

Dragon Boat Health Care Limited - Abbey Heights

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:	Dragon Boat Health Care Limited		
Premises audited:	Abbey Heights		
Services audited:	Rest home care (excluding dementia care)		
Dates of audit:	Start date: 11 December 2023	End date: 12 December 2023	
Proposed changes to current services (if any):	None		
Total beds occupied across all premises included in the audit on the first day of the audit:	20		

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
	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

Dragon Boat Health Care Limited - Abbey Heights provides care for up to 24 residents requiring rest home level care.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract with Te Whatu Ora – Health New Zealand Waitemata (Te Whatu Ora Waitemata).

The audit process included the review of policies, procedures, residents and staff files, observations and interviews with residents, families, a general practitioner, owner/manager and staff. An interpreter was used for most resident and family interviews, as all residents spoke Cantonese or Mandarin. Some staff were also interviewed with the assistance of an interpreter as they had limited ability to communicate in English or had English as their second language.

There were two areas identified as requiring improvement at this audit related to staff training and risk review processes.

Residents and family members interviewed were satisfied with the manager, staff and all aspects of the services they receive.

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.

Abbey Heights provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. The Māori and Pasifika health plans are available to guide staff practices to ensure the needs of residents who identify as Māori or Pasifika are met in a manner that respects their cultural values and beliefs. Staff understood the principles of Te Tiriti o Waitangi and Māori mana motuhake.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Service Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse.

Residents and their whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practiced. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with legislation. Advance directives are followed wherever possible.

Residents and their family are aware of the complaints process.

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 partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. The care home currently provides care to residents of Chinese ethnicity. However, the manager has had training on Te Tiriti o Waitangi, equity and improving outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and family/whānau provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data and identifies trends that lead to improvements.

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

Staff are recruited, appointed, and managed using current good employment practices. Staffing is sufficient to provide clinically and culturally appropriate care. Staff are provided with an orientation and ongoing education programme.

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

Ngā huarahi ki te ora | 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 people enter the service a person-centred and whānau-centred approach is adopted. All relevant information is provided to the potential resident/whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are individualised, based on comprehensive information and accommodate any new problems that may arise. The five reviewed demonstrated that care meets the needs of residents and whānau and 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 administered 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.

Transition, transfer or discharge of residents is timely and safe.

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

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

Subsections applicable to this service fully attained.

There are documented emergency management response processes which are understood and implemented by staff. This includes six-monthly fire drills.

The building has a current building warrant of fitness and an approved fire evacuation plan. There have been no significant changes to the facility since the previous audit except for ongoing renovation and refurbishment.

The facilities meet residents' cultural and physical needs and are equipped with furnishings and equipment that are regularly maintained and updated. Bedroom areas allow residents to move around with or without assistance. There are adequate toilet, bathing and handwashing facilities.

The lounge and dining areas meet residents' relaxation, activity and dining needs. There are external areas where residents and family members can go for recreation. The outdoor areas provide furnishings and shade for residents' use.

The facility is kept at a suitable temperature. Opening doors and windows creates an air flow to keep the facility cool when required.

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.
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The manager/owner 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. It is adequately resourced. A registered nurse who is an experienced and trained infection control coordinator leads the programme.

The IP coordinator is involved in the procurement processes, any change to the built environment 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 Abbey Heights pandemic/infectious diseases response plan.

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

The environment at Abbey Heights supports 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 fully attained.
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The service has a commitment to maintaining a restraint-free environment. The restraint policy and definitions complied with the standard. There were no restraints in use during the audit. There is a gate to the property which is kept closed at all times. The access code for the keypad to open the gate is noted on the gate. All the residents and family members interviewed advised they can freely enter and exit the property and the gate does not restrict their access or freedom of movement.

Staff are provided with ongoing education on maintaining a restraint-free environment and de-escalation.

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	25	0	1	1	0	0
Criteria	0	166	0	1	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.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>Abbey Heights has a Māori health plan which guides care delivery for Māori using Te Whare Tapa Whā model, and by ensuring mana motuhake is respected. The plan has been developed by an external quality consultant with input from cultural advisers and would be used for residents who identify as Māori.</p> <p>Abbey Heights does not have links with community Māori services; however, policy notes the manager would liaise with the resident and family members to identify and connect with applicable community organisations as required. Abbey Heights did not have any residents or staff in the facility who identify as Māori during the audit.</p> <p>The staff recruitment policy notes a priority to recruit staff to match the ethnicity of residents and this is actively monitored by the manager. The manager notes Māori staff would be employed if there were suitable applicants when vacancies arise. Education on Te Tiriti o Waitangi, Māori health and wellbeing, tikanga practices and te reo Māori has been provided to staff.</p> <p>Residents of all ethnicities are welcome to come and live in Abbey Heights. However, the care home primarily caters for residents of Chinese ethnicity who either do not speak English or speak minimal</p>

		English.
<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>The Abbey Heights response to Pasifika people works on the same principles as for Māori. A Pacific people's health plan, and policy and procedure around culturally safe care, diversity and inclusion has been developed with input from cultural advisers that documents care requirements for Pacific peoples to ensure culturally appropriate services. The Fonofale model of care would be utilised for Pasifika residents.</p> <p>There were no residents who identified as Pasifika in the facility during the audit. The manager understood the equity issues faced by Pacific peoples and stated they would consult with the resident and their family to access guidance, including from community providers where applicable in the event a resident was admitted who identified as Pasifika. There are staff that identify as Pasifika. Due to the size of the service and current residents, the owner stated there would be very limited opportunities to recruit Pasifika to management positions.</p> <p>Ethnicity data is gathered when staff are employed, and this data is analysed by the manager and considered during recruitment processes.</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 Abbey Heights. Residents who identified as Chinese were evidenced to have their 'ziwo jeuding' (self-determination) recognised and respected. Residents identifying as Māori entering the facility would have their mana motuhake recognised and respected.</p> <p>Staff interviewed at Abbey Heights 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</p>

		<p>undertaken in November 2023 by a Health and Disability advocate.</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 manager and registered nurse (RN) reported that residents are supported to maintain their independence by staff through daily activities, and examples of this included resident-led activities, and individualised mealtimes. Residents were able to move freely within and outside the facility.</p> <p>Staff at Abbey Heights have completed training on Te Tiriti o Waitangi. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice.</p> <p>Staff at Abbey Heights were observed to maintain residents' privacy throughout the audit. Single residents all had their own rooms. A married couple chose to share a room that is appropriate for two residents, and another married couple chose to have two separate rooms.</p> <p>Te reo Māori and tikanga are promoted within the service through staff education. Staff attention to meeting tikanga and feng shui needs of residents was evident in policies and procedures reviewed. Residents and whānau reported their values, beliefs and language were respected by staff. Signage and posters with key information in the facility was in English and Chinese.</p>
Subsection 1.5: I am protected from abuse	FA	Policies and procedures outlined the facilities commitment to promoting

<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>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 Abbey Heights. Cultural training included discussion on institutional and systemic racism. Staff were encouraged to talk with the manager if they had any concerns about racism or discrimination. The owner and the registered nurse stated that any observed or reported racism, abuse or exploitation at the facility would be addressed promptly and that they would be guided by a 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. Family members had no concerns about how staff interacted with residents.</p> <p>Policies and procedures for handling resident's property and finance were evident. The owner implemented a sound process to manage residents' sundry expenses.</p> <p>Professional boundaries are explained to staff during induction and orientation and were maintained by staff as observed and verified by resident and family interview. This was evident observing staff interaction with residents during the audit.</p>
<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. At the time of audit, all residents at Abbey Heights were Chinese. Information was made available in Cantonese and/or Mandarin. Staff understood the principles of open disclosure, which are 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 at Abbey Heights accompanied residents to appointments to assist with translation.</p> <p>The minority of staff that are unable to speak Chinese languages,</p>

		advised they have learnt key phrases in Cantonese and/or Mandarin and understand residents' gestures and body language and were aware of residents' needs. The majority of care home staff including the manager, RN, and cook and one of the two GP's spoke either Cantonese or Mandarin or both.
<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 Abbey Heights to actively participate in decision-making. The manager, registered nurse and care staff interviewed understood the principles and practice of informed consent. Advance care planning, establishing and documenting enduring power of attorney requirements and processes for residents unable to consent are documented, as relevant, in the resident's clinical file.</p> <p>The RN was aware of the processes related to married couples sharing a room and checked on admission to ensure both residents consented and wanted this to occur. Ongoing checks are undertaken to ensure these arrangements remained clinically and socially appropriate over time.</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 process is in place at Abbey Heights to receive and resolve complaints that leads to quality improvement. This meets the needs of the Code. Residents and whānau interviewed understood their right to make a complaint, as well as the process and confirmed they have no complaints, and those interviewed had not raised any complaints since admission. They confirmed they felt free and comfortable about raising any issue or concern.</p> <p>The manager is responsible for complaints management. One minor complaint has been received since the last audit and this was addressed in a timely manner in accordance with the Code. Complaints forms were available in both English and Chinese and the information was consistent as verified by the independent translator. There have not been any complaints from external agencies or authorities.</p>

		<p>There were no residents that identify as Māori. The manager advised they would seek advice of the resident and their family on how they wanted complaints addressed to ensure it was in a culturally appropriate manner.</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>	FA	<p>The manager assumes accountability for delivering a high-quality service, with the assistance of an experienced registered nurse. The manager is the owner of Abbey Heights, having purchased the care home in February 2019. The manager works in the care home most days and is on call when not on site. The manager has previously worked in the aged care sector including in a management role. Another experienced aged related residential care (ARRC) owner/manager is available to the manager for advice and support if required. The manager had networks and processes in place to obtain current information of legislative, regulatory and contractual and international conventions requirements relevant to this service. The manager has completed over eight hours of education in the last 12 months as required by the provider's contract with Te Whatu Ora Waitemataā. The manager commits to quality and risk via policy, processes and via day-to-day communication with staff, residents and family members. The manager is on call when not on site.</p> <p>The registered nurse (RN) has been in the role since prior to the last audit, is responsible for oversight of resident clinical care needs, has current interRAI competency and maintains a current annual practicing certificate (APC). The RN is on call when not on site.</p> <p>Abbey Heights has a strategic plan in place which outlines the organisation's structure, purpose, values, scope, direction, performance, and goals. The plan and organisation policies and procedures support the improvement of equitable outcomes for Māori, Pasifika and tāngata whaikaha. Cultural safety is embedded in business and quality plans and in staff education. Policies and procedures have been developed by an external consultant who sought input from Māori and Pasifika representatives.</p> <p>Resident ethnicity data is being collected. The manager advised residents don't have to be Chinese to enter the services and all</p>

		<p>enquiries are welcome. The manager has completed training aimed at supporting Māori and Pasifika, honouring Te Tiriti o Waitangi, cultural safety and improving outcomes for Māori, Pasifika, and tāngata whaikaha. The manager has also attended training on achieving equity for Māori. Despite this, the manager advised new residents seek admission to Abbey Heights as the care home can provide care to residents of Chinese ethnicity who speak little or no English, with culturally appropriate Chinese activities, food, and that most staff that converse with them in their own language.</p> <p>Job/role descriptions are in place for all positions, including the manager and the registered nurse. These specify the requirements for the position. Appropriate clinical governance systems are in place. The RN is called by care staff in the event a patient is unwell and examples sighted. The RN has regular meetings with the manager.</p> <p>The service has Aged Related Residential Care (ARRC) contracts with Te Whatu Ora Waitematā for rest home level of care. On the first day of audit there were 20 residents receiving care. There were no residents receiving respite care. All current residents were of Chinese ethnicity and spoke minimal or no English. An independent Mandarin speaking interpreter was used during audit for all applicable resident, family and staff interviews.</p> <p>There are four bedrooms that are suitable for twin occupancy. These are only used for 'married couples' or as a large single occupancy room. One of these rooms was occupied with a married couple at audit. One room was vacant.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality</p>	PA Low	<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 falls, pressure injuries, infections, wounds, and medication errors), complaints, audit activities, and policies and procedures. Relevant corrective actions are developed and implemented to address any shortfalls.</p> <p>Quality data is communicated and discussed at shift handover and</p>

<p>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>monthly staff meetings. This was observed in minutes sampled and confirmed by staff at interview. Policies and procedures are developed by an external consultant and reviewed and 'localised' before being released to staff. Abbey Heights is in the process of transitioning to policies and procedures and the associated quality and risk systems that have been developed by a new external consultant. Documents reviewed covered all necessary aspects of the service and contractual requirements. Staff were provided with updates on new policies or significant changes via the staff education programme and at staff meetings.</p> <p>The manager understood the processes for the identification, documentation, monitoring, review, and reporting of risks, including health and safety risks, and development of mitigation strategies. The risks related to inequity have yet to be included and this is an area requiring improvement.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current. A Māori health plan is available in the event residents are admitted who identify as Māori. Staff have received education in relation to care of Māori, Pasifika and tāngata whaikaha.</p> <p>Abbey Heights supports people to contribute to quality improvement and participate locally through resident meetings and through satisfaction surveys. The results of the 2023 residents' satisfaction survey showed overall satisfaction with the services provided. Residents and whānau interviewed reported they were satisfied with services provided. The manager has an 'open door' policy and residents and whānau were observed stopping to talk to the manager about a variety of topics.</p> <p>Staff document adverse and near miss events in line with the National Adverse Event Reporting Policy. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and any corrective actions followed up in a timely manner. Neurological monitoring post unwitnessed falls was not occurring in applicable sampled events as care staff had not been provided with applicable training. There are very few resident falls. This is included in the area for improvement raised in criterion 2.3.4.</p>
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		<p>The manager understood and has complied with essential notification reporting requirements. There have been no section 31 notifications completed since the last audit. The manager advised Covid-19 outbreaks have been reported to local public health services and to the applicable Te Whatu Ora portfolio manager.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</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>	<p>PA Moderate</p>	<p>There is a policy and process for determining culturally and clinically safe staffing and skill mix. There are no care staff vacancies. A weekend cook position is currently vacant. The owner develops the roster which covers a two-week period.</p> <p>The RN is employed full time and has current interRAI competency. The manager and RN are on site weekdays and weekends if required. There is a minimum of one caregiver on duty and another staff member or the manager on site and available to assist if a second staff member is required overnight on a 'sleep over' shift, as verified by staff and the manager interviewed. All residents and family members interviewed confirmed there are sufficient staff available to meet their care and other needs. The building is on two levels. Staff advised they routinely visually check on all residents at least hourly.</p> <p>There are sufficient rostered hours for food, laundry and cleaning services which are provided on site. The RN assists with activities and the manager assists with maintenance activities.</p> <p>There is a staff education programme in place that is relevant to the service setting and ARRC contract requirements, with two exceptions. Staff have yet to be provided with training on health equity, and the neurological monitoring of residents post unwitnessed fall. This is an area requiring improvement. Staff are provided with relevant ongoing training applicable to their role and level of care provided on site and records of attendance are maintained. This includes completion of relevant competencies. There is always at least one staff member on duty with a current first aid certificate.</p> <p>Three staff working at Abbey Heights have an industry-approved qualification (or equivalency based on time worked) at level three.</p> <p>A cultural competency process is in place to assist staff to meet the</p>

		<p>needs of residents. High-quality Māori health information is included in staff education along with topics of interest to residents and families such as hand hygiene, infection prevention and control and cultural safety.</p> <p>There are a range of activities being undertaken to support staff wellbeing. These include providing some meals for staff, social functions and the ability to speak directly with the RN or manager at any time of the day or night if they have concerns. An annual survey of staff is undertaken to assess for back or other muscular strain due to repetitive-type activities.</p> <p>There are two general practitioners (GP) that provide services. One visits monthly and as required on site. The other GP is available at their GP practice and staff take applicable residents for any appointments. The podiatrist visits approximately six-weekly. Staff assist residents to external physiotherapy appointments when required. In the event of the RN absence, a contract is in place and was sighted for another RN to be available for clinical advice and support.</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>	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.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A sample of six staff records were reviewed and these demonstrated the recruitment process including interview, reference checking, signed confidentiality agreements, signed employment contracts and COVID-19 vaccination status when this was required. Police vetting was occurring.</p> <p>Staff advised that they are required to complete a role-specific induction and orientation programme and records retained to demonstrate this.</p> <p>Qualifications are validated prior to employment or contracting. Thereafter, a register of annual practising certificates (APCs) is</p>

		<p>maintained for RNs and associated health contractors (general practitioners (GPs), pharmacist, and podiatrist).</p> <p>Staff performance is reviewed and discussed at regular intervals; this was confirmed through documentation sighted and interviews with staff.</p> <p>Ethnicity data is recorded and used in line with health information standards. Staff information is secure and accessible only to those who are authorised to use it.</p> <p>Debrief for staff is outlined in policy and staff interviewed confirmed they have timely access to any required supports. Staff noted there is a collaborative team culture, with staff and the manager working together to ensure the wellbeing of the residents at all times.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Residents' files and the information associated with residents and staff are paper based. Medication-related records and interRAI assessments are electronic. Staff have their own login and password. The backup database systems are the responsibility of the electronic programme provider.</p> <p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. Records are uniquely identifiable, legible, and timely including staff signatures, designation, and dates. These comply with relevant legislation, health information standards, and professional guidelines, including in terms of privacy.</p> <p>Residents' and staff files are held securely for the required period before being destroyed. Paper-based files are archived onsite. No personal or private resident information was on public display during the audit.</p> <p>The provider is not responsible for registering residents' National Health Index (NHI) numbers. All residents have a NHI number on admission.</p>
Subsection 3.1: Entry and declining entry	FA	Residents enter the service when their required level of care has been

<p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>confirmed by the Te Whatu Ora Waitemata Needs Assessment and Service Coordination (NASC) agency. Family members interviewed stated they were satisfied with the admission process and the information made available to them prior to and on admission. Admission information at Abbey Heights was available in a variety of different formats, including information for residents that identify as Chinese or Māori. The five files reviewed met contractual requirements.</p> <p>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</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	FA	<p>The multidisciplinary team at Abbey Heights work in partnership with the resident and whānau to support the resident's wellbeing. A care plan is developed by the registered nurse following a comprehensive assessment, including a consideration of the person's lived experience, cultural needs, values and beliefs, and considers the wider integration where required.</p> <p>Five resident (rest home level) files were reviewed. File reviews included residents who had experienced recent falls, a resident who had transferred to an acute facility, a resident requiring wound management and a resident requiring management of a skin condition. At the time of audit, there were no residents who identified as Māori.</p> <p>All residents at Abbey Heights identified as Chinese. The Māori health care plan in place provides guidance for staff to work in partnership and support residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. The manager advised working with families to ensure any barriers that prevent tāngata whaikaha and whānau from independently accessing information or services are identified and strategies to manage these documented. This process also occurs for Chinese residents that have difficulty accessing services. The staff confirmed they understood the process to support residents and whānau.</p>

		<p>Assessment was based on a range of clinical assessments and included resident and whānau input (as applicable). Timeframes for the initial assessment, medical assessment, long-term care plan and review timeframes met contractual requirements. This was verified by sampling five rest home residents' records, from interviews, including the GP, and from observations. Neurological monitoring of residents post unwitnessed fall is not occurring when the RN is not onsite as care staff have not been trained. This is included in the area for improvement raised in 2.3.4.</p> <p>Management of any specific medical conditions were well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Residents are assisted to access culturally appropriate health services and Chinese medications where requested. The manager advised the same processes would be used for Māori residents accessing rākau, rongoā, mirimiri, and karakia.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>The registered nurse works in the role of activity coordinator with the health care assistants. The activity programme supports residents to maintain and develop their interests and is tailored to meet cultural needs and is suitable for the residents' age groups and stages of life. Activities inhouse included exercise sessions each morning, bowls, mahjong, performing groups visiting the home, karaoke, pet therapy and church services weekly. Community outings included bowling, shopping, and meals at restaurants. The activity programme also accommodated cultural preferences. At audit all the residents were Chinese so there was involvement with the local dragon boat festival, visits to a Chinese picture theatre and annual celebrations which included Chinese New Year and the mid-autumn festival. Residents also had a choice of attending a regular inhouse Buddhist church service.</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</p>

		<p>included normal community activities. Abbey Heights has the ability to facilitate opportunities for other residents, including Pasifika and Māori and whānau, in te ao Māori where this is required for their residents.</p> <p>Residents and whānau were involved in evaluating and improving the programme. Residents interviewed confirm the activities programme met their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</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>	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 the audit. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medication reconciliation occurs. This included over-the-counter medication and supplements. 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 were stored within the recommended temperature range. Vaccines are not stored on site.</p> <p>A process was in place to identify, communicate and document medication related allergies or sensitivities.</p> <p>Prescribing practices met current accepted practice/requirements. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used at Abbey Heights.</p> <p>At audit no resident was self-medicating. If a resident chose to self-medicate, policy and procedure sighted indicated that this would be facilitated and managed safely. Residents and their whānau are supported to understand their medications. Policies viewed included a statement providing support and advocacy for residents identifying as Māori to access and understand their medication. At the time of audit there were no residents identifying as Māori.</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>	FA	<p>The food service is in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 6 August 2023. 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 Auckland City Council. The food control programme period of certification extends from 5 September 2022 until 23 February 2024.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. At audit all the residents were Chinese, so the menu catered for residents' food preferences with Chinese food. Facility policy viewed, identified that other menu options would be available for other cultures, including te ao Māori.</p> <p>Evidence of resident satisfaction with meals was verified by residents and family interviews, through satisfaction surveys and resident meeting minutes. Residents could choose time preference to eat their meals. Residents were also given sufficient time to eat their meals. Assistance was provided to residents who required this. Residents also had a choice of eating utensils, including chopsticks.</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 family. This was evident in the file of the resident audited using tracer methodology that required transfer to an acute care facility. The registered nurse's regular contact with the family is well documented.</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>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The preventative maintenance programme ensured the interior and exterior of the facility are maintained, and all equipment is maintained, serviced and safe. A new kitchen has been installed. A 'dumb waiter' is used to transport meals from the kitchen on the upper floor to the ground floor dining room. The service is in the process of renovating bathrooms and resident bedrooms in a planned manner. New carpet has been installed. The planned maintenance schedule includes resident equipment checks, and calibration of weigh scales and clinical equipment. Electrical test and tagging of sampled electrical equipment has occurred.</p> <p>Monthly hot water tests are completed for a rotating sample of resident areas. These were sighted and all temperatures were within normal limits.</p> <p>The building has a current building warrant of fitness with an expiry date of 8 November 2024. The facility vehicle has a current registration and warrant of fitness.</p> <p>The environment in the care home is comfortable and on two levels. Staff advised residents are assisted to mobilise the stairs or walking via the external pathway between floors with staff assistance or independently if applicable. Each floor has a lounge and recreation area and dining room. There is an additional room with a stationary exercise bike and games area on the lower floor. Umbrellas are available if required. The residents were satisfied with the environment and confirmed this promoted independence and safe mobility.</p> <p>Personalised equipment was available for residents, to meet their needs. Spaces were culturally inclusive and suited the needs of residents.</p> <p>No concerns have been raised about the cultural appropriateness of the care home facilities. Residents selected the colour of the external environment of the rest home building which was recently painted. A process to access cultural advice for the proposed renovations and</p>

		<p>reconfiguring of services is in place.</p> <p>External areas are planted and landscaped with appropriate seating and shade.</p> <p>There are adequate numbers of accessible bathroom and toilet facilities throughout the care facility, with some rooms having an ensuite toilet and handbasin or full bathroom. There are separate toilet facilities for staff and visitors.</p> <p>All rooms, bathrooms and common areas have appropriately situated call bells. Call bells are tested monthly as part of the internal audit programme. The call bells in two rooms were replaced during audit. This included a room that may be used for two residents and had only one call bell, and for a resident that is reported to remove the call bell as they dislike it.</p> <p>Residents' rooms are spacious and allow room for the use of mobility aids and moving and handling equipment. Rooms are personalised according to the residents' preferences. All rooms have an external window and most have a door to the outside deck area, which can be opened for ventilation. There is appropriate ventilation and heating throughout the facility.</p> <p>Corridors are wide enough for the safe use of mobility aids and there are handrails in place in the bathroom and corridor areas. Residents were observed moving freely with mobility aids inside and outside the care home during the audit, with or without assistance.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</p> <p>The manager is in the very early stages of considering adding several new bedrooms and stated would consult with both Māori and Chinese representatives to ensure the design is culturally appropriate and inclusive.</p>
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<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>Plans and policies are in place for civil defence emergencies and described procedures to follow. Adequate supplies for use in the event of a civil emergency meet the National Emergency Management Agency recommendations for the region. This includes water. Staff have been provided with training on what to do in an emergency for all resident groups. There is at least one staff member on duty at all times with a current first aid certificate.</p> <p>The fire evacuation plan (EVAC –P406-10) was approved by Fire and Emergency New Zealand on 18 November 2010. Fire evacuation drills occur six-monthly, with the most recent fire drill on 29 November 2023. A register is maintained by the manager of all current residents and their location.</p> <p>Appropriate security arrangements are in place. This includes security cameras in use in external and internal public areas. There is external signage that alerts visitors that cameras are in use. Archived images are only accessible by the manager. Staff described the security processes and checks undertaken. These are appropriate to the service setting.</p> <p>There are appropriate call bell systems in place (refer also to 4.1). These light outside the applicable room and alert audibly to central ceiling panels.</p> <p>Residents and whānau are informed of relevant security and emergency arrangements. The driveway gate is kept shut. Refer to 6.1 of the standards for more information related to this.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring</p>	FA	<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 manager (who is also the owner), linked to the quality improvement system and are reviewed and reported on annually. Expertise and advice are sought from Te Whatu Ora Waitematā infection control (IC) clinical nurse specialist (CNS) following a defined process. A documented pathway supports reporting</p>

<p>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>of progress, issues and significant events to the manager.</p> <p>A pandemic/infectious diseases response plan is clearly documented and has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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 access and navigate and messages are clear and relevant.</p> <p>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 coordinator (IPCC) is responsible for overseeing and implementing the IP programme with reporting lines to the manager. The IPCC has the appropriate skills, knowledge and qualifications for the role and confirmed access to the necessary resources and support from Te Whatu Ora Waitematā IC clinical nurse specialist. Their advice has been sought when making decisions around procurement relevant to care delivery and they can be consulted about new builds, facility changes and policies.</p> <p>The infection prevention and control policies reflected the requirements of the Ngā Paerewa standard and are based on current accepted good practice. These policies were developed by an external consultant. Cultural advice was accessed by the quality consultant who developed the infection control policies and programme.</p> <p>Policy and procedure and staff interviews demonstrated compliance with decontamination of reusable medical devices and shared mechanical equipment.</p> <p>The manager 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.</p> <p>Staff at Abbey Heights were familiar with IC policies through education during orientation and ongoing education and were observed to follow policy and procedure correctly. Residents and whānau are educated about infection prevention relevant to their needs.</p> <p>In staff and resident interviews, it was evident that Abbey Heights owner proactively seeks feedback from residents and family to provide culturally safe practice.</p>

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</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>	FA	<p>Abbey Heights has a documented AMS programme, appropriate to the size, scope and complexity of the service, that sets out to optimise antimicrobial use and minimising harm. The AMS had been approved by the owner and is overseen by the registered nurse. 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>	FA	<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 infection control 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 owner, staff, residents and family.</p> <p>Clear, culturally safe processes for communication between service providers and residents who developed or experienced a HAI were evidenced in file notes and in an interview with the registered nurse.</p> <p>A summary report for a COVID-19 event in at Abbey Heights June and July 2023 was reviewed and demonstrated a good process for investigation and follow-up. Learnings from the event have informed future management of a similar event.</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</p>	FA	<p>A clean and hygienic environment at Abbey Heights supports prevention of infection and transmission of antimicrobial-resistant organisms.</p>

<p>within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</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. Chemicals were stored safely in a locked cupboard.</p> <p>Residents and family reported that the laundry is managed well, and the facility, communal and person spaces, are kept clean and tidy. This was evident through observation.</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>	FA	<p>Policies and procedures identify that the facility is restraint-free and the manager is committed to maintaining this.</p> <p>There is a keypad mechanism on the gate by the external car park entrance. All residents and family members confirmed they can come and go as they wish and that they have no problems with opening this gate as the code to enter on the keypad to open the gate is always displayed at the gate.</p> <p>All policies and procedures meet the requirements of the standard. Restraint would only be used as a last resort when all alternatives have been explored and appropriate assessments and consent obtained.</p> <p>The manager is the restraint coordinator, supported by the RN. The restraint coordinator demonstrated a sound understanding of the organisation's policies, procedures and practice and their role and responsibilities.</p> <p>On the day of audit, no residents were using restraints and the manager and RN confirmed restraint has not been used since the last audit.</p> <p>Staff education related to maintaining a restraint-free environment is undertaken during orientation and annually as identified in the staff education sighted, along with training on de-escalation. Staff noted 'restraints are not used' and that 'assisting residents to be as mobile as possible is much better for the resident'.</p>

		As restraint has not been used since the last audit, criteria 6.2 and 6.3 are rated as not audited.
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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 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	There were processes in place to identify and manage organisation opportunities and risks including clinical, contractual, financial, legislative, natural disaster, loss of key utilities, staffing, human resources, technology, facility, equipment, and theft. Potential inequities are yet to be included in the risk review and management process.	The service has not included potential inequities in the quality and risk programme and developed plans to respond to these.	<p>Include potential inequities in the risk management processes and develop a plan to respond to these.</p> <p>180 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe</p>	PA Moderate	There is a comprehensive staff training and ongoing education programme. Topics are varied and usually at least two or three topics are covered each month. Records of attendance are maintained. Topics include those required to meet these standards and the ARRC contract requirements, except for health equity and neurological monitoring of residents post	Equity and the neurological monitoring of residents post unwitnessed fall are topics that are not currently in the staff education and training programme.	Provide staff with training on equity and the neurological monitoring of residents post unwitnessed falls.

services.		<p>unwitnessed fall. Care staff advised they inform the RN of all resident falls and immediate first aid interventions provided as required. Care staff have not been provided with training on the ongoing monitoring of residents' neurological status post unwitnessed falls when the RN is not on-site. This was verified by care staff and the RN interviewed and applicable resident clinical records sampled.</p> <p>Staff education is provided by the manager, RN and visiting health professionals or offsite.</p>		90 days
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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.