

Radius Residential Care Limited - Radius Peppertree Care Centre

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius Peppertree Care Centre

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

Dates of audit: Start date: 26 February 2026 End date: 27 February 2026

Proposed changes to current services (if any): The provider intends to reconfigure the certified beds at Radius Peppertree Care Centre. The intention is to allow for 20 dedicated rest home care beds and 22 dedicated hospital care beds to all become dual purpose (rest home/hospital) beds. This will allow for all 62 beds in the facility to be dual purpose beds (with the already existing 20 certified dual-purpose beds).

The provider has also requested removal of residential physical disability from their certificate.

Total beds occupied across all premises included in the audit on the first day of the audit: 61

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 Peppertree Care Centre is owned and operated by Radius Residential Care Limited. The service provides rest home, hospital (medical and geriatric) and residential disability – (physical) levels of care for up to 62 residents. On the day of audit there were 61 residents.

This surveillance and partial provisional audit were conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand and Whaikaha Ministry of Disabled People. The audit process included the review of policies and procedures; the review of resident and staff records; review of the dual-purpose reconfiguration plan; observations; and interviews with residents, family/whānau, management, staff and the national property manager.

The facility manager is appropriately qualified and is supported by a clinical nurse manager, registered nurses, and a team of experienced care and support staff. There are quality systems and processes being implemented. Feedback from residents and families/whānau was highly complementary about the care and services provided. Induction and in-service training programmes are in place to provide staff with appropriate knowledge and skills to deliver care.

There have been no changes to the facility since the previous audit. There were no shortfalls to address from the previous audit. There were no shortfalls identified at this surveillance and partial provisional audit. The provider wishes to have all beds certified as dual purpose by 31 March 2026.

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.



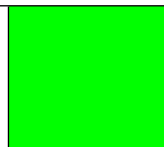
Subsections applicable to this service fully attained.

There is a Māori health plan in place. The service recognises Māori mana motuhake, and this is reflected in the Māori health plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Staff demonstrate an understanding of resident's rights and obligations and ensure residents are well informed in respect of these.

There was no evidence of abuse, neglect, or discrimination. 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. Complaints are managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

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 Peppertree Care Centre's business plan includes mission and values statements and operational objectives that are regularly reviewed. Barriers to health equity are identified, addressed, and services are delivered that improve outcomes for Māori. The service has established quality and risk management systems that take a risk-based approach, to meet the needs of residents and staff.

There is process for following the National Adverse Event reporting Policy, and management have an understanding of, and comply with, statutory and regulatory obligations in relation to essential notification reporting. Quality improvement projects are implemented. Internal audits are documented as taking place as scheduled, with corrective actions as indicated.

There are staffing and rostering policies. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are implemented.

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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The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrate service integration. Resident records include medical notes by the contracted general practitioner and visiting allied health professionals.

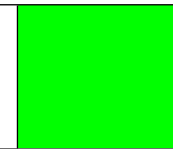
Medication policies reflect legislative requirements and guidelines. All staff responsible for administration of medication complete education and medication competencies. The electronic medicine charts (hard copy at time of audit) reviewed meet prescribing requirements.

The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan. Nutritious snacks are available at all times.

All resident's transfers and referrals are coordinated with residents and families/whānau.

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.



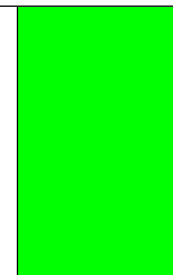
Subsections applicable to this service fully attained.

Buildings, plant, and equipment are fit for purpose and comply with legislation relevant to the health and disability services provided. The environment is inclusive of peoples' cultures and supports cultural practices. The building holds a current building warrant of fitness. A maintenance plan is adhered to, and all equipment has been tested, tagged, and calibrated as scheduled. Residents confirmed the facility provides a homelike atmosphere.

The internal and external areas are safe and provide easy access for residents. All resident bedrooms are single occupancy. Systems are in place for essential emergency and security services. There are adequate civil defence supplies in the event of an emergency.

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

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



Subsections applicable to this service fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents and visitors. The infection prevention programme is implemented, meets the needs of the service and provides information and resources for staff.

Documentation reviewed evidenced that relevant infection prevention education is provided to staff as part of their orientation, and as part of ongoing in-service education programme.

Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Surveillance information is used to identify opportunities for improvements. The last outbreak (Covid-19) was February 2026.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff who provide all cleaning and specific on-site laundry duties. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
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The service aims for a restraint-free service, and this is supported by the governing body and policies and procedures. Elimination of restraint use is included as part of the education and training plan. Staff demonstrated sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative solutions. The service was restraint free at the time of audit.

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	20	0	0	0	0	0
Criteria	0	71	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>	FA	<p>A Māori health plan is documented for the organisation, which Radius Peppertree Care Centre utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At time of audit there were residents who identified as Māori. A review of the cultural aspect of the care plan provided evidence of how mana motuhake is recognised and care provided is based upon the principles of Te Tiriti o Waitangi. There were staff that identified as Māori. Staff interviewed (four healthcare assistants, four registered nurse, one kitchen manager, one maintenance manager, one cleaner, and one laundry assistant) and three managers (the facility manager, the clinical nurse manager and one office manager) confirmed that services were delivered in a culturally supportive manner and outlined how Māori residents were supported within the environment.</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. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to</p>	FA	<p>Radius Peppertree Care Centre uses a model of care that reflects the values and beliefs which underpin the health service provision to Pacific people. At the time of audit, there were residents residing in the facility who identified as Pasifika. Staff who identified as Pasifika were employed at time of audit. Staff confirmed an awareness of and understanding of Pacific culture, values, beliefs and were knowledgeable about how to</p>

<p>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.</p>		<p>access community support for Pacific individuals when required.</p>
<p>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.</p>	<p>FA</p>	<p>A welcome package is provided that contains details about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). The Code is displayed in English, some Pacific Island languages and te reo Māori. Posters and brochures available throughout the facility. All staff and management interviewed understood their responsibilities in relation to the Code. The residents interviewed (four rest home, and two hospital, including one younger person with a disability physical (YPD) and members of the residents' committee were aware of their rights and advised staff upheld these.</p>
<p>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.</p>	<p>FA</p>	<p>Radius Peppertree Care Centre policies guide staff in preventing any form of discrimination, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to protect resident finances, as confirmed by discussion with the office manager. All staff are trained in and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices 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</p>	<p>FA</p>	<p>There are policies around informed choice and consent. Staff and management confirmed their understanding of the organisational process to ensure informed consent for all residents (including Māori, who may wish to involve whānau for collective decision making). Resident files reviewed included general consent forms and consents for influenza and COVID-19 vaccinations. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) where this has been activated. All documentation regarding EPOA and activation is on file.</p>

<p>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 to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</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. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The service has a complaints policy/procedure in place that is available to staff, residents, family/whānau and visitors. The complaints policy provides information related to complaints information, processes and timeframes required to identify, manage and respectfully respond to complaints in keeping with Right 10 of Code. There have been three internal and no external complaints received since the previous audit. All complaints have been managed according to policy and procedure and have been closed. Discussion with the facility manager and review of documentation confirmed processes are entrenched and staff are cognisant of the importance of following up on and escalating any concerns or negative feedback received.</p> <p>Residents' family/whānau interviewed (two hospital and two rest home) confirmed the facility takes a reactive response to any issues raised and their response is swift. Complaint forms are located at the entrance and in visible places throughout the facility, or on request from staff. Residents or relatives making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services.</p> <p>The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English. 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 preference for face-to-face communication, and to include whānau.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>Radius Peppertree Care Centre has 62 beds and is certified for hospital</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>(geriatric and medical), rest home and residential disability (physical) services. There are currently 20 dual-purpose beds, 22 dedicated hospital beds and 20 dedicated rest home beds. At the time of audit there were 30 rest home residents, including one resident receiving accident compensation corporation (ACC) funding, and one resident receiving respite services. There were 31 hospital level residents, including one younger person’s disability (YPD) contract, one respite, and two receiving ACC funding. All other residents are under the ARRC. There were no shared or double rooms. There was one couple residing in the facility living in single rooms.</p> <p>The facility is part of the Radius Residential Care Limited. Radius Residential Care Limited strategy describes the vision, values, and objectives of their aged care facilities. The overarching Radius Residential Care Limited strategic plan 2023- 2028 has clear business goals to support their philosophy ‘Caring is our calling’. The 2025-2026 Radius Peppertree Care Centre business plan describes specific measurable goals that are regularly reviewed and updated. These site-specific goals relate to business and services; leadership and management; financial leadership and management; risk management and marketing; advertising and promotion; clinical quality goals related to safe medication management; compliance of clinical documentation; infection prevention and antimicrobial stewardship; and continuation of the restraint-free environment. Goals are regularly reviewed and progress documented in monthly reporting.</p> <p>The governance body of Radius Residential Care Limited is made up of experienced directors with a range of skills, knowledge, experience, and diversity. The chief executive officer (CEO) is responsible for the overall leadership of the organisation. Confirmation of the Company’s compliance with legislative, contractual, and regulatory requirements was provided.</p> <p>The vision and values are posted in visible locations throughout the facility and are reviewed annually. The governing body receive progress updates on various topics, including staff and resident incidents, human resource matters and escalated complaints. The business plan reflects links with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. The service has identified external and internal risks and opportunities that include addressing possible inequities, and how these inequities plan to be addressed. Goals are</p>
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		<p>regularly reviewed, with evidence of sign off when met.</p> <p>Clinical governance is overseen by the organisation’s national quality manager and the risk and compliance manager. The clinical nurse manager leads clinical governance at facility level and ensures there are weekly updates given at handover. The weekly updates focus on current clinical focus areas and the implementation of core values within the service. Monthly reports reflect evidence of communicating quality and risk activities.</p> <p>Partial Provisional:</p> <p>The provider intends to reconfigure the certified beds at Radius Peppertree Care Centre. The intention is to allow for 20 dedicated rest home care beds and 22 dedicated hospital care beds to all become dual purpose (rest home/hospital) beds. This will allow for all 62 beds in the facility to be dual purpose beds (with the already existing 20 certified dual-purpose beds). A letter dated 16th December 2026 from HealthCERT requested a partial provisional audit as part of this audit for the proposed reconfiguration.</p> <p>Confirmation was received of how the organisation’s governing body ensures compliance with legislative, contractual and regulatory requirements.</p> <p>The Radius Residential Care Limited governing body has appointed a suitably qualified person to be the chief executive officer. They take overall responsibility for the day-to-day management of the Company, including being the Company’s principal representative. Additionally, they are responsible for the senior management team for the Company. The governing body provides leadership and commitment to the quality and risk management system. Clinical governance is well established across the organisational and at facility level.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to</p>	<p>FA</p>	<p>Radius Peppertree Care Centre is implementing the organisational quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through collection of clinical indicator data. The facility manager and clinical nurse manager lead and implement the quality programme. The</p>

<p>specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>programme involves all staff, with every staff member expected to be active in implementing a quality approach when at work and participating in the quality programme. The service is implementing the organisation's internal audit programme that includes all aspects of clinical care. Relevant corrective actions are developed and implemented to address any short falls. Progress against quality outcomes is evaluated.</p> <p>Reports are completed for each incident or accident, with immediate action noted and any follow up action(s) required, evidenced in five accident/incident forms reviewed (behaviour, unwitnessed falls, skin tears, bruising). The service utilises the concussion checklist for all resident unwitnessed falls or where a head strike is suspected. Registered nurses complete these checks for 24 hours after which the resident is reassessed, and a decision is made whether to continue or be discontinued. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Opportunities to minimise future risks are identified by the registered nurses. Relatives are informed following incidents.</p> <p>The clinical nurse manager collates all the data and completes a monthly and annual analysis of results which is provided to staff. Results are discussed in staff meetings, with meeting minutes displayed on staff noticeboards. Monthly staff, and clinical/quality meetings provide an avenue for discussions in relation to quality data; health and safety; infection prevention; benchmarking, complaints received; and education. Discussion with the clinical nurse manager and review of documentation evidence that the provider uses the 'plan, do, study, act' (PDSA) framework to guide staff to implement and evaluate improvements made to service delivery. The outcomes of which are shared within the appropriate staff meetings.</p> <p>Meeting minutes sighted evidenced that all meetings are occurring as scheduled. Resident meetings encourage the attendance of family/whānau. Residents and family/whānau interviewed stated they find the meetings helpful to find out what is happening within the home and have an opportunity to give feedback. The last resident and family/whānau satisfaction survey results were completed in 2025. The response rate was high, with results indicating 96% and above satisfaction rates for all the key areas surveyed. The staff survey for 2025 also had a high response rate, with quality improvement strategies</p>
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		<p>implemented in areas where staff suggested some minor improvements required.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and up-to-date register was reviewed. Health and safety is discussed at staff meetings. All heads of department and care staff have a health and safety representative. Staff have completed training related to health and safety. Staff are kept informed on health and safety issues through the handover process and staff meetings. Discussion with the facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Since the previous audit, a Section 31 notification was completed for a resident behaviour event, and the organisation completed a notification for the electronic medication system outage just prior to audit. A notification has been submitted to the Health Quality and Safety Commission (HQSC) regarding a pressure injury.</p> <p>Partial Provisional:</p> <p>The provider follows the organisation's National Adverse Reporting Policy for internal and external reporting.</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>	FA	<p>A policy is in place for determining staffing levels, skills mix for safe service delivery and staffing ratios to residents. Rosters implement the staffing rationale. The facility manager works full time Monday to Friday and provides after hours support 24/7. The clinical nurse manager works full time Monday to Friday and provides on-call support for clinical issues (Monday to Friday). The organisation provides clinical on call for the weekends. The regional manager participates in an organisation wide roster to provide on-call support to the facility after hours. Senior healthcare assistants are spread over the night, morning and afternoon shifts. Enrolled nurses are rostered throughout the week on afternoons to provide additional support for the registered nurses. The registered nurses have paperwork days rostered to enable them to keep up to date with interRAI assessments, care plan development, and their own professional development. Separate cleaning and laundry staff are rostered. Staff on duty on the days of the audit were visible and were attending to call bells in a timely manner, as confirmed by all residents</p>

	<p>and family/whānau interviewed. Staff interviewed stated that the staffing levels have been stretched during the recent COVID-19 outbreak; however, they confirmed vacant shifts are covered and appreciated the support from the management team to ensure staffing levels were always safe. Residents and family/whānau members interviewed reported that they believe that staff numbers were adequate.</p> <p>There is an annual education and training schedule for 2025-2026. The education programme exceeds eight hours annually. The education and training schedule lists compulsory training, which includes: Code of Rights, informed consent, restraint, challenging behaviour, Pacific values, Māori health (values, beliefs, tapu, noa, and end of life), wound management, and medication management. There is an attendance register for each training session. A record of training for each individual staff member is maintained electronically. Educational courses offered include in-service training, online training, and competency questionnaires.</p> <p>All registered nurses and healthcare assistants who administer medications have current medication competencies. All healthcare assistants are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications. Of the current healthcare assistants, all but the newest employees have either completed or commenced the pathway for Level two to four NZQA qualifications. The registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses related to specialised procedures and treatments, medication, controlled drugs, restraint, and emergencies. Additional registered nurse specific competencies include an interRAI assessment competency. At the time of audit, ten registered nurses had completed interRAI training. All but the most recently employed registered nurses have current competency with syringe driver management.</p> <p>Partial Provisional:</p> <p>The reconfiguration plan outlines that Radius has policies and procedure to guide acuity and staffing levels. A proposed roster was sighted as part of the reconfiguration plan and evidences the procedure followed to increase staffing levels in line with resident acuity and numbers.</p>
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<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Six staff records reviewed included evidence of completed orientation, training, competencies, and professional qualifications on record where required. There are job descriptions in place for all positions that include: role outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Professional qualifications are validated prior to employment, and a register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports registered nurses and healthcare assistants to provide a culturally safe environment to Māori.</p> <p>Staff interviewed confirmed completing the orientation programme to familiarise themselves with their role, the facility, and the organisation. A review of staff records, discussion with the facility manager, review of the staff appraisal schedule, and discussion with staff evidenced that all staff who have been employed for a year or more, have a current performance appraisal on record.</p> <p>Partial Provisional:</p> <p>Established systems are implemented that ensure the skills and knowledge required for each position are identified. The accountability, responsibilities, authority and functions to be achieved in each position are documented. The provider follows policy and procedure to ensure all qualifications are validated prior to employment, including evidence of registration, and scope of practice, for health and support workers. The implemented orientation and induction programme ensures that staff are provided with the essential components of the service provided.</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</p>	<p>FA</p>	<p>Five resident records were reviewed: three at rest home level, one hospital level, and one young person with a disability physical (YPD) contract. Registered nurses are responsible for all resident assessments, care planning and evaluation of care. All initial assessments and long-term care plans were completed for residents within set timeframes and documented resident needs, and preferences. The individualised electronic long-term care plans (LTCPs) are developed with information</p>

<p>whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>gathered during the initial assessments and the interRAI assessment. Short term and respite residents have a full suite of assessments which informs their care plan. All LTCP and interRAI sampled had been completed within three weeks of the residents' admission to the facility.</p> <p>The residents identified as being under the residential disability services YPD, were not required to have an interRAI assessment; however, they had assessments completed including: falls risk; communication (verbal and non-verbal); continence; mobility; nutrition; activities; and cultural assessments. Documented interventions and early warning signs (EWS) meet the residents' assessed needs and provided sufficient guidance to care staff in the delivery of care. The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans (STCP) 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 registered nurse. 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 the registered nurses and include the degree of achievement towards meeting the desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms. There was evidence of family involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidence that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information.</p> <p>The initial medical assessment is undertaken by the general practitioner within the required timeframe following admission. Residents have ongoing reviews by the general practitioner (GP) within required timeframes and when their health status changes. There is one general practitioner who visits weekly and as required. Medical documentation and records reviewed were current. The GP was not available for interview at the time of audit. After-hours care is provided by the contracted medical practice and the local public hospital when needed. A</p>
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		<p>contracted physiotherapist provides a weekly clinic on site. A podiatrist visits regularly. Other health professionals are available by referral when required.</p> <p>An adequate supply of wound care products was available at the facility. A review of the wound care plans evidenced that wounds have been assessed in a timely manner and reviewed at appropriate intervals. Photos were taken when required. Where wounds require additional specialist input, the wound tissue viability team are requested to be involved. At the time of audit there were three stage I pressure injuries and one unstageable. The documentation pertaining to the unstageable pressure injury, including the required notification to the Health Quality and Safety Commission (HQSC), was reviewed; the resident had experienced a very quick decline in their physical health status. All required care was in place, the tissue viability team had reviewed the wound and wound care, and the resident was referred to hospice care.</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and were up to date. The concussion check list process is in place for all unwitnessed falls and where head strike has been suspected. A range of monitoring charts are available for the care staff to utilise. These include monthly blood pressure monitoring, weight monitoring, and bowel records.</p> <p>Staff interviews confirmed systems and processes are in place to ensure information is documented and shared appropriately regarding all aspects of resident care needs. Staff confirm they have access to the supplies and products they require to meet resident needs. Staff receive a written and verbal handover (witnessed) at the beginning of each shift. This was found to be comprehensive in nature.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. At the time of audit, the electronic medicine management system was down as a result of a nationwide malfunction. Observation and discussion with the clinical nurse manager confirmed the service had obtained hard copy medication records for all residents' medication required, and had ensured the safe continuity of medicines to</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>the residents.</p> <p>All staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. All registered nurses who have completed more than one year of employment have completed syringe driver training. Staff were observed to be safely administering medications. The registered nurses and medication competent healthcare assistants interviewed could describe their role regarding medication administration. The service currently uses blister packs for medication. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Medications are appropriately stored in locked cupboards and the medication trollies in the medication rooms. The medication fridge temperatures are monitored daily, and all stored medications are checked weekly. Eyedrops are dated on opening.</p> <p>Ten (hard copy) medication charts were reviewed. Each chart sampled had photo identification and allergy status identified. Indications for use were documented for 'as required' medications, and the effectiveness of 'as required' medication was consistently documented in progress notes whilst the Medimap system is down, and covered in verbal and written handover process. There was one resident self-administering one medication at time of audit. Discussion with the clinical nurse manager, observation and review of documentation evidenced policy and procedure had been followed to ensure this was managed safely. No vaccines are kept on site. There are no standing orders in use.</p> <p>There was documented evidence in the clinical files that residents and relatives are updated around medication changes, including the reason for changing medications and side effects. When medication related incidents occurred, these were investigated and followed up.</p> <p>Partial Provisional:</p> <p>The current medication system in operation is adequate to manage the proposed reconfiguration for 62 dual purpose beds.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p>	<p>FA</p>	<p>Resident food preferences and cultural preferences are encompassed</p>

<p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>into the menu. The kitchen receives resident dietary information and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies. Residents and family/whānau interviewed confirmed the kitchen team accommodate residents’ requests. There is a verified food control plan current to December 2026. The residents and family/whānau interviewed were complimentary regarding the standard of the meals served. Nutritious snacks are available 24/7.</p> <p>Partial Provisional:</p> <p>The food services are led by a qualified cook. An expert team within Radius (Cibus) provides the seasonal menu. Social profiles, cultural and dietary requirements are gathered to inform resident’s needs. Ethnicity options are available from the menu, as confirmed by the cook and observation. Resident feedback is obtained on an ad hoc basis and formally through resident surveys and resident meetings. The residents observed on day of audit were noted to be enjoying the social aspect of the midday meal. Residents interviewed were complimentary about all aspects of the meal service.</p> <p>The facility has sufficient modified utensils and plates to cater for the reconfiguration of beds and proposed increase in hospital level residents. The current two dining rooms and additional smaller dining areas are of sufficient size to cater for hospital level residents and their wheelchairs or recliners. The kitchen manager stated that they are appropriately resourced to cater for the proposed increase in hospital level residents.</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</p>	<p>FA</p>	<p>There are 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 are coordinated in collaboration with the resident, family/whānau and other service providers to ensure continuity of care. Referrals are activated to specialist health services as required. Should a resident require transfer to the emergency department, the “pink envelope” process is utilised.</p>

<p>provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Radius Peppertree Care Centre 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. The current building warrant of fitness (BWOFF) expires April 2026.</p> <p>There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours per day as required. Hot water temperature recordings reviewed had corrective actions undertaken when outside of expected ranges.</p> <p>Residents interviewed were complimentary regarding the "home like" atmosphere within the home.</p> <p>Partial Provisional:</p> <p>The rooms for proposed reconfiguration to all dual purpose are in Bellbird, Tui, Pohutukawa, Totara, and Kowhai. The layout of the facility enables residents' safe access to all resident areas and promotes their mobility and independence. Residents personal space is adequate, age appropriate, and several lounge areas of varying sizes provides areas for residents to meet in groups with visitors, or to have some privacy. Dining areas are spacious, and it was noted during the audit period that there was ample room for wheelchairs and recliners.</p> <p>There are adequate toilets, and showers that are accessible for hospital level residents conveniently located in each wing. Separate toilets are provided for staff and visitors. All bedrooms have been fitted out with electric high low beds. Bedrooms provide adequate space for residents and staff to move freely around the bed area. There is sufficient room in the bedrooms for wheelchairs, recliners and hoists, as was evidenced on day of audit. Each bedroom has at least one external window providing natural light and appropriate ventilation. Heating and cooling systems in place ensure the facility is kept at an appropriate temperature throughout</p>

		<p>the year.</p> <p>The need to consult and co-design with Māori on any new developments within the facility is well known by the organisation. There are no current plans to change the environment.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Partial Provisional:</p> <p>Disaster and civil defence plans and policies outline specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated February 2005. Fire evacuation drills are held six-monthly and were last completed September 2025, with high attendance noted. The next fire evacuation drill is booked for March 2026.</p> <p>Civil defence supplies are stored in identified cupboards and checked regularly. In the event of a power outage, emergency lighting provides sufficient lighting, call bells revert to a battery system, and a backup power pack is in place, providing sufficient power for the key aspects of resident care provision until the property team access a generator. The national property manager outlined the process in place that ensures the property team are responsible for the provision of a generator in a timely fashion. The kitchen can provide basic support with gas hobs and a barbeque for cooking. There is adequate food supply available for each resident for minimum of three days. The maintenance manager outlined that in each resident's rooms there is a 20 Litre container of water, water tanks in the roof space, and header tanks in all wings. The provider has sufficient water supplies to provide residents and staff with three litres per day, for a minimum of three days.</p> <p>Emergency management is included in staff orientation and is included in the ongoing education plan. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets, and lounge/dining room areas. The call bell system has just been upgraded across all areas of the facility. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of the</p>

		<p>maintenance audit. Family/whānau are informed of emergency procedures as part of the admission process for their relative. On interview, staff confirmed an awareness of the process to follow should an emergency event occur. Processes in place ensure the security of the facility is maintained 24/7.</p> <p>The provider has implemented appropriate security systems that ensure the safety of all residents, visitors and staff. There are no changes required to facilitate the additional dual-purpose beds.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>There are infection, prevention, and antimicrobial policies and procedures that include the pandemic plan. The programme is linked to the quality improvement programme and is approved by the governing body. The clinical nurse manager leads the infection prevention programme, and has input into infection prevention policy development, and review. Policies were developed with input from infection prevention specialists, and these comply with relevant legislation and accepted best practice. The infection prevention programme is reviewed annually. 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).</p> <p>Partial Provisional</p> <p>The current infection prevention programme is adequate to manage the proposed bed reconfiguration to include additional dual-purpose beds. The provider confirmed their knowledge for the need of early consultation and involvement from infection prevention personnel during the design of any new buildings, or when significant changes are proposed to an existing building.</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</p>	FA	<p>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. Infection surveillance is the responsibility of the infection prevention coordinator. All infections are entered into the electronic resident system, with a monthly collation and analysis of infections completed by the infection prevention coordinator.</p>

<p>ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>Any trends are identified, and corrective actions implemented.</p> <p>The service incorporates ethnicity data into surveillance methods and data captured around infections. Outcomes are discussed at handovers when residents have infections and staff meetings. Staff have received infection related training, including outbreak management. Internal infection prevention audits are completed with corrective actions for areas of improvement. The service receives regular notifications from Health New Zealand.</p> <p>The last COVID-19 outbreak was February 2026. This event was quickly contained, and appropriately managed. Eight residents and five staff were affected. The policy and procedure ensured the provider informed Public Health, the portfolio manager, hospice, general practitioner, and the regional manager who escalates to the support office. Once a resident confirms as positive, they are immediately isolated and the team activate the pandemic plan.</p> <p>Partial Provisional:</p> <p>The surveillance activities currently in place are appropriate for the size and complexity of the service and capable of managing the proposed reconfiguration of beds to 62 dual purpose beds.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>Partial Provisional:</p> <p>There are policies regarding chemical safety and hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms with a sanitiser, stainless steel bench and separate handwashing facilities are available. Staff have completed chemical safety training.</p> <p>A chemical provider monitors the effectiveness of chemicals. Linen and personal clothes are laundered on-site by dedicated laundry staff seven</p>

		<p>days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident in the laundry area. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. The washing machines and dryers are checked and serviced regularly. Material safety data sheets are available, and all chemicals are within closed systems. Linen was seen to be transported on covered trolleys. Resident clothes are delivered to residents' rooms in named baskets. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition.</p> <p>Three cleaning staff cover the cleaning duties six days a week. There are dedicated laundry staff seven days per week. Cleaning trolleys are always attended to and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been maintained for daily and periodic cleaning. All chemicals on the cleaning trolley were labelled. Appropriate personal protective clothing was readily available. The staff interviewed had good knowledge about cleaning processes and infection prevention requirements. There were cleaning and laundry audits completed as per the schedule that evidence compliance.</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>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the standards. The clinical nurse manager is responsible for the restraint elimination strategy and for monitoring restraint use in the service. The designated restraint coordinator is the senior registered nurse. Systems are in place to ensure restraint use will be reported to staff meetings. Restraint policy confirms that restraint consideration and application must be done in partnership with residents and family/whānau, and the choice of device must be the least restrictive possible.</p> <p>Restraint is included as part of the orientation for staff and completed annually through the education plan. Education topics includes restraint elimination; resident rights when receiving a health and disability service; challenging behaviour; privacy and dignity; cultural safety; informed consent; identifying risks; and management of residents who are restrained.</p>

		<p>Partial Provisional:</p> <p>The provider maintains a restraint-free environment and there are no changes necessary for the proposed reconfiguration of the additional dual-purpose beds.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.