

Wellness Enterprises Limited - Raglan Rest Home and Hospital

Introduction

This report records the results of a Certification 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Wellness Enterprises Limited

Premises audited: Raglan Rest Home and Hospital

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

Dates of audit: Start date: 8 February 2023 End date: 9 February 2023

Proposed changes to current services (if any): This service provides physical disability support to residents under the age of 65. Evidence has been included in this scope of audit.

Total beds occupied across all premises included in the audit on the first day of the audit: 31

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

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

Key to the indicators

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

Indicator	Description	Definition
Yellow	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
Red	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

Raglan Rest Home and Hospital is owned and operated by the facility manager/registered nurse. Raglan Rest home and hospital has a contract for Disability Support Services and supports five residents under 65 years of age. This service is certified to provide rest home and hospital services for up to 36 residents. There were 31 residents receiving care at time of audit. Residents and families spoke very positively about the care provided.

This certification audit process was conducted against the Ngā Paerewa Health and Disability Services Standard and the contracts with Te Whatu Ora (Waikato). It included review of policies and procedures, review of residents' and staff files, observations, and interviews with both young and older residents, whānau, staff, and a general practitioner. The facility is managed by an experienced manager who has clinical oversight of the facility. The GP and kaumatua were complementary about the care provided.

No areas for improvement were found during the audit.

Ō tatou 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.

Raglan Rest Home and Hospital provides an environment that supports residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a health plan that encapsulates care specifically directed at Māori, Pacific people, and other ethnicities. Raglan Rest Home and Hospital works collaboratively with internal and external Māori supports to encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake and this was confirmed by Māori residents and staff interviewed. There were no Pasifika residents or staff in Raglan Rest Home and Hospital at the time of audit, however systems and processes are in place to enable Pacific people to be provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Residents are safe from abuse, and they receive services in a manner that respects their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept well informed.

Residents and family/whānau receive information in an easy-to-understand format and are included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Family/whānau and legal representatives participate in decision making that complies with the law. Advance directives are followed wherever possible.

Complaints are resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 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 facility manager who is a registered nurse with a current practising certificate assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

When residents are admitted to Raglan a person-centred and family/whānau-centred approach is adopted. Relevant information is provided to the potential resident and their family/whānau.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and accommodate any recent problems that might arise. Files reviewed demonstrated that care meets the needs of residents and their family/whānau and is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are transitioned or transferred to other health services as required.

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

Includes 2 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.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes 5 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 facility manager /owner/registered nurse and the Infection control nurse at Raglan Rest Home and Hospital ensure the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service.

It is adequately resourced. The experienced and trained infection control nurse leads the programme and engages in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures are in place. Raglan Rest Home and Hospital has an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care specific infection surveillance is undertaken with follow-up action taken as required.

The environment supports prevention and transmission of infections. Waste and hazardous substances are managed. There are safe and effective cleaning and laundry services.

Here taratahi | Restraint and seclusion

Includes 4 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.
--	---	--

The service is a restraint free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit. A comprehensive assessment, approval and monitoring process with regular reviews occurs for any restraint used. 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	27	0	0	0	0	0
Criteria	0	163	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Raglan Rest Home and Hospital has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in its values. Manu motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>A Māori health plan has been developed with input from cultural advisers/local kaumatua and is used for residents who identify as Māori. Currently there are eight residents and nine staff that identify as Māori. The facility manager interviewed confirmed that the facility will continue to employ staff representative of the residents and the community and Māori applying for job vacancies (when they arise) would be employed if appropriate for the applied role.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p>	FA	<p>Policies and procedures have been provided by the contracted quality consultant to guide staff in the care of Pacific peoples. There are no</p>

<p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>residents or staff that identify as Pasifika. Policy states an aim to employ staff representative of the residents. The facility manager advised communication would occur for advice and support if this is required for individual resident care in the future. The facility is working towards developing a partnership with local community Pasifika groups.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in a Māori and English poster around the facility, with brochures in both languages and large print available at reception. A poster on the Nationwide Health and Disability Advocacy Service is displayed in the reception area, in large print. Staff knew how to access the Code in other languages should this be required.</p> <p>Staff interviewed understood the requirements of the code and were seen supporting residents of Raglan in accordance with their wishes. Interviews with two volunteers, who visit on a regular basis, confirmed staff are seen to be respectful and considerate of resident's rights.</p> <p>Raglan Rest Home and Hospital (Raglan) has a range of cultural diversities in their staff mix, and staff can assist if interpreter assistance is required. Raglan also has access to interpreter services and cultural advisors/advocates if required. Raglan township has a strong Māori presence and the facility has established relationships with the local Poutiakana marae, chaplains, takarangī mental health provider, Te Koha Health, Kaiwhenua trust, Te Whatu Ora (Waikato) and the Māori coordinator at the local community centre. A Kaumatua group from the marae visits fortnightly and at additional times if residents request their assistance. Nine staff employed at Raglan identify as Māori. A Kaumatua assists at all levels of the facility's operations to ensure a more equitable service for Māori. Raglan recognises mana motuhake.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Raglan supports residents in a way that is inclusive and respects their identity and experiences. Residents and family/whānau, including people with disabilities, confirmed that they receive services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence. Care staff understood what Te Tiriti o Waitangi means to their practice with te reo Māori and tikanga Māori being promoted. All staff working at Raglan are educated in Te Tiriti o Waitangi and cultural safety. Staff have the opportunity to speak and learn te reo Māori, with the assistance of staff members and residents who identify as Māori and the facility's Kaumatua, as well as visiting Kaumatua from the marae. Documentation in the care plans of residents who identify as Māori, acknowledges the resident's cultural identity and individuality. Staff were aware of how to act on residents' advance directives and maximise independence. Residents are assisted to have an advance care plan in place. Residents verified they are supported to do what is important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room. Raglan responds to tāngata whaikaha needs and enables their participation in te ao Māori. Training on the aging process, diversity and inclusion includes training on support for people with disabilities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Employment practices at Raglan include reference checking and police vetting. Policies and procedures outline safeguards in place to protect people from discrimination; coercion; harassment; physical, sexual, or other exploitation; abuse; or neglect. Workers follow a code of conduct. Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures are in place that focus on abolishing institutional racism, and there was a willingness to address racism and to do something about it. Residents reported that their property is respected. Professional boundaries are maintained. A holistic model of health at Raglan is promoted. The model encompasses an</p>

		individualised approach that ensures best outcomes for all. Nine residents and seven family members interviewed expressed satisfaction with the services provided by Raglan.
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	FA	<p>Residents and family/whānau at Raglan reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated in day-to-day greetings, documentation, and signage throughout the facility. There have been no resident and family meetings at Raglan since February 2022 due to Covid-19 outbreaks and Covid restrictions, while emails, phone calls, visits through an open window and newsletters have kept family/whānau informed. A notification on the notice boards advises that a resident and family meeting will be held next week.</p> <p>The facility manager (FM) is the RN onsite most days and has an open-door policy. Evidence was sighted of residents communicating with all staff, including the FM. Residents/whānau and staff report the FM promptly responds to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau are informed of any events/incidents. Documentation supports family/whānau or enduring power of attorney (EPOA) and that contact with outside agencies has occurred. Evidence was sighted of referrals and involvement of other agencies involved in the resident's care when needed.</p> <p>Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access</p>	FA	<p>Residents at Raglan and/or their legal representative are provided with the information necessary to make informed decisions informed consent in accordance with the Code of Health and Disability Services Consumers' Rights and operating policies. They felt empowered to actively participate in decision making. Nursing and care staff interviewed understood the principles and practice of</p>

<p>and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>informed consent.</p> <p>Advance care planning, establishing, and documenting EPOA requirements and processes for residents unable to consent are documented, as relevant, in the resident's record.</p> <p>Staff who identify as Māori assist other staff to support cultural practice. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. A Kaumatua from the local marae is available to support and advise if needed.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A policy is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. All complaints are managed by the facility manager/owner. There have been no formal complaints since the previous audit. No complaints have been received from the Health and Disability Commissioner (HDC) or the Ministry of Health (MoH) since the last audit.</p> <p>Residents and whānau interviewed understood their right to make a complaint and felt comfortable in doing so if needed, expressing also that any day-to-day issues and/or queries raised were resolved quickly.</p> <p>The complaints management system has not been reviewed to ensure that this works effectively for Māori. The facility manager/owner indicated that support would be offered and put into place if required.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p>	<p>FA</p>	<p>The facility manager/owner assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • supporting meaningful inclusion of Māori in governance

<p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>groups and honouring Te Tiriti</p> <ul style="list-style-type: none"> • defining a governance and leadership structure, including for clinical governance, that is appropriate to the size and complexity of the organisation • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals • demonstrating leadership and commitment to quality and risk management • being focused on improving outcomes for Māori and people with disabilities <p>A sample of meeting minutes showed adequate information to monitor performance is reported.</p> <p>The facility manager/owner confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field and has worked at the facility since Raglan Rest Home and Hospital was purchased six years ago. The facility manager/owner attends all monthly staff meetings. A sample of meeting minutes showed adequate information to monitor performance including clinical and quality aspects.</p> <p>The facility manager/owner is on site during the week and available on call after hours. There is a total of five registered nurses which includes the facility manager. Two of the four RNs are interRAI trained and all registered nurses are experienced in aged care.</p> <p>The facility manager/owner has completed cultural safety and equity training. The facility provides cultural support to Māori residents through activities, staff who respect and support their beliefs and values, and nutrition that aligns with their cultural needs. In addition to the internal support, external support is also available through local Kaumatua. However, there has been no evaluation of the facility's efforts to improve outcomes and achieve equity for Māori residents or to address any barriers that may exist for Māori in accessing services. Raglan Rest Home and Hospital's philosophy and strategic plan reflect a person/family centred approach. Interviews with residents</p>
---	---

		<p>and whānau confirmed they are very happy with the cultural aspects of care and support provided.</p> <p>The service holds contracts with Te Whatu Ora (Waikato), which includes long-term support for chronic health conditions, as well as residential and residential respite service contracts. At the time of audit twenty-six (26) residents were receiving services under the Aged Related Residential care contract with one resident admitted under respite care. At the time of audit, five residents under 65 years of age were receiving services under a Ministry of Health contract thus these residents were also taken into consideration as part of the auditing methodology, although the audit team were informed after the audit that one resident had been moved to another service.</p> <p>Two residents at the time of audit were admitted to Waikato hospital. The facility manager/owner has been notified that both residents have been reassessed and will be returning to the facility requiring hospital level of care.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Raglan Rest Home and Hospital has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, and policies and procedures. The facility also monitors clinical incidents, including infections. Residents, young people with disabilities, whānau and staff contribute to quality improvement through day-to-day communication and resident/whānau surveys.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated.</p> <p>The resident satisfaction survey was completed in October 2022. Thirteen of thirty-four surveys were returned. Overall results showed that residents and their whānau were happy with the care and support provided.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current.</p>

		<p>The facility Manager/owner described the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies.</p> <p>Staff are advised of quality and risk information via the staff meetings, shift handover discussions, shift staff huddles and notices via the implemented roster app which all staff have access to via their cell phones and laptops. While there is satisfaction with services provided there is not yet a critical analysis of organizational practices at the service/operations level aimed to improved health equity.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner.</p> <p>The facility manager/owner understood and has complied with essential notification reporting requirements. There has been a total of 48 section 31 notifications since the last audit, all relating to nurse shortages. As a result, Raglan Rest Home and Hospital has a temporary waiver in place with Te Whatu Ora (Waikato) to support overnight registered nursing. This contract was initially signed on the 11 October 2022 and approved for up to a three-month period. This waiver has been extended for another three months as evidenced by an email from the Te Whatu Ora Waikato Health of Older People Portfolio Manager (HOP) (see criterion 2.3).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate.</p> <p>Raglan township has a strong Māori presence and the facility has established relationships with the local Poutiakana marae, chaplains,</p>

<p>services.</p>		<p>takarangi mental health provider, Te Koha Health, Kaiwhenua trust, Te Whatu Ora (Waikato) and the Māori coordinator at the local community centre. A Kaumatua group from the marae visits fortnightly and at additional times if residents request their assistance. Nine staff employed at Raglan identify as Māori. A Kaumatua assists at all levels of the facility's operations to ensure a more equitable service for Māori. Māori staff are supported and encouraged to have input toward the methods for delivering care and improving outcomes for Māori residents which demonstrates collecting and sharing of high-quality Māori health information.</p> <p>Due to the current registered nurse night shortage and in order to ensure the safety of the residents, the night care givers have attended a compulsory comprehensive course at Te Whatu Ora (Waikato) where they have been required to pass all required core competencies including competencies in medication. The night care givers are supported by a virtual registered Nurse service via phone as required and the facility manager/registered nurse is also available. The afternoon registered nurse on duty completes a verbal phone handover at the end of each afternoon shift to the virtual registered nurse who also has access to the residents' electronic notes. The facility manager/owner meets online with the HOP manager and their team each week to discuss and report any issues. Staff interviewed were happy with the external service provided and felt supported.</p> <p>Continuing education is planned twice a year. This training includes all mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora (Waikato). Currently there are 14 care staff at level four, one health care assistant having obtained level three and three staff having obtained level 2 of the health care assistant career force pathway.</p> <p>There is a total of 32 volunteers that support Raglan Rest Home and Hospital. All volunteers have had a police check completed.</p> <p>Staff reported feeling well supported and safe in the workplace. The</p>
------------------	--	---

		<p>facility manager interviewed stated that there is a small cabin on site that staff can use if they are too tired to drive home, there are monthly staff nominations, all staff are encouraged to have two days off in a row each week. For anyone requiring extra confidential support there is Takarangi, a free community service. The facility manager confirmed that they maintain an open-door policy for all staff.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human Resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. There are job descriptions available. Records of professional qualifications are on file and annual practising certificates (APCs) are checked annually for employed and contracted registered health professionals. Orientation and induction programmes are fully utilised. Staff have participated in continuing education relevant to physical disability and young people with physical disabilities. Staff performance is reviewed and discussed at regular intervals.</p> <p>Staff interviewed confirmed they felt well supported especially in regard to the national COVID-19 pandemic. All incidents are discussed, and all staff are encouraged to contribute. Ethnicity data is recorded and used in line with health information standards.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Raglan maintains quality records that comply with relevant legislation, health information standards and professional guidelines. Most information is held electronically, and password protected. Any paper-based records are held securely and available only to authorised users.</p> <p>Residents' files are integrated electronic and hard copy files. Files for residents and staff are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>

		<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Clinical notes were current, integrated, and legible and met current documentation standards. Consents were sighted for data collection. Data collected includes ethnicity data.</p> <p>Raglan rest home and hospital is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents are welcomed into Raglan when they have been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service, as requiring the level of care Raglan provides, and have chosen Raglan to provide services they require. Family/whānau members interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identify as Māori. Files reviewed met contractual requirements. Raglan collects ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision to the person and family/whānau.</p> <p>Raglan has developed meaningful partnerships with local Māori to benefit Māori individuals and their whānau. The facility is able to access support from Māori health practitioners, traditional healers, and other organisations by making contact with the local medical centre that services Raglan, Te Koha Health based at the local marae and Te Whatu Ora (Waikato). When admitted, residents have a choice over who will oversee their medical requirements. Whilst most choose the main medical provider to Raglan, several residents have requested another provider to manage their medical needs.</p>

<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team at Raglan works in partnership with the resident and family/whānau to support the resident's wellbeing.</p> <p>Eleven residents' files were reviewed, five hospital files, three rest home files and three files of residents who are receiving care under a Young Person with a Disability (YPD) contract. These files included residents who had had an acute event requiring transfer to an acute facility, a resident with a pressure injury, a resident at risk of pressure injuries, a resident with a wound, a resident with behaviours that challenge, residents with compromised mobility and residents with a number of co-morbidities.</p> <p>Eleven files reviewed verified that a care plan is developed by a RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required. Assessments are based on a range of clinical assessments and includes resident and family/whānau input (as applicable). Timeframes for the initial assessment, GP input, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes meet contractual requirements. Policies and processes are in place to ensure tāngata whaikaha and whānau participate in Raglan's service development, deliver services that give choice and control, and remove barriers that prevent access to information.</p> <p>This was verified by reviewing documentation, sampling residents' records, from interviews, and from observation.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and/or family/whānau. Residents and family/whānau confirmed active involvement in the process, including young residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The activities coordinator (AC) at Raglan provides an activities program that supports residents in maintaining and developing their</p>

<p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>		<p>interests, tailored to their ages and stages of life. The younger residents are enabled to attend community activities of their choice and participate in activities that are of interest to them.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests and their ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. During 2022 in conjunction with te reo Māori studies, a staff member delivered sessions at Raglan to introduce the concept of Matariki, leading up to the first Matariki (Public Holiday). The group learned and practiced a waiata-ā-ringa. Two residents took a lead role in a waiata performed at the rest home's Matariki hangi celebrations. The sessions included te reo Māori, kupu hou, karakia and additional waiata. The sessions provided opportunities for staff and residents to learn.</p> <p>Due to COVID-19 restrictions, residents and family meetings have not been held since February 2022. However, staff encourage and facilitate discussions with residents during daily activities. The activities coordinator arranges frequent visits to local community events, and weekly shopping expeditions. Entertainers, volunteers and kapa haka groups visit when Covid restrictions permit.</p> <p>The facility has a van that enables twice weekly outing to places and events of interest. Residents are supported to access local community events, attend the community house and Kaumatua group meetings.</p> <p>Satisfaction surveys evidenced residents/family/whānau are satisfied with the activities provided at Raglan.</p> <p>Residents and family/whānau are involved in evaluating and improving the programme. Those interviewed confirmed they find the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was seen on the</p>

<p>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.</p>		<p>day of audit. All staff who administer medicines are competent to perform the function they manage. There is a process in place to identify, record and document residents' medication sensitivities, and the action required for adverse events. The use of virtual overnight RN cover at Raglan by Te Whatu Ora Waikato, has required an increase in knowledge around medications by the care staff present at night. These care staff have all attended training and competency assessments by the Te Whatu Ora Waikato virtual RN cover team (refer criterion 2.3.1).</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines are stored safely, including controlled drugs. The required stock checks are completed. Medicines stored were within the recommended temperature range. There are no vaccines stored on site.</p> <p>There are no difficulties identified by young people interviewed, in accessing their required medicines from the facility.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders are not used at Raglan.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, are supported to understand their medications.</p> <p>Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>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</p>	<p>FA</p>	<p>The food service provided at Raglan is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 31 March 2021. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines.</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>The service operates with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on 23 November 2022. No areas requiring corrective action were identified, and the plan was verified for 18 months. The plan is due for re-audit on 23 May 2024</p> <p>Each resident has a nutritional assessment on admission to the facility. Their personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. All residents have opportunities to request meals of their choice and the kitchen will address this. During Matariki, Māori Language Week, Waitangi Day and Pasifika Day, the kitchen prepared culturally specific foods for those residents who requested it. The cook prepares a 'boil up' if this is requested by the residents. Residents' families/whānau are able to supply selected foods for residents and the kitchen will prepare it.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by young and older residents and family/whānau interviews, satisfaction surveys and resident and family/whānau meeting minutes. This was supported on the days of audit, when residents responded favourably regarding the meals provided on these days. The residents' meal satisfaction survey showed that all but one resident were satisfied with the meals provided. Regarding the dissatisfaction expressed by one of the younger residents, it was specifically about the quality of the meals being served.</p> <p>Residents were observed to be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and</p>	<p>FA</p>	<p>Transfer or discharge from the service is planned and managed safely to cover current needs and to mitigate risk. The plan is developed with coordination between services and in collaboration with the resident and family/whānau. The family/whānau of a resident who was recently transferred reported that they were kept well</p>

<p>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.</p>		<p>informed throughout the process. Family/whānau are advised of their options to access other health and disability services, social support or kaupapa Māori services if the need is identified.</p>
<p>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.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. A current building warrant of fitness with an expiry date of 24 April 2023 is on display near the front entrance. Testing and tagging of electrical equipment is current as are the calibration and safety checks of biomedical equipment. Hot water temperatures are safe, and a maintenance schedule is upheld.</p> <p>There are a total of 34 dual purpose bedrooms, with two bedrooms being large enough for two residents (although it is many years since they were used for two people). All bedrooms have a wash hand basin paper towel and soap dispenser. There is a mixture of bedrooms (of different sizes) that have access to an ensuite or shared bathroom between rooms. Other bedrooms have access to communal bathrooms and toilet facilities throughout the facility. The environment was comfortable and accessible, promoting independence and safe mobility. Residents have access to two very large decks off one main corridor and one of the two large lounges. Personalised equipment was available for residents with disabilities to meet their needs. Personal protective equipment (PPE) resources were readily available throughout the facility. Internal and external spaces were culturally inclusive and suited the needs of both the younger and older resident individuals and groups. Family/whānau if needing to stay overnight also have access to the small cabin on-site.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Residents and whānau are consulted and involved in the design of any new buildings.</p>

<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Disaster and Civil Defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and know what to do in an emergency. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region.</p> <p>There is a fire evacuation plan that has been approved by the New Zealand Fire Service. The approval letter reviewed was dated 3 November 2011. The last fire drill for staff occurred on 6 December 2022.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells. Appropriate security arrangements are in place which requires all visitors to sign in and out of the facility. Staff ensure that all doors and windows are locked at sunset each day.</p> <p>Residents were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The Infection Prevention (IP) and Antimicrobial Stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the facility manager/owner and are reviewed and reported on monthly and annually. Expertise and advice are sought following a defined process. A documented pathway supports reporting of progress, issues and significant events to the facility manager/owner.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There have been two COVID-19 infection outbreaks reported since the previous audit. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p>
<p>Subsection 5.2: The infection prevention programme and</p>	<p>FA</p>	<p>The infection control nurse (ICN) at Raglan is responsible for</p>

<p>implementation</p> <p>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.</p>		<p>overseeing and implementing the IP and AMS programmes with reporting lines to the FM. The IP and AMS programmes are linked to the quality improvement programme that is reviewed and reported on annually. The ICN has appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard are provided by an external advisory company. Cultural advice at Raglan is accessed through the staff who identify as Māori and the cultural advisor/Kaumatua. Staff were familiar with policies through education during orientation, ongoing education, and were observed following these correctly. Raglan policies, processes and audits ensure that reusable and shared equipment is appropriately decontaminated using best practice guidelines. Individual use items are discarded after being used. Staff who identify as Māori and speak te reo Māori will provide ICN infection advise in te reo Māori if needed for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan is documented and has been tested. There are sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified its availability at interview. Staff have been trained in its use. Residents and their family/whānau are educated about infection prevention in a manner that meets their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	<p>FA</p>	<p>Raglan is committed to reducing the inappropriate use of antibiotics and the responsible use of antimicrobials is promoted. Although an AMS program is in place, its effectiveness has not been evaluated through monitoring of antimicrobial use and identification of areas for improvement.</p>

to the needs, size, and scope of our services.		
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Raglan undertakes surveillance of infections appropriate to that recommended for long term care facilities and this is in line with priorities defined in the infection control programme. Raglan uses standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff. Surveillance data does not include ethnicity data. Culturally clear processes are in place to communicate with residents and their family/whānau, and these are documented.</p> <p>There were two outbreaks of Covid-19 at Raglan during 2022. Residents affected were isolated in their 'pods' (a group of rooms) and visiting was restricted. The Regional Public Health Unit (RPH) and Te Whatu Ora (Waikato) were informed of the outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial resistant organisms.</p>	FA	<p>A clean and hygienic environment supports prevention of infection and transmission of anti-microbial resistant organisms at Raglan. Suitable personal protective equipment is provided to those handling contaminated material, waste, hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas are available, and staff have appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities and gel are available throughout the facility.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. All laundry is laundered on-site including residents' personal clothing. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered. Staff involved have completed</p>

		<p>relevant training and were observed to carry out duties safely.</p> <p>Residents and family/whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p> <p>The ICN confirms she has oversight of the facility testing and monitoring programme for the built environment.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. The facility manager/owner demonstrates commitment to this. At the time of audit there were no restraints being used and this has been the case for six years. The staff interviewed had a good understanding of restraints. The service is yet to invite a resident with a lived experience as part of the restraint oversight group.</p> <p>Policies and procedures meet the requirements of the standards. The restraint coordinator/facility manager is a defined role providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative culturally-specific interventions, and de-escalation techniques.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.