

# Kapiti Retirement Trust - Sevenoaks Lodge

---

## Introduction

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

The audit has been conducted by 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: 16 October 2025      End date: 16 October 2025

**Proposed changes to current services (if any):** Reconfiguration of two hospital level care beds to dual purpose (rest home or hospital) care.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 71

--

# Executive summary of the audit

---

## Introduction

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

- ō tātou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao 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

Kapiti Retirement Trust – Sevenoaks Lodge (Sevenoaks) is a charitable trust providing a range of accommodation options for older people in central Paraparaumu on the Kāpiti Coast. Sevenoaks is an aged residential care facility and currently provides services for up to seventy-five residents requiring rest home, hospital, dementia, and respite care. The facility is owned and operated by Kapiti Retirement Trust (the Trust).

Sevenoaks built a suite earlier in 2025 to provide fourteen dual-purpose care suites offered under occupation right agreements. A partial provisional audit was conducted on 3 March 2025, and these suites were subsequently certified by HealthCERT at the Ministry of Health (Manatū Hauora). Sevenoaks also requested HealthCERT approval to change two hospital-level beds to dual-purpose. While no audit was required for this change, HealthCERT advised that the matter be reviewed at the facility’s next scheduled audit, and this was addressed during the current audit.

This surveillance audit process included a review of relevant policies and procedures, a review of residents’ and staff files, observations, and interviews with residents, whānau, a member of the governance group, managers, staff, and a general practitioner. During the previous (certification) audit, an improvement was identified related to the completion of neurological observations following an adverse event; this had not been fully addressed and remained a finding in this audit. Added to this, during the previous (partial provisional) audit, an improvement was identified related to window dressings and handrails in shower areas in the new care suite wing and ensuring that the external areas surrounding the new wing were safe for residents to access; this has been addressed.

## Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

Sevenoaks provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, people from Pacific communities, and other ethnicities. The service worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery. There were processes in place to ensure Māori were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Māori in the service confirmed that culturally appropriate care was taking place. There were processes in place to ensure Pacific peoples could be provided with services that recognise their worldviews in a culturally and spiritually safe manner.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity, choices, and experiences. There was evidence that residents and their whānau were kept well informed.

Complaints were being addressed and resolved promptly and effectively in collaboration with all parties involved. Communication with the Office of the Health and Disability Commissioner and Health New Zealand – Te Whatu Ora around complaints had been managed appropriately. There were processes in place to ensure that the complaints process works equitably for Māori. Complaints were fully documented, with corrective actions in place where these were required.

## Hunga mahi me te hanganga | Workforce and structure

<p>Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
--	--	---

The Trust's governing body assumed accountability for delivering high-quality services. This included ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori, Pacific peoples, and tāngata whaikaha.

Planning ensured the purpose, values, direction, scope, and goals for the organisation were defined. Performance was monitored and reviewed at planned intervals.

A clinical governance structure met the needs of the service, supporting and monitoring good practice.

The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. An integrated approach included the collection and analysis of quality improvement data, identifying trends leading to improvements. Actual and potential risks were identified and mitigated.

Adverse events were documented in line with the National Adverse Events Policy. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff had the skills, attitudes, qualifications, and experience to meet the needs of residents. A systematic approach to identify and deliver ongoing learning and competencies supports safe, equitable service delivery.

Professional qualifications were validated prior to employment. Staff reported that they felt well supported throughout the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
---	--	--

When residents were admitted to Sevenoaks, a person-centred and whānau-centred approach was adopted. Relevant information was provided to the potential resident and their whānau.

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, and accommodated any recent problems that might arise. Files reviewed demonstrated that care met the needs of residents and their whānau, and these were evaluated on a regular and timely basis.

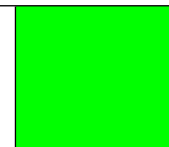
Medicines were safely managed and administered by staff who had been assessed as competent.

The food service met the nutritional needs of the residents, with specific cultural and special needs catered for. Food was safely managed.

Residents were transitioned or 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.

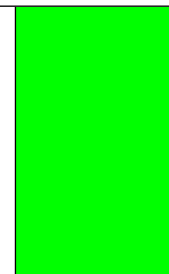


Subsections applicable to this service fully attained.

The facility met the needs of residents and was clean and well maintained. There was a current building warrant of fitness, and this was displayed. Electrical and biomedical equipment had been checked and assessed as required. External areas were accessible, safe, provided shade and seating, and met the needs of people with disabilities and those in the secure dementia care service. There have been no further changes to the building or services since the previous (certification and partial provisional) audits.

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

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




Subsections applicable to this service fully attained.

The governing body, group manager – resident wellbeing, and the infection control coordinator at Sevenoaks ensured the safety of residents and staff through a planned infection prevention and antimicrobial stewardship programme that was appropriate to the size and complexity of the service. It was adequately resourced. The experienced and trained infection control coordinator led the programme and was engaged in procurement processes.

Aged care-specific infection surveillance was undertaken, with follow-up action taken as required. Surveillance of infections was undertaken, and results were monitored and shared with the organisation's management and staff. Action plans were implemented as and when required.

## Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service fully attained.
---	---	--

The service is a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents observed to be using a restraint at the time of audit.

A comprehensive assessment, approval, and monitoring process, with regular reviews, was in place should restraint use be required in the future. A suitably qualified restraint coordinator, who is a registered nurse, managed the process. Staff interviewed demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques, alternative interventions to restraint, and requirements related to 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	18	0	0	1	0	0
Criteria	0	51	0	0	1	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. 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>Sevenoaks has policies, procedures, and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. A Māori health plan with an appropriate model of care had been developed with input from cultural advisors. This was in use for residents who identify as Māori.</p> <p>There were residents who identified as Māori in the service during the audit. They, and their whānau, confirmed that they were provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination), reporting that they felt culturally safe.</p> <p>There were staff who whakapapa to Māori communities employed by the service, they bring their own skills and expertise and would provide advice and support if required and have formed a rōpū (group) to support care for Māori in the service. Partnerships have also been established with local iwi, the local Whakarongotai Marae, kaumātua, and community people and organisations to support service integration, planning, equity approaches, and support for Māori.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live</p>	FA	<p>Sevenoaks works to ensure Pacific peoples' worldviews, culture, and spiritual beliefs are respected and embraced. The service identified and worked in partnership with Pacific communities and organisations to provide a Pacific</p>

<p>and enjoy good health and wellbeing.  Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.  As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		<p>plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. The Pacific health plan in place utilises appropriate Pacific models of care, documenting care requirements for Pacific peoples to ensure culturally appropriate services. The plan had been developed with input from cultural advisers.</p> <p>There were no residents who identified as from a Pacific community in the facility on the day of audit; however, processes are in place to support Pacific peoples in a culturally appropriate way should they enter the service. Sevenoaks can access support for residents in the service through those staff who identify as from a Pacific community, who bring their own skills and expertise and would provide advice and support if required. Additional support and advice can be accessed through community services and local churches.</p>
<p>Subsection 1.3: My rights during service delivery  The People: My rights have meaningful effect through the actions and behaviours of others.  Te Tiriti:Service providers recognise Māori mana motuhake (self-determination).  As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood the requirements of the Code and were observed supporting residents in accordance with their wishes. Staff training on the Code had occurred within the past year.</p> <p>Residents and their whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and confirmed that they were provided with opportunities to discuss and clarify their rights. Posters on the Code and the Advocacy Service were displayed throughout the facility. Brochures on these were on display and accessible at the reception area.</p>
<p>Subsection 1.5: I am protected from abuse  The People: I feel safe and protected from abuse.  Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.  As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Employment practices at Sevenoaks included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other forms of exploitation, abuse, or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such practice. Residents' rooms were furnished with their own furniture, 'nik naks' and photographs. Residents reported that their property was respected, and finances protected. Interviews with residents and their whānau verified that staff were respectful, willing, and helpful, and responded promptly to requests for assistance. Staff were noted</p>

		<p>to be laughing and happy during the audit. Professional boundaries were maintained.</p> <p>Seven residents and five whānau interviewed expressed satisfaction with the services provided at Sevenoaks.</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 at Sevenoaks and/or their whānau/legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing 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 were documented, as relevant, in the resident's record.</p> <p>Files reviewed (two) of residents in the secure dementia care unit evidenced either a Protection of Personal Property Rights (PPPR) order or activated EPOA being in place. Authorisation from a specialist had initiated the resident requiring care in a secure dementia care unit.</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>	FA	<p>A fair, transparent and equitable system was in place to receive and resolve complaints that led to improvements. The process met the requirements of the Code. The group manager – resident wellbeing (GMRW) advised there was a process in place to manage complaints from Māori through the use of hui, appropriate tikanga, and/or te reo Māori, as applicable. There were te reo Māori speakers employed in the service. The service was also aware of the reluctance of Māori and Pacific residents to make complaints. Sevenoaks has introduced an initiative to better support residents who identify as Māori or Pacific peoples by meeting with them individually every three months to discuss how the service can improve the care it provides. Evidence was sighted of the implementation of this initiative.</p> <p>Feedback forms were readily available within the facility, alongside</p>

		<p>information brochures related to the advocacy service of the Health and Disability Commissioner (HDC). Residents and whānau interviewed understood their right to make a complaint and knew how to do so. Nine 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.</p> <p>There have been two complaints recently received via the HDC and one via Health New Zealand – Te Whatu Ora (Te Whatu Ora). The two from the HDC were received in 2025; information requested from the HDC has been provided within the timeframes set by the HDC; the complaints remained open at the time of audit. The complaint received via Te Whatu Ora was also received in 2025. The requested information was provided as required, and the complaint has been closed with no recommendations from Te Whatu Ora regarding changes to services or processes. There have been no further complaints received from any other external sources.</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>Kapiti Retirement Trust, who own Sevenoaks, is a charitable trust. The board of trustees is the governing body, and the board members assume accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual, and regulatory requirements are overseen by the leadership team and governance group, with external advice sought as required. Input from Māori to the governance group is through the Whakarongotai Marae and the staff-led Māori rōpū. Trustees have completed cultural training, and evidence of this was sighted.</p> <p>The leadership structure, including for clinical governance, was appropriate to the size and complexity of the organisation. There was an experienced and suitably qualified chief executive officer (CEO) in place who has worked at Sevenoaks for two months. The CEO is an experienced health care professional who holds post graduate qualifications in business and management. Support is provided by the Group Manager Resident Wellness (GMRW), a Clinical Manager (CM) and two Clinical Team Leaders (CTL); they are all registered nurses (RNs) who have experience in aged care settings; together they provide clinical oversight of the facility.</p>

		<p>The purpose, values, direction, scope, and goals were defined, and monitoring and reviewing of performance occurred through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori, Pacific peoples, and tāngata whaikaha was evident in plans, monitoring documentation reviewed, and through staff meetings and governance board reports. A commitment to the quality and risk management system was evident. Governance is informed on organisational progress and risks; this was confirmed in a sighted sample of reports to the board of trustees.</p> <p>The service holds contracts with Te Whatu Ora for Age-Related Residential Care (ARRC) services including rest home and hospital services, secure dementia care, long-term support – chronic health conditions (LTS-CHC), short-term care (respite), and day respite. The service has six bulk-funded respite beds under contract to Te Whatu Ora. The service also holds contracts with the Accident Compensation Corporation (ACC) and the Ministry of Social Development/Te Manatū Whakahiato Ora for younger whaikaha (people with disability). Some residents live in one of the sixteen care suites, which are purchased under an occupation right agreement (ORA) with ARRC provisions; all of these were occupied.</p> <p>Seventy-one (71) residents were receiving services on the day of audit. Nineteen (19) residents were receiving rest home services (including two under the bulk-funded respite scheme), thirty-nine residents were receiving hospital-level services (including four under the bulk-funded respite scheme), and thirteen were receiving secure dementia care services. No residents were receiving services under the LTS-CHC 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>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-</p>	<p>PA Moderate</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, 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.</p>

<p>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>Trends are graphed and displayed on notice boards in public and staff areas.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. Residents, whānau and staff contribute to quality improvement through the ability to give feedback at meetings and in surveys. Residents hold meetings, and the outcomes from these meetings are discussed with management. Residents' satisfaction surveys are completed. The survey completed in 2025 received thirty responses. Results were generally above the benchmark for the organisation, with a net promoter score of +71.83 and satisfaction rates of between 88.1% and 97%. Results have been discussed at resident meetings and at whānau meetings (which are separate from resident meetings), with corrective actions identified and implemented for the lower scores.</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 models of care, 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. Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. Adverse events notifications in the service's resident management system showed that notifications were fully completed, whānau (as applicable) were advised of the event, actions required to minimise these events were recorded in the residents' progress notes, and strategies to minimise recurrence were included in the residents' ongoing plans of care. The exception to this was in the completion of neurological observations post-unwitnessed falls; this was also a finding in the previous (certification) audit and has not been addressed (refer criterion 2.2.5).</p> <p>The GMRW understood and has complied with statutory and regulatory notification requirements. In the past 12 months, there have been four Section 31 notifications made to HealthCERT at the Ministry of Health (Manatū Hauora): one for a change of CEO, one for a call bell malfunction, and two related to resident incidents. Three notifications have been made to the Health Safety &amp; Quality Commission (HQSC) related to pressure injuries. There were no reported police investigations or coronial inquests at the time</p>
--	---

		of audit.
<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 was 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). A safe rostering tool was in use that considered the physical environment. A multidisciplinary team (MDT) approach ensured all aspects of service delivery are met; the facility adjusts staffing levels to meet the changing needs of residents. Staff reported that there were adequate staff to complete the work allocated to them; residents and whānau interviewed supported this, complimenting the responsiveness of staff.</p> <p>A review of four weekly rosters confirmed that adequate staff cover has been provided, with staff replaced in any unplanned absence. Residents, whānau and staff interviewed confirmed there were sufficient staff available to meet their needs. At least one staff member on duty has a current first aid certificate, and there was 24/7 RN coverage in the facility on the rosters sighted.</p> <p>The employment process, which included reference checking, police vetting, and validation of qualifications and annual practising certificates (APCs) for health professionals, was in place. Position descriptions defining the skills, qualifications and attributes for each role ensures that services are delivered to meet the needs of residents. There was a specific position description related to infection control and restraint activities.</p> <p>An orientation and continuing education programme had been planned and implemented, incorporating all mandatory training requirements. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. Relevant competencies were assessed to support the delivery of equitable services through both orientation and ongoing education programmes. Records reviewed confirmed the completion of orientation, as well as participation in the continuing education and competency assessment programme. Staff felt well supported with development opportunities. Care staff have access to a New Zealand Qualifications Authority (NZQA) education programme, in alignment with the provider's agreement with Te Whatu Ora.</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 were based on good employment practice and relevant legislation. A sample of twelve staff records reviewed confirmed that the organisation's policies were being consistently implemented, including evidence of qualifications and professional registration (where applicable). A register of annual practising certificates (APCs) is maintained for health professionals within and associated with the service. Position descriptions were documented and sighted in the files reviewed.</p> <p>Staff orientation included all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New staff interviewed described their orientation and 'buddy' arrangements with an experienced staff member until the employee was confident. Orientation had been completed in the files sighted. Staff interviewed confirmed the orientation process takes place and described it as valuable in preparing them for their roles and responsibilities.</p> <p>Staff were encouraged to undertake a New Zealand Qualifications Authority (NZQA) education programme. There were forty-two staff in the service who have completed either the Level 3 or Level 4 qualification. Staff working in the secure dementia care area of the service have either completed or were enrolled in the required education. Of the staff working in the secure dementia area, only two have yet to complete the required education. There are also a large number (23) of staff within the organisation who have completed a Level 4 NZQA qualification.</p> <p>Opportunities to discuss and review performance occur annually, as confirmed in records reviewed. Staff reported that appraisals were beneficial, providing opportunities to set personal career and education goals aligned with service 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</p>	<p>FA</p>	<p>The multidisciplinary team at Sevenoaks worked in partnership with the resident and their whānau to support the resident's wellbeing. Seven residents' files were reviewed – four hospital files, one rest home file, and two files of residents who are receiving dementia care in the secure unit. These files covered residents in care suites, those with pressure injuries or</p>

<p>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>		<p>challenging behaviours, Māori residents, respite care recipients, individuals who had recently had unwitnessed falls, and those with multiple comorbidities.</p> <p>A review of seven files confirmed that a RN created a care plan after conducting a thorough assessment. The care plans considered the residents' experiences, cultural background, values, beliefs, and incorporated broader service integration when necessary.</p> <p>Assessments were based on a range of clinical assessments, which included the resident and 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 met contractual requirements. The physical and ongoing assessment of a resident who had recently experienced an unwitnessed fall was sighted, in addition to an incident form and whānau notification; however, evidence of neurological assessment was not in place (refer criterion 2.2.5).</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 was different from that expected, changes were made to the care plan in collaboration with the resident and/or whānau. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation. Residents and their whānau confirmed active involvement in the process.</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. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>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 the audit. All staff who administer medicines had been assessed as competent to perform the function they managed. There was a process in place to identify, record and document residents' medication sensitivities and allergies, and the action required for adverse events.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock</p>

		<p>checks had been completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were used at Sevenoaks, and the standing order documentation met standing order guidelines.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were 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 provided at Sevenoaks was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 30 April 2025. Recommendations made at that time had been implemented.</p> <p>Sevenoaks operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken at Sevenoaks on 28 August 2025. No areas requiring corrective action were identified, and the plan was verified for 18 months. The plan is due for re-audit on 28 February 2026.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their personal food preferences, any special diets, cultural requests, and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice, and the kitchen would address this.</p> <p>Interviews, observations, and documentation verified that residents were extremely satisfied with the meals provided. Evidence of residents’ satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Food was available to residents in the secure dementia unit at any time, day, or night.</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>	<p>FA</p>	<p>Transfer or discharge from Sevenoaks was planned and managed safely to cover current needs and mitigate risk. When a transfer was required, a plan was developed with coordination between services and in collaboration with the resident and whānau.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The building had a building warrant of fitness with an expiry date of 11 November 2025, and this was displayed. The planned maintenance schedule includes electrical testing and tagging, resident equipment checks, and calibrations of weigh scales and biomedical equipment. Monthly hot water tests were completed for resident areas; all were within the required temperature range.</p> <p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose and maintained. All residents have their own rooms, which were personalised. There was access to external areas for all residents. Residents in the secure dementia care area had free access to internal and external spaces, promoting independence. Personalised equipment was available for tāngata whaikaha to meet their physical and mobility needs. The environment was inclusive of people's cultures and supported cultural practices.</p> <p>Earlier in 2025, Sevenoaks built a suite to provide fourteen dual-purpose beds to be offered under occupation right agreements (ORAs). These are certified for use by HealthCERT. A finding from the partial provisional audit related to the completion of 'finishing touches' to the suites. Window coverings had not yet been installed in the care suites, handrails in the shower rooms were not in place, and not all external areas had been landscaped to ensure they were safe for residents to access. Decks had been installed, but the groundwork connecting the ramps to existing pathways had</p>

		<p>not been completed. The grounds were unsafe for residents to access. This has been addressed by the service. All the care suites have window coverings, handrails have been installed in shower areas, and the external areas have been landscaped so that they are safe for residents to access, and the ramps to existing pathways have been completed.</p> <p>The only other change to the service related to a request to HealthCERT to change two hospital-level beds to ORA care suites. A letter from HealthCERT, dated 24 August 2024, advised the service that a partial provisional audit was not required for this, requesting only that the rooms be sighted at the next audit to determine the appropriateness of the change. The two rooms in question were sighted during this audit and were deemed appropriate for the delivery of dual-purpose (rest home or hospital) care.</p> <p>Residents and whānau interviewed reported that they were happy with the environment, including security, heating and ventilation, natural light, privacy, and maintenance.</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>	FA	<p>The change of two hospital-level care beds to ORA care suites has not necessitated a change to fire and emergency procedures. The change of use has not changed routes of escape in the event of a fire or other emergency. Any rest home residents residing in the two rooms would have been assessed for either rest home or hospital-level care. If assessed as rest home level, residents are likely to be more mobile and require less assistance in an emergency compared to those assessed as hospital level. The facility maintains a list outlining each resident's level of assistance required in an emergency. The Fire Evacuation Scheme was approved by Fire and Emergency New Zealand (FENZ) on 26 May 2009.</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.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to</p>	FA	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme was appropriate to the size and complexity of the service, had been approved by the governing body, linked to the quality improvement system, and had been reviewed and reported on yearly. Expertise and advice were sought following a defined process. A documented pathway supported risk-based reporting of progress, issues, and significant events to the governing body.</p>

<p>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>Staff were familiar with policies through education during orientation, and ongoing education, and were observed to be following processes correctly. Residents were provided with education daily, as part of the resident's meetings and through notifications on the residents notice board.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Sevenoaks undertook surveillance of infections appropriate to that recommended for long-term care facilities, and this was in line with priorities defined in the infection control programme. The service used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data, including ethnicity data, was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were reported to management and the governing body and shared with staff.</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. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>Sevenoaks had a commitment to remaining restraint-free. The last restraint was discontinued in July 2025 and there had been only one restraint in place since July 2023. No residents were observed to be using a restraint during the audit.</p> <p>There were strategies in place to eliminate restraint, including an investment in processes and equipment to support the removal of restraint (g., use of intentional rounding (scheduled resident checks), use of high/low beds, and sensor equipment). Sevenoaks governance and management were responsible for the restraint elimination strategy and for monitoring restraint use in the organisation. Documentation confirmed that restraint was reported to the board, even if there was no restraint in the facility.</p> <p>The restraint coordinator (RC), in consultation with the multidisciplinary team, would be responsible for assessment that all alternatives to restraint have been trialled and found to be inadequate prior to seeking GMRW approval for the use of restraints should this be required in the future; there were clear lines of accountability.</p>

		<p>Restraint protocols were covered in the orientation programme of the facility and included in the education/training programme (which includes annual restraint competency). Staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, de-escalation techniques, and restraint monitoring in 2024. Restraint use was identified as part of the quality programme and reported at all levels of the organisation.</p> <p>A retrospective review was completed on the resident who had been using a restraint up until July 2025. Records sighted showed that restraint assessment, consent, and ongoing evaluation had been in place. Documented restraint monitoring was sighted. The restraint had been reported at facility level and to the board. Evidence was sighted of progress documentation in the resident's file, in restraint, staff, and quality meeting minutes, and through reports to the board. The use and discontinuation of the restraint were recorded in the electronic restraint register.</p> <p>Given that there was no restraint being used in the facility, subsections 6.2 and 6.3 have not been audited.</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>	<p>PA</p> <p>Moderate</p>	<p>Sevenoaks’ policy and best practice protocols require neurological observations to be undertaken for 24 hours following a fall if the fall resulted in a ‘knock to the head’ or if it was unwitnessed. A detailed review of four out of fourteen records relating to unwitnessed falls was conducted. In all reviewed cases, the incidents were documented, post-fall assessments were completed, and whānau were notified. Of the four records reviewed, none demonstrated full compliance with the neurological observation protocol, and none extended to a 24-hour period. In three out of the four records, no neurological observations had been completed at all. As this was a finding from the previous (certification) audit, and there had been no improvement, the risk was escalated from low to moderate.</p>	<p>Neurological observations are not being completed as per the facility’s policy and best practice protocols post-unwitnessed falls.</p>	<p>Provide evidence that neurological observations are being fully completed as per the documented policy protocol post-unwitnessed falls.</p> <p>60 days</p>



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

---

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

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

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

No data to display
--------------------

End of the report.