

# Kapiti Retirement Trust - Sevenoaks Lodge

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## 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 Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

**Legal entity:** Kapiti Retirement Trust

**Premises audited:** Sevenoaks Lodge

**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: 26 March 2024 End date: 27 March 2024

**Proposed changes to current services (if any):** Sevenoaks is currently building a suite to provide 14 dual purpose beds to be offered under licence to occupy agreements. These are due to be completed by the end of 2024.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 56



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Kapiti Retirement Trust – Sevenoaks Lodge provides aged-related rest home and hospital level services, dementia care, long-term support-chronic health conditions, short-term care (respite), day respite care for younger disabled (under 65 years of age), and Accident Compensation Corporation Pathways for up to 61 residents. The facility is owned and operated by The Kapiti Retirement Trust. Sevenoaks is currently building a suite to provide 14 dual purpose beds to be offered under ‘licence to occupy’ agreements. These are due to be completed by the end of 2024.

This certification audit process included pre-audit review of policies and procedures, an onsite review of residents’ and staff files, observations, and interviews with residents, whānau, members of the governance group, managers, staff, contracted allied health providers and a general practitioner.

During the audit, an improvement was identified related to the completion of neurological observations following an adverse event.

## Ō tātou motika | Our rights

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

Subsections applicable to this service are fully attained.

Kapiti Retirement Trust works collaboratively to support and encourage a Māori world view of health in service delivery at Sevenoaks Lodge. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau interviewed stated they were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents said they felt safe from abuse, and they received services in a manner that respected their dignity, privacy, and independence. Observation and interviews with residents, staff, and whānau on the day of audit demonstrated that Sevenoaks Lodge provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and whānau.

There was evidence that residents and their whānau were kept well informed. They confirmed that they received information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication was practised. Interpreter services were provided as needed. Whānau and legal representatives were involved in decision making that complies with the law. Advance directives were followed wherever possible.

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

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of low risk.
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The governing body 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 using a risk-based approach. Residents and whānau 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.

The National Adverse Events Policy is followed, with corrective actions supporting systems learnings. 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 eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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When people enter the service a person-centred and whānau-centred approach is adopted. All relevant information is provided to the potential resident and/or their whānau.

Kapiti Retirement Trust – Sevenoaks Lodge works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information, and they accommodate any new problems that may arise. The files reviewed demonstrated that care meets the needs of residents and whānau, and that care is evaluated on a regular and timely basis.

Residents are supported to maintain and develop their individual interests and are encouraged to participate in meaningful community and social activities, related to their culture, age, and stage of life.

Medication is safely managed and administrated by staff who have undertaken an annual medication competency assessment.

The food service meets the nutritional needs of residents with their special cultural needs catered for. Food is managed following safe food guidelines.

Residents are referred and transferred to other health services as required.

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

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

Subsections applicable to this service are 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 is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of tāngata whaikaha (people with disabilities) and the security needs of residents in the specialised dementia unit.

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

Subsections applicable to this service are fully attained.

The Kapiti Retirement Trust – Sevenoaks Lodge governing body ensures 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.



An experienced and trained infection control health care assistant and registered nurse both led the programme; they are involved in the procurement process, any change to the built environment (including the current new build), and processes related to decontamination of any reusable devices and equipment.

Staff demonstrated good principles and practice around infection control. Staff, residents and 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 supported prevention and transmission of infections. Waste and hazardous substances are well managed. There are safe and effective laundry services.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service aims to be a restraint-free environment. This is supported by the governing body and policies and procedures. There was one resident using a restraint at the time of audit. A comprehensive assessment, approval, monitoring process, with regular reviews occurs for any restraint used.

A suitably qualified restraint coordinator, who is a registered nurse, manages the process. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques, alternative interventions to restraint, and restraint monitoring.

## 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	28	0	1	0	0	0
Criteria	0	176	0	1	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Kapiti Retirement Trust – Sevenoaks Lodge (Sevenoaks) has developed policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Manu motuhake is respected. A Māori health plan has been developed with input from cultural advisers within the service and this is used for residents who identify as Māori. Whakarongatai Marae Kuamatua have been involved in leading the blessing of the new building site. The service has a Māori Roopu (group) composed of staff to support care for Māori in the service.</p> <p>Māori residents and whānau interviewed reported that staff respected their right to mana motuhake (self-determination), and they felt culturally safe.</p> <p>The governance group is aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. There were residents and staff at Sevenoaks who identified as Māori during the audit. Staff were employed across several organisational roles, including leadership/education roles. Staff ethnicity data is documented on recruitment and trended.</p>

<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Sevenoaks has identified Pacific communities and organisations to engage with to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes.</p> <p>Pasifika residents interviewed felt their worldview, cultural and spiritual beliefs were embraced.</p> <p>Active recruitment, training, and actions to retain a Pacific workforce are supported through active recruitment, resulting in Pasifika staff being employed across the service.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights was available and on display at Sevenoaks in prominent locations throughout the facility. Residents identifying as Māori who have entered the facility have mana motuhake recognised and respected.</p> <p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their individual needs and wishes. Education for staff on this topic was undertaken in February 2024.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</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>	FA	<p>Records confirmed that the service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed that they had received services in a manner that has regard for their culture, religion, dignity and their individual social identities and characteristics. Processes were in place to assess individual resident needs during admission and ongoing care planning and review processes. The clinical manager (CM) reported that residents are supported to maintain their independence by staff through</p>

		<p>daily activities, and examples of this included resident-led activities, and individualised mealtimes if desired. Residents were able to move freely within and outside the facility, including in the secure garden attached to the dementia care unit.</p> <p>Staff at Sevenoaks completed training on Te Tiriti o Waitangi in 2023. In Feb 2024 staff had education regarding cultural safety and Tikanga care of Maori residents. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. Residents all had their own rooms.</p> <p>Te reo Māori and tikanga are promoted within the service through staff education. Staff attention to meeting tikanga needs of residents was evident in care plans and policies and procedures reviewed. Residents and whānau reported their values, beliefs and language were respected by staff. Signage and posters in the facility with key information were in English and te reo Māori, and New Zealand Sign Language (NZSL).</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>Policies and procedures outlined the organisation's commitment to promoting an environment that does not support institutional and systemic racism. Staff understood the service's policy on abuse and neglect, including what to do should this become evident at Sevenoaks. Cultural training included discussion on institutional and systemic racism. Staff were encouraged to talk with a manager if they had any concerns about racism or discrimination. Staff interviewed stated that any observed or reported racism, abuse or exploitation at the facility would be addressed promptly and that they would be guided by the service's house rules which act as their code of conduct.</p> <p>Residents interviewed reported they had not witnessed any abuse or neglect, they were treated fairly, they felt safe and were protected from discrimination, coercion, harassment, abuse and/or neglect. Whānau had no concerns about how staff interacted with residents.</p> <p>Policies and procedures for handling residents' property and finance were evident. The organisation implemented a sound process to</p>

		manage residents' sundry expenses. Professional boundaries are explained to staff during induction and orientation and were maintained by staff as observed and verified by resident and whānau interview. This was evident observing staff interaction with residents during the audit.
<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 whānau reported that communication was open and effective, and they always felt listened to. Information was provided in an easy-to-understand format as well as accommodating different languages. Staff understood the principles of open disclosure, and this is supported by policies and procedures.</p> <p>Changes to residents' health status or reported incidents/events was communicated to relatives in a timely manner and these communications were documented in the resident's record. Staff knew how to access interpreter services if required. Staff who are unable to speak te reo Māori advised they have learnt key phrases to share with residents who identified as Māori.</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 and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and/or their legal representatives were provided with the information necessary to make informed decisions. Interviews with residents and whānau verified this. They felt empowered by staff at Sevenoaks to actively participate in decision-making. The group manager resident wellbeing (GMRW), CM, registered nurse and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing and documenting enduring power of attorney (EPOA) requirements, and processes for residents unable to consent are documented, as relevant, in the resident's clinical file. There was evidence that an EPOA had been enacted for residents where this was a requirement. Where an EPOA is not in place Sevenoaks will support actions to have one appointed.</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 fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. The GMRW advised there was a process in place to manage complaints from Māori by the use of hui, appropriate tikanga, and/or te reo Māori as applicable. There are te reo Māori speakers employed in the service. The service is also aware of the reluctance of Māori and Pasifika residents to make complaints. Sevenoaks has introduced an initiative to elicit information to better support residents who identify as Māori or Pasifika by meeting with them individually on a three-monthly basis asking them how the service can improve the care it offers.</p> <p>Feedback forms are readily available within the facility. Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Six complaints have been received by the service in the last 12 months. All complaints had documentation to evidence that the complaints had been investigated and that the complainant had been informed of the outcome of their complaints. Complainants were also advised of their options if they were not satisfied with the outcome of the complaint. There have been no complaints received from external sources since the previous audit.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body assumes accountability for delivering a high-quality service to the resident communities served. Input from Māori into the governance group is through the Whakarongotai Marae and the staff-led Māori Roopu. Trustees are encouraged to complete education on Te Tiriti, health equity, and cultural safety. Six of seven trustees have completed the education provided.</p> <p>The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori, Pasifika, and tāngata whaikaha was evident in plans and monitoring documentation</p>

		<p>reviewed. A commitment to the quality and risk management system was evident. Members of the governance group interviewed reported that they were well informed of progress and risks. This was confirmed in a sample of reports to the board of trustees.</p> <p>Compliance with legislative, contractual, and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through policy documentation, is enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights and infection prevention and control, differing text sizes for the visually impaired). People receiving services and their whānau participate in planning and evaluation of services through resident meetings, whānau meetings, and satisfaction surveys.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Capital, Coast and Hutt Valley (Te Whatu Ora Capital, Coast and Hutt Valley) for aged-related rest home and hospital level services, dementia care, long-term support-chronic health conditions (LTS-CHC), short-term care (respite), day respite, care for younger disabled (under 65 years of age). They do provide services and invoice ACC for clients under this funding stream but the Trust has no current contract with ACC. The service also holds a contract with Manatū Hauora for the care of people under the age of 65. Fifty-six (56) residents were receiving services on the day of audit. One resident was receiving rest home services, 37 hospital level services (one under the age of 65 under a 'like in age and interest' contract), 12 dementia care, five respite, and one through ACC. No residents were receiving services under the LTS-CHC contract, the care for younger disabled (under 65 years of age) contract or the day respite contract, on the day of audit.</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>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement This includes the management of incidents/accidents/hazards (including the monitoring of clinical incidents such as falls, pressure injuries, infections, wounds,</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>and medication errors), complaints and compliments, audit activities, feedback mechanisms from residents, whānau, and staff, and organisational policies and procedures. Progress against quality outcomes is evaluated. Relevant corrective actions are developed and implemented to address any shortfalls. Quality data is communicated and discussed, and this was confirmed by staff at interview. Trends are graphed and displayed on notice boards in public and staff areas. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>Residents, whānau and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents have meetings and outcomes from these meetings are discussed with management. Residents' satisfaction surveys are completed. The survey completed in 2023 had a response rate of 38%. Results were generally above the benchmark for the organisation with an overall satisfaction rate of 94%. Results have been discussed at resident meetings and at whānau meetings (which are separate from resident meetings).</p> <p>Critical analysis of practices and systems, using ethnicity data, identifies possible inequities which the service works to address. Delivering high-quality care to Māori residents is supported through relevant training, tikanga policies, and access to cultural support roles internally and externally.</p> <p>The GMRW 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 document adverse and near-miss events in line with the National Adverse Events Reporting Policy. Whilst a sample of incidents forms reviewed showed these were fully completed, and incidents investigated with action plans developed, not all fall incidents had appropriate neurological investigation completed (refer criterion 2.2.5).</p> <p>The GMRW understood and has complied with essential notification reporting requirements. There have been four section 31 notifications in the last 12 months, all related to resident incidents. There has been one request for a resident to be cared for at hospital level in a rest home bed (in the secure dementia unit). This was granted but reversed</p>
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		to dementia level care following improvement in the resident's condition.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>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. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this, complimenting the responsiveness of staff. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. There is a specific job description related to infection control and restraint activities.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora Capital, Coast and Hutt Valley. Staff working in the dementia care area have either completed or are enrolled in the required education. Of the staff working in the dementia area, only two have yet to complete the required education. There are also a large number (28) of staff within the organisation who have completed a level four NZQA qualification.</p> <p>Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported feeling well supported and safe in the workplace. An</p>

		employee assistance programme is available to staff should they require extra support and staff interviewed reported their awareness of this.
<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>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. Descriptions also cover responsibilities and additional functions, such as holding a restraint or infection prevention and control (IPC) portfolio.</p> <p>A sample of nine staff records were reviewed. The records evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed induction and orientation. Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Qualifications are validated prior to employment. A register of annual practising certificates (APCs) is maintained for RNs, enrolled nurses (ENs), and associated health contractors (two general practitioners (GPs), a podiatrist, a pharmacist, a physiotherapist, and a dietitian).</p> <p>Data, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements. Staff information is secure and accessible only to those authorised to use it.</p> <p>Debrief for staff is outlined in policy; staff interviewed confirmed the opportunity for debrief and that support is available to them.</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</p>	FA	<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. Information is accessible for all those who</p>

<p>data in order to achieve Māori health equity. 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>need it. Electronic data is username and password protected. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. Sevenoaks is not responsible for National Health Index registration of people receiving services.</p>
<p>Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>	FA	<p>Residents enter the service when their required level of care has been confirmed by the Te Whatu Ora Capital, Coast and Hutt Valley's Needs Assessment and Service Coordination (NASC) agency. Residents and whānau interviewed stated they were satisfied with the admission process and the information made available to them prior to and on admission. Admission information at Sevenoaks was available in a variety of different formats, including information for residents that identify as Māori and Pasifika. The seven files reviewed met contractual requirements. Specialist referral to the service was confirmed when required with evidence that the EPOA had consented for the resident to be admitted. Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori and Pasifika.</p>
<p>Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>Seven resident (rest home, dementia, and hospital) files were reviewed. File reviews included residents who identified as Māori and Pasifika, who had experienced a fall and transferred to an acute facility, a recent admission, a resident with multiple high needs health conditions and wound management, and a resident requiring management of behaviour that challenged. The RNs complete admission assessments, care planning and evaluation. Assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs are used. Cultural assessments were completed by staff who have completed appropriate cultural safety training. All residents' files sampled evidenced that</p>

	<p>relevant interRAI outcome scores have supported care planning. Goals of care and appropriate interventions were documented.</p> <p>Behaviour management plans were completed for residents in the specialist dementia unit at Sevenoaks. The identified behaviours of concern, known triggers and strategies to manage the behaviours were documented. Behaviour monitoring charts were completed, and appropriate interventions implemented as required. The whānau or EPOAs of residents confirmed being involved in the assessment and care planning processes. Care planning for a resident who identified as Māori included accessing cultural advice and tikanga Māori knowledge if required. Whānau are involved in wellbeing assessments to ensure that tikanga and kaupapa Māori perspectives are included in the assessment process.</p> <p>The Māori health plan was developed in consultation with a cultural advisor. The Māori health care plan used at Sevenoaks supports residents who identify as Māori to identify pae ora outcomes in their care plan in consultation with their whānau. The cultural safety assessment process validates Māori healing methodologies, such as karakia, rongoā, and spiritual assistance. The long-term care plans reviewed reflected partnership and support of residents, whānau, and the extended whānau to support wellbeing. Tikanga principles are included within the Māori health plan. Sevenoaks uses Te Whare Tapa Whā model of care for residents who identify as Māori and the Fonofale model for Pasifika residents.</p> <p>Any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. The staff confirmed they understood the process to support residents and whānau. Interviewed whānau confirmed satisfaction with cultural support provided by the service. The care plans reflected identified residents' strengths, whānau goals and aspirations aligned with their values and beliefs. The strategies to maintain and promote the residents' independence, wellbeing, and where appropriate early warning signs and risks that may affect a resident's wellbeing were documented. Management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care.</p>
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	<p>The care plans evidenced service integration with other health providers including specialist services, medical, and allied health professionals. Any changes in residents' health were escalated to the GP. Referrals made to the GP when a resident's needs changed, and timely referrals to relevant specialist services as indicated was evidenced in the residents' files sampled. The long-standing GP at Sevenoaks confirmed satisfaction with the care being provided. Medical assessments were completed by the GP and routine medical reviews were completed regularly with the frequency increased as determined by the resident's condition. Timely medical records were evidenced in sampled resident files. Referrals to specialist services for residents in the specialist dementia unit were completed where required with the EPOAs consent.</p> <p>Residents' care was evaluated on each shift and reported in the progress notes by the caregivers. The handover between a shift was observed to be comprehensive, capturing information to maintain safe follow-through of residents' care. Any changes noted were reported to the RNs, as confirmed in the residents' records sampled. The care plans were reviewed at least six-monthly following interRAI reassessments. Short-term care plans were completed for acute conditions, and these were reviewed regularly and closed off when the acute conditions resolved. The evaluations included the residents' degree of progress towards the agreed goals and aspirations as well as family/whānau goals and aspirations. Where progress was different from expected, the service, in collaboration with whānau, responded by initiating changes to the care plan. Where there was a significant change in the resident's condition, interRAI reassessment was completed and a referral made to the local NASC team for reassessment of level of care.</p> <p>Residents' records, observations, and six interviews with the whānau of residents verified that care provided to residents was consistent with their assessed needs, goals, and aspirations. A range of equipment and resources were observed to be available, suited to the levels of care provided and in accordance with the residents' needs. The residents' whānau confirmed their involvement in evaluation of progress and any resulting changes. The staff confirmed they understood the process to support residents and whānau when</p>
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		required.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  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>	FA	<p>There are three registered diversional therapists and an activities coordinator (not registered) who provide activity programmes at Sevenoaks Lodge. The activities team operate in the hospital/rest-home six days a week and the dementia unit five days a week. Other days, activities are prepared in advance by the diversional therapists to assist the care staff to facilitate activities. The 24/7 holistic programme was suitable for their ages and stages of life to improve and support residents' emotional wellbeing, cognitive status, physical function and reduce problematic behaviours.</p> <p>Activity assessments and plans identified individual interests and considered the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated with input from staff who identify as Māori. Participation in te ao Māori included tikanga. Local kapa haka groups visit the facility. Matariki and Waitangi days are celebrated with food, language, and activities.</p> <p>Younger residents were enabled to attend community activities of their choice and participate in activities that were of interest to them.</p> <p>Sevenoaks provides a 24/7 approach in the specialist dementia unit to activities, offering activities and diversion at appropriate times for residents, in line with the individual needs identified in the care plan.</p> <p>Residents and whānau are involved in evaluating and improving the programme. A satisfaction survey evidenced residents and their whānau were very satisfied with the activities provided at Sevenoaks.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.  Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	FA	<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 observed on the day of audit. Fourteen medication records were reviewed. There was a process in place to identify, record, and document residents'</p>

<p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medication sensitivities, and the action required for adverse events.</p> <p>Staff who administer medicines are annually assessed as competent to perform the function they manage. All staff administering medication have completed the required assessments.</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 have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are used at Sevenoaks with the relevant guidelines used to guide practice in place.</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>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service at Sevenoaks is in line with recognised nutritional guidelines for older people. The menu was reviewed on 19 April 2023 by a qualified dietitian. All recommendations have been incorporated into the menu and signed off by the dietitian.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by the Kapiti District Council. The food control programme period of certification extends from 13 February 2023 through to August 2024.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, food sensitivities, any special diets and modified texture requirements are accommodated in the daily meal plan. Menu options are available for other cultures, including te ao Māori.</p> <p>Evidence of levels of resident satisfaction with meals was verified by</p>



		<p>residents and whānau interviews, through satisfaction surveys and resident meeting minutes. A satisfaction survey completed in 2024 evidenced residents and their whānau were generally satisfied with the food services provided at Sevenoaks.</p> <p>Residents could choose their time preferences to eat their meals. There was the availability of snack food 24/7. Residents were also given sufficient time to eat their meals. Assistance and monitoring were provided to residents who required this.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and whānau. This was evident in a file reviewed that required transfer to an acute care facility (refer subsection 3.2). The RN's regular contact with whānau was well documented prior to transfer to and from the acute facility.</p> <p>Resident transfer documentation was noted to be comprehensive, with a full and accurate account of the event in the resident's file.</p> <p>Prior to transfer of the resident back to Sevenoaks, the RN ensured all relevant information for ongoing care of the resident was communicated and documented.</p> <p>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</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely</p>	FA	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building warrant of fitness for the facility is current, expiring on 11 November 2024.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for tāngata whaikaha to meet their needs. There are adequate numbers of accessible bathroom and</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>toilet facilities throughout the facility.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. The current environment is inclusive of people's cultures and supported cultural practices.</p> <p>Sevenoaks is currently building a suite to provide 14 dual purpose beds to be offered under licence to occupy agreements. These are due to be completed by the end of 2024. Consultation with Māori, including a site blessing has occurred, to ensure that the space reflects the identity of Māori.</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 its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand on 26 May 2009. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff are able to provide a level of first aid relevant to the types of risk for the type of service provided.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place, including in the secure dementia unit. Residents and whānau were familiarised with emergency and security arrangements, as and when required.</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>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 governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress,</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>issues, and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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>FA</p>	<p>The infection prevention and control policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. The policies developed by Sevenoaks are supported with on-line teaching resources from Bug Control. Cultural advice was accessed by senior management team who developed the infection control policies and programme. Policy and procedure and staff interviews demonstrated compliance with decontamination of reusable medical devices and shared mechanical equipment.</p> <p>Governance at Sevenoaks is aware of the need to consult with infection prevention personnel in relation to the proposed design of any new building or when significant changes are proposed to the existing facility. This has occurred in relation to the new build.</p> <p>Staff at Sevenoaks were familiar with infection prevention and control (IPC) policies through education during orientation and ongoing education and were observed to follow policy and procedure correctly. Individual-use items were discarded after being used. Residents and whānau are educated about IPC practices relevant to their needs. Staff who identify as Māori and speak te reo Māori can provide the infection control nurse (ICN) with infection advice in te reo Māori if needed for Māori accessing the service.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at interview. Staff had been trained in their use. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and</p>	<p>FA</p>	<p>Sevenoaks has a documented antimicrobial stewardship (AMS) programme, appropriate to the size, scope and complexity of the</p>

<p>implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>service, which sets out to optimise antimicrobial use and minimise harm. The AMS programme had been approved by governance. Responsible use of antimicrobials is promoted. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use to inform ongoing antimicrobial prescribing in the service.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the IC programme. The programme included standardised surveillance definitions, data collection and analysis that included ethnicity data. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required interventions. A monthly surveillance programme report includes a summary of surveillance activities and areas for improvement. The report is shared with the executive team, managers, staff, residents, and whānau. Results of the surveillance programme were also reported to the board.</p> <p>Clear, culturally safe processes for communication between service providers and residents who developed or experienced an HAI were evidenced in file notes and in an interview with the ICN.</p> <p>A surveillance summary report for a COVID-19 outbreak was reviewed and demonstrated a thorough process for investigation and follow-up. Regional Public Health Unit (RPH) and Te Whatu Ora Capital, Coast and Hutt Valley were informed of the outbreak. Learnings from the event have been incorporated into practice.</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>FA</p>	<p>A clean and hygienic environment at Sevenoaks supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Suitable PPE was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were</p>

<p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>		<p>available, and staff had appropriate and adequate access, as required.</p> <p>Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and cleansing gel were available throughout the facility. Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>Staff interviewed and observed demonstrated good knowledge of policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness via the internal audit programme and resident satisfaction survey, and these were sighted. Staff involved have completed relevant training and were observed to carry out duties safely. Cleaning services are contracted.</p> <p>Residents and whānau reported that the laundry is managed well, and the facility, communal and personal spaces, are kept clean and tidy. This was confirmed through observation during audit.</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>A restraint-free environment is the aim of the service. The governance group demonstrates commitment to this, supported by the GMRW at management level. At the time of audit one resident was using a restraint (a bedrail). The Governance Board approve an annual Restraint Elimination Plan and receive regular updates on progress.</p> <p>Policies and procedures meet the requirements of the standard. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group are responsible for the approval of the use of restraints and the restraint processes. There are clear lines of accountability, all restraints have been approved, and the overall use of restraint is being monitored and analysed. Whānau/EPOA are involved in decision-making.</p>

<p><b>Subsection 6.2: Safe restraint</b></p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>When restraint is used, this is as a last resort when all alternatives have been explored. Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the standard. Whānau confirmed their involvement in decisions around restraint use. Access to advocacy is facilitated as necessary.</p> <p>Monitoring of restraint is overseen by the restraint coordinator who is a registered nurse. It takes into consideration the person's cultural, physical, psychological, and psychosocial needs, and addresses wairuatanga.</p> <p>A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record, including all requirements of the standard.</p> <p>No emergency restraint has been used at Sevenoaks. If emergency restraint is used, a person-centred debrief would follow any episode of emergency restraint, using the most appropriate member of the workforce to do so.</p>
<p><b>Subsection 6.3: Quality review of restraint</b></p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education and processes are implemented if indicated. The use of restraint has been reduced from three to one since the last audit.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.5</p> <p>Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>	PA Low	<p>Staff generally document adverse and near-miss events in line with the National Adverse Events Reporting Policy. Incidents forms reviewed showed these were fully completed, with incidents investigated and with action plans developed. However, not all falls' incidents had appropriate neurological investigation completed. Four out of five files reviewed of people who had fallen and either hit their head or had an unwitnessed fall showed incomplete neurological observations, and that one did not have neurological observations after the first set being completed post-accident. Of the four files with incomplete neurological investigations, two of the files had near complete neurological observations (one with one set missing and one with two sets missing) in line with the service's policy.</p>	<p>Neurological observations are not being completed for all residents in line with the service's policy on neurological observation following a fall.</p>	<p>Provide evidence that neurological observations are being completed for all residents in line with the service's policy on neurological observation following a fall.</p> <p>60 days</p>





## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.