

Aldwins House Limited - Aldwins House

Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

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 the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Aldwins House Limited
Premises audited:	Aldwins House
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 November 2020 End date: 10 November 2020
Proposed changes to current services (if any):	This facility previously operated as an aged care residential service until the 2011 Christchurch earthquakes when it was damaged, and the residents were moved out. The facility has been renovated and is being reopened under new ownership and management.
Total beds occupied across all premises included in the audit on the first day of the audit:	0



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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

General overview of the audit

Aldwins House is the new name for a large residential care facility that has stood vacant for a number of years and is reopening under new ownership and management following significant refurbishment. There is a documented plan in place for the service to open in stages to provide long term residential rest home and hospital level care for up to 145 residents. The service is operated by Aldwins House Limited and managed by a facility manager and a care manager with overview and support from a general manager at head office. Initial enquiries from a prospective resident's family member and the district health board have already commenced.

This partial provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of managers' files, observations and interviews with all three managers. As the facility is currently empty it was not possible to interview residents, relatives nor prospective staff.

This audit has identified six areas requiring improvement prior to occupancy. Three of these relate to the need for an orientation programme for the prospective staff, with specific attention to emergency management and medicine management competencies.

Registered nurses have yet to be offered positions. The laundry is under construction, the kitchen is incomplete, and a food control plan still needs to be registered.

Consumer rights

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Organisational management

Business and quality and risk management plans included the scope, vision, philosophy and principles of care of the organisation. Planned processes for the reporting and monitoring of the services through to the governing body are clearly described. All three managers involved are experienced and suitably qualified.

Human resource processes currently underway for the employment of the staff are as described in the service provider's policy and procedures. These are based on current good practice. New staff orientation is planned ready for delivery. A training schedule is developed and preparations for its delivery in 2021 have commenced.

A policy regarding staffing, skill mix and rostering is in place and six weeks of rosters, including for auxiliary staff, are established and ready for implementation.

Continuum of service delivery

A documented medicines management system is available to guide the safe management of medicines. Medicine storage systems are lockable and meet relevant legislation and guidelines. Registered nurses, who are to be responsible for medicine administration initially, are required to complete a competency assessment during the three-day orientation timeframe.

Kitchen renovations are underway and new equipment is being installed. The menu has been approved by a registered dietitian and there are systems in place to ensure any special dietary needs are catered for.

Safe and appropriate environment

The facility is purpose built and renovation and refurnishing meet the needs of residents for 2020. A current building warrant of fitness is on display near the front entrance. Electrical equipment has been tested as required and all medical equipment is new. Hot water temperatures are safe. There is a range of communal and individual spaces, including a large activity area, for residents to spend their time. External areas are accessible, safe and provide shade and seating.

Systems for the safe management of waste and hazardous substances are in place and protective equipment and clothing for staff are available. A new laundry is under construction and all laundry will be undertaken onsite. An internal audit tool is available within the organisation's documentation to enable laundry and housekeeping systems to be evaluated for effectiveness.

Staff training on emergency procedures and use of emergency equipment is included in the staff orientation day and a fire drill has been scheduled with the fire service. An upgraded nurse call system has been installed. Security systems are in place.

Restraint minimisation and safe practice

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Infection prevention and control

The infection prevention and control programme has been developed in consultation with infection prevention and control specialists. An experienced and trained infection control nurse is available to coordinate implementation of the programme in order to prevent and manage infections. Specialist infection prevention and control advice is accessible should this be needed.

Summary of attainment

The following table summarises the number of standards 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)
Standards	0	10	0	5	0	0	0
Criteria	0	27	0	6	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Aldwins House is owned by Aldwins House Limited, which commenced trading as a public company on 31 October 2020. A 1 December 2020 to 31 March 2021 business plan was provided for review. This includes the vision, philosophy and principles of care for Aldwins House and describes concepts of acknowledging the uniqueness of individuals, providing professional care, building a caring and stimulating environment, encouraging resident and family participation and meeting resident’s dietary needs. Documented service goals are aiming for Aldwins House to be the provider of choice for residential care, for residents’ lives to be enhanced through quality services, Aldwins House to be the employer of choice and quality systems and processes to be in place to meet current and future business needs. A three-point corporate commitment reiterates the organisation’s intentions to maintain residents’ dignity and respect and to be ethically and culturally sensitive in accordance with the principles of the Treaty of Waitangi.</p> <p>The business plan outlines a planned staged opening for Aldwins House starting with stage one being 65 people on the ground floor. Quality management, according to a developed quality plan and to the organisation’s policies and procedures, which have been developed with assistance from a quality consultant, is outlined. The quality consultant assists managers to review and update the</p>

	<p>quality plan annually. A detailed overview of staffing is also provided in the business plan. There is a section on environmental impact, one on market perception/reputation and another on business efficiency. Objectives and action plans as well as measurement tools are detailed. A comprehensive spreadsheet of time-framed actions to be followed up and completed prior to and in the early stages of operations of Aldwins House, complements the Business Plan.</p> <p>The general manager, facility manager and care manager were present and interviewed during the audit. All managers have had extensive management experience in a range of areas of the health system, in particular aged care, therefore know and understand consumer rights that need to be adhered to. Proposed reporting processes are to follow the same pattern as for other facilities of the organisation with the general manager ultimately reporting to the chief executive officer and board of directors. Each week the facility manager is to provide the general manager with a weekly work planner of performance appraisals, meetings and environmental repairs for example. A snapshot of the achievements is fed back to the general manager the following week. Once a month, the facility manager will also provide the general manager with a report on key operational matters such as occupancy, incidents, complaints and infections for example. The general manager holds monthly 'Zoom' meetings with all other facility managers of the organisation and these will include the new facility manager for Aldwins House.</p> <p>Aldwins House is to be managed by a facility manager who described herself as having a passion for the elderly. This person has previously managed worked as facility manager in two other facilities and as a clinical manager and a unit coordinator prior to that. In addition to being a registered nurse with a current practising certificate who has completed post graduate study, the facility manager is an assessor for caregiver certificates on behalf of the New Zealand Qualifications Authority, is interRAI competent and is trained in palliative care. This person has strong links with key members of the Aged Care Association.</p> <p>The Canterbury District Health Board (DHB) portfolio managers have been advised of the intention to open Aldwins House, as has HealthCERT, Ministry of Health. A request to provide long term residential rest home and hospital level care in 145 beds at Aldwins House has been lodged. With the extensive previous experience of the three managers interviewed, all were clearly familiar with the Aged Related Residential Care Agreement (ARRC), which is the contract they will operate under. Plans are in place to take the first resident(s) from 7 December 2020.</p>
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<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During any absence of the facility manager, the care manager will take over duties that are required and as requested. The general manager will provide oversight in any such circumstance. Both the facility manager and the care manager are registered nurses, and proposed plans include that they will operate a one week on and one week off relief for on-call management. According to all three managers interviewed, there will always be one or other of them available to provide any additional clinical advice. As the beds are filled, additional registered nurses will be employed to strengthen the clinical team.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Professional qualifications and annual practising certificates have been checked for pharmacists, two general practitioners who have agreed to care for residents at Aldwins House, the dietitian, prospective registered nurses and the facility and care managers.</p> <p>Employment processes are well underway and follow the policies and procedures in use, which are consistent with current accepted employment practices. At the time of audit, application and initial interview processes had been completed and interviewees have been selected according to a graded system prioritising key attributes required for the respective positions. Shortlisting has occurred and approaches had been made to selected prospective staff. Reference checks and police checks were underway; however, contracts have yet to be signed and there are still insufficient registered nurses for the service to be able to open.</p> <p>A detailed plan for new staff orientation was sighted. This has yet to be implemented as planned dates are in approximately three weeks' time between 1 and 3 December 2020.</p> <p>The policies and procedures within the documents supplied by the quality consultant include a detailed staff training schedule, which lists mandatory training requirements. Both the facility manager and the care manager are familiar with this system and they have already commenced planning for ongoing staff training in 2021 according to the requirements of the schedule.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A staffing and skill mix rostering policy, which includes contractual obligations has guided the development of initial rosters, which have been completed. Details of managing an increase in the number of residents is covered under the clauses about managing increasing acuity of residents.</p> <p>Six weeks of a four day on and two day off roster for registered nurses and caregivers were sighted and demonstrated that a full contingent of staff should be available when the facility opens. Additional staff to be offered part-time and casual hours have been identified. There is a separate roster for a cook, kitchen hands and a laundry/housekeeper person. A diversional therapist and an activities person have been shortlisted but are currently working elsewhere. Plans in place are for caregivers to provide some activities until activity staff availability and hours of these staff persons are fully established. The care manager has been allocated as the registered nurse on morning shifts, has a first aid certificate and is interRAI competent. All registered nurses who have applied already have a current first aid certificate and some are also interRAI competent.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>A medication management policy and procedure are among the policies and procedures provided by the quality consultant. This is current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe electronic medicine management system is being set up and the new staff orientation day includes education on its use. With no residents it was not possible to observe a medicine administration round. A corrective action has been raised as it was not possible to assess staff medicine management competency due to staff appointments not being finalised.</p> <p>Medications are to be supplied to the facility in a pre-packaged format from the contracted pharmacy. Records of this contract were sighted and according to the care manager, the clinical pharmacists have already agreed to provide support and input when required.</p> <p>A controlled drugs cabinet has been installed in the downstairs medicine room off the nurses' station and a blank controlled drugs register is available. Another metal cabinet will be installed upstairs when occupancy increases, and beds upstairs begin to be filled.</p> <p>The care manager is aware of the need to record temperatures for the medicine</p>

		<p>fridge, when it arrives, and of the medication room.</p> <p>With no current residents, it was not possible to ascertain the level of recording of medicine management information, therefore this criterion has been rated as not applicable. Similarly, it was not possible to assess any self-administration processes, although applicable policy documentation is available for this. Hence, this criterion has also been rated as not applicable. According to the care manager, any medication errors will be managed via the incident reporting system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	PA Low	<p>The menu for use within this facility is identical to the one used by three other facilities of the same owner in the North Island. This was viewed and demonstrated a four-week rotational cycle for both winter and summer options. A dietitian has approved the menu and evidence of this was sighted for both the winter menu dated 21 June 2019 and 8 August 2019 for the summer menu.</p> <p>According to the care manager, and to policy documentation related to residents' nutritional needs, residents will undergo a nutritional assessment at the time of admission and annually, or as needed, thereafter. A dietitian's referral is to be sent when indicated.</p> <p>Policy documents guide processes around food procurement, production, preparation, storage, transportation, delivery, and disposal and guidelines. However, the kitchen is currently a construction zone and a food control plan has yet to be developed.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and infectious and hazardous substances are in the hard copy and electronic versions of the policy and procedure manuals. Waste bins from a contractor for general waste and recycling materials are due for delivery 2 December 2020</p> <p>An external company has been contracted to supply and manage all chemicals / cleaning products on site. Documentation sighted confirmed the company is willing to provide relevant training for staff. Material safety data sheets are available where the chemicals are stored. The orientation programme includes topics such as chemical handling and storage, waste disposal, and actions to be taken in the event of any chemical spill/event. A generic and service specific hazard register is in place.</p>

		Protective clothing and equipment have been delivered and are stored appropriately. These items, including hand sanitiser, will be accessible for staff use when the facility opens.
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>Aldwins House is a substantial aged care facility, which operated as an aged care facility prior to the Christchurch earthquakes 2011, when it was substantially damaged. The building has been unoccupied for a number of years until purchased, rebuilt and redecorated by the current director of Promisia Integrative Limited.</p> <p>The building warrant of fitness with an expiry date of 1 April 2021 is displayed at the front entrance. Following the final clean-up, the environment will be hazard free and resident safety has been considered in the refurbishment. Handrails are in situ.</p> <p>All electrical equipment is new; however, testing and tagging systems of the electrical equipment is underway to ensure the system is in place going forward. All bio-medical equipment and three different types of weighing scales (chair, hoist and wheelchair) are brand new. Hot water temperatures have been checked as safe and fire-fighting equipment has been reviewed by a fire compliance and safety company.</p> <p>Except for one area at the rear of the building, most of the external areas have been re-landscaped. All external areas are safe and accessible. Established trees and sides of building provide natural shelter, especially in one of the internal courtyards. Outdoor seating has been strategically positioned and curved pathways provide safe walking routes for the prospective residents.</p> <p>There was no evidence of any legislative compliance issues likely to preclude the opening of this service, other than completion of construction of the laundry.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal</p>	FA	<p>All residents' rooms have their own ensuite, except for six in the Elm South wing upstairs which were built specifically for people requiring the use of additional mobility equipment. These rooms have a handbasin. The ensuites include a wet area shower, toilet and handbasin.</p> <p>Five additional toilets sit alongside the activity room and another separate single toilet is downstairs. Two large toilet and shower areas suitable for shower trollies</p>

<p>hygiene requirements.</p>		<p>are upstairs near the rooms with no ensuites.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower areas to promote residents' independence, and new shower chairs have been purchased.</p> <p>Different configurations of the rooms mean that entry into some of the ensuites is tighter, especially if a shower chair is being used. This was discussed with the care manager who informed staff training will include additional caution if they are manoeuvring residents in shower chairs in these rooms. Although the space is of sufficient size for hospital level care, the care manager also noted that it might be preferable to err on the side of caution and use these rooms for rest home, rather than hospital level care residents.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All prospective residents' rooms are for single use with no options for sharing. Most are of a similar size with slight differences in configuration depending on what part of the facility they are in. Average measurements are 2680 by 3485mm. The upstairs rooms without an ensuite are significantly larger at approximately 3860mm by 3450mm. There is easy access into each room, and all have a storage cupboard.</p> <p>The managers informed residents will be encouraged to bring in their own personal item, including furniture that is not oversize.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There are multiple communal areas with appropriate comfortable seating in situ. Downstairs there is and large dining room with a television, as well as a large television lounge. An extra-large activities room, storage room and activity staff office have its own ablution block and opens onto a large, asphalted seating area.</p> <p>Upstairs there is a medium size television lounge, a smaller lounge, a smaller dining area and resting spots with chairs, small tables and couches around wider sections of corridors.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic</p>	<p>FA</p>	<p>All laundry services are to be undertaken on site in a new purpose-built laundry complete with modern machines and a drying room. As identified in 1.4.2.1, this has yet to be completed. A laundry/housekeeper and a relief person have both</p>

<p>cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>been shortlisted from applicants for these roles and one has verbally accepted to commence when the service opens.</p> <p>Housekeeping equipment is available, and a contractor has supplied relevant laundry and cleaning chemicals. The contractor is to train staff accordingly.</p> <p>The internal audit tool in the policy and procedure manual will be used six-monthly to monitor the effectiveness of laundry and housekeeping services.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>The schedule for the staff training orientation day includes a section on fire and emergency training. Managers interviewed confirmed this will be included in the orientation of all new staff as well as in annual updates going forward, as documented in the training schedule. The first full trial evacuation is scheduled to occur in six-months' time when the fire service will be in attendance. Sprinklers, smoke alarms, fire hose reels, extinguishers and emergency lighting are installed throughout the building with relevant checks completed by a fire safety compliance company. A letter from the fire service confirming approval of the fire evacuation scheme is dated 5 November 2020.</p> <p>Emergency supplies have been purchased and a list developed, as per the policy documentation. Policy states these will be checked six-monthly. The emergency supplies available were sighted and meet the Ministry of Civil Defence and Emergency Management recommendations for the region. These include adequate water supplies from ceiling storage tanks, a gas barbecue, gas cooking units and sufficient additional blankets to assist residents to remain warm should the power fail. An additional fridge and pantry space have been allocated specifically for emergency food supplies.</p> <p>An updated nurse call system with an emergency call component is in the process of being installed throughout the building. A demonstration of its operation was provided. If not answered within four minutes the call system escalates to the cell phone of the care manager at any time.</p> <p>Appropriate security systems are in place. Security stays are on windows and staff will lock doors at predetermined times in the evening. Security cameras have been installed and appropriate signage is in place. The viewing monitors are in the care manager's office and their use is supported by a policy and procedure on their use and monitoring.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>All residents' rooms and communal areas have opening external windows that provide natural light, which is enhanced by openable windows in sections of the roof. There are patio doors from some communal areas and downstairs bedrooms as well as onto balconies from some upstairs bedrooms.</p> <p>Heating is provided by individual wall mounted fan heaters in residents' rooms with individual thermostatic controls. These are also mounted in communal areas and along hallways. There are ceiling mounted fans in the downstairs dining room, lounge and large activity room.</p> <p>A sheltered area at the rear of the laundry has been designated as a residents' smoking area.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Infection prevention policies and procedures provided through the quality consultant in consultation with infection prevention and control experts relate to the requirements of the standard. A description of the infection prevention and control programme sits within the policy documents and notes the infection control nurse is responsible for ongoing annual reviews of the programme. The care manager has accepted the role of infection control nurse and a role description for this sits within the documents sighted. Plans are in place for the care manager to provide weekly clinical reports that are to include infection reports to the facility manager, who will in turn report to the general manager.</p> <p>During interview, the managers noted the importance of communication for ensuring family members are aware of when they should not visit the facility because of infections they may have been exposed to, or if their relative has an infection. A sample notice for placing on the door in the event of facility wide infections sits within the infection control documents and a receptionist is to be educated about assisting with monitoring any such incidences. Policy documents clearly state the expectations of staff if they are unwell and the managers interviewed informed staff would be sent home if they come on duty unwell.</p>

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>Recruitment of staff for the new facility is well underway. Multiple applications have been processed and interview processes have commenced. Positions have been offered to seven caregivers (one of whom will cover activities meantime), two cooks, a laundry/housekeeper and an administrator. All have verbally accepted the positions offered. These numbers do not include registered nurses.</p>	<p>Other than the facility and care managers, no registered nurses have been employed therefore there is not registered nurse cover 24/7 for hospital level care provision.</p>	<p>The employment of registered nurses 24 hours a day over seven days a week is required to ensure contractual requirements for hospital level care are met.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>There is a policy and procedures on new staff orientation and checklists that cover the orientation programmes for various staff disciplines. A specific new staff orientation plan is to be provided to all prospective appointees between 1 and 3 December 2020. Presenters have been approached</p>	<p>The new staff orientation training days scheduled for 1 to 3 December 2020 had not occurred prior to this partial provisional audit.</p>	<p>All prospective staff with confirmed employment agreements will have completed the planned three-day orientation/training days prior to services commencing at Aldwins House.</p>

		and the time-framed programme developed.		Prior to occupancy days
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	<p>New staff recruitment processes are underway and prospective staff have been shortlisted. An orientation day is planned for three days at the beginning of December. The care manager informed that only registered nurses will administer medicines until the managers are familiar with the care staff. It was noted that the schedule for the orientation includes assessment of medication competencies.</p>	<p>At the time of audit, prospective staff had not yet undertaken their orientation training day, therefore it was not possible for registered nurses to demonstrate medicine management competencies.</p>	<p>Service providers responsible for medicine management are to be competent to perform the function for each stage of medicine management they are responsible for.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	<p>Policies and procedures that comply with current legislation and guidelines are in place to guide processes around food procurement, production, preparation, storage, transportation, delivery, and disposal and guidelines. These are complemented by information in documentation from food control plans from other facilities under the same ownership as Aldwins House. The kitchen is currently not fully equipped, nor able to be used. Also, a food control plan is not yet available as kitchen and food preparation systems are still to be established.</p>	<p>On the day of audit, the kitchen was a construction zone following the discovery of drainage problems during the installation of a dishwasher. A food control plan has yet to be registered.</p>	<p>The kitchen is fully operational and registration for a food control plan is obtained.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>A large new laundry near a corner of the ground floor is currently under construction. This includes an attached drying room. The clean/dirty flow was described, as were the positioning of the folding benches and ironing areas. New appliances are awaiting</p>	<p>The laundry building was still under construction at the time of audit and does not yet have a certificate of compliance.</p>	<p>Construction of the laundry is complete, washing and drying machines are functional and a certificate of compliance has been issued.</p>

		installation. Although the building itself has a current building warrant of fitness, the laundry requires a certificate of compliance prior to becoming operational.		Prior to occupancy days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>Fire safety equipment has been installed according to fire service specifications, a fire evacuation plan approved, and appropriate emergency equipment is available. Policies and procedures include the management of a variety of emergency and disaster situations. The schedule for the new staff orientation day includes management of fire and emergency situations. This training is planned for 1 to 2 December 2020; therefore, at the time of this partial provisional audit had yet to occur.</p>	<p>At the time of audit, prospective staff have not completed the orientation programme; therefore, had not yet received appropriate information and training to respond to identified emergency and security situations.</p>	<p>All staff working at Aldwins House will have received appropriate information and training to respond to identified emergency and security situations.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display

End of the report.