

Aldwins House Limited - Aldwins House Residential Care Centre

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Aldwins House Limited
Premises audited:	Aldwins House Residential Care Centre
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 June 2023 End date: 8 June 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	97

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Aldwins House Limited (Aldwins House) is an aged care residential service, which is owned and operated by Promisia Healthcare Limited. The service is certified to provide rest home or hospital level care for up to 145 residents. There have been three changes of both facility and clinical manager since the last audit. At present the service is in a state of transition as the newest clinical and learning and development managers settle into their respective roles and the recently employed facility manager introduces and consolidates new and reviewed operational systems.

This surveillance audit process included review of policies and procedures, review of residents' files, staff files, meeting minutes and reports, observations and interviews with residents, family members, managers, staff, a contracted allied health provider and a general practitioner.

There were no areas identified as requiring improvement at the last certification audit; however, seven aspects of the standard were identified as requiring improvement during this surveillance audit. These related to the quality management system, risk management, new staff orientation and induction, ongoing staff training, the identification of residents' strengths, goals and aspirations and progress recording in residents' records, and the need to include ethnicity data within infection surveillance.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

Aldwins House works to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake (self-determination). Planning is underway for staff training on Te Tiriti o Waitangi.

There were no Pacific residents at the time of audit; staff described how they would be provided with services that recognise their worldviews and are culturally safe if there were residents in the future.

Residents and their 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. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practiced. Whānau and legal representatives are involved in decision making that complies with the law.

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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The governing body supports meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and reducing barriers to improve outcomes for Māori and people with disabilities or social disadvantage.

There is a documented quality and risk management system with a range of quality-related data being collected. Regular staff and quality and risk management meetings are occurring and staff are involved in quality activities. Health and safety systems are well established and contribute to risk management within the service.

The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Orientation processes and staff training requirements are documented. The organisation has demonstrated its commitment to staff training with the recent employment of a learning and development manager who understood equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 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.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident/whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are based on the assessed needs of residents. Files reviewed demonstrated that the needs of the resident are considered.

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

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

The food service meets the nutritional needs of the residents with special cultural needs catered for. Food is safely managed.

Residents are transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The facility is being well maintained and preventative maintenance systems and checks are being implemented. There is a current building warrant of fitness on display. Safety of equipment is monitored and appropriate testing systems are in place.

An approved fire and emergency evacuation plan is available. Staff are being trained in emergency procedures and participate in regular fire drills. Appropriate security systems are in place and security is maintained. Staff and residents understood the security arrangements.

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

Includes 5 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.

Some subsections applicable to this service partially attained and of low risk.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service.

Staff demonstrated good principles and practice around infection control. Staff and residents were familiar with the pandemic plan.

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

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service is aiming for a restraint free environment. This is supported by the governing body and policies and procedures. There were six residents using a restraint at the time of audit. Reports on restraint use are presented at internal staff and quality meetings, for senior managers and through to the governance board.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	17	0	1	4	0	0
Criteria	0	44	0	2	5	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.

There may be subsections in this audit report with an attainment rating of 'not applicable' which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next 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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	The general manager described employment processes and noted any person who identifies as Māori and applies for a position is considered for the role and will be employed, so long as they also meet the requirements of the position. Albeit numbers are limited, staff who identify as Māori are available to support Māori residents. The facility manager has access to a senior manager who identifies as Māori, and visits regularly. Tāngata whenua from a local marae, including former colleagues of the facility manager, are available to respond to questions or concerns relating to Māori culture and cultural safety. Other groups, including a nearby kura, have also been approached to support Māori residents and whānau in different ways.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.	FA	The number of residents and staff who consider themselves to be Pasifika is minimal and Pasifika staff provide additional support for Pasifika residents and whānau when appropriate. An

<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>organisational Pacific people's cultural and general ethnicity awareness policy sits alongside the Ola Manuia Pacific health and wellbeing action plan, which has been developed in consultation with Pacific communities. Two video webinars, one on Pacific people's cultural safety, and another on Pacific people entering aged care and advance care planning, are also available.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed understood that Māori residents and whānau had the right to self-determination (mana motuhake). There is a cultural policy and resources are available to guide staff.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Bilingual signage has been introduced and key resident information such as the Code of Rights is displayed in te reo Māori.</p> <p>The service responds to the needs of individual residents including those with disabilities and ways to enable participation in te ao Māori are promoted and supported by staff. Residents interviewed, including those with age-related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity.</p> <p>Plans to provide staff with training in Te Tiriti o Waitangi are in place, but this had still not occurred by the time of audit.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe</p>	FA	<p>The staff is multicultural and those interviewed stated they felt comfortable to question any racism they encountered. However, not all staff understood the concept of institutional or systemic racism.</p>

<p>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>Policy describes the provision of holistic care and is based on the four pillars of Te Whare Tapa Whā. Wellbeing outcomes, including those for Māori residents, as identified by staff are evaluated as part of the assessment and care planning process six-monthly to ensure the needs of residents are met. Personalised wellbeing goals are not always identified; refer criterion 3.2.3.</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>	FA	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and whānau interviewed stated they participated in decision making. Nursing staff interviewed understood the principles and practice of informed consent and described involving whānau in the consent process. Tikanga guidelines and other cultural resources are available.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>Residents and whānau are informed of their right to make a complaint at the time of admission and receive information on how to do so in the facility information pack and in the admission pack. It is also covered in the admission agreement. Additional information and complaint forms are at the front entrance. Residents interviewed informed they would go direct to the facility manager if they had any concerns or complaints.</p> <p>The facility manager described how the complaints process should work equitably for Māori, but this was not able to be evidenced as no person who identifies as Māori has made a complaint thus far. An initial meeting with the facility manager would be undertaken to discuss the issue if the person wanted this, whānau would be invited if desired, local iwi or other Māori community links would be</p>

		<p>involved as per the person's choice and resources would be made available in te reo Māori as applicable. The Code of Health and Disability Services Consumers' Rights and the complaint process is already available in te reo Māori.</p> <p>Of the four complaints received via the Health and Disability Commission in the past year, two have been closed out. Two others are recent and the initial responses are currently being prepared. To date, all have been responded to within required timeframes.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	FA	<p>A member of the governance board and an off-site general manager were interviewed during the audit. Both confirmed that there is not only already meaningful inclusion of Māori in governance groups, and that Te Tiriti o Waitangi is being honoured, but that the board is pro-actively exploring ways to extend Māori inclusion even further. Such actions are intended to ensure there is equity for Māori and their outcomes are improved.</p> <p>Verbal and documented reports demonstrated how the board is supporting the team at Aldwins House to address barriers to equitable service delivery by accepting a range of tāngata whaikaha people with disabilities, as well as those from a diverse range of social circumstances.</p> <p>Current board members have reportedly independently gained expertise in Te Tiriti o Waitangi, health equity, and cultural safety; however, the governance team is currently doing a review of the extent of skills and knowledge of all five board members against a skills matrix to ensure consistency and to ensure any potential gaps are filled either in membership or via contract.</p> <p>Aldwins House has a total of 145 beds available, of which 97 were</p>

		<p>occupied at the time of audit. Forty-four residents were receiving hospital level care and 53 rest home care.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Waitaha Canterbury (Te Whatu Ora Waitaha), to provide rest home and hospital level aged residential services under the Aged Related Residential Care Agreement, respite care for these groups, end-of-life care contracts and long-term care for people with chronic health conditions (two under 65 hospital level care at the time of audit). There were no respite care residents at the time of audit, nor any on an end-of-life care contract.</p> <p>Aldwins House also holds a Ministry of Health contract for young people with disabilities (two hospital level care and two rest home, included in the total numbers above).</p> <p>Three of the rest home care beds are occupied by people paying privately for their room and care.</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>PA Moderate</p>	<p>An applicable documented quality and risk management system has been provided by a quality consultancy. This includes management of incidents and complaints, internal audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, and monitoring of clinical incidents including infections, wounds and restraint use. Meeting minutes sighted confirmed that monthly staff, health and safety, and quality and risk meetings have been maintained for five of the past six months. Health and safety systems are established and there is evidence that these systems are being monitored. However, a corrective action has been raised as the overarching quality and risk management system is not being implemented with the required attention to detail. Also, as corrective action processes and the analysis of clinical and quality data are not consistently occurring, quality improvement processes to benefit residents are not being identified.</p> <p>Risks associated with health and safety related issues are well</p>

		<p>documented and are followed up with action plans developed. There are, however, shortcomings in the processes for the identification, documentation, monitoring, review and reporting of risks, and development of mitigation strategies for other service provider risks, especially clinical.</p> <p>Essential notification reports have been completed for changes in managers, shortages of registered nurses, stage three pressure injuries and significant residents' injuries. The facility manager passes responsibility for essential clinical notification reports to the clinical manager. A recent norovirus outbreak was reported to public health authorities.</p> <p>With Māori representation at senior management level, there is additional oversight and easily accessible advice to ensure high-quality health care is delivered for Māori. Regular visits to the facility enable ongoing monitoring and one-on-one reviews in-house to be maintained.</p> <p>There is an opportunity for further development in relation to critical analysis of the efforts this organisation is making in relation to health equity.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Moderate</p>	<p>Organisational policies and procedures related to staffing levels and skill mixes are in place to ensure the provision of culturally and clinically safe care 24 hours a day, seven days a week (24/7). These are supported by a roster framework based on contractual requirements, the policy documentation and resident safety needs. When required, staffing levels are adjusted to meet the changing needs of residents. Care staff reported there are now adequate staff on duty to complete the work allocated to them. Review of staff rosters over a four-week period confirmed that use of casual staff, agency staff and staff working extra shifts, or longer shifts, is enabling staffing levels to be consistent with the frameworks</p>

		<p>available. Residents interviewed supported this. At least one staff member on duty is identifiable as having a current first aid certificate and there is registered nurse cover on all shifts in the hospital area.</p> <p>The required staff training is detailed within the organisation's documents. Records sighted confirmed pre-determined staff competencies of handwashing, moving and handling, restraint and medicine administration, for example, are being assessed. Required staff training, as detailed in the service provider's documents, is not being provided. A scant 2023 staff training calendar omits some key topics and staff training records do not demonstrate the expected and required staff training has been undertaken. Similarly, not all care staff have undertaken, or are enrolled in a New Zealand Qualification Authority education programme.</p> <p>A new learning and development manager joined the team two weeks prior to the audit and had already identified this as an area requiring improvement. Several staff training sessions have been provided within those two weeks to start and address the concern.</p> <p>Māori health information is being collected both at senior management and service provider level. This is occurring because of additional training of managers and board members and the development of new relationships within local Māori communities.</p> <p>Board members and senior management have progressed their understanding in relation to health equity. This has yet to occur for health workers and support staff within Aldwins House, although the learning and development manager has strategies for how staff will be upskilled in this.</p>
Subsection 2.4: Health care and support workers	PA	Professional qualifications of staff, and other registered health

<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>Moderate</p>	<p>professionals who support the residents, are checked when they commence working at Aldwins House. Copies of qualifications were evident in staff files. Review of a folder of annual practising certificates for registered and enrolled nurses, general practitioners, the physiotherapist, dietitian and pharmacists, confirmed all were current.</p> <p>There are role-specific documented induction and orientation programmes for new staff. Inconsistent implementation of this programme has resulted in this being identified as an area requiring improvement.</p> <p>Relevant information about health care and support workers is stored in a secure manner. Ethnicity data is recorded and used in line with health information standards.</p>
<p>Subsection 3.1: Entry and declining entry</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 when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service. Some residents have been declined admission due to short staffing. Enquiries are documented, and the facility accepts most residents who are referred to them. However, ethnicity is not collected and no analysis of entry and decline data has occurred.</p> <p>The organisational general manager is Māori and there are cultural resources available to guide staff. There are currently six Māori residents, but none have requested the services of a Māori traditional healer or Māori health practitioner. The manager was able to describe steps they would take to access services when requested.</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</p>	<p>PA Moderate</p>	<p>The multidisciplinary team work together with the resident and whānau to support wellbeing. All residents are assessed by the registered nurse, the facility general practitioner (GP) and a contracted physiotherapist on admission. A range of clinical assessments are completed with resident and whānau input. Physical assessments are completed, however consideration of the</p>

<p>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>person's lived experience, cultural needs, values and beliefs, were not always apparent and the residents' personal goals were not always recorded.</p> <p>The service understood the requirement for an initial interRAI assessment to be completed within 21 days of admission and updated six-monthly or when residents' needs change. Records show interRAI assessments were regularly completed in the past, however, the recent registered nurse shortage has resulted in delays over the last six months. A care plan is developed by the registered nurse and is based on the residents' assessed needs. Care plans reviewed did not always contain sufficient detail to guide staff. Short-term care planning was sighted for short-term needs such as infections and wound care and these had been evaluated and updated. Management of any specific medical conditions were not always documented and evidence of systematic monitoring and regular evaluation of responses to planned care was not evident in all files reviewed. The facility has sufficient equipment, which is maintained in good order, to provide care.</p> <p>Formal review for long term residents is planned six-monthly using the interRAI assessment. The service had identified they would not be able to meet these requirements and a waiver extension from Te Whatu Ora Waitaha, to allow completion, was sighted. However, the service had not made progress and the number of overdue interRAI assessments was rising.</p> <p>Daily progress notes were documented by care staff. The registered nurse stated nurses document notes once per week for rest home residents and twice per week for residents at hospital level care. Where progress was different to that expected, this was not always clear from the progress notes and changes were not always made to the care plan. The GP stated some hospital admissions could be prevented if they were called in a timelier manner when a resident's condition changed and has identified aspects of care requiring improvement which they have</p>
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		<p>communicated to the facility.</p> <p>Residents interviewed were happy living at Aldwins House and spoke positively about staff, food and activities. They valued the support available. They were, however, unhappy with some aspects of the care and communication. Senior staff were aware of this and corrective actions to achieve improvements were in progress. This has included the appointment of an experienced senior aged care nurse as the learning and development manager and a new clinical manager is in place to support staff. Corrective actions are raised under criterion 3.2.3 and 3.2.5. The actions already taken by the service to identify shortfalls and take steps to rectify the deficits are acknowledged and both corrective actions are rated moderate. It is noted that high-risk ratings would have applied if not for the steps already taken by the service. Findings were verified by sampling seven residents' records, from review of interRAI records, from interviews, including with the registered nurse, GP and physiotherapist, and from observations.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	FA	<p>A trained diversional therapist (DT), and an activities coordinator provide an activities programme five days a week that supports residents to maintain and develop their interests and was suitable for their ages and stages of life. A large activities room is well equipped and a varied programme is planned. Individual and group activities reflected residents' goals and interest, ordinary patterns of life and included normal community activities through visiting entertainers and groups. A variety of activities were observed during the audit, including group activities and the DT supporting two residents to attend a funeral in the community.</p> <p>Personal profiles are included in the long-term care plan. Cultural and spiritual needs were included. Opportunities for Māori and whānau to participate in te ao Māori was evident. Files of Māori residents included documentation of their iwi and marae and actions taken to maintain connection with te ao Māori in the community were sighted. The DT described celebrations on</p>

		<p>Waitangi Day and Matariki.</p> <p>Residents interviewed confirmed they found the programme meets their needs.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit, including the recording of allergies and sensitivities. Staff complete a medication competency and staff administering medications on the day of audit were observed to be competent. Staff education records were unclear and the service was unable to confirm all staff who administer medications have the required competency; refer criterion 2.3.4.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medicines were stored safely, including those requiring refrigeration, and all medicines were stored within the recommended temperature range. All medications sighted were within current use-by dates.</p> <p>Controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks had been completed.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP medication chart reviews were consistently recorded on the medicine chart. Standing orders are not used.</p> <p>Self-administration of medications rarely occurs. However, the registered nurse was able to describe the processes to safely</p>

		<p>facilitate resident self-administration if required.</p> <p>Residents and their whānau are supported to understand their medications. The registered nurse discussed providing education and including whānau in decision making.</p> <p>No residents have requested access to traditional Māori medicines and the facility is considering how to achieve this when required.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>The food at Aldwins House is provided by a contracted service. The service operates with an approved food safety plan and registration. Food is in line with recognised nutritional guidelines for older people and the menu has been reviewed by a qualified dietitian within the last two years.</p> <p>Each resident has a nutritional assessment on admission to the facility. The personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Māori and their whānau have menu options that are culturally specific to te ao Māori and cultural protocols around food are followed, including the laundering of kitchen and food-related items separately.</p> <p>Evidence of resident satisfaction with meals was verified by resident interviews. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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</p>	FA	<p>Transfer or discharge from Aldwins House is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Progress notes document any plans and</p>

<p>wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		<p>actions taken.</p> <p>Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>In addition to reactive maintenance being undertaken as required, preventative maintenance checklists and environment and equipment related internal audits are being completed. These are ensuring the residents' physical environment and facilities (internal and external) are fit for their purpose, in good condition and meet legislative requirements. A current building warrant of fitness that has an expiry date of 1 April 2024 is on display.</p> <p>A senior manager, who is of Māori descent, has supported the team to introduce a range of signage in te reo Māori around the building, and residents are being consulted about additional artwork that reflects Māori and Pasifika cultures around the building.</p> <p>Although there are no current plans to extend the facility buildings, the facility manager described relevant people affiliated with local iwi with whom they would consult if this was to occur.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and</p>	FA	<p>Appropriate fire safety checks, fire evacuation training for staff and scheduled trial evacuations are being maintained. According to the letter from the fire service, the fire evacuation plan was approved by the New Zealand Fire Service on 5 November 2020.</p> <p>In response to questions from Te Whatu Ora Waitaha, the call bell</p>

safe way, including during an emergency or unexpected event.		<p>system has been adjusted to escalate to the facility manager 24 hours a day over seven days a week if it is not answered within 10 minutes. In addition, the facility manager informed that staff are questioned about what is happening if call bell ringing persists, or if there are repeated lengthy responses to call bells. Internal audits of the function of call bells are being completed as are monthly reviews of response timeframe data. Results are discussed at staff meetings. Residents reported staff respond to call bells faster than they used to.</p> <p>Appropriate security arrangements that include routine security checks, locking of doors and windows at pre-determined times, 24-hour surveillance cameras, external security lighting, pin codes on relevant doors and staff education, for example, are in place. Residents informed they feel safe and are aware of the systems in place for their security.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Aldwins House has a suite of policies that have been developed by a contracted IP specialist. This includes a pandemic plan and an outbreak management plan. The policies were used during a recent gastrointestinal outbreak and were found to be satisfactory. There are sufficient resources available including personal protective equipment (PPE).</p> <p>The service has not yet sourced any educational resources in te reo Māori.</p> <p>Aldwins House has made connections with Māori and is exploring ways to work in partnership with Māori to ensure culturally safe practice related to IP.</p>
Subsection 5.4: Surveillance of health care-associated infection (HAI)	PA Low	Surveillance of healthcare-associated infections (HAIs) is

<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>		<p>appropriate to that recommended for long-term care facilities and is in line with 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 data for residents is collected, however, this is not linked to the infection surveillance data.</p> <p>There are clear processes for communication between staff and residents. Residents interviewed were happy with the communication from staff in relation to healthcare-acquired infections.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	FA	<p>The new senior team at Aldwins House is committed to reducing the use of restraints, with the aim of becoming a restraint free environment. A governance group representative confirmed the organisation overall is committed to supporting the elimination of restraint use in all its facilities and are including it on monthly meeting agendas, discussing the restraint use data from each of its facilities and maintaining conversations about its use with the general manager. The general manager has oversight of restraint use in all the organisation's facilities and has ongoing liaison with the restraint coordinator in each, including the one at Aldwins House.</p> <p>At the time of audit six residents were using a restraint, all of which were as a last resort after alternatives had been explored. In addition to governance level discussions, restraint-related data and documentation on use, frequency, assessment and monitoring, for example, are reviewed in a range of platforms, including staff, registered nurse, health and safety and quality and risk meetings.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Low	A quality and risk management framework has been provided via a quality consultancy. Overall, the monthly staff/quality meeting minutes lack detail of any discussions undertaken and corrective actions, or corrective action follow-up is not evident. Meeting minutes show data in relation to incidents and complaints, for example, is being collated, but there is an absence of analysis that identifies opportunities for improvement. Except for aspects of the environment, the internal audit programme is not being implemented as per the documented process. Similarly, clinical data for key performance indicators is reported, but follow-up	Not all aspects of the quality management framework are being implemented to ensure improvements in service delivery and resident care.	The quality and risk framework is implemented as documented to enable quality improvement opportunities to be identified and actioned. 180 days

		actions for quality improvements were not evident.		
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA</p> <p>Moderate</p>	<p>A risk management system, that sits alongside the quality system, is described in the service provider policies and procedures. Health and safety related risks have been identified, management plans for these developed and ongoing monitoring of them is occurring. Similarly, risks related to emergency management are well identified and management plans in place.</p> <p>However, there is a lack of information in relation to risks in other key areas, such as aspects of service delivery, staffing and for potential inequities, for example. Hence, there is minimal information available on the identification, management and monitoring of potential risks in these areas.</p>	<p>Not all organisational/service provider internal and external risks, especially those related to aspects of clinical services and potential inequities, have been identified within the risk management system. Therefore, management plans that include ongoing monitoring have not been developed to address them.</p>	<p>The risk management plan is updated to cover all internal and external risks, including all clinical services and operations likely to contribute to inequities.</p> <p>There is clear evidence of ongoing monitoring of all identified organisational and service provider risks.</p> <p>90 days</p>
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA</p> <p>Moderate</p>	<p>Ongoing learning and development requirements, as detailed in organisational documents and funding contracts, have been identified. A 2023 staff training calendar is scant and only covers a small number of these requirements. Staff interviews confirmed that training is provided but that these opportunities have become less frequent. Training</p>	<p>The service provider's 2023 staff training calendar does not cover mandatory training requirements and records available do not demonstrate that organisational or contractual requirements in relation to staff training are being upheld. Consequently, some aspects of service delivery are being impacted.</p>	<p>Establish systems that enable the planning, facilitation and recording of the required learning and development for registered and enrolled nurses, and healthcare assistants, to enable higher levels of quality and safe service delivery.</p>

		records of staff are incomplete, do not reflect that the documented staff training requirements have been met and do not confirm that care staff have either completed or commenced a New Zealand Qualification Authority education programme (as contractually required). Aspects of service delivery that have been identified during this audit as areas requiring improvement, also reflect shortcomings in health care and support worker training.		90 days
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA</p> <p>Moderate</p>	<p>Comprehensive induction and role-specific orientation programmes are documented within the policy and procedure documentation for the service. Staff interviewed informed new staff are provided with a checklist to tick off. They also noted that new staff are meant to be buddied for several shifts, but the reality of this happening often depends on staff availability. Completed orientation records were found in only one of six staff files reviewed. Managers confirmed that challenges such as the need to use agency staff at times, having a number of new staff commencing at a similar time and the impact of COVID-19 has compromised the ability of some staff to complete the documented induction and orientation programme.</p>	<p>There was limited evidence that the documented induction and orientation programme is being consistently provided to healthcare and support workers.</p>	<p>All staff working at Alwins House are to receive an orientation and induction programme that covers the essential components of the service, as per the documented programmes in the organisation's policy and procedure documentation.</p> <p>90 days</p>

<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs</p>	<p>PA</p> <p>Moderate</p>	<p>Assessments and care planning are completed by the registered nurse in collaboration with the residents and whānau. Assessments are comprehensive and documentation allows for the inclusion of cultural and spiritual needs in line with the residents' values and beliefs. In resident files reviewed goals were not personalised to the resident and did not identify the resident's personal strengths, goals and aspirations.</p> <p>Strategies to identify risks that may adversely affect a resident's wellbeing are in place and include vital signs and weight recorded monthly, and regular GP assessment. However, when changes to the resident's condition are identified, escalation or referral to other health professionals has not always occurred. This included two residents with identified swallowing difficulties not referred to a speech language therapist to ensure safe swallowing practices were in place, and a resident not referred to the dietitian when weight loss occurred. The GP visits weekly and sees all residents identified by the registered nurse as requiring assessment. They stated nurses contacted them by text or email between visits but do not always contact the GP or after-hours service in a timely manner when a resident's condition changed. This was verified in files</p>	<ul style="list-style-type: none"> Individual resident's personal strengths, goals and aspirations were not always identified during the assessment process and were not always documented in care plans; this included physical care domains in addition to spiritual and cultural domains of the care plans reviewed. General cultural considerations were available, including for Māori residents, in the care plans to guide staff. Goals recorded were generic and not personalised and no specific interventions were recorded. Not all needs related to medical conditions were documented in the care plans and the residents' goals and supports to achieve these were not documented. This includes a resident receiving peritoneal dialysis. Wider service integration had not occurred in four of seven files reviewed and referral to other health professionals, including a speech language therapist and a dietitian, had not occurred for residents with swallowing and nutritional needs. Referrals to the GP were not always made in a timely manner as verified in interviews with GP, residents and whānau. 	<p>Ensure all residents' strengths, goals and aspirations are documented for both physical and cultural/spiritual needs.</p> <p>Ensure all residents are referred to the GP and allied health professionals when their needs change.</p> <p>90 days</p>
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and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		reviewed and resulted in admission to hospital for a resident with an infection who could have been appropriately treated at the facility if seen by the GP sooner.		
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and</p>	PA Moderate	Daily progress notes detail changes day to day. Evidence was sighted of review and update of short-term care plans. Formal review of care is planned six-monthly using the interRAI assessment. The facility had identified their inability to complete the interRAI assessments required due to registered nurse shortages, and a waiver was obtained from Te What Ora Waitaha allowing a one-month extension to complete overdue assessments by 19 June 2023. At the time of audit, it was identified no assessments had been completed since the waiver was granted on 19 May 2023 and the number of assessments overdue was increasing; currently 26 identified. However, this did not include interRAI assessments for newly admitted residents, and the service was unable to identify exactly how many interRAI assessments were overdue.	<ul style="list-style-type: none"> Review of residents' progress was not consistently recorded and did not show the degree of achievement towards agreed goals. InterRAI assessments have not been completed and the plan to complete overdue assessments, agreed with Te Whatu Ora Waitaha, had not been successfully implemented. Changes to the care plan had not always been made when a resident's needs had changed and the care plans did not all reflect the residents' current needs in sufficient detail to guide care staff. 	<ul style="list-style-type: none"> Ensure that review of residents' progress occurs and includes the degree of achievement towards agreed goals. Implement the plan agreed with Te Whatu Ora Waitaha to complete overdue interRAI assessments. Ensure the resident care plan is updated to reflect the residents' current needs and contains sufficient details to guide care staff. <p>90 days</p>

<p>ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>		<p>Long-term care plans are evaluated and updated six-monthly and aligned with the interRAI assessment. Care plan review had not always occurred and in seven of seven files reviewed the degree of achievement towards the residents' agreed goals was not documented.</p> <p>Nursing and care staff were aware of the changing needs of residents, but this was not always documented in progress notes, and care plans were not always updated to reflect the residents' current needs. This included:</p> <ul style="list-style-type: none"> • A resident with increased needs related to daily care, and a medical condition due to deterioration where the care plan had not been updated and referral to reassess the required level of care had not been made. • A resident with a newly identified pressure injury where the wound care plan did not include the location or stage of the injury, and pressure relieving strategies were not documented. • Two residents with swallowing difficulties were recently admitted to hospital following choking/aspiration episodes, whose care plans had not been updated to include safe swallowing strategies following their admission. 		
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<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	<p>PA Low</p>	<p>Infection surveillance methods, tools and documentation are appropriate to a long-term care service and include definitions to guide staff. Infections are appropriately reported and analysis of data occurs, however, ethnicity data is not included in surveillance data or the reporting of infections.</p>	<p>Infection surveillance does not include ethnicity data.</p>	<p>Ensure infection surveillance includes ethnicity data.</p> <p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, these 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.