

Aldwins House Limited - Aldwins House Residential Care Centre

Introduction

This report records the results of a Partial Provisional 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:	Aldwins House Limited
Premises audited:	Aldwins House Residential Care Centre
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 23 January 2024 End date: 23 January 2024
Proposed changes to current services (if any):	Reconfiguration of 40 dual-purpose aged care beds to 40 residential disability beds for young physically disabled (YPD) people. The addition of Residential disability – Physical services to Aldwins House’s current certificate.

The residential disability beds are to be run as a YPD unit located on the second floor of Aldwins House. A clinical team leader and an occupational or diversional therapist will be employed to work with the dedicated YPD staff team. As part of establishing the YPD unit, refurbishment of an existing activity room is planned, to create a whānau room, a recreation room, a physiotherapy area and an accessible kitchen area for the YPD residents.

Total beds occupied across all premises included in the audit on the first day of the audit: 99

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.

General overview of the audit

Aldwins House Limited (Aldwins House) is an aged care residential service, which is owned and operated by Promisia Healthcare Limited. The service is certified to provide rest home or hospital level care for up to 144 residents. Aldwins House supports a number of young physically disabled (YPD) residents and is reconfiguring its existing services to establish a YPD unit for up to 40 YPD residents. As part of this reconfiguration Aldwins House is introducing clinical teams, each led by a clinical team leader, and updating the call bell system in line with this approach.

This partial provisional audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the service provider's agreement with Te Whatu Ora – Health New Zealand Waitaha Canterbury. Feedback from Te Waipounamu service development managers regarding their requirements around criteria that must be in place prior to the YPD unit opening were also considered.

Five areas of improvement have been identified during the audit process, in relation to establishment of the new YPD unit. These areas are:

- the appointment of the clinical team leader and the occupational or diversional therapist for the YPD unit, clarification of the roster for the YPD unit, including how staffing levels will be adjusted as YPD resident numbers increase
- for staff working in the YPD unit to receive training around specific YPD training topics
- work to upgrade the call bell system to be completed
- the planned reconfiguration of the existing activity space and kitchen to be completed, and confirmation of the dining room arrangements for YPD residents have been put in place
- clarification of the Aldwins House fire evacuation plan, to ensure the existing plan covers the additional requirements of up to 40 YPD residents located on the first floor, and clarification of whether the lifts can be used to evacuate residents when the building is being evacuated.

Two actions from the previous audit relating to assessment and care planning processes and service integration were reviewed. Specific training has been provided around the assessment, care planning and evaluation processes to address these areas. Four RNs have completed interRAI training, and others are currently being trained. Registered nurses are now allocated time to complete assessments and evaluations, with assessments and summaries now completed within expected timeframes and timely service integration occurring.

Ō tātou motika | Our rights

Not applicable to this audit.

Hunga mahi me te hanganga | Workforce and structure

Aldwins House is owned by Promisia Healthcare and is governed by a board of directors. The governing body 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 leadership team and governance group, with external advice sought as required.

The board employs a facility manager and a clinical manager to oversee the operational and clinical management of the service, and both are appropriately experienced. Planning ensures the purpose, values, direction, scope and goals of the organisation are defined and monitored at planned intervals. There are appropriate clinical governance processes in place. The service complies with statutory and regulatory reporting obligations. Recruitment and other human resources policies align with current accepted practice. Education is planned and delivered as per requirements. Staffing levels and skill mix meet the cultural and clinical needs of residents.

Not all of the staff required to establish the YPD unit have been appointed yet, including the clinical team leader and the occupational or diversional therapist. While support ratios have been determined, the rosters for the YPD unit are yet to be confirmed, including details of how staffing levels will transition as YPD resident numbers increase.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medication management policies and procedures are in place to support the safe delivery of rest home, and hospital services. Policies and procedures reflect current good practice and legislative requirements. Medication will be managed electronically and the equipment to do this was available. There is a process in place to ensure that medication will be administered by staff competent to do so. There is an existing secure medication room for the storage of medication on the first floor which will be used for the YPD unit. Controlled medication was stored securely in the medication room, and the room was monitored to ensure an appropriate temperature is maintained.

Contracted food services are already in place at Aldwins House, and the meals for the new YPD unit will be supplied from the main kitchen using an insulated food transport system. A separate four-week seasonal menu has been developed to meet the nutritional needs of the YPD residents, in consultation with the existing YPD residents. Special and cultural nutritional needs are identified and catered for. There is a food control plan in place that has been approved, and there are processes in place to make sure food is safely managed.

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

The facility, plant and equipment meet the needs of residents and are culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment is tested as required.

A Fire and Emergency New Zealand (FENZ) approved evacuation plan is in place for the building, although further clarification of this plan is required. Sufficient emergency equipment and supplies are available for use in a civil defence emergency.

The new YPD unit will be provided using existing rooms on one side of the first floor of the building. The bedrooms are well presented with good lighting, heating and ventilation. Sufficient numbers of toilets and showers are available, with most rooms having their own private ensuite. Planned reconfiguration of an existing activity area into a whānau room, physiotherapy area, activity space, and accessible kitchen are yet to be undertaken. Work to upgrade the existing call bell system is currently underway.

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

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

Staff demonstrated good principles and practice around infection control. Staff have been provided with regular training around infection control topics, and were familiar with infection prevention procedures, practices and plans. The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken and reported, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

Not applicable to this audit.

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	9	0	3	1	0	0
Criteria	0	78	0	4	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 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>Promisia Healthcare and its board of directors is the governing body for Aldwins House. The governing body 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 leadership team and governance group, with external advice sought as required.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on identifying barriers to access, improving outcomes, and achieving equity for Māori was evident in plans and documentation. Board members recently completed training on monitoring reviewed documentation. A commitment to the quality and risk management system was evident. Members of the governance group interviewed felt well informed on progress and risks, and the level of reporting provided to the board.</p> <p>The clinical governance structure is appropriate to the size and complexity of the organisation, with reporting to the operational and board levels, and monitoring of resident safety, clinical indicators, and benchmarking with other facilities.</p> <p>Aldwins House has 144 certified beds located over two floors. There are</p>

		<p>69 bedrooms on the ground floor, and 75 bedrooms located on the first floor. The service holds contracts with Te Whatu Ora Waitaha Canterbury (TWO) for rest home, hospital – medical and hospital geriatric, long term complex – chronic health conditions (LTC-CHC) and respite care services. They also have a contract with Whaikaha Ministry for Disabled People (Whaikaha) for non-aged residential care for people under the age of 65 years old (young people with disabilities (YPD)).</p> <p>On the day of audit 99 residents were receiving services. Of these, 44 residents were receiving hospital level care, and 55 residents were receiving rest home level care.</p> <p>Included in the 55 rest home level care residents were three residents funded under the LTC-CHC contract and 15 funded under the Whaikaha YPD contract. Included in the 44 hospital level care residents were 4 residents funded under the LTC-CHC contract, 6 residents receiving respite care, one funded under the Whaikaha YPD contract and 2 private paying residents.</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 Low</p>	<p>Promisia Healthcare has a sound recruitment process in place managed at facility level. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents. There is a documented process in place for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, 7 days a week (24/7). At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage across the facility.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery. Records reviewed demonstrated completion of the required training and competency assessments. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider’s agreement with their funder. Staff felt well supported with development opportunities. The orientation and specific training of the staff who will work in the YPD unit is yet to be completed (refer to criterion 2.4.4).</p>

	<p>There are policies and procedures in place around wellness, bullying, and harassment. The service has access to a confidential employment assistance programme (EAP) for staff.</p> <p>The facility is managed by an experienced facilities manager, who has been in the role for 17 months. A clinical manager is employed to oversee and lead the clinical care provided to residents, and to manage the nursing team. At the time of the audit an experienced RN was employed as the acting clinical manager, with a view to them moving into this role permanently. The acting clinical manager has been employed as a RN at Aldwins House since June 2023, and four months ago they moved into the role of acting clinical manager, taking over full responsibility for the clinical care being provided to residents.</p> <p>Changes are being made to how the service operates, with the introduction of three dedicated support teams, in different areas of the facility, based on resident support requirements. This will include a YPD unit and a hospital level care unit, which will both be located on the first floor, and a rest home unit, located on the ground floor. A clinical team leader will be appointed to oversee each unit. They will be a RN, who will work under the direction of the clinical manager. Position descriptions are being developed, but the clinical team leader appointments, including the one for the YPD unit, have not yet been made.</p> <p>As part of establishing the YPD unit an occupational or diversional therapist is to be employed to work specifically with the YPD clients. Currently, planned activities are provided to residents by a diversional therapist and a physiotherapy assistant on a weekday programme, with a schedule of movies provided at the weekends. With the appointment of an occupational or diversional therapist for the YPD unit there are plans to provide a seven-day activity schedule. There has been some consultation with existing YPD residents to identify activities they would like to be included in this plan.</p> <p>Staffing ratios have been determined to ensure sufficient levels of staff are available 24/7, to provide the care and support for residents in each of the three units. As resident numbers increase the staffing levels will be increased to maintain these ratios, which will require the recruitment of additional staff. The rosters for each of the new units were not yet available, including how the staffing hours for the YPD roster would be</p>
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		<p>increased as the unit transitions to full capacity.</p> <p>Te Waipounamu service development managers have identified several criteria that must be in place prior to the YPD unit opening. These include:</p> <ul style="list-style-type: none"> • Aldwins House to have a clinical manager and facility manager in place for six months. • There is a dedicated clinical lead for the YPD residents. • An occupational or diversional therapist is engaged to work specifically with YPD client groups. • YPD resident admissions are staggered at a rate of two admissions per week to allow for adequate staff resourcing. <p>Confirmation of the appointments of the clinical team leader and the occupational or diversional therapist is required prior to occupancy, along with confirmation of the roster for the YPD unit, and that sufficient staff are available to fill the roster, including as the unit transitions to full capacity (refer criterion 2.3.1).</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>Promisia 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. These processes are in place to support new applications for the increased staffing required to deliver care in the new YPD unit. There are job descriptions in place for all positions, which include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position, including for the infection prevention and control coordinator (IPCC) which is currently being undertaken by a senior RN. Performance appraisals for staff are carried out annually.</p> <p>Prior to resident occupancy, staff already employed and new staff entering into the YPD unit will need to be orientated to the new unit, and new staff will need to be orientated to the specific services proposed for the YPD unit, with competencies assessed. Te Waipounamu service development managers have advised that staff working in the YPD unit</p>

		<p>will require specialist training in working with younger people with disabilities, rehabilitation, mental health, sexuality and intimacy, and effective communication (refer criterion 2.4.4). This training is in addition to the mandatory training requirements required by the Ngā Paerewa Health and Disability Standard.</p> <p>Ethnicity data of residents and staff is currently being recorded and used by Promisia in line with health information standards. There were staff who identify as Māori and Pasifika already employed in the service. A register of practising certificates is maintained for RNs, enrolled nurses, and associated health providers. The wellbeing policy outlines debrief opportunities following incidents or adverse events and this is implemented. Staff have access to an employee assistance programme (EAP) should they require personal support.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>The multidisciplinary team work together with the resident and whānau to support wellbeing. All residents are assessed on admission by the registered nurse, the facility general practitioner (GP) and a contracted physiotherapist. A range of clinical assessments are completed with resident and whānau input.</p> <p>Two corrective actions from the previous surveillance audit were reviewed during this partial provisional audit, which relate to criteria 3.2.3 and 3.2.5. The provider has developed corrective action plans for each of these corrective actions and implemented changes to address each issue. These corrective actions related to the residents' assessment and care plan processes, ensuring these were accurate, completed on time, reflective of the person, and that timely service integration occurred. Specific training has been provided around the assessment, care planning and evaluation processes. Four RNs have completed interRAI training, and another four RNs are commencing this training. Time is now being allocated for RNs to complete assessments and evaluations. InterRAI assessments and summaries are being completed within expected timeframes.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care. When required, referrals were made to</p>

		<p>other health services so that timely integrated health support was being provided to residents. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident and whānau.</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>	<p>FA</p>	<p>Promisia’s medication management policies and procedures are in line with the Medicines Care Guide for Residential Aged Care, and these are in use at Aldwins House. The existing electronic system for medicine management is to be used in the new YPD unit. The new unit will use the existing lockable room designated for storage of medication, located on the first floor. Any controlled medications for YPD residents will also be stored in this medication room. The medication room is being temperature monitored to ensure the temperature of the room remains within appropriate limits. Medications are already being supplied to Aldwins House from a contracted pharmacy and this service will be extended to the new YPD residents. There are processes in place to ensure that medication reconciliation occurs.</p> <p>Registered nurses, enrolled nurses and level four caregivers administer medication at Aldwins House, and this will also be the case in the new YPD unit. Procedures are in place to ensure that all staff who administer medicines are competent to perform the function they manage. A process is in place to identify, record and communicate residents’ medicine-related allergies and sensitivities through the electronic medication management system.</p> <p>General practitioner (GP) services are contracted for Aldwins House, and the GP currently attends the facility for two half days each week. Self-administration of medication can be facilitated and safely managed through consultation with the GP should this be required for new residents. Support for people to understand their medication will be provided by the RNs in the service, in consultation with the GP. Support for Māori will be through Māori staff employed by the facility and the wider organisation as required. Over-the-counter medication and any supplements used by residents will be considered as part of the person’s medication, which is the current practice. Standing orders are not used.</p>

<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>Aldwins House has engaged a food services contractor to operate its onsite kitchen and to provide the food service for residents. The contractor manages all aspects of the kitchen and an approved food control plan is in place, which expires in March 2024. The food services currently being provided for Aldwins House are in line with recognised nutritional guidelines for older people, are based on a four-week seasonal menu, and signed off by a dietitian. The residents in the YPD unit will be provided with a different menu, that meets their nutritional requirements. Following input from existing YPD residents, a sample four-week menu has been developed by the food services contractor for consultation.</p> <p>Food for YPD residents will be prepared on-site and served in the upstairs dining room and residents’ rooms, using an insulated food transport (‘hotbox’) service. Plans are in place to reconfigure a downstairs kitchen, so YPD residents can access this, for meal preparation and cooking. There are processes in place to ensure each resident has a nutritional assessment on admission to the facility. The kitchen manager is made aware of the dietary needs of residents via their diet profiles. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan, including for Māori.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people’s sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>A maintenance person is employed to undertake reactive maintenance as required. Preventative maintenance checklists and environment-related and equipment-related internal audits are being completed. These are ensuring the residents’ physical environment and facilities (internal and external) are fit for their purpose, in good condition and meet legislative requirements. A current building warrant of fitness that has an expiry date of 1 April 2024 is on display.</p> <p>The new YPD unit will utilise up to 40 of the existing bedrooms located on one side of the first floor. The bedrooms located on the other side of the of the first floor are being used to provide hospital level care to aged care residents, and this will continue. In total there are 75 bedrooms on the first floor; 72 of these are ensuite rooms, with their own shower and</p>

		<p>toilet. The remaining three rooms have their own toilet and basin and will use the large communal bathroom on the first floor. Rooms were well presented, with good natural light and ventilation, and electric heating. There is some space available for the storage of equipment and supplies, and further consideration should be given to where YPD residents personal equipment and supplies (e.g., continence products, enteral feeds) will be stored. The organisation has discussed building a storage room on site to store surplus equipment, but this is yet to be confirmed.</p> <p>Plans are in place for other building works to be undertaken as part of the establishment of the YPD unit. These include reconfiguring an activities room to provide a separate whānau room, a dedicated physiotherapy space and a smaller activity area. There are also plans to reconfigure an existing kitchen area, so that this is accessible for YPD residents to be involved in food preparation and cooking activities and be available for whānau to use. Consideration is also being given to turning the upstairs lounge into a dining room for the YPD residents, as the existing upstairs dining room will be too small once YPD numbers increase above the current levels.</p> <p>Forums have been held with existing YPD residents to get their feedback about the potential changes and the building reconfigurations. Cultural advice has also been sought to ensure the reconfiguration meets the requirements of Māori residents and their whānau.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Moderate</p>	<p>Disaster and civil defence plans and policies are in place to direct the facility in their preparation for disasters and these describe the procedures to be followed. A fire and emergency evacuation plan for the building, approved by Fire and Emergency New Zealand (FENZ) in June 2023, is in place. Clarification that the existing evacuation plan is sufficient with the additional YPD residents on site is to be confirmed by FENZ, along with clarification that the lifts can be used to evacuate residents (refer criterion 4.2.1). The facility is fitted with wired smoke alarms, sprinklers, manual call points, emergency lighting, smoke stop doors and portable extinguishers. Orientation includes competencies in the management of fire and emergency, and continuing competency in these are part of the annual training programme. Regular trial</p>

		<p>evacuations take place in line with requirements.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Adequate security arrangements are in place for the facility, staff lock doors and close the driveway gates at night. Security lighting is in place and security cameras are located at building entrances. Emergency and security arrangements will be explained to new residents and their whānau during the admission process as per the current processes in use.</p> <p>Call bells are in place to alert staff to residents requiring assistance. The existing call bell system is being upgraded to allow for unit teams, and this work is required to be completed prior to further YPD admissions (refer to criterion 4.2.5). There is a programme in place to ensure that there will always be a staff member on duty with current first aid certification. Twenty-five percent of staff, including RNs in the service, have a current first aid certificate.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	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 governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p>	FA	<p>The infection prevention and control coordinator (IPCC) is responsible for overseeing and implementing the IP programme, which has been developed by a contracted IP specialist and approved by the governance body. The programme is linked to the quality improvement programme and is reviewed and reported on annually. This was</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. 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>confirmed by the IPCC and review of the programme documentation. The IPCC has completed training specific to the role and provides education to support staff as part of this role.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Single use medical devices are not reused.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Aldwins House is committed to reducing the inappropriate use of antibiotics and has an antimicrobial stewardship (AMS) programme in place across its existing services. Infection prevention and control (IPC) policies in place aim to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm. While not a requirement for the YPD residents, the AMS programme will provide the required monitoring of antibiotic use, led by the clinical manager, IPCC and the GP. Responsible use of antimicrobials is promoted with the prescriber having the overall responsibility for prescribing antimicrobials. Monthly records of infections and prescribed antibiotic treatment were maintained. The monthly analysis of data includes information on antimicrobials used and is discussed at the monthly IPC meetings.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</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. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with</p>

<p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>staff and reported to the governing body.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supports prevention of infection and mitigates transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>The existing cleaning and laundry policies, cleaning schedule and resources will be utilised for the additional YPD residents. Laundry will be processed in the on-site laundry. Existing cleaning and laundry staff will undertake the cleaning and laundry tasks of areas in use as per existing policies.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>Te Waipounamu service development managers have identified criteria they require to be in place prior to the YPD unit opening. These include the appointment of a clinical team leader to the YPD unit, and the appointment of an occupational or diversional therapist to work with YPD residents. Plans are in place to recruit for these roles, but on the day of the audit these were not complete.</p> <p>Each of the three team units being introduced will be led by a clinical team leader, who will be a registered nurse and work predominately in a hands-off role. They will oversee the nursing and caregiver staff assigned to the unit. Ratios for nursing and caregiver staff have been determined, for each unit. The proposed roster for the YPD unit, showing which staff will work in the unit,</p>	<p>The appointments of a clinical team leader to lead the YPD unit, and an occupational or diversional therapist to work specifically with YPD residents, are yet to be made. Additional staff will be required for the roster, particularly as YPD numbers increase, so that support can be provided in line with agreed staffing ratios.</p>	<p>Provide confirmation that suitably qualified and experienced people have been appointed to the clinical team leader, and the occupational or diversional therapist roles within the YPD unit. Provide a copy of the staff roster for the YPD unit, showing the number of staff who will be employed to work in the unit, any gaps in the roster that require additional recruitment, and how the roster will be changed as the unit transitions to full occupancy.</p> <p>Prior to occupancy days</p>

		and what their hours and pattern of work will be, was not yet available. The facility manager confirmed that additional staff would be required to fill the new rosters, with further recruitment required. It is also not clear how the roster hours will be increased, in line with increased YPD admissions, as the unit transitions to full occupancy.		
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	PA Low	<p>Aldwins House has robust processes in place to orientate staff to their facility. Not all staff who will work in the YPD unit have been identified or employed yet. The number of staff working in the unit will increase as occupancy increases. The clinical team leader for the unit is yet to be appointed. There is a plan in place for all staff (existing and new) who will work in the YPD unit to be orientated to the unit and the services provided. In addition to the training requirements required by the Ngā Paerewa Health and Disability Standard, the Te Waipounamu service development manager has identified a list of specific training topics that they require staff to complete prior to working in the YPD unit. This includes the following topics:</p> <ul style="list-style-type: none"> • Working with young people with disabilities • Rehabilitation • Mental health • Sexuality and intimacy 	<p>Staff who will work in the YPD unit at Aldwins House have yet to be orientated to the new YPD unit and are yet to complete the specialist YPD training topics required by Te Waipounamu service development managers. Staff employed for the service will need to be orientated to the new unit and the services that will be provided. Competencies for new staff will need to be assessed.</p>	<p>Provide evidence that staff who have already been employed to work in the new YPD unit at Aldwins House, and any new staff employed to work in the unit, have been orientated to the unit and to the services that will be provided. Once finalised, provide a copy of the training plan for the staff who will work in the YPD unit. Provide evidence that YPD staff have completed training and associated competencies in line with the YPD training plan, the Ngā Paerewa Health and Disability Standard and Te Waipounamu service development manager requirements.</p> <p>Prior to occupancy days</p>

		<ul style="list-style-type: none"> • Effective communication <p>Planning is underway to identify facilitators and to develop a training schedule to deliver this training to the staff who will work in the YPD unit.</p>		
<p>Criterion 4.1.3</p> <p>There shall be adequate personal space that is safe and age appropriate, and has accessible areas to meet relaxation, activity, lounge, and dining needs.</p>	PA Low	<p>Plans were viewed of the potential reconfiguration of an activities room into a separate whānau room, a dedicated physiotherapy space and a smaller activity area. The plans also showed the reconfiguration of an existing kitchen into a more accessible kitchen for YPD residents' use. These reconfigurations have been done in consultation with current YPD residents. The building works are not yet confirmed and there is no timeframe in place for when these works will be undertaken. There is uncertainty around where the YPD residents will eat their meals, as the current dining room upstairs is too small to accommodate further YPD residents. There was discussion about changing the upstairs lounge into a dining room for YPD residents, but it is not clear if this has been decided and approved. Confirmation around future plans for the YPD dining, and if required the timeline for any building works, needs to be determined.</p>	<p>Plans are in place to modify existing activity and kitchen areas to create a whānau room, a physiotherapy area, an activity area and a more accessible kitchen for YPD residents' use. This will determine where YPD residents are to eat their meals and ensure a sufficient-sized dining room is available.</p>	<p>Provide evidence that the building reconfiguration works have been completed prior to increasing the number of current YPD clients.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by</p>	PA Moderate	<p>There is a fire evacuation plan in place for the facility, which was approved in June 2023. The facility manager</p>	<p>There is currently an approved fire evacuation plan in place for Aldwins House, based on full</p>	<p>Seek clarification from Fire and Emergency New Zealand (FENZ) that the lifts can be used to</p>

<p>legislation, there shall be a Fire and Emergency New Zealand- approved evacuation plan.</p>		<p>explained that the building is divided into eight fire zones, but these are not fire cells as the fire separations do not extend up into the roof space. For this reason when an evacuation is required a full evacuation of the building is undertaken. Aldwins House has 144 bedrooms, 69 on the ground floor and 75 on the first floor. The 75 rooms on the first floor will accommodate the YPD residents and the aged care residents receiving hospital level care. There are five sets of stairs and two large lifts that service the first floor. There is confusion about whether the lifts are able to be used to evacuate residents in an emergency, with conflicting information from documentation, signage, or when asking managers and staff on site. This needs to be clarified, and clearly documented and communicated to the staff. If the lifts are not able to be used, then Aldwins House need to consider how their staff will evacuate the 75 residents from the first floor, and if additional equipment or resources are required.</p> <p>It was also not clear if the existing fire evacuation plan was sufficient to cover the additional YPD residents that would be residing on the first floor, so the provider should seek clarification from Fire and Emergency New Zealand to ensure the evacuation plan is sufficient, or if it needs to be amended.</p>	<p>occupancy. There is confusion and conflicting advice around how residents will be evacuated from the first floor in an emergency, and if the two lifts are able to be used. It is also not clear that with additional YPD residents living upstairs, if any changes need to be made to the existing approved evacuation plan.</p>	<p>evacuate residents during an emergency, and if not, then consider what methods of evacuation will be used to help staff evacuate residents. Seek clarification from Fire and Emergency New Zealand (FENZ) that the existing approved fire evacuation plan meets the requirements of having up to 40 YPD residents residing upstairs.</p> <p>Prior to occupancy days</p>
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<p>Criterion 4.2.5</p> <p>An appropriate call system shall be available to summon assistance when required.</p>	<p>PA Low</p>	<p>As part of the establishment of the YPD unit the facility is moving to introduce unit teams. Each team will be responsible for supporting a group of residents, including responding to their call bells. The call bell system is being upgraded to allow the team to manage the calls, and staff will be notified of calls through pagers.</p>	<p>Changes are currently being made to the existing call bell system, to allow for the introduction of unit teams across the facility.</p>	<p>Ensure changes to the call bell system are fully implemented, the updated system has been fully tested and staff have received training prior to further YPD admissions.</p> <p>Prior to occupancy days</p>
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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.