

# Radius Residential Care Limited - Radius Elloughton Gardens

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## 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:** Radius Residential Care Limited

**Premises audited:** Radius Elloughton Gardens

**Services audited:** Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 24 November 2016 End date: 24 November 2016

**Proposed changes to current services (if any):** The addition of 27 new dual-purpose single rooms in a new building (that joins the existing building) and also includes a large lounge/dining area, a new kitchen and a new laundry.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 55

# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six 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

Radius Elloughton Gardens currently provides rest home and hospital level care for up to 59 residents.

This partial provisional audit was completed to assess the suitability and preparedness to provide services for hospital (geriatric and medical) and rest home level residents in a new building that includes 30 new dual-purpose rooms with ensuites (numbers will increase by 27 as three existing rooms were lost as part of the building project), sluice rooms, a large open plan kitchen and dining area, a new kitchen and a new laundry.

The service is managed by a facility manager who is a trained social worker experienced aged care manager. He has been at the service for 18 months. The facility manager is supported by the clinical manager who has been in the role since March 2016 and the Radius regional manager.

The audit identified the new area, draft roster and equipment ordered is appropriate for providing rest home and hospital level care.

The one shortfall identified in the previous certification audit, around care intervention documentation continues to require improvement.

This audit identified improvements required around: employing and orientating staff to provide care in the new area, completion of the building, landscaping, obtaining a certificate for public use and approved evacuation scheme and activating the call bell system.

## **Consumer rights**

N/A

## **Organisational management**

The management team are skilled and experienced. There are human resources policies to support recruitment practices. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. There is an annual education plan that includes all required education as part of these standards and is being implemented. Staffing policies and procedures and the proposed roster are based on the Radius clinical hour's calculator. At the time of opening, additional support from experienced Radius clinical managers will be available to assist with the high number of admissions and orientating and training new staff. Recruiting of new staff is underway.

## **Continuum of service delivery**

Care plans sampled documented all identified needs and interventions to address these. The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. A large treatment room is included in the area being assessed from which medications will be provided. The service will continue to implement the current medication system.

There is a large new commercial kitchen in the new wing and all food is cooked on-site. A contracted food company will take over responsibility for and operation of the food service at the time the new building opens. The new area includes a dining and lounge communal area and a kitchenette.

## **Safe and appropriate environment**

Documented processes for the management of waste and hazardous substances are in place. Material Safety Datasheets are available. The building is nearing the final stages of completion. Planned and reactive maintenance systems are in place and maintenance requests are generated. The new area is spacious and includes a large, open plan lounge/dining area. Equipment has been purchased for the new rooms/residents. There are large ensuite bathrooms (including wet area showers) and a large communal bathroom/toilet near the lounge. Laundry, except personal laundry will continue to be completed by a contractor off-site. The new area includes a new laundry with a clear in and out flow. Appropriate training, information and equipment for responding to emergencies are provided. Fire evacuations are held six monthly. There is a civil defence and emergency plan in place. The call bell system is installed in all areas with indicator panels in each area. There are staff across 24/7 with a current first aid certificate.

## **Restraint minimisation and safe practice**

N/A

## **Infection prevention and control**

The infection control (IC) programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The responsibility for infection prevention control is clearly defined and there are lines of accountability for infection prevention control matters in the organisation leading to the leadership team. The programme is reviewed annually at an organisational level. The facility has access to professional advice from the GP, the DHB and from within the organisation. There is a process for early consultation and feedback to the infection prevention and control team. Infection surveillance forms are being implemented in line with company policy. There are guidelines and staff health policies for staff to follow ensuring prevention of the

spread of infection. Infection control matters are included in the monthly quality meeting and also discussed at both the RN and staff meetings.

## 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)
<b>Standards</b>	0	8	0	7	1	0	0
<b>Criteria</b>	0	25	0	10	1	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Radius Elloughton Gardens currently provides rest home and hospital level care for up to 59 residents. On the day of the audit there were 37 hospital level residents (including one funded by ACC and one on a palliative care contract) and 18 rest home level residents. All current beds are dual-purpose.</p> <p>This audit has assessed the suitability of a new building that adjoins the existing building to provide care for an additional 27 residents in dual-purpose rooms and laundry and kitchen services. The new building is expected to be handed over from the building contractor on 20 December 2016. A nearby facility is planning to close and 18 to 20 residents have identified they will be moving to Elloughton Gardens. Plans including liaison with the DHB and the other facility are well underway to manage this.</p> <p>There is a current risk management plan, a pandemic health plan and a current business plan includes business goals. A transition plan has been developed to manage the transition.</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing a hospital.</p>

<p><b>Standard 1.2.2: Service Management</b></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 facility manager and regional manager reported that in the absence of the facility manager, the clinical manager will fulfil the role with support from the regional manager, administrator and care staff.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>There are human resources policies to support recruitment practices. A list of practising certificates is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. Orientation days are planned prior to opening for new staff and experienced Radius clinical managers will be at Elloughton at the time of the largest number of admissions to assist with orientation of new staff. There is an annual education plan that is documented. This includes all required education as part of these standards. The plan is being implemented. A competency programme is in place with different requirements according to work type (eg, healthcare assistant, registered nurse, and kitchen). Core competencies are completed and a record of completion is maintained on staff files (sighted). The facility manager and clinical manager facilitate the orientation programme for new staff and support the ongoing education programme. There is a first aider on each shift.</p> <p>The service is in the process of actively recruiting new staff to provide services in the new building. Additional staff will be employed and complete the Radius orientation prior to resident numbers increasing.</p>
<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There is a staffing procedure, which describes staffing and is based on the Radius clinical hour's calculator. A draft roster has been developed that will meet the needs of residents in the new building. This includes 12 healthcare assistants, five registered nurses, and an increase in activities hours from six hours per day seven days per week currently to nine hours seven days per week, an increase in cleaning hours by 54 hours per fortnight.</p> <p>There are clear guidelines for increase in staffing depending on acuity of residents. There is 24-hour RN cover in the facility which includes at least one</p>

		<p>RN each shift. With an increase planned to two registered nurses on morning and afternoon shifts. A proposed roster has been developed which meets staffing requirements but the regional and facility managers intend using the clinical hour's calculator actively to ensure the correct staffing in each area to meet resident's needs as numbers fluctuate.</p> <p>The roster considers the building design and there is a nurses' station in the new area.</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>The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. There are currently two locked medication rooms in the current building. A large treatment room is included in the new building. This room is in the process of being completed.</p> <p>The facility uses robotic sachets for regular and blister packs for 'as required' medication delivered by the supplying pharmacy. Medications are checked against the signing sheets on arrival at the facility. Any discrepancies are fed back to the pharmacy. A new medication trolley for the new building has been ordered.</p> <p>All medications are currently kept in a locked trolley and cupboards in the treatment rooms. The medication fridge temperatures are recorded daily. A stock of hospital medications is kept in one treatment room.</p> <p>All staff that administer medication are competent and have received medication management training.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	PA Low	<p>There is a large commercial kitchen being completed in the new wing and all food is cooked on-site. On 12 December 2016, a contracted kitchen company is taking over management and delivery of the food service. Staff (including existing kitchen staff) will be employed by the company. The contracted company has previously provided a consultancy role for all Radius site kitchens and manages some other Radius food services. There is a seasonal menu in place. The dietitian has reviewed the menu. The cook receives a dietary profile for each resident with dietary requirements, special diets, food allergies, likes and dislikes. Alternatives are offered. The cook is notified of any dietary</p>

		<p>changes for the residents. Food is currently plated in the kitchen and transported in hotboxes/bain-maries to the dining rooms (these have been ordered for the new building). This will continue for the new dining area. The kitchen contract includes catering for the increase in residents. The new building includes a large open plan, dining area large enough for residents and mobility equipment. Building and refurbishment of the kitchen is yet to be completed. Special diets are plated and labelled. The fridge and freezer temperatures in the existing kitchen are recorded daily. Temperature of food on delivery is recorded. The kitchen has a loading bay for all food supplies to be delivered.</p> <p>Feedback on the service and meals is by direct verbal feedback, as an agenda item at residents and family meetings and within residents' satisfaction survey.</p> <p>Staff working in the kitchen have food handling certificates and receive ongoing training.</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>	<p>PA Moderate</p>	<p>The previous audit identified that cares completed were not always documented on monitoring charts. A review of three food and fluid charts (two hospital and one rest home), two fluid balance charts (hospital), seven intentional rounding charts (four rest home and three hospital) and two turning charts (both hospital) demonstrated that the previous shortfall continues to require addressing.</p> <p>The service currently had 12 residents with wounds. One resident had eight skin tears and a grade four pressure injury. The pressure injury was identified at grade one and review of the wound documentation and residents file demonstrated that appropriate cares were documented and implemented, (except turning records during the day). Interview with one caregiver and the clinical manager indicated that repositioning occurs when residents are in chairs during the day and the practice has been only to document turns in bed. Appropriate equipment is in use for this resident and the district nurse (wound specialist) and GP have been involved, including for pain management, and the family are documented to have been kept informed. There were two other documented stage-1 pressure injuries, one further skin tear and one resident with continence related dermatitis at the time of the audit. All would had documented and current assessments, plans and reviews.</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>	<p>PA Low</p>	<p>Documented processes for the management of waste and hazardous substances are in place. Material Safety Datasheets are available. Designated cleaners' cupboards are in the existing building. There is protective clothing and equipment that is appropriate to the recognised risks associated with the waste or hazardous substance being handled, for example, goggles/visors, gloves, aprons, footwear and masks. Hazardous substances are correctly labelled. There are two sluice rooms (one in the new wing and one to replace the sluice room in the existing building that was lost during the building project). The new sluice rooms are not yet completed. .</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>	<p>PA Low</p>	<p>The new building and external areas are not yet fully completed. The new building is adjacent to the existing building and there are two doorways from the existing building. The building has three wings, two with dual-purpose rooms, each with a large disabled shower and a toilet and the other with service areas including a new laundry and kitchen. There is a new nurses station and treatment room, a large dining/lounge area and a smaller sun lounge. A certificate of public use has not yet been issued and hot water has not yet been turned on and monitored. Planned and reactive maintenance systems are in place. All hoists have been serviced, electrical equipment tested and tagged and medical equipment calibrated. Equipment has been purchased for the new wing but apart from hot boxes will not be delivered until the building is ready. The maintenance person for Radius Elloughton Gardens is employed full-time and is available on call. Preferred contractors are available 24/7. There is adequate and safe storage of medical equipment. Corridors are wide enough to allow residents to pass each other safely with access to communal areas and outdoor areas.</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>	<p>FA</p>	<p>There is a large ensuite with a wet area shower in each room in the new building. There is a communal toilet near the new lounge area. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned (link 1.4.2.1.) Communal toilet facilities have a system that indicates if it is engaged or vacant.</p>

<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All rooms are spacious. There is adequate room to safely manoeuvre mobility aids and cater for equipment such as hoists, wheelchairs and fallout chairs and required staff. The doors are wide enough for bed transfer. Residents and families are encouraged to personalise their rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There is an open plan communal lounge and dining room in the new building which is large enough to cater for rest home or hospital residents, equipment and carers and/or visitors. Activities can also be provided from this area. Additionally there is a sun lounge at the end of one wing.</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>	<p>PA Low</p>	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry and cleaning services. All laundry except personals is completed off-site. There are covered linen trolleys available to be used by the healthcare assistants. A new laundry is under completion in the new building and equipment will be transferred from the existing building when the laundry is complete. The new laundry has two doors to allow for clean and dirty flow. There are dedicated cleaners currently and a plan to increase housekeeping hours as numbers increase. Staff were observed wearing protective clothing while carrying out their duties. Cleaning trolleys are to be kept in designated cupboards and the existing cleaning cupboards will continue to be used.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>Appropriate training, information and equipment for responding to emergencies is provided. An updated approved evacuation plan is under development but has not yet been signed off by the fire service. Fire evacuations are held six monthly. Civil defence and emergency training was provided in 2016. There is staff at the facility across 24/7 with a current first aid certificate. There is a civil defence and emergency plan in place. The facility is well prepared for civil emergencies and has emergency lighting, a store of emergency water (which can cater for the expected additional residents) and a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days, are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic. The call bell system is available in all areas with indicator panels in</p>

		each area and will connect to the existing system, which has been upgraded. However, this was not yet connected. There are emergency management plans in place to ensure health, civil defence and other emergencies.
<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	All rooms have large external windows with ample natural light. Heating is a mix of panel heating and ceiling heating.
<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	The infection control (IC) programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The responsibility for infection prevention control is clearly defined and there are lines of accountability for infection prevention control matters in the organisation leading to the leadership team, executive team and the board. The programme is reviewed annually. The facility has access to professional advice from the GP team and from within the organisation. There is a process for early consultation and feedback to the infection prevention and control team. Infection surveillance forms are being implemented in line with company policy. There are guidelines and staff health policies for staff to follow ensuring prevention of the spread of infection. Infection control matters are included in the monthly quality meeting and also discussed at both the RN and staff meetings.

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	Radius has comprehensive human resource and employment documentation that are currently being used at Elloughton. The service is currently actively advertising for and recruiting new staff for the new building.	Staff have not yet been appointed to fill the roster that will be required when the new building opens (cleaners, activities, healthcare assistants, registered nurses, laundry).	<p>Ensure sufficient staff are employed to meet the increased staffing needs of the new wing.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	Radius has a comprehensive orientation programme that is specific to different roles within the facility. Experienced clinical managers from Radius will be providing support at Radius over the opening period to assist in the orientation and training of new staff. An orientation day is planned prior to the new building opening.	New staff who will be employed have not undertaken an orientation.	<p>Ensure new staff complete an orientation, including a fire drill, prior to commencing full duties.</p> <p>Prior to occupancy days</p>

<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	The new building includes a new treatment room that is not yet completed. Discussion with the site manager and building contract manager demonstrated that the fittings planned for the treatment room are appropriate. New equipment has been ordered and is awaiting delivery when the building is ready.	The treatment room in the new wing has not yet been completed or secured.	<p>Ensure the treatment room in the new wing is fitted out with hand washing facilities, benches, shelves and cupboards and is secured.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.</p>	PA Low	There is a large commercial kitchen being completed in the new wing and all food is cooked on-site. On 12 December 2016, a contracted kitchen company is taking over management and delivery of the food service. Staff (including existing kitchen staff) will be employed by the company. Building and furbishment of the kitchen is yet to be completed.	The new kitchen is not yet fitted out or equipped.	<p>Ensure the new kitchen is completed and all required equipment installed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Moderate	The previous audit identified that cares completed were not always documented on monitoring charts. A review of three food and fluid charts (two hospital and one rest home). A review of monitoring forms and wound documentation demonstrated that fluid balance charts are being maintained by healthcare assistants but not totalled and reviewed by registered nurses, intentional rounding charts document checks on residents consistently. Food and fluid charts are being documented and two hourly turning charts are documenting all turns while the residents are in bed, but not while in chairs	<p>Two of two current fluid balance records have not had total input and output calculated and did not have evidence of registered nurse review.</p> <p>Three of three current two hourly turning charts do not have evidence of repositioning between 0700 hours and 1900 hours when the resident is out of bed.</p>	<p>Ensure fluid balance charts are totalled and checked each day by a registered nurse and that two hourly turns/repositioning is monitored throughout the 24 hour period.</p> <p>90 days</p>

		(interview confirmed turns/repositioning do occur while residents are in chairs).		
<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.</p>	PA Low	The two new sluice rooms are of appropriate size and the ordered equipment meets the requirements. They are not yet completed. Policies and procedures for the management of waste are appropriate.	The sluice room in the new wing and the replacement sluice room in the existing wing are not yet equipped, fitted out or secured.	<p>Ensure the new and replacement sluice rooms are equipped and secured.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The new wings are to be handed over for use by the facility on 20 December 2016. Carpets and window furnishings, installation of handrails and painting are currently being completed. The medication room is designed and planned, and equipment has been ordered but not yet installed. Hot water is installed but not yet turned on.	<p>(i) The building is not yet completed, so painting, floor and window coverings and installation of handrails has not yet occurred in all areas.</p> <p>(ii) Hot water has not yet been turned on so temperature requirements have not been tested.</p> <p>(iii) A certificate for public use has not yet been issued.</p>	<p>(i) Ensure the building is completed and the interior finished including installation of handrails and privacy locks.</p> <p>(ii) Ensure hot water is turned on and the temperature monitored to ensure it is within the safe range.</p> <p>(iii) Provide evidence of a certificate of public use.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	The plan for the finished complex includes landscaped areas around the new building. An internal deck is completed but landscaping/finishing paths etc. has not yet been completed.	External areas and landscaping have not yet been completed.	<p>Ensure safe external areas are completed.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.6.3</p> <p>Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.</p>	PA Low	The service will continue to send all linen and larger items off site and wash personal items on site. A new laundry is nearing completion. It has a clean door and dirty door to allow hygienic flow of laundry. The machines will be transferred from the existing laundry when the new laundry is finished.	The new laundry is not yet complete.	<p>Ensure the laundry is completed and equipment installed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	The existing service has a fire service approved evacuation plan. The organisation works with an external provider around fire safety management and equipment. The new plan is being developed by the external provider but has not yet been approved.	The updated fire evacuation scheme has not yet been approved by the New Zealand Fire Service.	<p>Ensure the updated fire evacuation scheme is approved by the New Zealand Fire Service.</p> <p>60 days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	Call bells are installed in the lounge/dining areas, bedrooms and ensuites. The call bells activate to a central panel and connect to the existing system which has been upgraded to allow this. The call bell system had not yet been activated.	The call bell system in the new building was not yet operational.	<p>Ensure all call bells are operational.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.