

# Aldwins House Limited - Aldwins House Residential Care Centre

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## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Aldwins House Limited
<b>Premises audited:</b>	Aldwins House Residential Care Centre
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical
<b>Dates of audit:</b>	Start date: 4 September 2024      End date: 5 September 2024
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	126

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are 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 are 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 are unattained and of moderate or high risk

## General overview of the audit

Aldwins House Limited is an aged care and young persons with a physical disability residential service, which is owned and operated by Promisia Healthcare Limited. The service is certified to provide rest home and hospital level care and care for people with physical disabilities for up to 144 residents.

The service is managed by a facility manager, who is supported by an experienced operations manager, and an experienced clinical manager who has been in the role since March 2024.

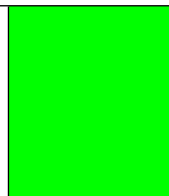
This certification audit process against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 included review of policies and procedures, review of residents' and staff files, observations, and interviews with the chairperson, residents, family/whānau, facility manager, staff, pharmacist and a general practitioner.

Strengths of the service, resulting in continuous improvement ratings, included the reduction of infections, and an increase in the number of residents who identify as Māori.

No areas were identified that require improvement.

## Ō tātou motika | Our rights

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



Subsections applicable to this service are fully attained.

The Māori health plan guides staff practice to ensure the needs of residents who identify as Māori are met in a manner that respects their cultural values and beliefs. Cultural and spiritual needs are identified and considered in daily service delivery. Principles of mana motuhake were evidenced in service delivery.

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

Residents and their family/whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

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

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

## Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service are fully attained.
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The governing body team assumes accountability for delivering a high-quality service. This includes supporting meaningful representation of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes and achieving equity for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and staff provide regular feedback, and staff are involved in quality activities.

An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

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

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service are fully attained.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and family/whānau.

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 information 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.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

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

Residents are 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.		Subsections applicable to this service are fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness and an approved fire evacuation plan.

Electrical equipment had been tested as required. Calibration records were current.

External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills.

Staff and residents understood emergency and security arrangements.

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

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

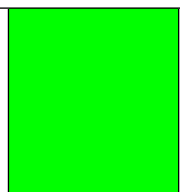
The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and family/whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, 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

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.
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The service is a restraint-free environment. This is supported by the management team and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used.

Staff demonstrated a sound knowledge and understanding of providing least restrictive practices, de-escalation techniques and alternative interventions.



## 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	27	0	0	0	0	0
Criteria	2	169	0	0	0	0	0

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

# Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Aldwins House Limited (Aldwins House) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values. The Māori and Pacific Health Plan and Ethnicity Awareness Policy has been developed with input from cultural advisers and is available for residents who identify as Māori.</p> <p>The facility manager (FM) has established partnerships with a local marae, and with Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora), to support service integration, planning, equity approaches and support for Māori.</p> <p>Aldwins House is committed to creating employment opportunities for Māori through actively recruiting and retaining a Māori health workforce across all organisational roles. There were staff and residents who identified as Māori on the day of the audit.</p> <p>There was a staff member of Māori heritage who is available to support residents and staff if required. Staff ethnicity data is documented on recruitment and trended.</p> <p>Residents and family/whānau interviewed reported that staff respected their right to Māori self-determination, and they felt</p>

		<p>culturally safe. Mana motuhake is respected.</p> <p>Staff reported that they include tikanga in their practice and are learning te reo Māori. The FM reported, and documentation confirmed, staff have attended cultural safety training. Staff reported they have attended Te Tiriti o Waitangi training (refer criterion 3.1.6).</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Aldwins House works to ensure Pacific peoples' worldviews, cultural and spiritual beliefs are embraced. There were staff who identified as Pasifika who bring their own skills and expertise.</p> <p>Staff reported at interview that they are guided to deliver safe cultural and spiritual cares to residents through their knowledge and in the care plan. For example, food preferences, meal planning and attending church services.</p> <p>Cultural needs assessments at admission are completed by the registered nurse (RN) and the activities co-ordinator to identify any shortfalls.</p> <p>The Ministry of Health 2020 Ola Manuia Pacific Health and Wellbeing Action Plan is available for reference.</p> <p>Aldwins House has a Pacific plan with cultural guidelines and standard operating procedures developed with input from the wider Pasifika community. They include Pacific models of care and guide staff to deliver culturally safe services to Pasifika people.</p> <p>There were residents who identified as Pasifika at the time of the audit.</p> <p>A Pasifika staff member has links with the Pasifika community and is the key person to connect with Pacific communities to support culturally safe practices and wellbeing for Pacific peoples using the service. The FM reported that the organisation is endeavouring to connect with wider Pacific organisations.</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. Training records demonstrated a representative from the Nationwide Health and Disability Advocacy Service (Advocacy Service) has provided relevant information to staff and managers on more than one occasion within the past 12 months. The clinical manager and a registered nurse stated that all residents and family/whānau are informed about their rights during the admission process and a copy of the brochure is provided in the admission package. This was confirmed during resident and relative interviews.</p> <p>The consumer auditor for the young people with disabilities interviewed six residents from this group and four relatives. All interviewees confirmed their awareness of the Code and that their preferences were respected.</p> <p>Residents have opportunities to discuss and clarify their rights with any staff person and there was evidence in residents' meeting minutes that this is occurring. There was also feedback from residents and family/whānau that they are reminded of them if they raise a concern.</p> <p>Staff provided information on ways in which Māori mana motuhake is recognised. They noted they allow people to be who they are, and they gather and share such information at multi-disciplinary meetings. Relevant details are integrated into the care plans.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and family/whānau, including people with disabilities, confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices. Multiple examples of this were evident, and interviewees volunteered information about multi-disciplinary meetings and one-on-one meetings with key staff to ensure their needs are met. Follow-up by the facility manager, the clinical manager, or a</p>

		<p>registered nurse has occurred when a resident or family/whānau member has expressed any concern or fears about their care. It was identified that some of the residents were not having their spiritual needs met in their preferred manner and one of the diversional therapists is addressing this. Residents' rooms were personalised and reflected personal interests.</p> <p>Staff were observed to maintain privacy throughout the audit, in particular prior to entering a resident's room. All residents have a private room and there are numerous other places people may go for private time if they want it. The clinical manager noted that staff are continually reminded that each person's room is that person's 'home'.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through staff education, the display of signs in both English and te reo, and the introduction of Māori focused activities including making poi, kapa haka and arranging visits to a marae, for example. Records viewed confirmed staff have undertaken training in Te Tiriti o Waitangi and those interviewed understood the principles and how to apply these in their daily work.</p> <p>Aldwins House currently has over 20 residents on the young people with a disability contract. Hence, this service provider has an acute awareness of the needs of tāngata whaikaha and responds to these appropriately. This includes participation in te ao Māori, or other cultural activities relevant for individuals from other ethnicities.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Staff understood the service provider's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or family/whānau interviews, or in documentation reviewed. An incident of alleged abuse had been followed through by management and appropriate actions taken with the information obtained. Support office assists with any form of investigation. The managers are aware of the potential for re-victimisation for some of</p>

		<p>the residents who they consider are at risk and they informed they monitor this accordingly.</p> <p>Residents' property is labelled on admission, and those interviewed reported that their property is respected. Laundry systems are in place to prevent the loss of residents' clothing. Auditable systems have been instituted to ensure the safety of residents' money. Residents who choose to use cash, especially the young people, are assisted to manage this efficiently.</p> <p>A staff code of conduct is in place and all residents and family/whānau interviewed believed the staff maintain professional boundaries. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. The care plan uses a strengths-based and holistic model of care framework, and staff are delivering care and support to residents accordingly. Examples included individualised care and activities according to residents' personal preferences, including cultural and ethnic aspects.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and family/whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format and staff informed that if family/whānau are unable to assist, additional time is spent with new residents who cannot read the contents of the admission pack. Residents' meetings provide opportunities for people to speak up. Minutes of these and of survey results were reviewed, and showed the voice of the young people with disabilities is clearly being heard. A diversional therapist specifically to support this group has recently commenced, and the young people reported the benefits of this.</p> <p>Changes to residents' health status were communicated to relatives/whānau in a timely manner. Where other agencies were involved in care, both verbal and written communication had occurred.</p> <p>Examples of open communication were evident following adverse</p>

		<p>events and during management of any complaints. Family/whānau are reportedly involved as early as the resident allows, to reduce the likelihood of escalation of any potential problems. Several family/whānau members interviewed validated this with examples.</p> <p>Staff knew how to access interpreter services, if required. Signs on noticeboards of both levels of the facility provided information on these services and how to access them. No interpreter services have been required in the last 12 months. Communication tools were being used by several residents and staff have learned to coordinate communication with these.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents at Aldwins House, or their legal representatives, are given the necessary information to make informed decisions. This empowers them to actively participate in the decision-making process. With the resident's consent, family/whānau were also involved in decision-making. This was observed during the audit where a resident whānau member was consulted about medical treatment choices. During the audit, 12 completed consent forms were reviewed. These forms are incorporated into the resident admission agreement and were all signed upon admission to Aldwins House.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p> <p>Six young people with disabilities who were interviewed, confirmed they are consulted and provided with options for both everyday things and for invitations to attend special outings and activities. They also confirmed they signed consent forms on admission. When relevant, they spoke of having an EPOA and two family/whānau members interviewed confirmed this is their role</p>

		and that staff consult them when applicable.
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code.</p> <p>Residents and family/whānau understood their right to make a complaint and knew how to do so. Complaint forms and a box are at reception.</p> <p>The Code is available in te reo Māori and English. Information relating to making a complaint, including contact details for the Nationwide Health and Disability Advocacy Service and the Health and Disability Commissioner (HDC) was provided and was visible in the facility. A review of the complaints register showed actions taken, through to an agreed resolution, are documented and completed within the required timeframes. Complainants had been informed of findings following investigation.</p> <p>Four complaints have been received from the HDC since the previous audit relating to admission process not being followed, inappropriate behaviour towards a resident by a staff person, care procedure not being followed, and a medication error. The FM reported that the investigations were completed and forwarded to the HDC, and that they are waiting for a reply. No complaints have been received from any other external agencies since the previous audit.</p> <p>Staff reported they knew what to do should they receive a complaint. The FM is responsible for complaints management and follow-up.</p> <p>Evidence of quality improvements, such as training following complaints, was sighted.</p> <p>The FM reported, and documentation evidenced, that a translator and/or staff who identify as Māori would be available to support people if needed. There have been no complaints received by Māori to date.</p>



<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Aldwins House is governed and led by an engaged and involved board of directors and leadership team, who assume accountability for delivering a high-quality service through supporting meaningful inclusion of Māori and tāngata whaikaha in governance groups, honouring Te Tiriti o Waitangi and being focused on improving outcomes for residents through advice from a Māori cultural advisor.</p> <p>The chairperson reported that Aldwins House has access to a legal team that monitors changes to legislative and clinical requirements and has access to domestic and international legal advice.</p> <p>The 2022-2024 business plan includes the vision, mission statement, and goals, one of which is to provide a successful YPD unit that is fully staffed, engaged with the community and has a great reputation in Canterbury. The quality plan includes goals to reduce infections and maintain a restraint-free environment.</p> <p>The FM has been in the role for two years. This person brings their own skills, expertise and knowledge to the role, and has attended cultural training.</p> <p>Support is provided by the Promisia general manager of operations, and the clinical and quality manager. When the FM is absent, the assistant manager carries out all the required duties under delegated authority with support from the clinical manager (CM).</p> <p>The board of directors demonstrated leadership and commitment to quality and risk management through, for example, the business plan, risk register, improving services, policy, reporting processes and through feedback mechanisms, and purchasing equipment.</p> <p>The clinical team, guided by the clinical governance policy and a CM, discuss clinical indicators including medication errors, falls pressure injury, skin tears and infections. The clinical manager's July 2024 report was sighted.</p> <p>The chairperson reported that the FM is a competent manager and provides adequate information to monitor performance. A sample</p>
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	<p>of reports to the board of directors showed reporting is of a consistent format and includes adequate information to monitor performance. The reports include information on occupancy, enquiries, complaints, compliments, health and safety, young people with disabilities (YPD), new hazards, equipment and maintenance, property, fire safety, infection control, as well as reports from maintenance, household and the kitchen.</p> <p>The governing body is focused on improving outcomes and achieving equity for Māori and people with disabilities. This is occurring through oversight of care planning and reviews, family/whānau meetings, feedback, and communication with the resident and their family/whānau, and staffs' knowledge of the resident and their likes and dislikes, including cultural and spiritual needs. Additionally, the YPD unit has been established. Routines are flexible and can be adjusted to meet the residents' needs.</p> <p>The chairperson and FM reported that staff identify and work to address barriers to equitable service delivery through cultural needs assessments, care plans, feedback, training, and advice from stakeholders and the cultural advisors.</p> <p>Residents receiving services and family/whānau participate in the planning, implementation, monitoring and evaluation of service delivery through the review of care plans, surveys and meetings. A sample of resident, and family/whānau meeting minutes evidenced positive feedback.</p> <p>Young people with disabilities have access to physiotherapy services, a specific YPD activities program, a large activities room including gym equipment, and an accessible kitchen separate from what is provided to the aged residential care population.</p> <p>Aldwins House has 144 certified beds located over two floors. Sixty-four rest home beds are on the ground floor, and eighty hospital level beds are on the first floor. The 40 residential disability beds, run as a YPD unit, are located on the first floor of Aldwins House.</p> <p>The service holds contracts with Te Whatu Ora Waitaha Canterbury for rest home, hospital – medical and hospital geriatric</p>
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		<p>level care, and respite. Palliative care is provided.</p> <p>Additionally, a contract is held with Whaikaha – Ministry of Disabled People (Whaikaha) for non-aged residential care for up to 40 young people with disabilities (YPD), people under the age of 65 years old.</p> <p>On the day of the audit, 126 residents were receiving services. Of these, 59 residents were receiving hospital level care, including 16 YPD, two respite, and two respite YPD.</p> <p>Of the sixty-seven residents receiving rest home level care, two were on respite, three were YPD, and one was a respite YPD.</p> <p>A total of 22 young people with disabilities were receiving care under the Whaikaha contract.</p> <p>All 144 beds are certified as dual-purpose beds.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality 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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, monitoring of outcomes, policies and procedures, and clinical incidents including infections and falls.</p> <p>Residents, family/whānau and staff contribute to quality improvement through meetings and surveys.</p> <p>The last resident survey was completed in November 2023, with residents satisfied with the service delivered. Evidence was sighted of implemented corrective actions being signed off. The FM reported that the survey results were provided to the residents. The last staff survey was completed during November 2023. Results were average. The family/whānau survey is due to be completed in November 2024.</p> <p>Young people with disabilities have input into quality improvements to the service through the resident survey and monthly YPD meetings. Meeting minutes evidenced choices, such as community and in-house activities.</p>

	<p>The clinical and quality manager (CM/QM) is responsible for quality. A sample of quality and risk-related meeting minutes were reviewed and confirmed there has been regular review and analysis of quality indicators, and that related information is reported and discussed. In addition to a daily operations meeting, there have been monthly quality improvement and all staff meetings, registered nurse meetings, health and safety meetings, and resident meetings. Additionally, separate meetings cover infection prevention and control, and restraint committee meetings. A sample of meeting minutes evidenced comprehensive reporting.</p> <p>The FM reports to the general manager of operations, who reports to the board. An example of the FM's report was sighted. The clinical manager (CM) reports to the CM/QM, who reports to the board.</p> <p>Quality improvement initiatives include the connection with the local high school resulting in students visiting Aldwins House and engaging with the residents.</p> <p>The organisation uses the policies and templates developed by an external quality contractor. Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The 2024 internal audit schedule was sighted. Completed audits include cleaning and laundry, electronic medication management system, pressure injuries, progress notes, chemical management, wheelchairs, and health and safety. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Documentation confirmed that the call bell system has been monitored to ensure response times are acceptable.</p> <p>There are processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff reported at interview that they knew to report risks. A hazard register was sighted in the staff room.</p> <p>Staff document adverse and near miss events. A sample of incident forms reviewed showed these were fully completed,</p>
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		<p>incidents were investigated, action plans developed, and actions followed up in a timely manner. Evidence was sighted that resident-related incidents are being disclosed with the designated next of kin. The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings.</p> <p>The FM and CM understood and have complied with essential notification reporting requirements. A sample of Section 31 notifications were sighted. The change of the clinical manager notification was made on 22 March 2024. The Section 31 notification was sighted.</p> <p>There have not been any coroner's inquests.</p> <p>Staff are supported to deliver high quality health care to residents who identify as Māori through, for example, tikanga, training (including cultural safety training), cultural assessments, care planning, and communicating with the resident, and family/whānau, and access to cultural advisors internally and externally.</p> <p>The provider benchmarks internally against relevant health performance indicators, for example, infections, skin care and falls. The CM/QM reported that benchmarking data in all areas compares positively against all benchmarks.</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>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. (24/7). A safe rostering tool is used. The facility adjusts staffing levels to meet the changing needs of residents. A review of two weekly rosters confirmed adequate staff cover had been provided, with staff replaced in any unplanned absence. The physical environments are considered as the hospital, and the rest home and the YPD unit are separated.</p> <p>Changes were made as to how the service operates, with the introduction of the primary support worker model based on resident support requirements. Staff confirmed this model and that this worked well. The rest home unit is located on the ground floor and</p>

	<p>the YPD unit and hospital level care are located on the first floor. A unit co-ordinator for the YPD and hospital level care residents was reflected on the roster. A diversional therapist for the YPD unit has been employed. The FM reported that the service is advertising for a rest home level care unit co-ordinator. Family/whānau and staff interviewed confirmed there were sufficient staff. Bureau staff have been used to replace staff shortages on average three times a fortnight.</p> <p>There are staff who have worked in this care home for up to three years, since opening after the rebuild. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse (RN) coverage in the hospital.</p> <p>An after-hours on-call system is in place, with the FM, CM and a Unit Coordinator sharing on call. Staff reported that good access to advice is available when needed.</p> <p>The FM described the recruitment process, which includes ensuring the applicant has a current work visa, referee checks, and police vetting.</p> <p>The staff competency policy guides the service to ensure competencies are assessed and support equitable service delivery. A sample of competencies, for example, fire knowledge, handwashing, donning and doffing, medication, wound care and safe restraint competencies, confirmed the training.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. A sample of staff interviewed reported they hold Level 2 and Level 4 New Zealand Qualification Authority (NZQA) education qualifications.</p> <p>Staff working in the YPD unit have attended specialist training in working with younger people with disabilities, rehabilitation, mental health, sexuality and intimacy, and effective communication. Records evidenced completion.</p> <p>Five of the thirteen registered nurses, and one of the two enrolled nurses, are interRAI trained. Two RNs are booked to complete their training.</p>
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		<p>Training is provided either face-to-face or online and included abuse and neglect, adverse events, cultural safety, civil defence, disaster and emergency planning, fire safety, first aid, health and safety, hazards, infection prevention and control, moving and handling, medication, safe restraint, and Te Tiriti o Waitangi.</p> <p>Meetings are held with the resident and their family/whānau to discuss and sign care plans. Residents' meetings are held monthly, and are an opportunity for people to discuss and express opinions on aspects of the service. Positive comments regarding the meals were noted in the minutes.</p> <p>The FM reported that Aldwins House is building on its own knowledge through cultural training, communication with the resident, family/whānau and learning te reo Māori. The FM and staff reported they are learning te reo Māori. Words in English and te reo Māori were visible throughout the facility.</p> <p>The FM reported that where health equity expertise is not available, external agencies are contacted. For example, Te Whatu Ora, palliative care, wound care and gerontology staff.</p> <p>Staff reported feeling well supported and safe in the workplace through, for example, the employee assistance programme, flu vaccines, cultural events, and BBQs.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. A sample of 11 staff records reviewed confirmed the organisation's policies are being consistently implemented. Position descriptions were documented and sighted in the files reviewed.</p> <p>Current annual practicing certificates were sighted for the registered nurses, two enrolled nurses, a pharmacist, a dietitian, two general practitioners, a physiotherapist, and two diversional therapists.</p> <p>Staff orientation included all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. New staff are buddied with an experienced staff</p>

		<p>member for up to one week. Orientation includes civil defence equipment and how to use it, Code of Health and Disability Services Consumers' Rights (the Code), complaints, cultural safety, cleaning agents, fire evacuation, first aid, falls prevention, health and safety, infection control, laundry service, Te Tiriti o Waitangi and cultural and spiritual safety, and personal cares.</p> <p>Staff confirmed that performance is reviewed and discussed during and after orientation, and annually thereafter. Completed reviews were sighted.</p> <p>Paper-based staff files are kept locked and confidential. Ethnicity data is recorded and used in line with health information standards.</p> <p>Staff reported incident reports are discussed at staff meetings. They could be involved in a debrief and discussion and receive support following incidents to ensure wellbeing.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Aldwins House implements comprehensive policies and procedures to ensure staff effectively manage resident information.</p> <p>In a review of 12 resident files, all required demographic, personal, clinical, and health information was fully completed. Clinical notes were up-to-date, well-organized, legible, and aligned with current documentation standards. Information is readily accessible to authorised personnel as needed. Aldwins House employs a secure clinical health information system to store all data, ensuring confidentiality and compliance with privacy regulations. Ethnicity data is tracked through quality management systems to support the goal of achieving Māori health equity.</p> <p>A recent initiative aimed at increasing the number of Māori residents at Aldwins House was recognised for its successful outcomes and positive impact.</p> <p>All electronic data is securely backed up in a cloud-based system with password protection. During the audit, no personal or private information was publicly displayed. Both residents' and staff files were stored securely for the legally required retention period before being properly destroyed. Archived documents were stored on-site,</p>



		<p>with a clear retrieval process in place for accessing physical or electronic records if needed in the future.</p> <p>Aldwins House is not responsible for the registration of residents' National Health Index (NHI) numbers; however, all residents are confirmed to have an NHI number upon admission.</p>
<p><b>Subsection 3.1: Entry and declining entry</b></p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents are admitted to Aldwins House after their required level of care is assessed by the relevant agencies. A review of 12 resident files showed full compliance with contractual requirements. Admission to the service is based on clearly documented entry criteria, which are made available to the community and are well understood by staff. The entry process is designed to meet the individual needs of residents. Interviews with family/whānau indicated satisfaction with the admission process and the information provided at the time of entry.</p> <p>For prospective residents who are not admitted, there are established procedures for communicating the decision. This includes documenting and analysing related data, such as decline rates for Māori. Aldwins House has implemented a tracking system using a spreadsheet to monitor all admission inquiries and record any declined referrals. Currently, no residents have been declined entry to the service.</p> <p>Aldwins House has actively developed partnerships with Māori communities and organisations to support Māori residents and their whānau during the admission process. A recent quality initiative focused on increasing the number of Māori residents has been recognised for its positive impact, successfully contributing to a rise in Māori resident numbers at the facility. This focused-on subsection 1.1 (Pae Ora - Healthy Futures), criterion 3.1.6 (Developing meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau), and criterion 3.3.2 (Ensuring people receiving services are supported to access their communities of choice). This initiative has been awarded a continuous improvement rating.</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 works collaboratively with the resident and family/whānau to promote overall wellbeing. A personalised care plan, aligned with the provider's model of care, is developed by qualified staff following a thorough assessment. This assessment considers the individual's lived experiences, cultural needs, values, and beliefs, while also considering the integration of wider services if necessary. Early warning signs and potential risks are identified, with a focus on prevention and timely interventions.</p> <p>The assessment process incorporates a variety of clinical tools and includes input from both the resident and family/whānau (where appropriate). Timeframes for completing the initial assessment, medical evaluations, initial care plans, long-term care plans, and reviews all meet the necessary contractual and policy standards. Staff are trained to support Māori and their family/whānau in defining their own pae ora (healthy futures) outcomes, which is reflected in the care plans. This was verified by a review of resident records and interviews with clinical staff, residents, and family/whānau. A key aspect of care for both Māori and non-Māori residents is the application of the Te Whare Tapa Whā model, with staff receiving specialised care plan training in this area.</p> <p>The management of specific medical conditions is well-documented, with evidence of systematic monitoring and regular evaluations of residents' responses to planned care. A range of outcome measures is used to track progress, and when outcomes differ from expectations, the care plan is adjusted in collaboration with the resident and/or family/whānau. Both residents and family/whānau confirmed active involvement in these adjustments.</p> <p>Tāngata whaikaha (people with disabilities) are actively involved in service development through resident meetings, feedback forms, and one-on-one discussions. Examples of their choices and control over service delivery were shared by staff, tāngata whaikaha, and family/whānau. Additionally, tāngata whaikaha and their whānau have independent access to relevant information.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.  Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.  As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>YPD:</p> <p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>There were individualised activities for the YDP residents with a specialised activities programme developed specifically for this age group.</p> <p>Activity assessments and plans identify individual interests and consider the person’s identity and cultural needs. Individual and group activities reflected residents’ goals and interests, ordinary patterns of life, and included normal community activities and Initiatives.</p> <p>Hospital and aged care</p> <p>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>There were personalised and group activities for the hospital and aged care residents with a specialised activities programme developed specifically for this age/ specialised group.</p> <p>Activity assessments and plans identify individual interests and consider the person’s identity and cultural needs. Individual and group activities reflected residents’ goals and interests, ordinary patterns of life, and included normal community activities and Initiatives.</p> <p>Opportunities for Māori and family/whānau to participate in te ao Māori are facilitated in both the YPD and hospital/aged care groups, and there has been a strong emphasis on incorporating Māori-friendly activities into the environment. Community initiatives meet the needs of Māori (refer criterion 3.1.6).</p> <p>Feedback on both activity programmes is provided through resident meetings, suggestion boxes, and one-on-one interactions. There was evidence of family/whānau involvement. Those interviewed confirmed they found the programmes met their needs</p>
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		and particularly enjoyed the diverse range of activities available to them within the facility.
<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 best practice. 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. The last pharmacy check was on 2 August 2024. All medications sighted were labelled and within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Room temperature on the day of audit was 22° Celsius.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used, but the GP or pharmacist is available for any medication and out-of-hour needs.</p> <p>Self-administration of medication is facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications. Where there are difficulties accessing medications, this is identified, and support provided.</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,</p>	FA	<p>The food service at Aldwins House adheres to recognised nutritional guidelines tailored for the individuals utilising its services. The menu underwent a comprehensive review by a qualified dietitian from Canterbury Dietitians within the past two</p>

<p>values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>years, and all recommendations from that review have been successfully implemented. During the audit, the facility was in the process of transitioning from an external food provider to an in-house service. The newly appointed chef and kitchen staff demonstrated the necessary expertise and qualifications for their roles.</p> <p>All facets of food management align with current legislation and best-practice guidelines. The service operates under an approved food safety plan, with registration in place.</p> <p>Upon admission to the facility, each resident undergoes a nutritional assessment, ensuring that personal preferences, special dietary needs, and modified texture requirements are accommodated in the daily meal plan. The menu also includes culturally appropriate options for Māori residents and their whānau, reflecting te ao Māori principles.</p> <p>Resident satisfaction with meals is confirmed through interviews with residents and their family/whānau, feedback from satisfaction surveys, and documentation in resident meeting minutes. Menus operate on a four-week rotating schedule, ensuring variety. Residents are provided ample time to enjoy their meals in a relaxed environment, and those who need assistance receive it with dignity and respect.</p> <p>Interviews with residents consistently indicated high levels of satisfaction with the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We</p>	<p>FA</p>	<p>The process of transfer or discharge from Aldwins House is carefully planned and safely managed, ensuring seamless coordination between relevant services and close collaboration with both the resident and their family/whānau. All potential risks and the resident's current support needs are thoroughly identified and addressed as part of this process. Where appropriate, options for accessing additional health and disability services, as well as social and cultural supports, are discussed to ensure continuity of care and well-being.</p>

<p>work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>Family/whānau members reported being well informed and supported throughout their relative's transfer or discharge, reflecting effective communication and transparency. Audits of clinical files and resident tracers further demonstrated that hospital transfers and discharges were handled efficiently, with all procedures carried out in a well-managed and organised manner.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness was publicly displayed. It expires on 1 April 2025 and includes the lift.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities, internal and external, are fit for their purpose, well-maintained and that they meet legislative requirements. The maintenance personnel described the maintenance schedule.</p> <p>Family/whānau and staff confirmed they knew the processes they should follow if any repair or maintenance is required, any requests were appropriately actioned and that they were happy with the environment.</p> <p>Equipment tagging and testing was current, as confirmed in records, interviews with the assistant manager, maintenance personnel, and observation. Calibrations of biomedical records were sighted.</p> <p>The facility has a lift to the first floor which is large enough to take a bed if required.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. There is space available for the storage of equipment. The environment is inclusive of people's cultures and supports cultural practices.</p> <p>Communal areas are available for residents to engage in activities, or they can access areas such as the family/whānau room for privacy, if required.</p> <p>The dining areas and lounge areas are spacious and enable easy</p>

	<p>access for residents and staff. The reconfiguration of the activity space for use by the YPD residents included the addition of a partitioned physiotherapy area, a family/whānau room, an accessible kitchen area, and an area for dining; however, the assistant manager reported that the YPD residents prefer to eat in the main dining room.</p> <p>The area also includes a partitioned lounge area where young people with disabilities can find privacy. The large area is spacious and colourful and includes cultural art.</p> <p>Furniture is appropriate to the setting and residents' needs.</p> <p>All rooms except three have ensuites, with their own shower and toilet. The remaining rooms have their own toilet and basin, and residents use the large communal bathroom on the first floor.</p> <p>The number of toilet and shared accessible bathroom facilities for visitors and staff is adequate. Appropriately secured and approved handrails are provided in the bathroom areas, and other equipment is available to promote residents' independence.</p> <p>The YPD unit utilises up to 40 bedrooms located on the first floor.</p> <p>Adequate personal space is provided to allow residents and staff to move around within the spacious bedrooms safely. Rooms are personalised, with furnishings, photos and other personal items displayed. Staff reported that they respect the residents' spiritual and cultural requirements. Residents reported the adequacy of bedrooms.</p> <p>Residents and family/whānau were happy with the environment, including heating, ventilation and privacy. Heat pumps heat the downstairs lounge. Electric heating is provided in the bedrooms and upstairs lounge and all the hallways. Each area was warm and well-ventilated throughout the audit. Thermometers were visible throughout the facility.</p> <p>The assistant manager reported that residents, family/whānau and a cultural advisor, who identified as Māori, were involved in the design of the changes to the YPD spaces. A kaumatua blessed the area, Whare Kaariki, at the opening.</p>
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<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>The current fire evacuation plan was approved by the New Zealand Fire Service on 5 November 2020.</p> <p>Evidence was sighted that the newly added partition walls did not interfere with the fire protection or evacuation of the building, and from FENZ that the number of occupants remains within the current approved scheme. Evidence was sighted that the lift cannot be used when the building is being evacuated. The fire action notices inform people to use the stairs and not the lift. The assistant manager reported that evacuation chairs had been ordered.</p> <p>A trial evacuation takes place six-monthly, with a copy sent to the New Zealand Fire Service, the most recent being on 26 March 2024. The record was sighted.</p> <p>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Emergency evacuation plans are displayed and known to staff. The emergency plan meets the needs of people with disabilities in an emergency.</p> <p>The orientation programme includes fire and security training. Staff files evidenced staff are trained in emergency procedures. Staff confirmed their awareness of the emergency procedures and attend regular fire drills. Training records confirmed this.</p> <p>Fire extinguishers, call boxes, floor plans, sprinkler alarms, exit signs and fire action notices were sighted.</p> <p>The CM/QM reported that all RNs have a current first aid certificate. Current first aid certificates were sighted.</p> <p>The call bell system alerts staff to residents requiring assistance. Residents and family/whānau reported staff respond promptly to call bells.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including essential heating, food, medical supplies, PPE, and a gas BBQ, were sighted. Supplies were last checked on</p>
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		<p>31 August 2024. The assistant manager and maintenance personnel reported that a four-thousand litre water tank was installed in the ceiling. This meets the National Emergency Management Agency recommendations for the region.</p> <p>Appropriate security arrangements are in place. Doors and windows and the two gates are locked at a predetermined time. Residents are informed of the emergency and security arrangements at entry. An intercom and camera are present at the main door to enable staff to identify visitors before granting access.</p> <p>Closed-circuit cameras have been installed throughout specific internal areas. Residents and family/whānau members are fully informed and their use does not compromise personal privacy. Additionally, signage informs people in the reception area.</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>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly.</p> <p>The programme is guided by a comprehensive and current infection control manual, with input from an external quality consultant.</p> <p>The current quality plan includes a goal to reduce infections.</p> <p>Expertise and advice are sought following a defined process. Specialist support can be accessed through Te Whatu Ora, the medical laboratory, external consultants, and the attending GPs.</p> <p>Staff meeting minutes evidenced that an infection prevention and control component is included in monthly staff meetings. This was confirmed by staff.</p> <p>A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. Evidence was sighted of infection-related data being reported on the FM's monthly report.</p>

		The Pandemic Plan has been tested through the outbreak of Covid-19.
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe.</p> <p>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>	FA	<p>The Infection Prevention and Control Coordinator (IPCC) is responsible for overseeing and implementing the infection prevention and control (IPC) programme, with direct reporting to senior management and the governance group. The IPCC is highly qualified, possessing the necessary skills, knowledge and certifications for the role, and has confirmed access to appropriate resources and support. When required, the IPCC consults with the infection control team at Burwood Hospital. Additionally, the IPCC and the Infection Prevention and Control (IPC) committee are consulted on decisions related to procurement, care delivery, facility design, and policy development.</p> <p>The infection prevention and control policies are fully aligned with current standards and are based on established best practices. Where necessary, cultural advice is incorporated into these policies to ensure inclusivity and respect for diverse resident needs.</p> <p>Staff are well-versed in IPC policies through comprehensive orientation and ongoing education, and compliance with these policies was consistently observed. Residents and their family/whānau receive education on infection prevention in ways that cater to their specific needs, with educational materials available in te reo Māori for cultural responsiveness.</p> <p>A detailed pandemic and infectious diseases response plan is in place and is regularly tested to ensure preparedness. Ample resources, including personal protective equipment (PPE), were available, and staff have been appropriately trained in their use.</p> <p>Staff demonstrated a thorough understanding of the protocols for decontaminating reusable medical devices. Currently, only surgical scissors are reused onsite, and the decontamination process is regularly audited to ensure adherence to best practices. Single-use medical devices are strictly not reused, and surgical scissors are the only instrument disinfected and reused according to</p>

		established protocols.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Aldwins House is committed to promoting the responsible use of antimicrobials through its Antimicrobial Stewardship (AMS) programme, which is designed to suit the service's size and complexity. This programme is underpinned by well-established policies and procedures. Its effectiveness is continuously evaluated through the monitoring of antimicrobial usage and the identification of areas for improvement. The resident GP, IPCC and clinical manager play a proactive role in encouraging safe antimicrobial prescribing practices.</p> <p>Additionally, the facility successfully completed a comprehensive continuous improvement project focused on managing urinary catheters. This project addressed the high incidence of catheter blockages by introducing safer antimicrobial practices and more effective product usage using the SMART approach to project management. Due to the project's success, it has been awarded a continuous improvement rating, recognising its positive impact on resident care and safety (Refer criterion 5.3.3).</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. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Ethnicity is monitored and results of the surveillance programme are shared with staff and reported at Governance level. A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice.</p> <p>Communication between service providers and residents who are experiencing a health care-associated infection (HAI) is culturally safe. The recent project to implement a new catheter product in the</p>

		reduction of catheter blockages and UTI demonstrated a sound understanding of surveillance methods.
<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>	FA	<p>A clean and hygienic environment at Aldwins House plays a crucial role in preventing infections and limiting the transmission of antimicrobial-resistant organisms.</p> <p>Staff adhere to comprehensive, documented policies and procedures for the safe management of waste, as well as infectious and hazardous substances. Both laundry and cleaning processes were regularly monitored to ensure their effectiveness, with infection prevention personnel (IPCC) overseeing the facility's environmental testing and monitoring programme. All staff involved in these duties have completed relevant training and were observed performing their tasks safely and in accordance with best practices. Hazardous chemicals are securely stored, with Material Data Safety (MDS) sheets readily available for all substances.</p> <p>Feedback from residents and family/whānau indicated that the laundry service is well-managed, and that the facility is consistently clean and well-maintained. These observations were further confirmed during the audit, highlighting the facility's commitment to maintaining high standards of cleanliness and hygiene.</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>Maintaining a restraint-free environment is the aim of the service. This is documented in the restraint policy. The chairperson, FM and the restraint co-ordinator confirmed commitment to this.</p> <p>At the time of the audit, no residents were using a restraint. The restraint co-ordinator reported that a restraint would be used as a last resort when all alternatives have been explored, for example, sensor mats and low beds.</p> <p>The restraint co-ordinator reported, and staff confirmed, that restraint has not been used since mid-August 2024. The restraint coordinator is an RN who provides support and oversight for any restraint management. Their position description and training</p>

		<p>records were sighted.</p> <p>The restraint approval group is responsible for the approval of the use of restraints and the restraint processes. Membership includes a young person with a disability, Māori, and a whanau member. There are clear lines of accountability.</p> <p>There are processes in place to report any aggregated restraint data, including data analysis supporting the implementation of an agreed strategy.</p> <p>The FM is involved in the purchase of equipment should it be needed.</p> <p>Policies and procedures meet the requirements of the standard.</p> <p>Orientation and ongoing education included alternative cultural-specific interventions, reactive and responsive behaviour, and safe restraint. Records confirmed staff have received training.</p> <p>Given there are no restraints in place, subsections 6.2, 6.3 and 6.4 have not been audited.</p>
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## Specific results for criterion where corrective actions are required

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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.

No data to display
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall:</p> <p>(a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;</p> <p>(b) Work with Māori health practitioners, traditional Māori healers, and organisations to benefit Māori individuals and whānau.</p>	CI	<p>On the day of the audit, a continuous improvement project aimed at enhancing Aldwins House as a facility where Māori can flourish and thrive, promoting overall health and wellbeing, was presented and observed. The project was developed using SMART goals, with a focus on the Ngā Paerewa standards. The project was initiated in response to Aldwins House being in a lower socioeconomic area of Christchurch, where a higher percentage of Māori residents live. The key goals included increasing Māori resident numbers from 3 to 10, growing the percentage of Māori occupancy, and fostering connections with the local community to support mental and emotional wellbeing. The project sought to help Māori residents maintain their cultural identity, traditions and practices, while combating isolation and loneliness, ultimately improving their quality of life.</p> <p>Project Phases:</p> <p>Step 1: Planning The project group outlined their SMART</p>	<p>Aldwins House successfully increased Māori occupancy from 3% to 10.4% by implementing culturally relevant activities, building community partnerships, and integrating the Te Whare Tapa Whā model into care planning, positioning the facility as a preferred choice for Māori seeking long-term care.</p>

	<p>goals, which included increasing Māori occupancy, building stronger community relationships, and providing education to registered nurses on culturally appropriate care planning. This education included training on Te Tiriti o Waitangi and Māori culture for all staff.</p> <p>Step 2: Implementation A variety of culturally relevant activities were developed for Māori residents, including regular boil-ups, hāngi, Matariki celebrations, flax weaving, kapa haka groups, and poi fitness classes. A Māori staff member took on the role of Māori liaison and advocate within the facility, fostering relationships with local iwi and providing in-house cultural advice to residents and whānau. Promisia also developed a cultural assessment tool, and a new Younger Persons with Disabilities (YPD) unit was opened, integrating a traditional blessing by local iwi. Māori artwork was displayed in the DT area, and a Māori steering group was formed to guide the project. To make accommodation more accessible, no premium room charges were applied to Māori residents.</p> <p>Step 3: Study and Evaluation In January 2024, Aldwins House had 97 residents, of whom 3 (3.09%) were Māori. By August 20th, the facility's occupancy had risen to 121 residents, with 13 Māori residents, representing 10.40% of the total population—far exceeding the project's initial expectations. The feedback from Māori residents was gathered through a questionnaire, confirming the success of the initiative.</p> <p>Step 4: Act and Future Growth Strong connections have been established with the Māori social worker at Burwood Hospital and local iwi, which will continue to grow. The new YPD unit was named Whare Kaariki, with approval from the kaumātua. A local high school is set to paint a mural in Whare Kaariki, further enhancing the cultural environment. The facility has also successfully incorporated the Te Whare Tapa Whā model of care into Māori residents' care plans where applicable.</p>	
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		<p>Moving forward, Aldwins House plans to increase cultural education for staff through more structured classes and organise a visit to the local marae in September 2024, with an official pōwhiri scheduled. A final evaluation demonstrated that the number of Māori residents continues to grow, and inquiries from potential Māori residents are increasing. Respite residents have expressed that Aldwins House would be their preferred choice for long-term care, given its reputation as a culturally safe and welcoming environment for Māori.</p> <p>The facility is optimistic that Aldwins House will continue to flourish as a place where Māori residents can live happily, maintaining their cultural heritage in a supportive and culturally safe environment.</p>	
<p>Criterion 5.3.3 Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	<p>CI</p>	<p>During the audit, a SMART goals-based project was evidenced, initiated in response to a high incidence of urinary tract infections (UTIs) and catheter blockages among residents with indwelling and suprapubic catheters. Between September 23 and February 24, a total of 65 instances of UTIs and catheter blockages were recorded. Project staff undertook a comprehensive evaluation of the high volumes of UTIs and blockages, as well as the related use of antibiotics at Aldwins House.</p> <p>Initial attempts to address the issue, including increasing hand hygiene and fluid intake, were unsuccessful in reducing infection rates. After these interventions proved ineffective, the project team shifted focus to evaluating the catheter products in use. Following this evaluation, they trialed a specialised antimicrobial indwelling catheter with the goal of reducing the number of catheter blockages and UTIs over the next six months.</p> <p>The introduction of these advanced catheter products, alongside continued emphasis on hand hygiene and increased fluid intake, led to significant improvements. A</p>	<p>The implementation of increased hand hygiene, increased fluid intake and the introduction of the new catheter helped to reduce catheter-related blockages by 55% and eradicate the instance of UTI over a six-month period.</p>

		<p>project team member conducted regular hydration rounds to ensure that residents at risk maintained adequate fluid intake, with fluid balance records meticulously documented. Educational sessions were provided to staff on enhanced hand hygiene practices, and specific personnel received advanced training in catheter care.</p> <p>Final data analysis revealed a 55% reduction in catheter blockages and a complete 100% elimination of UTIs within the sample group. This marked success led to the eradication of UTIs. Based on these outcomes, the project was thoroughly evaluated, and recommendations were made to adopt the new catheter products and practices as permanent standards moving forward.</p>	
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End of the report.