

Jane Winstone Retirement Village Limited

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 Health and Disability Auditing New Zealand 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:	Jane Winstone Retirement Village Limited
Premises audited:	Jane Winstone Retirement Village
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 10 June 2015 End date: 10 June 2015
Proposed changes to current services (if any):	Additional 10 new hospital beds (new wing). New service level for dementia care in a new 20 bed dementia care unit. Change in the number of beds available (39) to 69 (including the new 10 hospital beds and 20 dementia care beds). The expected date of occupation is 30 June 2015.
Total beds occupied across all premises included in the audit on the first day of the audit:	37

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

Ryman Jane Winstone currently provides rest home and hospital level of care for up to 39 residents in the care centre and rest home level care across 20 serviced apartments.

The purpose of this partial provisional audit was to verify a new 10 bed hospital wing and a 20 bed dementia care unit.

The audit identified the facility, staff roster and equipment requirements and processes are appropriate for providing rest home, hospital – geriatric/medical and dementia level care and in meeting the needs of the residents.

Two of the three previous audit shortfalls have been addressed around care plan interventions and 'as required' medications. A further improvement is required around discontinued medications.

Improvements identified at this audit are related to the completion of the building including obtaining a certificate of public use, ensuring the call bells are operational and completion of external landscaping.

Organisational management

Ryman Jane Winstone is currently managed by an experienced acting village manager who is supported by an assistant manager. A newly appointed village manager is due to commence in the role. The clinical manager has been in the role for one year. The management team are supported by a regional manager. There are robust company quality systems in place known as RAP (Ryman Accreditation Programme).

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital, (medical and geriatric) and dementia care. The staff and newly purpose-built facility are appropriate for providing these services and in meeting the needs of residents.

There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The organisation has a well-established induction/orientation programme, which includes packages specifically tailored to the position such as caregiver, senior caregiver and RN., There is a 2015 training plan implemented at Jane Winstone.

There are caregivers on staff who have completed the required dementia standards. Rosters are in place to manage the increase in hospital beds and the dementia care service. A registered nurse and diversional therapist have been appointed for the dementia care services. Other appointments are pending. The service is providing 24 hour registered nurse cover.

Continuum of service delivery

Medication management aligns with medication legislative requirements. The care centre has one main medication room. The dementia service has a locked medication room. Registered nurses and senior caregivers administer medications and have completed annual medication competencies.

All food is prepared and cooked in one central kitchen. Food is transported to each area in hot boxes. The dementia service has a kitchenette with a bain-marie from which meals will be served. Resident likes and dislikes are known and alternative choices offered. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes and dislikes.

Safe and appropriate environment

The changes to the facility include the extension of a new 10 bed hospital wing and a 20 bed dementia unit. The existing building holds a current warrant of fitness. The new hospital extension and dementia unit has had an inspection in preparation for the issue of a certificate for public.

Reactive and preventative maintenance occurs. There is adequate equipment available to deliver care. The communal lounges and dining areas are appropriate for the increase in hospital resident numbers. The dementia service has open plan communal areas with access to a safe outdoor walking pathway and grounds.

All chemicals are stored safely in the existing building. There is a designated locked cleaner's room in the dementia unit. The existing laundry is well equipped to cope with the increase of laundry and personal clothing for the maximum number of additional residents.

The service has an existing approved fire evacuation plan in place. Staff have received appropriate training, information and equipment for responding to emergencies is provided. There are civil defence supplies available.

Infection prevention and control

The infection prevention and control programme is managed by the infection control officer who is a registered nurse. She is directly responsible to the village manager. The surveillance programme is included in the Ryman accreditation programme, which is reviewed annually. The infection prevention and control committee, which is part of the health and safety committee, meets bimonthly. An individual infection report form is completed for each infection. Thereafter a monthly infection summary is prepared

and then discussed at meetings. A six monthly comparative summary is completed and forwarded to head office. Infection rates are benchmarked against other Ryman facilities. There have been no major outbreaks of infection within the facility since the previous audit

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	13	0	3	0	0	0
Criteria	0	32	0	4	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>Jane Winstone provides a total of 34 rest home beds and five hospital dual purpose beds in its care centre. There are also 50 serviced apartments on site of which 20 beds are approved to provide rest home level care. On the day of audit there were 33 rest home residents (including two rest home residents in serviced apartments) and four hospital level residents. The purpose of this partial provisional audit was to verify (i) the addition of a new wing of 10 hospital beds and (ii) dementia level care in a 20 bed newly purpose built wing. At the completion, the service will provide rest home, hospital and dementia care for up to 69 residents in the care centre and up to 20 rest home residents in the serviced apartments.</p> <p>Ryman Healthcare is governed by a Board of Directors. There is a documented "purpose, values, scope, direction and goals policy". The CEO and senior management work from a head office which is located in Christchurch. Ryman Healthcare's overall mission is defined in the Ryman Healthcare philosophy document. Ryman Healthcare has an organisational total quality management plan. Jane Winstone has annual village objectives for 2015, which describes a project plan, desired outcome and action/implementation strategy for the new service delivery to dementia care residents. The objectives include orientation and</p>

		<p>training of new staff.</p> <p>There is an acting village manager currently in place at Jane Winstone. The acting village manager has been in the same role at another facility for two and a half years and has experience in human resources and business management. A new appointment for village manager has been made with a starting date of 15 June 2015. He has seven years previous experience at a senior level within a district health board (DHB) setting. The assistant village manager was appointed one week ago and currently completing induction and has a background in staff and business management and quality systems. The assistant manager is responsible for non-clinical services. The clinical manager/registered nurse (RN) has been in the role for one year and worked as primary care nurse for five years previously. She has maintained professional development including InterRAI training and attendance at organisational conferences twice yearly.</p> <p>ARC,D17.3di (rest home), D17.4b (hospital), the acting village manager and clinical manager have maintained at least eight hours annually of professional development activities related to managing a rest home and hospital.</p>
<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>	FA	<p>The organisation has well developed policies and procedures that are implemented at a service level; an organisation plan/processes that are structured to provide appropriate care to people who use the service, including residents that require hospital, rest home and dementia level care.</p> <p>The national operations manager and acting village manager have been liaising closely with the building contractor and overseeing the building project. The additional hospital beds are an extension of the existing care centre and the dementia unit is a separate wing adjoining to the new hospital wing by secure doors. There has been no disruption to the current service, residents or staff.</p> <p>The village manager and assistant manager cover for each other's leave. A clinical manager or senior RN from another Ryman site covers for the absence of the clinical manager. The clinical manager is on call 24/7 for clinical matters and the village manager for facility or staffing issues.</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>	FA	<p>Human resource policy and practices are overseen by head office staff and senior management. A review of four staff employment records (ie., two registered nurses and two caregivers) showed that employment records were consistent with Ryman policy. There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities.</p>

		<p>A register of registered health practitioners practising certificates is maintained on-line within the facility (sighted). The village manager oversees the recruitment process in consultation with the clinical manager. This process operates in accordance with Ryman policies.</p> <p>All newly appointed staff receives a comprehensive orientation/induction programme that provides them with relevant information for their role. The programme is tailored specifically to each position. Staff appointed to the dementia unit will be inducted and trained according to Ryman policy.</p> <p>A senior caregiver is the service educator and is allocated eight hours a week to oversee the staff training programme. The educator is an approved assessor for national aged care units. Currently there are six caregivers on staff with dementia specific units, with another three caregivers in the process of completing the dementia units. All new appointments for the dementia unit will commence the dementia specific unit standards following their induction to the service if they do not have current qualifications.</p> <p>The registered nurses are supported to maintain their professional competency by discussing training needs at annual appraisals and through the two monthly journal club. All RNs have current first aid certificates. The training plan for care staff employed in the dementia unit includes challenging behaviours.</p> <p>Staff training records are maintained. The education plan covers all the compulsory education requirements.</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>The facility is staffed according to policy with flexibility to match resident acuity. The policy identifies the rationale for determining staffing levels and skill mix for safe service delivery</p> <p>D17.4a-d: Currently the facility is staffed by registered nurses 24 hours a day, seven days a week. The team of registered nurses are supported by the clinical manager who is employed full-time and is a registered nurse with a current practising certificate. She is actively involved in care management. Both the acting village manager and the assistant manager (non-clinical) are typically on site during the working week.</p> <p>There are two draft rosters showing the staff numbers required for the additional hospital beds and the staffing numbers required for the dementia unit. The staffing numbers align with Ryman staffing policy. A full-time RN has been appointed for the dementia unit. She has 25 years aged care experience and has been working</p>

		<p>within a dementia unit for the last three years. Care staff appointments are pending confirmation from the employees. An experienced full-time diversional therapist (DT) has been appointed and the service is actively recruiting for a part-time DT to provide a seven day week DT programme. One housekeeper will be employed from 8am – 1pm for the dementia unit. Other staffing hours including clinical and laundry are increased when resident numbers increase.</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>	PA Low	<p>Medications are managed in line with accepted guidelines. There is an existing medication room within the rest home hospital wing that will service the additional 10 bed hospital wing. The dementia unit has a secure medication room. RNs and senior caregivers have completed annual medication competencies and annual medication education. There were no standing orders in place. Self-medicating residents have had a self-medication assessment completed by the RN and GP. The medication fridge is monitored weekly. There is adequate clinical equipment available including blood pressure and blood sugar level monitoring equipment, oxygen, suction, and other pharmaceuticals and equipment.</p> <p>Ten resident medication signing sheets and medication charts were sampled. All as required medications have indications for use. This previous finding has been addressed. The previous finding around prescribing remains.</p> <p>D16.5.e.i.2; Ten of 10 medication charts sampled, identified that the GP had reviewed the resident medication chart three monthly.</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>	FA	<p>There is a cook and morning kitchen hand on duty each day. There is an evening kitchen hand to heat and serve the semi-prepared tea. The four weekly seasonal menu is designed and reviewed by a registered dietitian at an organisational level. All meals are prepared and cooked on site. The hot meal is at midday with a lighter tea. The cook receives resident dietary information and needs from the RN and is notified of any changes to dietary requirements. The cook is made aware of any resident with weight loss. Likes, dislikes and special diets are known. Alternative meals are offered for those residents with dislikes or religious preferences. Lip plates, sipper cups and special utensils are available for residents to promote independence with meals.</p> <p>Breakfast is delivered on trays. Food for other meals are delivered in hot boxes. Trays and trolley and hot box has been purchased to deliver food to the dementia unit. The dementia unit kitchen has a bain marie from which meals will be served. The dementia unit kitchenette has appliances (fridge, microwave) to store and</p>

		<p>prepare nutritional snacks 24/7.</p> <p>The service has a workable kitchen with a separate area for dishwashing, food preparation and cooking. New equipment has been purchased including new mouli machine and a second combi-oven. The fridges, freezers and end cooked temperature are taken daily. Staff are observed wearing correct personal protective clothing. Chemicals are stored safely within the kitchen. Cleaning schedules are maintained.</p> <p>D19.2: Food services staff have completed food safety and hygiene courses and chemical safety.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Five resident files were reviewed (three rest home, two hospital). When a resident condition changes the RN initiates a GP review or nurse specialist consultation. There is documented evidence relatives have been notified with any changes to resident health including accidents/incidents.</p> <p>D18.3 and 4 Dressing supplies are available and a treatment room is stocked for use. Wound assessment and treatment plan and evaluations are in place for two skin tears. One chronic wound is linked to the long-term care plan on the V-care system.</p> <p>The previous finding around documented interventions has been addressed.</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>Management of waste and hazardous substances is included during orientation of new staff. All chemicals are stored in a locked cleaner's room within the rest home/hospital wings. The dementia unit shares a sluice room closely located through the secure doors into the hospital wing. Safety data sheets and product wall charts are available. Approved sharps containers are available and meet the hazardous substances regulations for containers and these are easily identifiable. Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>
<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>The existing building holds a current warrant of fitness, which expires 17 March 2016. The new 10 bed hospital extension and 20 bed dementia unit has been inspected and an application has been made for certificate for public use (CPU). The CPU is to be confirmed. Reactive and preventative maintenance occurs. Existing hoists were serviced in June 2014.</p> <p>ARC D15.3. Two existing hoists (one standing and one sling hoist) have been checked annually. The two hoists are adequate for the 15 hospital beds. There</p>

		<p>are chair scales (calibrated) available. Electric beds (all ultra-low) have been purchased for the new hospital and dementia care beds. All beds have posture temp mattresses. New furnishings in place include bedroom chairs, hospital lazy boy chairs, lounge and dining furniture.</p> <p>The living areas are carpeted and vinyl surfaces exist in bathrooms/toilets and kitchen areas. The corridors are wide and promote safe mobility with the use of mobility aids and transferring equipment. There is safe wheelchair access in the hospital wing to an external courtyard, with seating and shade. The new hospital wing has a separate public entrance with steps and rails or ramp access. The external paving has not been completed.</p> <p>E3.4d, The lounge area is designed to provide space and seating arrangements for individual and group activities.</p> <p>E3.3e; There are quiet, low stimulus areas that provide privacy when required. All bedrooms are single with seating available for the resident/family/visitors.</p> <p>E3.3e: E3.4.c; There is a safe and secure outside walking area and gardens area that is easy to access for dementia residents. External landscaping has to be completed.</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 hygiene requirements.</p>	FA	<p>All the hospital bedrooms and dementia unit bedrooms are single with ensuites. Sliding doors between the ensuite and bedroom provide for privacy and allow for maximum use of space with mobility aids. Handrails are appropriately placed. All surfaces are constructed for easy cleaning and maintenance of infection control standards. The dementia unit ensuites have sensor lighting in the ensuites.</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>	FA	<p>The hospital bedrooms are all single and spacious enough to manoeuvre hoists and other mobility equipment to safely deliver care. The dementia unit rooms are also spacious. Resident rooms have bedroom chairs for resident/family/visitors to use for private or quiet time with family. Resident room furnishings have been purchased and residents are encouraged to personalise their rooms as space allows. Picture boxes on the dementia unit bedroom doors allow for personalisation/identification of their rooms.</p> <p>The dual purpose rooms are all spacious enough for the use of hoists etc.</p> <p>Some bedrooms in the hospital wing and dementia unit have doors that open out</p>

		onto the courtyards. External doors are alarmed.
<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>	FA	<p>The new hospital wing residents will share the lounge and dining room in the existing rest home/dual purpose bed wing. There is one large lounge area with seating placed for small group activities. The second lounge/library can be utilised for individual/small group activities. Both lounges can accommodate the hospital lazy boy chairs.</p> <p>There is one main dining room in the existing care centre. Hospital residents dining needs will be accommodated to meet the resident's dignity and privacy during meal times with two seating times. The communal areas within the care centre are easily accessible.</p> <p>The dementia unit has an open plan dining and lounge area with a decorative fireplace. The kitchenette has a fixed bain marie, locked chemical cupboard and locked hot water system. The communal area is easily accessible. The use of specifically designed wallpapers disguise doors/"dead ends".</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The existing laundry is well equipped to cope with the increase of laundry and personal clothing for the maximum number of residents. There are dedicated cleaning and laundry staff Monday to Sunday. A cleaner is to be appointed for the dementia unit. The laundry and cleaning service is monitored through internal auditing and resident and family feedback. On the day of audit, the environment is clean and tidy. Additional laundry trolleys and new linen have been purchased. The effectiveness of laundry procedures and chemicals used, is monitored by an external chemical provider. Staff have attended chemical safety training. Cleaning trolleys are locked away in designated cupboards/rooms when not in use. There is a locked cleaner's room with a chemical dispensing unit within the new dementia unit.</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>	PA Low	<p>There is an existing approved fire evacuation plan dated 22 February 2006. There are 10 beds to each fire cell in the new hospital extension and the dementia unit. Staff have received appropriate training and information, and equipment for responding to emergencies is provided. There is at least one first aider on duty at all times. There are civil defence supplies held in the care centre. A swimming pool (soft water and chemical free) provides water in the use of an emergency. The kitchen holds at least three days of food supplies. There are barbeques available. The service aims to have a generator on site in the near future. There is emergency lighting and a backup system for the call bell system. There is a</p>

		<p>modern call bell system in place with standard and emergency call, which is yet to become operational.</p> <p>Access to the dementia unit through the main entrance is by external and internal automatic opening door,s accessible by keypad code that is initiated by staff. Internal access to the hospital wing is through secure doors by keypad access known to staff only. The doors have an emergency release button. The nurse's station is centrally located in the dementia unit near the main entrance, dining and lounge areas. There is camera surveillance at the nurse's stations covering the corridors and entrances.</p> <p>The new hospital entrance has keypad access after 9pm.</p> <p>D19.6: There are emergency management plans in place to ensure health, civil defence and other emergencies.</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>	FA	<p>The new hospital wing and dementia unit have ceiling heating panels that heat all areas. The communal areas and bedrooms have plenty of natural light. All bedroom windows can be opened and have security stays. There are air conditioning units in communal areas.</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>	FA	<p>The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the infection control programme policy and infection control programme description is available. A registered nurse is the infection control officer with defined responsibilities.</p> <p>There is an established and implemented infection control programme that is linked into the Ryman Accreditation Programme (RAP) and risk management system that is reviewed annually. The facility has access to professional advice within the organisation and has developed close links with the GP's, Community Laboratory and the infection control departments at the local DHB. The service has access to an external infection control consultant. The policies were reviewed February 2015. Infection control flip charts are available in staff areas. All staff receive orientation in infection control and on-going infection control education annually.</p> <p>There are notices at the entrance and hand hygiene dispensers located at the main entrance and throughout the facility. Surveillance data is collected across the service levels and benchmarked at head office with feedback to the service.</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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	Ten medication charts were sampled. All 10 charts had photo identification and allergies documented on the chart. Each medication was dated and signed by the GP	Two of 10 medication charts did not have GP signature or date for discontinued medications	<p>Ensure medications are dated and signed when discontinued</p> <p>30 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The new hospital extension and dementia unit has had the required inspections undertaken to apply for a CPU. Completed documentation sent to the Council was sighted.	The service is awaiting confirmation of the CPU.	<p>Ensure a certificate of public use is obtained, and forwarded to the DHB and HealthCERT prior to occupancy.</p> <p>Prior to occupancy</p>

				days
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	Residents in the new hospital extension will access the existing external courtyards within the existing rest home/dual purpose bed wing. There is safe wheelchair access to the external areas. The dementia unit has safe outdoors areas with appropriate screening in place.	<p>i) External paving to the new public entranceway for the new hospital wing has not been completed. ii) Landscaping is yet to be completed for the dementia unit courtyard and external walking pathway.</p>	<p>i) Complete paving at the new entranceway to the hospital wing. ii) Complete landscaping for the external areas in the dementia unit.</p> <p>Prior to occupancy days</p>
<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	There is an effective call bell system in all bedrooms, ensuites and communal areas. The call bells and door alarms are linked to pagers carried by staff. Calls light up on the main call panel in the nurse's station. The call points in the dementia unit are specifically designed to disguise the emergency button.	The call bell system is not yet operational.	<p>Ensure the call bell system is operational in all bedrooms, ensuites and communal areas in the new hospital and dementia areas.</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.