

Radius Residential Care Limited - Radius Glaisdale

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity: Radius Residential Care Limited

Premises audited: Radius Glaisdale

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

Dates of audit: Start date: 12 March 2026 End date: 13 March 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: 76

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 Glaisdale is owned and operated by Radius Residential Care Limited. The service provides rest home, hospital, and dementia level of care for up to 80 residents. On the day of the audit, there were 76 residents.

This surveillance audit was conducted against a sub-section of the Ngā Paerewa Health and Disability Services Standard and the services contract with Health New Zealand. The audit process included a review of policies and procedures, the review of residents' and staff files, observations and interviews with residents, relatives, staff, management, and a general practitioner.

The service is managed by a facility manager (registered nurse), supported by the clinical nurse manager, a Radius regional manager operations, staff, and the board.

The previous certification audit did not identify any shortfalls.

This surveillance audit did not identify any 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 Glaisdale provides 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 are 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 quality and risk management systems are focused on the provision of a quality service and a high level of care. The business and quality plan includes a mission statement and outlines current objectives. There are quality and risk management processes that take a risk-based approach.

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.

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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Registered nurses are responsible for assessment, care plan development and evaluation. Medical and nursing assessments are completed within the required timeframes. Residents and family/whānau interviewed confirmed they are involved at all stages from assessment to care planning and in care plan reviews which occur at least six-monthly. The general practitioner is onsite twice weekly, and the general practice provides 24/7 on call services.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The food service meets the nutritional needs of the residents. Dietary preferences, intolerances, allergies and cultural needs are catered for. The service has a current food control plan.

Transition, exit, discharge, or transfer is managed in a planned and coordinated manner.

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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There is a current building warrant of fitness. Clinical and electrical equipment are checked for safety. Residents personalise their rooms according to their preferences. There are spaces for residents to carry out cultural practices.

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 service ensures the safety of the residents and staff through a planned infection prevention and antimicrobial stewardship programme that is appropriate to the size and complexity of the service. The clinical nurse manager coordinates the programme.

Staff orientation and ongoing education are maintained. There were sufficient infection prevention resources, including personal protective equipment, available and readily accessible to support the plan if it is activated.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. Infection outbreaks are managed according to the Ministry of Health guidelines.

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.

Radius Glaisdale is committed to reducing the use of restraint. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator (a registered nurse). At the time of the audit, there was no use of restraint. Staff receive training during orientation and annually on restraint minimisation and are required to complete annual competencies.

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.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health 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 Glaisdale 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 facility manager (FM), regional manager operations and the clinical nurse manager (CNM) reported that there were residents and staff who identified as Māori.</p> <p>Documentation and interviews with the management team that include the clinical project manager, regional manager operations, the area manager, facility manager (FM), a clinical nurse manager (CNM), office manager (OM); and staff including two registered nurses, four health care assistants (HCAs), representatives from the outsourced external catering team, and kitchen manager, 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>	FA	<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>At the time of the audit, there were no residents who identified as Pacific; however, some staff members identified 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>	FA	<p>All staff interviewed at the service understood the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code), and were observed supporting residents to follow their wishes. Three family/whānau (two dementia, and one hospital), and eight residents including five rest home and three hospital reported being made aware of 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>	FA	<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 CNM 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. Family/whānau stated that residents were free from any type of discrimination, harassment, physical or sexual abuse, or</p>

		neglect and were safe. Policies and procedures, such as the harassment, 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	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 for advance directives. Certificates of mental incapacity and activation of the enduring power of attorney (EPOA) documents were on file for residents where necessary.
<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>Radius Glaisdale's complaints management policy and procedures are documented to guide staff. The process complies with Right 10 of the Code. The service maintains a complaints register. There were two complaints in 2025 and none in 2026 (year-to-date). 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, has been completed and managed in accordance with guidelines set by the HDC. The FM reported that any issues are discussed promptly with residents and family/whānau before they escalate into complaints. Higher risk complaints are managed with the support of the regional manager operations.</p> <p>Family/whānau and residents making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code is visible and available in te reo Māori and English. The residents and family/whānau spoken with</p>

		<p>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>One complaint was lodged with the HDC in February 2024, which remains open at the time of audit. The service has responded to requests for information from the HDC and has provided the required documentation within the specified timeframes.</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 Glaisdale is certified to provide rest home, hospital (including medical), and dementia level care, with a total of 80 beds. At the time of the audit, 76 beds were occupied.</p> <p>Occupancy included 20 residents receiving rest home level care, including one resident admitted under respite care; 37 residents receiving hospital level care, including one resident under a younger person with a disability (YPD) contract; and 19 residents in the secure dementia unit. All remaining residents were receiving services under the age-related residential care (ARRC) contract.</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 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>The board comprises directors with 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 Radius Glaisdale business and quality 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.</p>

		<p>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 clinical project manager and regional manager operations 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, 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 identified, implemented, and monitored until the desired outcome or goal is achieved.</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 Glaisdale 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</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>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 Glaisdale resident and family satisfaction survey reported an overall satisfaction rating of 94% with a Net Promoter Score of +82. Respondents reported high levels of satisfaction with communication (94%), healthcare services (94%), spiritual and cultural support (94%), and facilities (93%). Areas identified for improvement, including the rotation and rearrangement of lounge chairs and the provision of more flavourful meals, have been addressed with the respective departments.</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 10 SAC 2 notifications were completed. Management interviews evidenced awareness of essential notification requirements. Section 31 notifications were submitted when required in a timely manner. The appropriate authorities were notified of outbreaks.</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.</p>
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		<p>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>Falls rates decreased during the 2023–2024 period to 7.63, compared with 9.69 in 2022–2023 and 13.15 in 2021–2022. However, in 2025, the rate increased to 9.25 from 7.63, and as a result, the previous continuous improvement rating was not maintained in this audit.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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 12 full-time registered nurses, including the CNM, and all shifts are covered by the registered nurses.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. The FM 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); nutrition and hydration; falls prevention techniques; chemical training; health and safety; syringe driver management; introduction to Te Tiriti o Waitangi; death and dying; recognising and assessing pain; resuscitation; pressure injuries; challenging behaviour; restraint elimination; emergency procedures; assessing residents with feeding and drinking; sexuality and intimacy; cultural safety; first aid; and fire evacuation.</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</p>

		<p>agreement requirements. Staff records were reviewed to demonstrate completion of the required training and competency assessments. There are 46 care staff employed. Twenty-eight have achieved NZQA qualification level four, nine 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 16 care staff who work in the dementia unit have completed dementia training, with 13 enrolled in training from the rest home and hospital wings.</p> <p>Four registered nurses maintain competencies to conduct interRAI assessments, while two are booked to commence training. 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>	<p>FA</p>	<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 six staff files (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>Six resident files were reviewed including two rest home level, two hospital level (one young disabled resident [YPD]), and two dementia level of care. Registered nurses are responsible for assessing residents on admission and on an ongoing basis. All resident files reviewed have evidence of resident, and family/whānau involvement in the assessment and care planning process. Residents interviewed confirmed they are involved in decision-making, and they have choices about their care. Assessments, interim care plans, interRAI assessments and long-term care plans are developed within the timeframes required by the aged-related residential care contract. InterRAI assessments are not completed for residents on YPD funding, but they undergo a comprehensive assessment process and have a detailed care plan in place.</p> <p>Medical assessments are completed by the contracted general practitioner within the required timeframes. Residents then have a monthly or three-monthly review by the general practitioner as a routine, or if their needs change, they are seen when needed. The medical practice provides 24/7 on-call services, and the general practitioner is on-site twice per week. A physiotherapist is contracted to attend to residents who have a need for physiotherapy care twice per week. Residents have access to a visiting podiatrist six-weekly. Staff refer residents to a dietitian where required. Allied health practitioner and general practitioner assessments and interventions are documented and integrated into care plans.</p> <p>A review of resident files shows assessment is comprehensive and utilises the tools embedded in the interRAI system and other validated tools. Where interRAI shows a trigger for a specific need, this is included in care plans. Examples sighted include, but are not limited to, activities of daily living, mood changes, pressure injury risk, communication, social relationships and maintaining continence. Care plans are comprehensive and holistic and include the aspirations and goals of residents. Residents with dementia have a care plan in place that specifies the routine the resident likes to follow and how best to manage behaviours over the 24-hour period.</p> <p>Registered nurses and healthcare assistants described how they involve residents and families/whānau in implementing care plans. Residents and families/whānau interviewed confirmed a high degree of satisfaction with all care aspects of the service. They stated that staff communicate well with them and in a timely manner. The general practitioner stated that staff are</p>
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	<p>competent in assessment skills, wound management and in communicating any changes in residents' condition.</p> <p>Healthcare assistants interviewed could describe a verbal handover at the beginning of each duty that maintains a continuity of service delivery; this was observed during the audit. Progress notes and monitoring charts for personal cares document care provided according to the care plan each shift. Registered nurses document at least daily for hospital-level residents. Healthcare assistants document the cares provided each shift. There is regular documented input from the general practitioner and allied health professionals. There was evidence that the registered nurse had added to the progress notes when there was an incident or changes in health status, or to complete regular registered nurse reviews of the care provided. Short-term care plans are developed when there are short-term needs, such as wounds or infections.</p> <p>Care plans are reviewed routinely every six months or more frequently if the needs of residents change. InterRAI assessments are completed before the care plan review so that outcome measurements are utilised to evaluate progress or identify new needs. Family/whānau are invited to attend case conferences for care plan reviews or to email any suggestions if they are unable to attend. Care plan reviews include a review of the residents' goals and aspirations, and if the supports given are helping to achieve these.</p> <p>The registered nurse monitors residents' weight and vital signs according to their needs which is monthly as a routine, but more frequently when indicated. Neurological observations are completed at recommended intervals for residents with unwitnessed falls or where a head injury is suspected. Monitoring charts are completed according to identified needs and include, but are not limited to, bowels, food and fluids, behaviour, blood glucose levels, positioning, personal cares and falls risk. At the time of the audit, there was a total of 32 wounds, including bruises, skin tears, chronic ulcers, blisters and one stage two pressure injury. Staff stated they can access the wound nurse specialist when needed and have had training in wound management. A sample of assessments and wound management plans, including wound measurements and photographs were reviewed. An electronic wound register has been fully maintained. Wound assessment, wound management, evaluation forms and wound monitoring occurred as planned in the sample of wounds reviewed. Healthcare assistants and</p>
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		<p>registered nurses interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures for medication management align with current guidelines and legislation. Paper-based medication prescriptions and administration records are currently being utilised. A medication round was observed and seen to be safe. Medications are administered by registered nurses and healthcare assistants. All staff administering medications are required to pass an annual competency test and have ongoing training in medicine management.</p> <p>Medications are supplied by a local pharmacy in Robotic packs. Staff could describe their responsibilities for receiving medications from the pharmacy, including checking against prescriptions. Expired and unused medications are returned to the pharmacy. Medicines were seen to be stored in locked trolleys and locked medication rooms. The registered nurses complete expiry date checks of stored medications weekly and count the controlled medications weekly as required, and six-monthly with the pharmacist. The medication refrigerators and medication room temperatures are monitored daily and are within an acceptable range. Liquid medications and eye drops are labelled with the date of opening.</p> <p>Twelve medication charts were reviewed. These meet prescribing requirements and are reviewed at least three-monthly by the general practitioner. Any changes to medications are discussed with residents and family/whānau. All medication charts had photographic identification. Allergies and adverse reactions are clearly recorded. Specific instructions for individual residents are included in the prescription. Pro re nata medications have the indications documented in the prescription and the effectiveness is documented in the progress notes. Currently there are no residents self-administering their medications. The policy includes a process for ensuring residents who wish to self-administer medications are competent to do so. The policy also requires medications are stored securely. There are no standing orders.</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 traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Food preferences, dislikes, intolerances, allergies and required food texture is identified on admission and communicated to the kitchen manager who keeps a whiteboard of this information up-to-date and has a folder with all dietary profiles. Alternatives are prepared if menu options don’t suit individuals. Cultural preferences and celebrations are catered for.</p> <p>Residents interviewed confirmed they are happy with the meals provided and can give feedback at any time. They stated if they don’t like what is provided an alternative is offered.</p> <p>The food control plan is current to 30 March 2027.</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>Transition, transfer to another facility or hospital and discharge is a planned process that includes communication with the resident and their family/whānau and communicating and documenting the care needs and potential risks to the other facility. If a resident becomes acutely unwell the registered nurse can call the general practitioner for advice. If a resident needs urgent transfer to hospital, the ambulance is called and family/whānau informed. Registered nurses described the required documentation required to accompany the resident to hospital and confirmed the family/whānau are notified.</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</p>	FA	<p>The current building warrant of fitness expires on 13 September 2026. There is an annual maintenance plan implemented. This includes testing and tagging of electrical appliances. This was last completed on 15 May 2025. Servicing and calibration of clinical equipment, hoists and scales was last completed on 8 September 2025. Hot water temperatures are monitored monthly and maintained below 45 degrees Celsius. The maintenance plan includes checking all equipment, call bell checks and environmental safety. Essential contractors such as plumbers and electricians are available 24/7. There are ample spaces for residents to engage in cultural activities and to meet with family/whānau in private.</p>

sense of belonging, independence, interaction, and function.		Residents personalise their rooms with items of significance to them.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The 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 IPC programme is reviewed and reported annually. The IP programme was current. The nominated infection control nurse (CNM) has completed relevant external infection prevention and control education through Health New Zealand and has appropriate skills to lead the team. The CNM reported that they follow a documented process for accessing appropriate multidisciplinary expertise and advice when required. They have access to residents' clinical records and diagnostic results.</p> <p>Staff have received education on infection prevention and control through orientation and ongoing annual education. This was verified in staff education records, residents' progress notes, infection reports seen and in interviews with staff and residents. Residents are health educated on infection prevention and control as individual, groups, and during resident meetings.</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 and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme is appropriate 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. The data, which includes ethnicity data, is collated, and action plans are implemented. The 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 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</p>

		<p>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 of gastroenteritis in April 2025 and November 2025, and Covid-19 in March 2026 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>Radius governance body takes a pro-active approach to reduce the use of restraints within all their facilities. Restraints are implemented as a last resort when all available alternatives have been utilised. The restraint approval process is described in the restraint policy and procedures that meet the requirements of Ngā Paerewa and provide guidance on the safe use of restraints. The clinical nurse manager is the restraint coordinator and provides support and oversight for restraint management in the facility. Radius Glaisdale has been restraint-free since December 2024.</p> <p>Training for all staff occurs at orientation and annually and records were sighted in staff files. This includes a competency assessment.</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.