

Dragon Boat Health Care Limited - Abbey Heights

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: Dragon Boat Health Care Limited

Premises audited: Abbey Heights

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 21 May 2025 End date: 21 May 2025

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: 19

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 unannounced surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the provider's contract held with Te Whatu Ora – Health New Zealand.

The audit process included the review of policies, procedures, residents and staff files, observations, and interviews with residents, a general practitioner, owner/manager and staff. An interpreter was used for all resident 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. Whānau/relatives were unable to be interviewed as part of the audit process, as none were available that could speak English, or able to be contacted in the timeframe the interpreter was present.

The two areas identified as requiring improvement at the last audit, related to staff training and risk review processes, have been addressed. As a result of this audit, an improvement is required related to electrical safety testing of electrical appliances.

Residents interviewed were very satisfied with the manager and 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 Pacific Peoples Health Plan is available to guide staff practices to ensure the needs of residents who identified as Māori or Pacific 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.

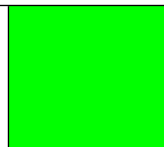
Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Service providers maintained professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and family/whānau were included when making decisions about care and treatment.

Staff and residents interviewed were 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.



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This included ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems. The care home currently provides care to residents of Chinese ethnicity. The owner (who is also the manager) has had training on equity and improving outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are 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 collection and analysis of quality improvement data and identified trends that led to improvements. Actual and potential risks were identified and mitigated.

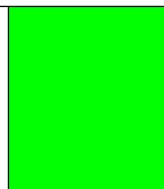
The National Adverse Events Policy was followed, with corrective actions supporting systems learnings. The manager was aware of statutory and regulatory reporting obligations.

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 felt well supported through 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.

The service works in partnership with the residents and their family/whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and family/whānau and was evaluated on a regular and timely basis.

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

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

Residents were referred 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.		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 facility, plant and equipment met the needs of residents and are culturally inclusive. The building has a current building warrant of fitness and planned maintenance and refurbishment is occurring.

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.

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, is linked with the quality improvement programme, and was reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'surveillance of health care-associated infections' programme is appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

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 manager and policies and procedures. There were no residents using restraints at the time of audit.

Staff have been trained in providing the least restrictive practice, de-escalation techniques, alternative interventions, and demonstrated effective practice.

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	17	0	0	1	0	0
Criteria	0	48	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>Abbey Heights has a Māori and Pacific Peoples Health Plan that 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 identified as Māori. Residents of all ethnicities were welcome to come and live at Abbey Heights. However, the rest home primarily caters for residents of Chinese ethnicity who either do not speak English or speak minimal English.</p> <p>There were no Māori residents or staff at the time of audit.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. 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</p>	FA	<p>The Māori and Pacific Peoples Health Plan provides a framework for providing services that are underpinned by Pacific worldviews. The manager advised this would be used in the event a resident from the Pacific Islands was admitted. All residents interviewed were Chinese and confirmed their cultural and spiritual beliefs and needs were met.</p>

<p>peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</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. The Code was displayed clearly in English and te reo Māori and was documented in Mandarin. Residents identifying as Māori entering the facility would have their mana motuhake recognised and respected.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Residents received services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit through staff and/or resident interviews, or in documentation reviewed.</p> <p>Residents reported that their property was respected. Finances are managed by the resident/family. In interviews with the interpreter present, staff confirmed awareness of professional boundaries and understood the processes they would follow, should they suspect any form of abuse, neglect or exploitation.</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,</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. All correspondence with family/whānau was recorded on the family record sheets in all resident records reviewed.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p>

<p>keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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. This met the requirements of the Code. Residents interviewed understood their right to make a complaint, as well as the complaints process, and confirmed they have no complaints and have not made a complaint since the last audit. Residents confirmed they were comfortable about raising any issue or concern with the manager and staff, should this be required.</p> <p>The manager, who is also the facility owner is responsible for complaints management and was aware of the complaints management process and timeframes. Complaints forms were available in both English and Chinese and the information was consistent, as verified by the independent translator. The manager advised there have not been any complaints from residents or family members, external agencies or authorities since the last audit.</p> <p>There were no residents who identified as Māori. The manager advised they would seek advice from the residents on how they wanted complaints addressed to ensure it was in a culturally appropriate manner.</p>
<p>Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive,</p>	FA	<p>The manager assumes accountability for delivering a high-quality service to users of the services and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the manager, with external advice sought if required.</p> <p>Abbey Heights has a strategic plan in place that outlines the organisation's structure, purpose, values, scope, direction, performance and goals. The plan and organisation policies and procedures support the identification of barriers and goals of equitable outcomes for Māori and Pacific peoples. Cultural safety was embedded in business and quality plans and in staff</p>

<p>and sensitive to the cultural diversity of communities we serve.</p>		<p>education.</p> <p>A commitment to the quality and risk management system was evident. The owner works at Abbey Heights on weekdays, and was available on call when not on site, and attended the regular staff and quality related meetings held on site. The owner was aware of the progress to achieving goals and managing organisation risk. 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 – Health New Zealand.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with the registered nurse, the manager and a senior caregiver meeting quarterly to discuss resident safety and review results of internal audits and incidents/reportable events. The registered nurse was on leave during audit and was unable to be interviewed. Refer to subsection 2.3.</p> <p>The service has an Age-Related Residential Care (ARRC) contract with Te Whatu Ora for rest home level of care. At audit, there were 19 residents receiving long-term rest home level care. All residents were aged over 65 years. There were no boarders. All current residents were of Chinese ethnicity and spoke minimal or no English. An independent Mandarin and Cantonese speaking interpreter was used during audit for all resident and applicable staff interviews.</p> <p>There are four bedrooms that can be used for two residents in each. These are only used for ‘married couples’ or as a large, single-occupancy room. One of these rooms was vacant during audit and was undergoing renovation. There were no ‘couples’ present.</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</p>	<p>FA</p>	<p>The organisation has a planned quality and risk system that reflected the principles of continuous quality improvement. This included management of incidents, audit activities, regular resident satisfaction surveys, having policies and procedures available to staff, monitoring and reporting infections and being a restraint-free facility. A resident satisfaction survey was undertaken in November 2024 and 18 residents were included. The feedback was very positive about staff, services and meals, and that residents’ privacy and dignity were protected. The survey noted all residents were aware of the complaints process. A separate ‘survey to</p>

<p>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>improve care' was undertaken and residents were satisfied with how services were being provided. A menu survey (November 2024) demonstrated residents were very satisfied with the menu, dining experience and portion sizes, with only minor suggestions for improvement made.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. These are developed by an external contractor. The service received updated policies as documents were reviewed and updated by the contractor, including when there are legislative or contractual changes. Examples of these were sighted.</p> <p>The manager described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks and potential inequities, and development of mitigation strategies. The shortfall from the last audit has been addressed.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. Open disclosure is documented to have occurred. Staff could detail the type of events that required reporting via the incident reporting system and the reporting process. Neurological monitoring of residents post applicable sampled falls has occurred.</p> <p>The manager understood and detailed essential notification reporting requirements including the type of events to be reported to the Health Quality & Safety Commission. The manager advised there had not been any events that required notification since the last audit.</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</p>	<p>FA</p>	<p>There is a policy and process for determining culturally and clinically safe staffing and skill mix. There were no staff vacancies. The owner develops the roster, which covered a two-week period. The manager stated that agency staff were 'rarely' used. The manager has an arrangement with another ARRC facility and would contact them first to cover unplanned</p>

<p>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>absences if the shift could not be covered by Abbey Heights staff.</p> <p>The RN is employed full time and has current interRAI competency. The RN was on annual leave the week of audit. Another RN was noted on the roster to be on call and was scheduled to visit Abbey Heights on the weekend. The general practitioner (GP) confirmed they were available on call for Abbey Heights staff 24/7. The manager and RN are usually on-site weekdays and visit on weekends if required. There is a minimum of one caregiver on duty. Another staff member or the manager are on call when there was only one staff member on site. The manager noted communication with the GP or external services afterhours occurred via the manager or RN in the event the staff on duty were unable to effectively communicate in English. Overnight, the manager or another designated staff member was on site via a 'sleep over' on-call arrangement and was available if assistance is required. All residents interviewed confirmed there were sufficient staff available to meet their care and other needs.</p> <p>There were sufficient rostered hours for food, laundry and cleaning services, which were provided on site as confirmed with staff interviewed. The manager assisted with maintenance and the activities programme (with some activities being resident-led). A cleaner assisted the manager with resident outings if a second staff member was required.</p> <p>There was a staff education programme in place that is relevant to the service setting and ARRC contract requirements. Topics were scheduled over a two-year period. Education was provided by the manager, RN, health and disability advocate, an aged concern representative, a nurse practitioner, nurse specialists, the contracted fire safety consultant, and infrequently, online learning modules, as evidenced in the completed education records sampled. The training included health equity, and the neurological monitoring of residents' post unwitnessed falls. The shortfall from the last audit has been addressed. Staff were provided with relevant ongoing training applicable to their role and level of care provided on site and records of attendance were maintained. This included completion of relevant competencies. There was at least one staff member on duty with a current first aid certificate. Staff felt well supported with development opportunities.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents. One staff member had an</p>
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		industry-approved qualification. For other staff, the contractually required training was provided on site.
<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 are based on good employment practice and relevant legislation. All recent staff employed were either previous employees returning to Abbey Heights or personally known to either the manager or another staff member. A sample of staff records reviewed confirmed job descriptions, signed employment agreements and signed confidentiality agreements are on file. Police vetting was occurring, and the service obtains evidence of qualifications and registration (where applicable). Processes were in place to ensure staff were legally able to work in New Zealand.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occurred at one month and six months following appointment and yearly thereafter, as confirmed in records reviewed.</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 works in partnership with the resident and family/whānau to support wellbeing. Care plans were developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. Staff would support Māori and whānau if admitted to this service to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff and people receiving services. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to</p>

		that expected, changes were made to the care plan in collaboration with the resident and/or family/whānau. Residents interviewed in a group confirmed active involvement in the process. The general practitioner interviewed spoke highly of the care provided to the residents by the staff.
<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, which was displayed in the nurse's station. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The six-monthly GP reviews of medication were consistently completed and recorded on the medicine charts sampled.</p> <p>No residents were self-administering medication at the time of the audit. A process was in place should this be required. Standing orders are not used with the implementation of the electronic medication system.</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 menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of those using the service. The cook was interviewed and stated that the menu plans were last reviewed on 6 August 2023 and documentation reviewed verified this had occurred within the last two years. The daily menu was displayed in Mandarin on the notice board in each of the two dining rooms.</p> <p>Evidence of resident satisfaction with meals was verified from residents in the group interview, satisfaction surveys and resident meeting minutes.</p>

		The service operated with an approved food safety plan and registration. The food control plan expires on 15 August 2025.
<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	Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and family/whānau. Risks and current support needs are identified and managed. Family/whānau were kept well informed during the transfer of their relative. The GP interviewed stated that transfers were managed effectively by the RN and staff when required. The documented transfer process was followed, and a transfer form was completed by the registered nurse for the receiving service.
<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>	PA Moderate	<p>Building and furnishings were fit for purpose and inclusive of people's cultures. Ongoing renovation and refurbishment of resident bedrooms and bathrooms is occurring in a planned manner. New carpet was being installed in a double bedroom during audit, and a benchtop unit replaced. There was a current building warrant of fitness. The electrical safety checks of electrical appliances were overdue and this is an area requiring improvement.</p> <p>Residents were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> <p>There have been no changes to the fire evacuation plan in place at the last audit.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing</p>	FA	The infection prevention and control coordinator (IPCC), the registered nurse, is responsible for overseeing and implementing the IP programme, which has been developed by those with IP expertise and approved by the governance body. The programme is linked to the quality improvement

<p>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>programme and was reviewed and reported on annually. This was confirmed by the owner/manager) and review of the programme documentation. Minutes of the quality/staff meetings were reviewed.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their family/whānau were educated about infection prevention in a manner that meets their needs.</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 the type of services offered and is in line with risks and priorities defined in the infection control programme. Surveillance tools are used to collect infection data, and standardised surveillance definitions are used. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance included ethnicity data. Results of the surveillance programme were shared with staff and reported to the manager.</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>The service is restraint free and this was confirmed with staff interviewed and detailed in policy. The manager/owner is the restraint coordinator and advised restraint has not been used at Abbey Heights since purchasing the rest home.</p> <p>At the time of audit, there was no restraint in use. Staff reported they had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques during their orientation. Restraint is a scheduled topic on the education calendar, next due July 2025.</p> <p>There is a keypad mechanism on the gate by the external car park entrance. All residents interviewed confirmed they can come and go freely and that they and their family members knew the code.</p>

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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 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA</p> <p>Moderate</p>	<p>There is a current building warrant of fitness (expiry 8 November 2025). Sampled clinical equipment had current performance monitoring (completed on 31 July 2024). Electrical safety checks of electrical appliance were overdue. Electrical appliance tags sighted noted retesting was due in October 2024.</p>	<p>The electrical safety checks of electrical equipment were overdue.</p>	<p>Ensure all electrical equipment has current evidence of current electrical safety checks.</p> <p>90 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.