thereafter.

Surveillance of healthcare-associated infections is undertaken, with results communicated to staff. Follow-up actions are implemented when indicated. Infection outbreaks since the previous audit have been managed effectively and in accordance with organisational policy.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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A non-restraint policy is applied by the organisation. A comprehensive assessment, approval, and monitoring process, with regular reviews, is in place. A suitably qualified restraint coordinator (Clinical nurse manager) manages the process. The staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring. There was one restraint (bedrails) in use at the service.

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	18	0	0	0	0	0
Criteria	0	49	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. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service, which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. Radius Residential Care Limited – Althorp is committed to integrating equality and diversity and upholding a culture that actively values difference. 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.</p> <p>The organisation has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. The managers reported that there were residents and staff who identified as Māori.</p> <p>Documentation and interviews with the management that include the FM, two CNMs, RM, office manager (OM), property manager (PM); and staff that included two registered nurses, one clinical team leader, nine health care assistants (HCAs), two housekeepers and a chef, confirmed that the service delivers a service that is focused on the health, well-being, and cultural needs of its residents.</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>The Pacific Health and Wellbeing Plan is the basis of the Radius Pacific Health Plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high-quality healthcare.</p> <p>The service had residents and staff who identify as Pacific. The staff interviewed highlighted the importance of understanding and supporting each other's culture.</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>All staff interviewed at the service understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents to follow their wishes. Nine (9) family/whānau (six hospital, and three dementia), and eight (8) residents including one rest home and seven hospital reported being made aware of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed they were provided with opportunities to discuss and clarify their rights.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>All staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. The induction process for staff includes education related to professional boundaries, expected behaviours, and the code of conduct. A code of conduct statement is included in the staff employment agreement. Education on abuse and neglect was provided to staff on an annual basis. Residents reported that their property and finances were respected and that professional boundaries were maintained.</p> <p>The FM and CNMs reported that staff are guided by the code of conduct to ensure the environment is safe and free from any form of institutional and/or systemic racism. Whānau members stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or neglect and were safe. Policies and procedures, such as the harassment,</p>

		discrimination, and bullying policy, are in place. The policy applies to all staff, contractors, visitors, and residents.
<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>	FA	<p>Signed admission agreements were evidenced in the sampled residents' records. Informed consent for specific procedures had been gained appropriately. Resuscitation forms, and care plans were signed by residents who are competent and able to consent, and a medical decision was made by the general practitioner (GP) for residents who were unable to provide consent. Residents in the dementia and psychogeriatric units had activated enduring powers of attorney (EPOAs), and copies of the relevant documentation were held on file.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints management policy and procedures were clearly documented to guide staff. The process complies with Right 10 of the Code, which is the right to complain, to be taken seriously, respected and to receive a timely response. The service maintains a complaints register. There were nine complaints in 2025, and one in 2026 (year to date) since the previous audit. The FM reported that the complaint process timeframes are adhered to, and service improvement measures are implemented as required. Documentation, including follow-up letters and resolution, was completed and managed in accordance with guidelines set by the HDC. Discussions with residents and family/whānau confirmed that they are provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The FM reported that any issues are discussed promptly with the residents before they escalate into complaints. Satisfaction and dissatisfaction outcomes of the complainant were documented.</p> <p>Family/whānau and residents making a complaint can involve an</p>

		<p>independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights is visible and available in te reo Māori and English. The Residents and family/whānau spoken with expressed satisfaction with the complaint process. In the event of a complaint from a Māori resident or family/whānau member, the service would seek the assistance of an interpreter or cultural advisor if needed.</p> <p>There have been three external complaints received since the last audit. The Regional Service Improvement Team, Commissioning (dated 9 December 2025), requested a follow-up on aspects of a complaint that included possible delayed identification of a resident's hip fracture and related care including poor communication regarding falls prevention and post-fall care. Improvement actions were identified and implemented as requested, including providing staff with further and relevant education. There were no identified issues with respect to these complaints.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Radius Residential Care Limited – Althorp has a total of 119 beds and is certified for; Hospital services - Psychogeriatric services; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); and Dementia care. There are 57 dual-purpose beds, 30 dementia- level beds and 32 psychogeriatric beds.</p> <p>At the time of the audit, there were 112 beds occupied. This included six rest home level care residents, including one respite, one Accident Compensation Corporation (ACC), 44 residents at hospital level of care, including one resident on a younger person with a disability (YPD) contract, one (ACC), none under the palliative care contract and one respite. There were 30 residents in the dementia units and 32 in the psychogeriatric units.</p> <p>The governance body of Radius Care is the Board of Directors, comprising the Managing Director/Executive Chairman and four professional directors. The Board holds overall accountability for organisational governance and strategic decision-making. Operational responsibility is delegated to the Chief Executive Officer (CEO), who provides overall leadership and oversight of the management team. Day-to-day operational management is</p>

	<p>the responsibility of the senior management team. A structured weekly and monthly reporting framework is in place to provide assurance to the CEO and the Board regarding organisational performance and operations.</p> <p>Directors on the board have an appropriate mix of skills, knowledge, experience, and diversity to meet governance responsibilities. The regional manager and facility manager have experience in the aged care sector and demonstrated an understanding of relevant legislative and contractual requirements.</p> <p>A current business plan (April 2025–March 2026), aligned with the 2023–2028 strategic plan, is in place and outlines clearly defined goals that reflect the service’s vision, mission, and values. The plan includes annual and long-term objectives supported by operational plans. Objectives sighted were time-framed with defined actions, and regular reporting occurred through management meetings. The regional manager reported that key performance indicators are reviewed monthly, and meeting minutes evidenced discussion of objectives and progress toward planned actions. A quality and risk management plan is in place, reviewed at least annually, and updated as required. The clinical governance team completes an annual review of all components of the quality programme.</p> <p>The governing body is accountable for ensuring the delivery of safe, equitable, and high-quality services and demonstrates a commitment to Te Tiriti o Waitangi and improving outcomes for Māori and Pacific peoples. The Radius Board of Directors has adopted the Radius Māori Health Strategy as a key framework for addressing health inequities for Māori and Pacific peoples. A national cultural committee meets three-monthly to guide culturally responsive decision-making and strengthen Māori influence. This commitment is reflected in policy and planning documents, which include actions to support equity, resident choice, and access to information. Information on the Code of Health and Disability Services Consumers’ Rights, complaints processes, and infection prevention and control is available in alternative languages to reduce barriers to access.</p> <p>Clinical governance is overseen by the national quality manager and the risk and compliance manager. Regular quality, compliance, and risk reports are provided and include analysis of operational and financial key performance indicators. Outcomes and required corrective actions are discussed at the compliance and risk meeting, chaired by a board member. High-risk areas are reviewed with corresponding corrective measures</p>
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		identified, implemented, and monitored until the desired outcome or goal is achieved.
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	FA	<p>Althorp implements the organisation's quality and risk management programme, which is directed by the organisational framework. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits; and a process for identifying and addressing corrective actions.</p> <p>Internal audits, meetings (including monthly staff meetings, management meetings, and quality meetings), and data collation were all documented as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements, with evidence of progress and sign-off when achieved. This corrective action document is posted in the staffroom and discussed in staff meetings. Meetings provide an avenue for discussions in relation to key performance indicators (including clinical, such as infections, bruising, pressure injuries, skin tears, urinary tract infections, restraint, etc), quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Meeting minutes and quality data tables are available for staff review.</p> <p>The 2025 Radius Althorp resident and family/whānau satisfaction survey reported an overall satisfaction rating of 83%. Net Promoter Scores were +50 for the dementia service, +43 for the hospital service, and +100 for palliative care. Respondents indicated high levels of satisfaction with communication (100%), healthcare services (94%), spiritual and cultural support (94%), and facilities (84%).</p> <p>The quality and risk management plan, supported by relevant policies and procedures, identifies internal and external risks and outlines mitigation strategies consistent with the National Adverse Event Reporting Policy. Management demonstrated understanding of Severity Assessment Codes (SAC), including the reporting requirements for SAC 1 and SAC 2 events. A total of 19 SAC 2 notifications were completed, relating to falls with injury and unstageable pressure injuries. Management interviews evidenced awareness of essential notification requirements. Section 31 notifications were submitted for relevant events including notification of two outbreaks</p>

		<p>to the appropriate authorities.</p> <p>A health and safety system is in place. Hazard identification is completed, and an up-to-date hazard register was sighted. Health and safety policies are overseen by the health and safety committee. Manual handling education is provided regularly to staff. Staff interviewed reported they are kept informed of health and safety matters.</p> <p>Individual reports are completed for each incident or accident, with immediate actions recorded and any required follow-up documented. Incident and accident data is collated monthly and analysed for trends, with results discussed at management and staff meetings. Ten resident-related incident and accident forms were reviewed, and each demonstrated that a clinical assessment and appropriate follow-up were completed by registered nurses.</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 documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The service adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this.</p> <p>Rosters from the past four weeks showed that all shifts were covered by experienced registered nurses and care staff, with support from the management team. The service employs 21 full-time registered nurses, including the CNMs, clinical team leaders. All shifts are covered by the registered nurses.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The OM and CNMs reported that most of the training is completed online or face-to-face, every month. Evidence of regular education provided to staff was sighted in attendance records. Training topics included (but not limited to): Covid-19 (donning and doffing of personal protective equipment and standard infection control precautions); promoting equality; falls management and balancing risk; chemical training; health and safety; enabling good lives; introduction to Te Tiriti o Waitangi; death and dying; E-case training; resuscitation; pressure injuries; challenging behaviour; restraint minimisation; emergency</p>

		<p>procedures; suctioning; sexuality and intimacy; cultural safety; first aid; fire evacuation; and restraint management.</p> <p>Related competencies are assessed as per policy requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. Staff records were reviewed to demonstrate completion of the required training and competency assessments. There are 85 care staff employed. Sixty-four have achieved NZQA qualification level four, 12 with level three, and nine with level one. The management team reported that the model of care ensured that all residents are treated equitably.</p> <p>A total of 26 care staff who work in the dementia and psychogeriatric units have completed dementia training and relevant training as per the contract including training around challenging behaviour, ageing process, cognitive and sensory stimulation, mental illness, and principles of enabling good lives.</p> <p>Nine registered nurses are accredited and maintain competencies to conduct interRAI assessments. These staff records sampled demonstrated completion of the required training and competency assessments.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation, and staff training and development.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors.</p> <p>A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. All staff records reviewed evidenced completed induction and orientation. A total of seven staff files (clinical nurse manager, two registered nurses, one diversional therapist, two healthcare assistants, and one housekeeper) were reviewed. Staff files included reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions.</p>

		<p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff. Staff reported that they have input into the performance appraisal process, and that they can set their own goals.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Seven residents' files were reviewed: two residents receiving specialised hospital dementia care (psychogeriatric), three hospital level (including one on respite care), one rest home level, and one receiving dementia level of care.</p> <p>The registered nurses (RNs) and the clinical nurse manager (CNM) are responsible for completing admission assessments, developing, and evaluating care plans. The initial nursing assessments and initial care plans were developed within 24 hours of admission in consultation with residents, their enduring power of attorney (EPOA), and family/whānau as appropriate, with the resident's consent. Assessment tools used considered residents lived experiences, cultural needs, values, and beliefs. Organisational nursing assessments tools are used to assess ACC and respite care residents and used to inform planning. The initial interRAI assessments (for all other ARRC funded residents) and long-term care plans were completed within three weeks of admission. The cultural safety assessment process acknowledges and validates Māori healing methodologies such as karakia, rongoā, and spiritual assistance. All RNs have completed cultural safety training. Residents confirmed they were able to practice their culture as desired. The service applies the Te Whare Tapa Whā model of care, supporting kaupapa Māori perspectives to guide the assessment process and identify pae ora (healthy futures) outcomes for residents who identify as Māori.</p> <p>A range of clinical assessments, referral information, observations, and NASC assessments formed the basis for care planning. Care plans demonstrated a strong focus on partnership and collaboration with residents, whānau, and extended family/whānau as applicable. The staff interviewed were familiar with these processes and were able to describe how they support residents and family/whānau. Residents, EPOAs, and nominated family/whānau representatives confirmed their involvement in assessment and care planning. Long-term care plans reflected residents' strengths, goals, and aspirations, and identified early warning signs and</p>

		<p>risks that may affect well-being.</p> <p>Management of specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of care effectiveness. Behaviour management plans were in place for relevant residents. Wound care was managed effectively, with regular evaluation and documentation. Adequate wound care supplies were available.</p> <p>Service integration with medical and allied health professionals was evident in the residents' records. Changes in residents' conditions were promptly escalated to the general practitioner (GP), and referrals were made to specialist services as required. Evidence of referrals included those to mental health services for older adults, urology, diabetes specialists, wound care nurse specialists, ophthalmology, hospice, and radiology. The contracted GP service visits the facility three times per week for routine reviews and urgent consultations. An after-hours on-call service is available as needed. GP assessments are completed within two to five working days of admission, with three-monthly routine reviews or more frequently if clinically indicated. Multidisciplinary team (MDT) meetings are completed within three to six weeks post-admission and subsequently every six months. Additional contracted services include podiatry (six-weekly) and hairdressing (weekly).</p> <p>Resident care is evaluated each shift by healthcare assistants and recorded in the progress notes. Acute changes in condition are promptly reported to the RN or CNM. Long-term care plans are reviewed at least six-monthly, following each interRAI reassessment. Short-term care plans are developed for acute issues, reviewed as clinically indicated, and signed off when resolved. Evaluations reflect progress toward the achievement of goals set. Where expected outcomes are not achieved, care plans are updated accordingly. When residents' conditions changed significantly, referrals are made to the NASC team for reassessment of the level of care.</p> <p>Resident records, observations, and interviews verified that the care provided aligns with assessed needs, goals, and aspirations. A range of equipment and resources was available and appropriate for the levels of care provided. Residents and family/whānau confirmed their active involvement in care evaluation and planning and stated that care provided met their needs and expectations.</p>
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<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The service has a current medication management policy aligned with the Medicines Care Guide for Residential Aged Care. An electronic medication management system is in use. Medication administration records are accurately maintained. Staff with current medication administration competencies manage medication, including receiving, storage, administration, monitoring, safe disposal, or returning to the pharmacy. Medications are supplied by a contracted pharmacy. An RN was observed safely administering medications in line with policy and best practice.</p> <p>A total of 14 medicine charts (four hospital, three rest home, four dementia, and three psychogeriatric) were reviewed. Allergies and sensitivities were documented on each chart. Standing orders are not used.</p> <p>The service uses pre-packaged medication rolls. Medications and related documentation are stored securely with restricted access to the medication storage room. Medication reconciliation is completed by registered nurses (RNs) upon receipt of new pharmacy packs and when residents return from external appointments or hospital transfers. Records sampled verified this process. All medicines reviewed were within current use-by dates. Clinical pharmacist input is available on request. Unwanted or expired medications are returned to the pharmacy promptly. Medication room and fridge temperatures are monitored and recorded; the records seen were within the recommended range. Opened eye drops were dated appropriately.</p> <p>There were no residents who were self-administering medications at the time of the audit. Appropriate procedures are in place to ensure safe management when required. The service has a structured process for medication error analysis, with corrective actions implemented as needed. Medication audits are conducted regularly, and results are used for quality improvement.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to</p>	<p>FA</p>	<p>The kitchen service is outsourced to an external company, with all meals prepared and cooked on site. Food is prepared in accordance with recognised nutritional guidelines for older people. The service operates under an approved food control plan that is valid until 30 March 2026.</p> <p>Residents' nutritional needs are assessed on admission in consultation</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>with the resident and their family/whānau. Assessments identify preferences, allergies, intolerances, cultural needs, special diets, and texture modifications. This information is accessible in the kitchen folder. A four-week seasonal menu is used and was reviewed by a registered dietitian on 19 September 2025.</p> <p>Kitchen staff demonstrated knowledge of residents' dietary requirements. Snacks and fluids are always available for residents including for residents in the dementia and psychogeriatric units.</p> <p>Family/whānau and residents interviewed expressed satisfaction with the food service.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The service has a current transfer and discharge policy that clearly guides staff on required processes. Transfers and discharges are managed efficiently and in consultation with the resident, their family/whānau, and the GP. Escorts are provided as required.</p> <p>Appropriate documentation accompanies all transfers. Relevant clinical and medical information was sighted in sampled records, supporting continuity of care. The reason for transfer is consistently recorded in the transfer documentation and corresponding progress notes. Transfer and discharge planning reflected the resident's current needs and included relevant risk mitigation strategies.</p> <p>Residents and family/whānau interviewed confirmed they were kept informed of the referral process and the reasons for transfer.</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</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for purpose. There is a current building warrant of fitness expiring 22 November 2026. Calibration of equipment, and electrical checks were completed, and an inventory was maintained. Hot water temperatures are monitored monthly, with the maintenance team addressing any issues as they arise. There are also contracted tradespeople if required.</p> <p>The residents and family/whānau interviewed expressed satisfaction with the environment being suitable for their needs and family member's needs.</p>

<p>freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>There were well-maintained garden areas. The environment was clean and tidy throughout the facility.</p> <p>The dementia and psychogeriatric environments were observed to be safe and secure. Internal and external doors were appropriately monitored, and a secure outdoor area was available, providing residents with access to a safe space for fresh air and activities. The layout supported residents to move freely within the unit and outdoor areas, while maintaining their safety.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The implemented IP programme is clearly documented and was developed with input from external infection prevention and control (IPC) services. The IP programme was approved by the governance body and is linked to the quality improvement programme. The IP programme was reviewed on 01 April 2025. The nominated infection control nurse (ICN) has completed relevant external infection prevention and control education through Health NZ and has appropriate skills to lead the team. Staff have received education on infection prevention and control through orientation and ongoing annual education.</p> <p>Relevant IPC training/education is provided to staff and residents as verified in staff education records, residents' progress notes, infection reports seen and in interviews with staff and residents.</p> <p>The ICN follows a documented process for accessing appropriate multidisciplinary expertise and advice when required. They have access to residents' clinical records and diagnostic results.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national</p>	<p>FA</p>	<p>The infection surveillance programme is appropriate to the size and complexity of the service and is implemented in line with organisational policy. National surveillance programmes and guidance are applied when required. Surveillance methods, tools, documentation, and analysis are described and documented using standardised surveillance definitions. Infection data is collected, monitored, and reviewed monthly. All healthcare-associated infections (HAIs) are monitored by the infection control nurse (ICN). Infection registers are completed for all identified infections, and monthly infection data analysis is undertaken by the ICN to</p>

<p>and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>identify trends and implement corrective actions where required.</p> <p>Monthly infection surveillance data is reported to the clinical nurse manager and facility manager and communicated to staff through meetings. Surveillance data includes ethnicity information. Infection surveillance data is discussed in senior management meetings monthly. Surveillance reports are sent to the governance body and senior management team on a monthly basis.</p> <p>Infection outbreaks reported since the previous audit have been managed effectively and in accordance with organisational policy.</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 policy and procedures for restraint elimination and safe practice specify that the organisation is committed to providing a restraint-free environment. This is supported by the governing body and management staff. At the time of the audit, one resident was using bedrails for safety as a restraint.</p> <p>Training records showed that all clinical staff attended restraint education and completed a restraint competency during orientation/induction. Staff demonstrated awareness of de-escalation techniques and the management of challenging behaviours, which is essential in dementia and psychogeriatric settings. Training is planned and delivered annually with discussions and talks in the dementia and psychogeriatric units as required during the year.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, there 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.