Radius Residential Care Limited - Radius Elloughton Gardens

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 Elloughton Gardens
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 April 2026 End date: 24 April 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: 71

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Radius Elloughton Gardens is owned and operated by Radius Residential Care Limited. The service provides rest home and hospital (geriatric and medical) level of care for up to 85 beds. On the day of the audit, there were 71 residents.

This surveillance audit was conducted against a sub-set 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, family/whānau, staff, management, and a general practitioner.

The service is managed by a care home manager (registered nurse), supported by the clinical nurse manager, a Radius regional manager operation, staff, and the Board.

The previous certification audit did not identify any shortfalls.

This surveillance audit identified shortfalls related to care planning.

Ō tātou motika | Our rights

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

Radius Elloughton Gardens provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights. 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 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.		Some subsections applicable to this service partially attained and of low risk.

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 files included medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. All staff responsible for the administration of medication complete education and medication competencies. The electronic medicine charts reviewed meet prescribing requirements and are reviewed at least three-monthly by the general practitioner.

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

All residents’ transfers and referrals are coordinated with residents and family/whānau.

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

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

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

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.

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 team leader 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 Elloughton Gardens aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents requiring restraint at the time of audit. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	0	0	0
Criteria	0	48	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is documented for the service, which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. At the time of the audit there were no residents who identify 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. The care home manager reported that there were current staff who identify as Māori. Documentation and interviews with the management team (the care home manager, clinical nurse manager, clinical project manager and regional manager), and staff (one clinical team leader, four registered nurses, five healthcare assistants (HCA), one officer manager, and one kitchen manager) confirmed that the service delivers a service that is focused on the health, wellbeing, and cultural needs of its residents.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to	FA	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. At the time of the audit, there were residents and staff members who identified as Pacific. The staff interviewed highlighted the

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.		importance of understanding and supporting each other's culture. A local Pacific community church provides advice when required, training has been provided around Pacific health & support, cultural safety and spirituality/counselling.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	A welcome pack 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 and te reo Māori within posters and brochures available throughout the facility. All staff interviewed understood the requirements of the Code) and were observed supporting residents to follow their wishes. Four residents (three rest home and one hospital) and two family/whānau (both rest home) were interviewed, and reported the service is upholding the residents' rights
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Policies guide staff to prevent any form of discrimination, harassment, or any other exploitation. Education on abuse and neglect is provided to staff on an annual basis. Family/whānau stated that residents are free from any type of discrimination, harassment, physical or sexual abuse, or neglect and are safe. Residents reported that their property and finances are respected, and that professional boundaries are maintained. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. Residents have property documented and signed for on entry to the service. Residents and family/whānau have written information on residents' possessions and accountability management of residents' possessions within the resident's signed service agreement. The service implements a process to manage residents' finances as needed.

Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are policies around informed consent. Resident files reviewed included completed general consent forms and consents for relevant vaccinations. Residents and family/whānau interviewed could describe what informed consent was, and knew they had the right to choose. Admission agreements and consent forms had been appropriately signed by the resident or the activated enduring power of attorney (EPOA), where this has been activated. All documentation regarding EPOA and activation is on file. Staff have been trained around the Code of Rights and informed consent.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	Radius Elloughton Gardens 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 have been nine complaints made since the last audit in November 2024. All complaints reviewed included an acknowledgement, investigation, follow up and replies to the complainant and were managed in accordance with guidelines set by the HDC. Two of the complaints were lodged with the HDC in 2024 and 2025; both remain open at the time of audit. Radius Elloughton Gardens has responded to the requests for information from the HDC and provided the required documentation within the specified timeframes. The service is awaiting responses from HDC for both complaints. The care home manager 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. 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 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.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Elloughton Gardens is part of the Radius Residential Care group. The service provides rest home and hospital (geriatric and medical) level care for up to 85 residents. There are 65 dual purpose beds and 20 rest home beds. On the day of the audit there were 71 residents in total. There were 26 residents at rest home level care, including one resident on a younger person with a disability (YPD) contract, two residents on a mental health contract, and one resident on respite care. There were 45 residents at hospital level care, including one resident on a YPD contract; two residents on accident compensation corporation (ACC) interim care contracts; one resident on a palliative care contract; one resident on a mental health contract; and one resident on respite care. There was one married couple at the time of the audit. There are no double/shared rooms. The governance body is the Board of 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. The Board comprises directors with an appropriate mix of skills, knowledge, experience, and diversity to meet governance responsibilities. The regional manager and care home manager have experience in the aged care sector and demonstrated an understanding of relevant legislative and contractual requirements. A current Radius Elloughton Gardens business and quality plan, aligned with the 2023–2028 Radius strategic plan, is in place and outlines clearly defined goals that reflect the service's vision, mission, and values. The plan includes annual and long-term objectives supported by operational plans. Objectives sighted were time-framed with defined actions, and regular reporting occurred through management meetings. The clinical project manager and regional manager reported that key performance indicators are reviewed monthly, and meeting minutes evidenced discussion of objectives and progress toward planned actions. A quality and risk management plan is in place, reviewed at least annually, and updated as required. The clinical

		governance team completes an annual review of all components of the quality programme. 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. 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. The care home manager has been in the role for just under a year, and has worked at Radius for ten years. She is supported by a regional manager, clinical project manager (both present at the time of the audit), national quality manager, and clinical nurse manager. The clinical nurse manager has been in the role for nine months. The care home manager has maintained at least eight hours of professional development activities related to managing an aged care facility.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Radius Elloughton Gardens is implementing 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, evaluation; a programme of internal audits; and a process for identifying and addressing corrective actions. Internal audits, meetings (including monthly staff/quality, RN/clinical meetings and bi-monthly health and safety 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 completed. This corrective action document is posted in the staffroom and discussed in staff/quality meetings.

		Meetings provide an avenue for discussions in relation to quality data, including: infections; bruising; pressure injuries; skin tears; urinary tract infections; restraint; health and safety; infection control; complaints received (if any); staffing; and education. Meeting minutes and quality data tables are available for staff review. The 2025 Radius Elloughton Gardens resident and family/whānau satisfaction survey reported an overall satisfaction rating of 95%. Respondents reported high levels of satisfaction with communication, maintenance, rights/privacy, and response to requests/concerns (all were 95%). 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. 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. Individual reports are completed for each incident or accident, with immediate actions recorded, and any required follow-up documented. Incident and accident data is collated monthly and analysed for trends, with results discussed at management and staff meetings. Ten resident-related incident and accident forms were reviewed, and each demonstrated that a clinical assessment and appropriate follow up were completed by registered nurses. Management demonstrated understanding of Severity Assessment Codes (SAC), including the reporting requirements for SAC 1 and SAC 2 events. Severity Assessment Codes notifications were completed as required. Section 31 notifications were submitted when required in a timely manner, including the care home manager and clinical nurse manager changes. Outbreaks have been appropriately notified to authorities since the last audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is	FA	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. The manager and clinical nurse manager both work full time from Monday to Friday. They are supported by the clinical team leader, registered nurses, and a team of experienced HCAs. There is a first aid trained staff member on duty 24/7. Staff on duty on the days of the

achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.		audit were visible and were attending to call bells in a timely manner, as confirmed by residents and family/whānau interviewed. Staff interviewed stated that the staffing levels are adequate for the resident needs, and that the management team provide good support. Separate activities, cleaning and laundry staff are rostered. There is an annual education and training schedule being implemented for 2026. The education and training schedule lists compulsory training required to be completed. The care home manager 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): donning and doffing of personal protective equipment; infection control; nutrition and hydration; falls prevention techniques; chemical safety; health and safety; 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/intimacy; cultural safety; and fire safety. Staff records were reviewed to demonstrate completion of the required training and competency assessments. Related competencies are assessed as per policy requirements. All registered nurses and HCAs who administer medications have current medication competencies. The registered nurses are supported to maintain their professional competency. There are implemented competencies for RNs related to specialised procedures and treatments, medication, controlled drugs, restraint, and emergencies. Healthcare assistants have either completed or commenced a New Zealand Qualification Authority education programme to meet the provider's funding and service agreement requirements. There are forty-four HCAs employed, thirty-two have achieved NZQA qualification level four, six with level three, and one with level two. The management team reported that the model of care ensured that all residents are treated equitably. There are sixteen RNs (including the care home manager, clinical nurse manager and clinical team leader); five of the RNs have completed interRAI training.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge,	FA	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. Qualifications are

skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.		validated prior to employment. A register of annual practising certificates (APCs) is maintained for registered nurses and associated health contractors. 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 were reviewed. Staff files included reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreements; and position descriptions. 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.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Six resident files were reviewed: three rest home level care, including one resident on the mental health contract, and one younger person with a disability (YPD); and three hospital level of care, including one resident on the 42-day palliative care contract, and one resident on Accident Compensation Corporation (ACC) interim care funding. All the remaining resident files reviewed were under the age-related residential care (ARRC) agreement. Registered nurses (RNs) are responsible for resident assessments, care planning, and evaluation. Care plans are informed by data collected during initial nursing assessments, including (but not limited to) dietary needs; pressure injury risk; falls risk; pain; oral health; skin integrity; behaviour; mobility; social history; and pre-admission information. Initial assessments and long-term care plans (LTCPs) reflected residents' needs and preferences. LTCPs are developed using information from initial assessments and interRAI assessments. For the resident on the 42-day palliative care contract, and the resident on the ACC interim care funding, comprehensive assessments (including dietary needs, pressure injury risk, falls risk, mobility, pain, oral health, skin integrity, behaviour, and social history) informed care planning in place of interRAI. All sampled LTCPs and interRAI assessments were completed within three weeks of admission. Documented interventions and early warning signs aligned with assessed needs. However, interventions were not always detailed enough to provide guidance for staff in care delivery. Activity assessments included cultural assessments, and this information was used to inform individualised care

		plans. Short-term care plans are developed for acute needs, such as infections, wounds, and weight loss. However, these were not consistently documented for short-term needs, and did not always have detailed interventions to guide staff. Resident care is evaluated each shift, with updates communicated at handover and documented in progress notes. Any changes in condition are escalated to the registered nurses, who initiate a review with the general practitioner as clinically indicated. LTCPs are formally evaluated six-monthly in conjunction with interRAI reassessments, or earlier if there is a change in condition. Evaluations are completed by registered nurses and include progress toward goals and outcomes. Residents confirmed that assessments are conducted according to their needs, and in a manner that respects privacy. Evidence demonstrated family/whānau involvement in care planning and ongoing communication regarding changes in health status. The service has policies and procedures to support access to services and information, including advocacy for residents with disabilities. Allied health services are available as required, including weekly physiotherapy visits; podiatry; continence specialists; dietitian; speech-language therapy; older persons mental health services; palliative care; and other medical specialists through Health New Zealand. Allied health practitioners and general practitioner notes are integrated in the resident records. Initial medical assessments are completed by a general practitioner within required timeframes following admission. Residents receive regular reviews and are reassessed when their condition changes. The service contracts a general practitioner from a local medical practice, who visit twice a week and is available during working hours. After-hours medical cover is provided by an after-hours service and the local hospital. Documentation reviewed was current. The general practitioner interviewed confirmed timely communication from the service and spoke positively about staff clinical assessment, follow-up of plans of care, and management of residents with complex health needs. Wound care resources were adequate. Wound care plans evidenced timely assessment and regular review; however, documentation of the wound management records was not always comprehensive. Specialist input was sought when indicated. At the time of audit, there were 23 active wounds from 23 residents being managed appropriately. These included skin tears,

		surgical wounds, lacerations, lesions, grazes, and two stage I pressure injuries. Progress notes are maintained within integrated records. Routine monitoring, including monthly weight and blood pressure, was current. Neurological observations are completed following unwitnessed falls or suspected head injury. A range of monitoring charts is utilised, including blood pressure; weight; behaviour; bowel records; blood glucose levels; food intake; and fluid balance. These were completed in accordance with care plan instructions. Staff interviews confirmed familiarity with resident needs and access to appropriate resources and equipment, including for those residents on palliative care (as sighted). Handover processes were observed and effectively support continuity of care.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	There are policies available for safe medicine management that meet legislative requirements. Staff who administer medicines have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Staff were observed to be safely administering medications. The registered nurses and healthcare assistants interviewed could describe their role regarding medication management. The service currently uses blister packs for regular, pro re nata (PRN), and short-course medication. All medications are checked on delivery against the medication chart, and any discrepancies are fed back to the supplying pharmacy. Expired and unused medications are returned to the pharmacy. Medicines were seen to be stored in locked trolleys and locked medication rooms. The medication room and medication fridge temperatures are monitored daily and are within acceptable standards. Eyedrops and creams have been dated on opening. Twelve medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed the resident medication charts three-monthly, and all drug charts had photo identification and allergy status identified. Specific instructions for individual residents are included in the prescription. Indications for use were documented for pro re nata medications, including over-the-counter medications and supplements on the

		medication charts. The effectiveness of pro re nata medications was consistently documented in the electronic medication management system and progress notes. There were no residents self-administering medications. There are documented processes for self-administration of medicines, should a resident wish to, and be assessed as competent to self-administer their medicines. Safe storage for these medications will be provided in each resident's room as per policy. No vaccines are kept on site, and no standing orders are used. There was documented evidence in the clinical files that residents and family/whānau 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 on. The medication policy clearly outlines that residents, including Māori residents and their family/whānau, are supported to understand their medications. The general practitioner reported that when requested by Māori residents or family/whānau, appropriate support for Māori treatment and advice will be provided. This was reiterated in interviews with the clinical nurse manager and registered nurses.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	Food preferences, dislikes, intolerances, allergies, and required food texture are identified on admission and communicated to the kitchen manager, who keeps an up-to-date record of this information, and has a folder with all dietary profiles. Alternatives are prepared if menu options do not suit individuals. Cultural preferences and celebrations are catered for. Residents interviewed confirmed they are happy with the meals provided, and can give feedback at any time. Residents stated that if they do not like what is provided, an alternative is offered. The food control plan is current to 29 July 2027.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best	FA	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

supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		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.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	The current building warrant of fitness expires on 1 May 2027. There is an annual maintenance plan being implemented. This includes testing and tagging of electrical appliances, which was last completed in October 2025. Servicing and calibration of clinical equipment, hoists, and scales were last completed in August 2025. Hot water temperatures are monitored and managed below 45 degrees Celsius. Corrective actions are completed for any temperatures above the required threshold. 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. Residents personalise their rooms with items of significance to them.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The implemented infection prevention programme is clearly documented and was developed with input from external infection prevention and control (IPC) services. The infection prevention programme has been approved by the governance body and is linked to the quality improvement programme. The infection prevention programme is reviewed and reported annually. The infection prevention programme was current. The nominated infection control coordinator (clinical team leader, a registered nurse) has completed relevant external infection prevention and control education through Health New Zealand, and has appropriate skills to lead the team. The infection control coordinator 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. 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 educated on infection prevention and control as individuals, groups, and during resident meetings.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	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 coordinator. Infection registers are completed for all identified infections, and monthly infection data analysis is undertaken by the infection control coordinator to identify trends, and implement corrective actions where required. Monthly infection surveillance data is reported to the clinical nurse manager and care home manager, and communicated to staff through meetings. Surveillance data includes ethnicity information. Infection surveillance data is discussed in senior management meetings monthly. Surveillance reports are sent to the governance body and senior management team on a monthly basis. There have been two outbreaks reported since the last audit: Covid-19 in June 2024 and in June 2025. The outbreaks were effectively managed in accordance with organisational policy. There has been one notifiable disease reported and managed as per guidance from Public Health and according to policy.

Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	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. At the time of the audit, there were no residents using restraints. Training for all staff occurs at orientation and annually, and records were sighted in staff files. This includes a competency assessment.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people’s lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally	PA Low	There are comprehensive policies related to assessment, support planning, and care evaluation. Registered nurses are responsible for completing assessments (including InterRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly, or earlier as residents’ needs change. Radius Elloughton Gardens seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals. Review of the resident care plans showed that interventions were not detailed enough to provide guidance to staff in care delivery. Wound care plans and short-term care plans were not always completed for identified needs. When wound care plans	(i)There are no detailed interventions to guide staff in the delivery of care for: a) a hospital level resident with bilateral oedema. b) a hospital level resident in relation to management of bilateral chest drains. c) a hospital level resident recently admitted with a post-fall related fracture regarding falls risk, minimisation, and management thereof. (ii)There is no wound care plan in place for a rest home resident who recently returned from hospital with a surgical wound.	(i)Ensure that there are detailed interventions to provide guidance to staff in care delivery. (ii)Ensure that wound care plans are documented as indicated, and short-term care plans commenced for short-term needs as per policy. (iii)Ensure consistent documentation of wound measurements to help evaluate wound progress towards

competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		were completed, there was no consistent documentation of wound measurements at dressing changes, or with the photos taken. Interview with staff demonstrated their understanding and knowledge of the care required by residents.	The same resident did not have a short-term care plan documented to guide staff regarding fluid restrictions as per discharge plan. (iv)Wound care plans reviewed do not consistently have measurements either in the wound management plan or the photos.	healing. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.