# Radius Residential Care Limited - Radius Fulton Care Centre

## Introduction

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

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

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

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

The specifics of this audit included:

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| **Legal entity:** | Radius Residential Care Limited |
| **Premises audited:** | Radius Fulton Care Centre |
| **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: 4 June 2026 End date: 4 June 2026 |

**Proposed changes to current services (if any):** The provider notified HealthCERT on 16 December 2025 of their intention to certify their bed capacity of 74 (52 hospital and 22 rest home) for dual purpose care. The 19 bed dementia unit is excluded from this audit. The service has already 18 dual purpose beds `scattered' across 3 wings (included in the above hospital bed numbers) and 2 rooms for couples/shared. This partial provisional audit was conducted to verify the suitability of all beds to be used as dual purpose care.

The service is planning to use the reconfigured service immediate upon the outcome of this audit. As a result of the partial provisional audit final bed capacity remains the same at 93 (included of the 2 shared/double rooms) and the 19 bed dementia unit.

The final numbers include 19 bed dementia unit; 74 dual purpose beds (included of the 2 shared/double rooms) across Lisburn, Brookside and McKenzie wing.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 92

# 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.

## General overview of the audit

Radius Fulton Care Centre is certified to provide hospital (geriatric and medical), rest home, and dementia level care for up to 93 residents. There were 92 residents on the days of the audit.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand to verify the remainder of the care beds as suitable for dual purpose care. The audit process included a review of a transition plan, rosters, facility amenities, equipment, and interviews with the managers.

The facility manager is supported by an acting clinical nurse manager and a team of experienced healthcare assistants and registered nurses. There are quality systems and processes being implemented. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

The bedrooms in Lisburn and Brookside wings are spacious, and all have separate ensuite toilet facilities. The rooms in McKenzie wing are a smaller size, but still spacious with a selection of rooms that have ensuite facilities.

The service has addressed previous surveillance audit shortfalls that came under the scope of this audit related to care plan interventions, documentation of family/whānau involvement in care plan review, and effectiveness of pro re nata medication.

The partial provisional audit verifies the suitability of the remainder of the care beds fit for dual purpose care. As a result of the partial provisional audit; the dual purpose care beds increased from 18 to 74. Improvements are required related to the building warrant of fitness and sluice environment in McKenzie wing.

## Ō tātou motika | Our rights

Not audited.

## Hunga mahi me te hanganga | Workforce and structure

The organisational business and quality plans inform the site specific operational objectives. There is a transitional (business) plan in place that is being operationalised. There are sufficient staff to support the care of residents as the numbers increased.

There are no staff vacancies. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy is documented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Care plan interventions are well documented to guide staff in the care of the residents. There are documented evidence of family/whanau involvement in the care plan process.

All meals are prepared on site in a well-established operational kitchen. There are spacious dining areas to support the residents' dining needs. A current food control plan is documented and approved.

Medication policies reflect legislative requirements and guidelines. Registered nurses, and medication competent healthcare assistants are required to administer medications. An electronic medication system is used.

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

There is an established maintenance plan. The bedrooms in Lisburn and Brookside wings are spacious, and all have separate ensuite toilet facilities. The rooms in McKenzie wing are a smaller size, but still spacious with a selection of rooms that have ensuite facilities. There are sufficient space in the bedroom for residents to safely move around with their mobility aids. There is sufficient space to allow for care staff to care for the residents.

Documented systems are in place for essential, emergency and security services. Employed staff have completed training around emergency management and have a first aid certificate.

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

The service ensures the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme appropriate to the service's size and complexity. A registered nurse is designated as the infection prevention and control coordinator, and they monitor the programme and report monthly and as issues occur.

A pandemic plan is in place. If activated, sufficient infection prevention resources, including personal protective equipment, are available and readily accessible to support this plan.

Surveillance of healthcare associated infections is undertaken, and results are shared with all staff. Follow up action is taken as and when required. Infection outbreaks are managed and reported appropriately.

The environment supports the prevention and transmission of infections. There are policies and procedures in place for waste, hazardous substances, cleaning and laundry services. The internal audit schedule is in place to evaluate the effectiveness of these services. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

## Here taratahi | Restraint and seclusion

There is a comprehensive restraint policy. The management and Radius governance body is committed to maintain a restraint free facility. The staff completed training around restraint elimination and competency assessments. Competencies are completed annually. The acting clinical nurse manager supports the registered nurse in their roles as the restraint coordinator. An approval group is in place and maintain a restraint free environment. Managing behaviours that challenge is included as part of the annual training programme and also included in the induction programme.

## 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) |
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| **Subsection** | 0 | 11 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 40 | 0 | 2 | 0 | 0 | 0 |

| Attainment Rating | Unattained Negligible Risk (UA Negligible) | Unattained Low Risk (UA Low) | Unattained Moderate Risk (UA Moderate) | Unattained High Risk (UA High) | Unattained Critical Risk (UA Critical) |
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| **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 |
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| Subsection 2.1: Governance<br><br>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.<br>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.<br>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve. | FA | Radius Fulton has a total of 93 beds certified for hospital, rest home, and dementia level of care. There are 52 hospital beds, including 18 dual-purpose beds, 22 rest home beds and 19 dementia care beds. At the time of the audit there were 92 beds occupied: 51 residents at hospital level, including 6 residents funded by accident compensation corporation (ACC), 1 resident on a long-term support chronic health conditions (LTS-CHC) contract, and one resident on ‘close in age and interest’ support,22 residents at rest home level, and 19 residents at secure dementia level of care, including 1 resident on ‘close in age and interest ‘support. All other residents were under the age-related residential care (ARRC) contract. There are two shared/double rooms. There was one rest home couple in one of the double/shared rooms.<br><br>This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand to verify the remainder of the care beds as suitable for dual purpose care. The audit process included a review of a transition plan, rosters, facility amenities, equipment, and interviews with the managers.<br><br>The Governance Board consists of the Radius managing director/executive chair and four professional directors, each with their own expertise. A |

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| | | Māori health strategy is actioned at board level. There is a cultural advisory group (national cultural committee) which meets three monthly and provides advice to the Board on any issues requiring cultural oversight and direction. The Board oversees compliance with legislative, contractual, and regulatory requirements, and external advice is sought as required. The terms of reference for the Radius governance body adheres to a documented agreed terms and reference.<br><br>The Radius Strategic plan 2025-2029 describes the vision, values, and objectives of Radius aged care facilities. The overarching strategic plan has clear business goals to support their philosophy of 'Caring is our calling.' The model of care is reflective of the strategic direction, mission and values within the foundation documents (business plan and quality and risk management plan). Performance against the goals are measured and documented at specified intervals.<br><br>Clinical governance is overseen by the organisation's national quality manager and the risk and compliance manager and includes regular quality and compliance and risk reports that highlight operational and financial key performance indicators (KPI's). These outcomes and corrective actions are discussed at the compliance and risk meeting, led by one of the Board members. High risk areas are discussed alongside corrective measures taken. These measures are then reviewed and adapted until a positive outcome is achieved, or the goal is achieved.<br><br>The facility manager (non-clinical) has been in the role for three years and worked at Radius for more than 15 years. The previous clinical nurse manager has ended their employment 14 March 2026, their role is currently being recruited for. The facility manager is supported by a Radius roving clinical nurse manager who has been in a clinical nurse manager`s role for eight years and is acting as the fulltime clinical nurse manager at Radius Fulton since February 2026. They started earlier to ensure a good handover from the outgoing clinical nurse manager. The facility is supported by a regional manager and national quality manager. The service is recruiting an additional clinical team leader role since the last audit. The facility manager has completed other professional development activities in excess of eight hours annually, related to managing an aged care facility.<br><br>The governance structure remains unchanged. The recruitment process of the new clinical nurse manager is in the last phase, and an offer is yet to |

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| | | be made. |
| Subsection 2.2: Quality and risk<br><br>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.<br>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.<br>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers. | FA | There are established procedures on the electronic platforms that reports health and safety issues including staff injuries and resident incidents. The quality and risk management system is well established with the appropriate escalation pathways to the executive team and a suite of clinical and non-clinical policies that form the foundation for service delivery. The suite of policies includes: adverse event reporting and escalation of significant events including health and safety issues, workplace injuries, events that put residents at risk (section 31 reporting), severity assessment code one and two escalation and notification to the Health Quality and Safety Commission (HQSC). The clinical nurse manager and facility manager understand the reporting process. The change in clinical nurse manager was appropriately notified to HealthCERT. There were section 31 notifications completed (since the last audit) for missing medication and a missing resident. Two consecutive Covid-19 outbreaks were reported for 2026 and a number of HQSC reports related to falls (seven) with fractures and for three pressure injuries.<br><br>The implementation of the quality system and reporting of adverse events will remain unchanged. |
| Subsection 2.3: Service management<br><br>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.<br>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.<br>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services. | FA | There is a safe staffing policy that describes rostering and staffing ratios in the event of acuity change and outbreak management. There are a number of documented rosters available that demonstrate an increase in staffing as resident numbers and/or acuity increases within the additional dual propose care beds. The rosters provide sufficient and appropriate coverage for the effective delivery of care and support. The layout of the facility is easy for staff to navigate.<br><br>Staff and residents will be keep informed in relation to changing staffing levels.<br><br>The facility has one vacant bed. There were no immediate residents that need assessment for a higher level of care. There are 95 staff across various positions. The facility is fully staffed and the current roster evidences sufficient staff to meet the current needs of the residents. The |

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| | | current staff roster is sufficient to maintain safe cultural care should acuity of residents change immediately. There is a generous casual pool available and the staff roster evidences that short notice absences are easily replaced, this was confirmed by the facility manager.<br><br>The clinical nurse manager and clinical team leader work Monday to Friday. The clinical team leader role is new. Additional healthcare assistants (HCAs) have been recruited in the last six months, there are no vacancies in any positions. There is an after-hours on-call roster for clinical support.<br><br>Additionally, there are at least four registered nurses rostered during the week in the morning; one registered nurse is solely allocated to the dementia unit in the morning. There are two registered nurses allocated for weekdays afternoon and nights shifts. There are at least two registered nurses allocated for morning, afternoon and nights during weekends. There are a minimum of 12 HCAs allocated to Brookside, Lisburn and McKensie wing; 9 HCAs in the afternoon and 2 HCAs at night (the dementia units is separately staffed).<br><br>The registered nurse is supported by HCAs who are medication competent. The clinical team leader provides direct clinical oversight across both floors and works with the registered nurses.<br><br>The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-seven HCAs are employed, and thirty-five hold a National Certificate in Health and Wellbeing level four (six are international qualified nurses). There are 14 registered nurses; all are competent in the management of syringe drivers, and 9 are interRAI trained. The number of interRAI trained nurses have doubled since the last audit. The number of HCAs completing a higher skill level has also increased over the last six months (since the previous audit).<br><br>A separate team of kitchen hands, laundry staff, cleaning staff and activities coordinators are employed to provide the relevant tasks over seven days a week.<br><br>The GP contract, local pharmacy, physiotherapist, dietitian, and podiatrist will remain unchanged.<br><br>An annual in-service programme is implemented, and all compulsory topics are included. A training policy is being implemented. All staff are required |

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| | | to complete competency assessments as part of their orientation and annually, these are completed and up to date. Additional RN specific competencies include syringe driver, wound competency and interRAI assessment competency. All RNs have attended in-service training, which included a range of clinical topics specific to the current residents, medication optimisation, palliative care, diabetic management, and dementia care. Registered nurses are supported by Otago community hospice for the provision of end of life care.<br><br>The education and competency platform (Bamboo) provide a dashboard to track education and competency completion.<br><br>The service encourages all their staff to attend monthly meetings (eg, staff meetings and quality meetings). Resident and family/whānau meetings are held monthly and provide opportunities to discuss issues of concern or share information on the day-to-day happenings within the facility. A health and safety team have monthly meetings. Health and safety is a regular agenda item in staff and quality meetings. Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace. |
| Subsection 2.4: Health care and support workers<br><br>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.<br>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.<br>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services. | FA | There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Staff recruitment processes are managed by the Radius recruitment team on an electronic human resources system. There are no available staff vacancies. Recruitment efforts were implemented earlier in the year with recruiting of more HCAs, activities coordinator and clinical team leader. The recruitment process for the permanent clinical nurse manager has been completed, and the successful applicant has yet to accept their offer.<br><br>Staff files are held electronically and a robust recruitment process is managed by the Radius team at support office. Employment contracts, police vetting checks, and evidence of completed orientation and the mandatory training topics are completed. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. There is a process to track when appraisals are due. These are being implemented. |

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| | | The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and HCAs to provide a culturally safe environment for Māori. Information held about staff is kept secure, and confidential. All staff have completed orientation related to emergency procedures, security procedures and a fire drill. |
| Subsection 3.2: My pathway to wellbeing<br><br>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.<br>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.<br>As service providers: We work in partnership with people and whānau to support wellbeing. | FA | The internal audits, a sample of three care plans and confirmation of the sign off of corrective actions (28 April 2026 provided) by the Principal Service Development Manager and Ageing Well Te Whatu Ora evidence the care planning shortfalls identified at the previous audit have been addressed.<br><br>The individualised LTCPs are developed with information gathered during the initial assessments and the interRAI assessment. The information from the activity assessments (about me, pastoral care, and leisure) include a cultural assessment which gathers information about cultural needs, values, and beliefs have been `published` as a leisure care plan and available as part of the resident records and LTCP.<br><br>Documented interventions meet the residents' assessed needs including early warning signs, any risks identified, medical and non-medical needs. A resident with a previous urinary tract infection has continence needs, risk and a toileting care plan documented in their LTCP. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status, family/whānau involvement in the care planning process was clearly documented in the progress notes. |
| Subsection 3.4: My medication<br><br>The people: I receive my medication and blood products in a safe and timely manner.<br>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.<br>As service providers: We ensure people receive their | FA | There is a suite of medication policies documented for the service that meets good practice and legislation. There is an established electronic medication administration system in place (Medimap). The service will continue to use the pharmacy delivered prepackaged medications (robotic rolls). There is an established pharmacy contract in place.<br><br>Registered nurses and medication competent staff have been assessed for |

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| medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | | competency on an annual basis. Education around safe medication administration has been provided as part of the competency process. Registered nurses have completed syringe driver training.<br><br>The clinical nurse manager explained that all medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.<br><br>There is a secure medication room centrally located between the three wings. The safe storage is of appropriate size and accommodate an increase in medication stock. The medication room is of appropriate size, securely locked, has appropriate handwashing facilities, bench space, for medication preparation, locked cupboards and a specimen and medication fridge. The space is appropriate to accommodate additional medications. There are sufficient number of stainless steel trolleys for wound care and medication trolleys.<br><br>There are processes and forms in place to document and monitor the secure medication rooms and fridge temperature daily. Visual inspection evidence these were completed. There are heat pumps/air conditioning units in the medication room to ensure the temperatures are kept below 25 degrees. The heat pumps in the medication room can be adjusted as needed.<br><br>There is a documented process where all stored medications are checked monthly for expiration dates and opening dates.<br><br>There are no standing orders. There is a documented process of reviewing the electronic medication charts three monthly by the GP; a medication audit ensures medication charts are reviewed and, have photo identification and allergy status identified. The medication audits ensure compliance. The medication policy addresses the requirements for indications for use for pro re nata (PRN) medications, and the effectiveness of PRN medications. A sample of records evidence that pro re nata medication effectiveness has been documented in the progress notes. This is an improvement from the surveillance audit. There are appropriate risk mitigation plans in place to ensure medication charts are backed up in an event of an IT failure. Medication errors are collated as part of the incident system.<br><br>There are no further changes required to the medication system as a result of the reconfiguration of services. Medication related equipment is |

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| | | sufficient to manage the needs of the residents. |
| Subsection 3.5: Nutrition to support wellbeing<br><br>The people: Service providers meet my nutritional needs and consider my food preferences.<br>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.<br>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing. | FA | The kitchen is situated centrally next to a very large spacious dining room between Brookside, Lisburn and McKenzie wing. It is well established, is fully equipped and operational. Food services at Radius Fulton are provided by an external catering company. All food and baking are prepared onsite. The external catering company employ all kitchen staff. The facility employ staff who deliver the morning and afternoon tea and serve meals. Food is prepared in line with recognised nutritional guidelines for older people. A seasonal menu cycle is utilised. Diets are modified as required and the kitchen staff are made aware of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. There are internal audits documented to ensure residents weights are effectively managed. The kitchen manager (qualified chef) has access to residents` dietary profiles and is informed of any changes.<br><br>The food is directly plated and served from a bain-marie in the kitchen to the dining room. There are plenty of scanned hot boxes to transport meals to resident rooms to maintain temperature. There is a verified food control plan which is current. Kitchen manager confirmed staff completed safe food handling training. There is a registered food control plan (expires 30 April 2027).<br><br>There is lip plates, appropriate utensils, and drinking beaker cups available to promote/maintain independence with eating and drinking. There is sufficient space in the dining room with appropriate seating to provide a pleasurable dining experience. The dining room is spacious enough to accommodate an increase in mobility equipment.<br><br>There are insulated lids available for tray service to the rooms when meals are removed from scan boxes. The food control plan documents the process of preparing, transporting and heating of puree meals. The roster evidenced sufficient staff to provide oversight during mealtimes and assistance with eating.<br><br>There are no changes to the food services required. |

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| Subsection 4.1: The facility<br><br>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.<br>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.<br>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. | PA Low | There is a current building warrant of fitness and declaration (B-RAD), issued 13 March 2026. The environment is inclusive of peoples' cultures and supports cultural practices. Essential contractors such as plumbers and electricians are available 24 hours a day as required.<br><br>There is a well-established maintenance plan that is overseen by an established maintenance team. All electrical equipment and other machinery have been checked within the last 12 months as part of the annual maintenance and verification checks (last in April 2026). The service has an extensive list of medical and nursing equipment in storage to accommodate increased in acuity of residents. The current furniture and equipment are appropriate for this type of setting and for the needs of the residents. The maintenance schedule includes checking of equipment, hoists maintenance, completion of call bell audits and hot water temperatures throughout. The managers explained there is an established process to maintain building and plant. This was viewed and confirmed to be in place.<br><br>The care home is a single level building; the care home has four wings (including Glenedin the 19 bed dementia unit).<br><br>The remainder 74 beds are built across 3 wings: including 24 beds in Lisburn wing, 23 beds in Brookside wing which include 2 double/shared rooms, and 27 beds in McKenzie wing. All three wings are built around a main entrance and reception. Residents are able to bring their own possessions into the home and are able to adorn their room as desired. Single or king single electric beds and appropriate mattresses for pressure relief is available.<br><br>Lisburn wing (24 beds):<br><br>The rooms in this wing are approximately 12 sqm and similar in size, 22 have partial ensuite facilities (hand basin and toilet) and one has a full ensuite facility (hand basin, toilet and shower). All rooms have slider level access to the outdoors. The rooms and ensuites are spacious to ensure safe mobility within the room and safe manoeuvring of mobility and transfer equipment within the resident`s area. Ensuites are fitted with handrails. Flooring in residents' areas are appropriate. Rooms are well heated, ventilated and all with external windows. The rooms have plenty of natural |

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| | | sunlight.<br><br>The corridors are wide and fitted with handrails alongside the whole corridor. Disability toilets are available off the main lounge area (Lisburn lounge) and a smaller lounge (Lisburn 2). There are resting bays in the corridors. There are sufficient number of communal shower facilities in the wing and all big enough for a shower bed and mobility equipment. All communal facilities have a vacant/in use sign.<br><br>All the rooms are verified as suitable for dual purpose care.<br><br>Brookside wing (23 beds):<br><br>The rooms vary in size. There are 21 rooms that can accommodate up to 23 residents.<br><br>There are 2 rooms (rooms 10 and 11), that are 14 sqm in size and suitable for couples/shared. Both rooms are equipped with a full ensuite. The rooms provide for ease of movement and access for two residents and staff at any time. The fixtures and fittings in the room protects and promote residents' dignity and wellbeing.<br><br>Two rooms have no ensuite facilities. The two rooms are opposite a communal shower/toilet. The remainder of the rooms were approximately 9 sqm in size with partial ensuites. The rooms and ensuites are spacious to ensure safe mobility within the room and safe manoeuvring of mobility and transfer equipment within the resident`s area. Ensuites are fitted with handrails. Flooring in resident areas is appropriate. Rooms are well heated, ventilated and all with external windows. The rooms have plenty of natural sunlight.<br><br>The corridors are wide, fitted with handrails alongside the whole corridor and disability toilets are available off the main lounge area (called main lounge). There are resting bays in the corridors. There are sufficient number of communal shower facilities in the wing and all big enough for a shower bed and mobility equipment. All communal facilities have a vacant/in use sign.<br><br>All the rooms are verified as suitable for dual purpose care.<br><br>McKenzie (27 beds):<br><br>This side of the building is of an older architecture. The rooms vary in size. |

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| | | The rooms do not have direct access to the outdoors There are eight rooms sharing a ‘jack and jill’ toilet, four rooms with partial ensuites and remainder rooms have handbasins. The rooms and ensuites are spacious to ensure safe mobility within the room and safe manoeuvring of mobility and transfer equipment within the resident`s area. Ensuites are fitted with handrails. Flooring in resident areas is appropriate. Rooms are well heated, ventilated and all with external windows. The rooms have plenty of natural sunlight. Care staff interviewed reported that they have adequate space to provide care to residents. A staff member demonstrated safe manoeuvring of a sling hoist within the bedroom space.<br><br>All rooms are spacious for dual purpose care; there are sections of the corridor which are narrower than the end sections. The provider stated that the narrow sections in the corridor does not compromise traffic flow; observation confirmed that staff and residents moved around safely.<br><br>Central to the wing is a smaller sunny lounge/dining area with small servery. The majority of the residents make their way to the main dining room.<br><br>The remainder of the beds in McKenzie wing are verified as suitable for dual purpose care.<br><br>All communal areas are open plan design. The lounges are comfortable with seating for communal gatherings and activities at the facility. Furniture is appropriate for residents with higher needs and enough space to accommodate residents in mobility chairs, wheelchairs and lazy boys.<br><br>There is a sluice room, equipment and linen storage rooms, cleaning room, waste and dirty laundry storage rooms with appropriate shelving in each wing.<br><br>There are sufficient manual sling transfer hoists, standing hoist and a sara steady on the equipment list and accessible from throughout the facility. There is enough storage space for equipment.<br><br>External landscape is maintained for safe access. There is provision for seating and shade for the outdoor areas. There are separate toilets for staff and visitors to use with the appropriate vacant/in use locks.<br><br>As a result of the partial provisional audit final bed capacity remains the same at 93 (included of the 2 shared/double rooms and the 19 bed |

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| | | dementia unit). The final numbers include 19 bed dementia unit, 74 dual purpose beds (included of the 2 shared/double rooms) across Lisburn, Brookside and McKenzie wing is deemed suitable for dual purpose care. |
| Subsection 4.2: Security of people and workforce<br><br>The people: I trust that if there is an emergency, my service provider will ensure I am safe.<br>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.<br>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event. | FA | The site specific emergency manual for Radius Fulton Care Centre includes emergency and disaster policies and procedures, including (but not limited to) fire and evacuation and dealing with emergencies and disasters. A business continuity plan is documented. The fire evacuation resident list documents each resident`s mobility.<br><br>Emergencies, first aid and CPR are included in the mandatory in-services programme every two years. Orientation includes emergency preparedness. Fire drills and orientation to the environment are included as part of the orientation and annual training. There are enough staff currently to provide first aid cover on all of the shifts.<br><br>There is no change required to the fire evacuation scheme, which was approved 31 March 2005. Staff have completed six monthly fire drills and have completed a fire drill within the last six months.<br><br>The service has a stationary generator and two mobile generators in storage available in the event of a power failure for emergency power. There is a civil defence cupboard, including sufficient food stores in place. The maintenance manager checks the civil defence supplies monthly. Three water tanks are situated on the outside of the building and water is available to meets the requirements of the local civil defence guidelines (more than 8000 litres).<br><br>An existing call bell system (Nursecall Solutions) is functional. Call bells are in each bedroom, ensuite, communal toilets and lounges. For couples there are splitter call bell extensions available. There are attenuating panels in hallways to alert care staff to who requires assistance. The call system involves a mobile phone system whereby staff are alerted to a resident’s call bell and can communicate with one another; this is held by each care staff member. The call bell system is monitored for response times.<br><br>There is a main double-door entrance into the care centre that will be secure at dusk. Visitors have access through a speaker system after |

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| | | hours. There are closed circuit television cameras (CCTV) at the main entry, exit doors and medication rooms. Visitors and contractors sign in when entering the building. Staff are identifiable with name badges and uniforms.<br><br>The security is planned in a safe way, including during an emergency or unexpected event. The civil defence and emergency plans reflect the change of environment. |
| Subsection 5.2: The infection prevention programme and implementation<br><br>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.<br>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.<br>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 infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by Radius support office, in consultation with infection control coordinators. Policies are available to staff. The response plan is clearly documented to reflect the current guidance from Health New Zealand.<br><br>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Radius strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme. The Radius organisation have personnel with expertise in infection control and AMS as part of their senior management team. Expertise can also be accessed from Radius quality manager, Public Health, and Te Whatu Ora-Southern, who can supply Radius with infection control resources.<br><br>There is a documented pathway for reporting infection control and AMS issues to the Radius Board. The clinical team report pandemic analysis weekly to the regional manager whose report is available to the CEO/Board. Outbreak of other infectious diseases is reported if and when they occur. Monthly compliance and risk reports are completed for all facilities by the compliance and risk manager for the CEO. Monthly collation of data is completed; trends are analysed and then referred back to the facilities for action. The infection control programme is reviewed annually.<br><br>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative |

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| | | approach and involve the infection control coordinator, the national clinical team, the GP, and the Public Health team.<br><br>A registered nurse is the infection control resource nurse (coordinator). The infection control programme links to the quality programme and reflects the business plan and strategic direction.<br><br>The infection prevention and control programme is sufficient to manage the reconfiguration of services and is suitable for Brookside and Lisburn wing but needs further guidance related to the transport and disinfection of commode bowels and urinals from McKenzie wing to the sanitizer in Lisburn/Brookside wing (link 5.5.1). |
| Subsection 5.4: Surveillance of health care-associated infection (HAI)<br><br>The people: My health and progress are monitored as part of the surveillance programme.<br>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.<br>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 surveillance programme is established. The documented infection surveillance programme is appropriate for the size and complexity of the service. Surveillance tools and standardised definitions are available to collect infection data. Infection data is collected and benchmarked monthly. Healthcare associated infections being monitored include infections of the urinary tract, skin, eyes, respiratory, and wounds. The infection control coordinator is responsible for collating and analysing infection data on a monthly basis and reporting the results and corrective actions at various meetings.<br><br>The programme of surveillance of infections is appropriate to accommodate the reconfiguration in services and will be unchanged. |
| Subsection 5.5: Environment<br><br>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.<br>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.<br>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and | PA Low | There are policies regarding chemical safety, hazardous waste and other waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are kept in a locked box on the cleaning trolleys, and the trolleys are stored in a locked cupboard when not in use. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers.<br><br>Gloves, aprons, and masks are available for staff. There are two sluice rooms situated in Lisburn and Brookside wing, all fully fitted and functional with one sanitizer. Both sluice rooms have a stainless steel bench and |

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| transmission of antimicrobialresistant organisms. | | separate handwashing facilities are available. There is one smaller sluice room in McKensie wing with no sanitizer as the room is too small for a sanitizer. Further expert advice needs to be sought in relation to this sluice; the advice and guidance needs to be reflected in policy and training.<br><br>Eye protection and other PPE are available. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. A team of cleaning staff are rostered over seven days. There are cleaning schedules available. Chemicals are within enclosed dispensing systems.<br><br>There is a well-established laundry with commercial appliances, dryers and washing machines. Laundry is operational Monday to Sundays; four days of the week till 8pm and the other three days till 4pm. Clean laundry is delivered the same day to linen cupboards. There are laundry assistants rostered seven days a week.<br><br>Personal laundry is delivered back to residents in named baskets. Linen is delivered to cupboards on covered trollies. There is enough space for linen storage. Cleaning and laundry services are monitored through the internal auditing system, overseen by the IPC coordinator.<br><br>The environment is culturally safe and appropriate to meet the requirements in relation to the reconfigured services in Brookside and Lisburn wing. Further improvements are required in relation to the disinfection processes for McKenzie wing. |
| Subsection 6.1: A process of restraint<br><br>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.<br>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.<br>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination. | FA | The governance body demonstrates a commitment to eliminating restraint. The facility maintains a focus on ensuring care is provided in the least restrictive way possible. There was one hospital level resident using restraint (bedrails); a restraint register is maintained. A registered nurse undertakes the restraint portfolio and drives the ongoing philosophy of eliminating restraint with support from the national quality manager. The restraint policy confirms that restraint consideration and application must be made in partnership with family/whānau, and the choice of the device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing, and this was evident in the consent process and in the care plan. Consent forms are completed and signed off by the |

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| | | GP; three monthly review of the restraint and monitoring of the restraint when in use is documented as planned.<br><br>Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural specific interventions, and de-escalation techniques. Restraint competencies are completed on orientation and annually.<br><br>The process of restraint discussions, review processes including internal audits is well documented and requires no change. |

# 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) |
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| Criterion 4.1.1<br>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples’ cultures and supports cultural practices. | PA Low | Due to the transition between the contractors responsible for the building checks; some maintenance records were not available at the time of the building warrant of fitness inspection. Therefore, a current building warrant of fitness and declaration, was issued 13 March 2026. | (i). The building holds a warrant of fitness and declaration (B-RAD). | (i). Ensure a building warrant of fitness is obtained at the next cycle.<br><br>365 days |
| Criterion 5.5.1<br>Service providers shall ensure safe and appropriate storage and disposal of waste and infectious or hazardous substances that complies with current legislation and local authority requirements. This shall be reflected in a | PA Low | There are two sanitizers in Brookside/Lisburn wing; one is fitted with a sanitizer. The sluice room in McKensie wing is smaller in size with no space for a sanitizer. Observation and visual inspection evidence urinals being cleaned within the space. There are appropriate chemicals in a closed dispensing system. For the appropriate disinfection using a | McKensie wing:<br>For the appropriate disinfection using a sanitizer, the commode bowls and urinals need to be transported to Brookside /Lisburn wing through communal spaces (main reception, | (i). Ensure to seek further IPC advice on the sluice in Mackenzie wing to include the appropriate transportation and disinfection of commode bowls and urinals in the absence of a sanitizer; (a) ensure that there are documented guidelines for staff; and (b) staff are trained appropriately on the |

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| written policy. | | sanitizer commode bowls and urinals need to be transported to Brookside /Lisburn wing through communal spaces (main reception, smaller lounge/hair salon). Staff practice was not observed at this audit. There are commode chairs in use.<br><br>The infection prevention and control programme is sufficient to manage the reconfiguration of services and is suitable for Brookside and Lisburn wing but needs further guidance related to the transport and disinfection of commode bowels and urinals from McKenzie wing to the sanitizer in Lisburn/Brookside wing.<br><br>There is a cleaning and shared resident equipment policy and a cleaning policy; the policy stated 'Bowls will be put through a sanitizer after each resident use, and scrubbed/cleaned with detergent cleaner followed by a disinfectant cleaner when contaminated with blood and faeces, or visibly soiled/clearly dirty prior to sanitizing" | smaller lounge/hair salon). | guidelines.<br><br>Prior to occupancy 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.

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End of the report.