

# CHT Healthcare Trust - Peacehaven Resthome & Hospital

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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:

<b>Legal entity:</b>	CHT Healthcare Trust
<b>Premises audited:</b>	Peacehaven Resthome & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 8 February 2017      End date: 8 February 2017
<b>Proposed changes to current services (if any):</b>	Extension to the current building has resulted in an addition of 15 beds. This will increase dual service beds from 45 to 60 beds. The intention is to commence service delivery in these additional beds on 1 March 2017.
<b>Total beds occupied across all premises included in the audit on the first day of the audit: 32</b>	



# 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

CHT Peacehaven is certified to provide rest home and hospital level care for up to 45 residents. On the day of audit there were 32 residents living at the facility.

The purpose of the partial provisional audit was to verify the building extensions as appropriate to provide rest home and hospital level care.

The facility manager and the clinical manager are both registered nurses with current practising certificates. The facility has developed systems and processes to provide appropriate quality care for people who use the service. There is a quality and risk management programme being implemented.

This audit verified that there are appropriate processes and staffing levels in place to service the reconfiguration.

The service has addressed the shortfall identified from the previous certification audit related to the documentation of service provision.

Required improvements from this audit relate to the need to obtain a certificate of public use, completing landscaping, trial evacuations, updating the fire evacuation plan and ensuring an operational call bell system.

## **Consumer rights**

N/A

## **Organisational management**

Peacehaven is a residential care facility, which has an established governance system that provides corporate support. The unit manager and clinical coordinator are experienced registered nurses with current practising certificates.

The service has not employed new staff for the additional beds as the plan is to decant existing residents into the new bedrooms to permit their previous bedrooms to be renovated as part of stage 4 of the building programme, which is due to be completed in April 2017. The plan is to use existing staff to service the new areas while these vacated areas are refurbished.

There will be no changes to staffing until the end of stage 4 of the building programme when occupancy will increase from 45 to 60 residents.

## **Continuum of service delivery**

There will be no significant changes to the existing medicines management system or the meal service. Medicines will be administered by registered nurses or healthcare assistants. Meals will be provided from the main kitchen.

A review of a sample of clinical records showed that the shortfall identified at the previous surveillance audit related to the documentation of service delivery has been addressed.

## **Safe and appropriate environment**

Peacehaven has been undergoing a refurbishment and remodelling programme to increase its beds from 45 to 60. This building programme has added an additional level to the building, which includes nine additional dual-purpose beds, a multipurpose kitchen/dining/lounge area. An additional six dual-purpose beds have been added to the ground floor, which will result in 37 beds on this level. There is no change to the basement level, which will continue to provide 14 beds.

This audit relates to the completion of stage 3 of the renovation and remodelling programme. The renovations will end with the completion of stage 4 of the refurbishment programme, which will involve refurbishment of current occupied bedrooms.

There is a current building warrant of fitness and fire evacuation plan in place for the original building.

There is an existing call bell system in place which will be extended to encompass the new bedrooms and common area.

All new bedrooms will have ensuite hand basin, toilet and shower facilities.

Residents currently will have access to a safe outside area. Landscaping will be completed at the end of stage 4, as the building company needs to utilise on site space.

Existing staff have been involved in fire management training and fire drills. A fire drill will be conducted immediately prior to occupancy.

There will be no change to the system of waste management, cleaning or laundry services.

## **Restraint minimisation and safe practice**

N/A

## Infection prevention and control

There will be no change to the existing system of infection prevention and control. This will continue to be managed by the infection prevention and control coordinator who is a registered nurse with a current practising certificate.

### 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	14	0	2	0	0	0
<b>Criteria</b>	0	30	0	6	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<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>There will be no change to the existing governance and management arrangements with the additional 15 dual-purpose beds.</p> <p>Peacehaven hospital and rest home is owned and operated by CHT. The service provides rest home and hospital level (Including medical) care for up to 45 residents. All 45 beds are certified for dual-purpose occupancy. On the day of the audit, there were 32 residents (ie, 4 rest home and 28 hospital level residents). All 32 residents were being provided with care as specified in the age related residential care services agreement. There were no residents receiving medical or respite services.</p> <p>The purpose of the partial provisional audit was to verify the building extensions as appropriate to provide rest home and hospital level care. Peacehaven has been undergoing a refurbishment and remodelling programme to increase its beds from 45 to 60. This building programme has added an additional level to the building, which includes nine additional dual-purpose beds, a multipurpose kitchen/dining/lounge area. An additional six dual-purpose beds have been added to the ground floor, which will result in 37 beds on this level. There is no change to the basement level, which will continue to provide 14 beds.</p>

		<p>This audit relates to the completion of stage 3 of the renovation and remodelling programme. The renovations will end with the completion of stage 4 of the refurbishment programme, which will involve refurbishment of current occupied bedrooms.</p> <p>CHT has an overall business/strategic plan covering Peacehaven. Peacehaven has a facility quality and risk management programme in place for the current year. The organisation has a philosophy of care, which includes a mission statement.</p> <p>The unit manager is a registered nurse who maintains an annual practising certificate. She has been in the role since October 2016 and was an internal promotion. The unit manager reports weekly to the CHT area manager (who is a registered nurse) on a variety of operational issues. The unit manager has completed in excess of eight hours of professional development in the past 12 months.</p> <p>The unit manager is supported by a clinical coordinator who is a registered nurse with a current practising certificate.</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>There will be no change to existing service management with the additional beds. In the absence of the unit manager the clinical manager oversees the management of Peacehaven with support from the area manager.</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>There will be no change to existing human resource management processes with the addition of the 15 dual-purpose bedrooms.</p> <p>Human resources are managed at corporate and facility level according to accepted human resource management principles. There are human resource management policies in place. The recruitment and staff selection process requires that relevant checks be completed to validate the individual's qualifications and experience. Copies of practising certificates are kept on site. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education programme in place for which a record of attendance is kept. Healthcare assistants complete qualifications in a nationally recognised aged care education programme. The unit manager, clinical coordinator and registered nurses attend external training, including sessions</p>



		provided by the local DHB.
<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>	FA	<p>CHT policy includes a staff rationale and skill mix. Sufficient staff are rostered on duty to manage the care requirements of the residents. At least one registered nurse is on duty at all times. Additional staff are provided for increased resident requirements.</p> <p>The unit manager will continue to staff the additional beds according to accepted safe staffing guidelines ensuring there is an RN on all shifts. The RN will be assisted by a team of healthcare assistants of varying skill mix to meet the needs of residents.</p> <p>When the new 15 beds open, this will be the completion of stage 3 of the building programme which has involved remodelling of the ground floor area and the addition of nine beds on level one. The plan for stage 4 of the building programme is to relocate 15 existing residents into the new rooms and then refurbish the 15 rooms that these residents have vacated. Therefore the plan is to recruit and employ additional staff once stage 4 has been completed, which is anticipated to be completed end of April 2017.</p> <p>The proposed nursing roster for the 60 bed unit, which will include the additional 15 bed unit will be as follows:</p> <p>RN Cover: 1 RN 24/7 plus additional RNs on the morning and afternoon shifts in addition to the unit manager and the clinical coordinator.</p> <p>AM: 10 Healthcare assistants (HCAs) (which will be 6 HCAs on duty from 7 am to 3 pm and 4 HCAs from 7am to 12md) (ie, 1 to 2 HCAs Level 1, 6 on Ground floor, 1 to 2 Basement)</p> <p>PM: 6 HCAs from 3 pm to 11pm (ie, 2 per floor)</p> <p>Note: 3 HCAs from 11pm to 7 am (ie, 1 per floor)</p> <p>The group activities programme will be provided by the existing activities coordinator from 9.00 am to 3.30 pm in the main lounge area on the ground floor level as happens currently. The activities coordinator will be assisted by HCAs. Consideration will be given to increasing activities staff in future depending on how residents adapt to their new surroundings.</p> <p>Other service arrangements will be as follows:</p>

		<p>There will be no change to kitchen, cleaning, laundry, maintenance and gardening staff (will be done by existing staff and contractors).</p> <p>General practitioners (GPs) are contracted and there will be no change to their service provision. There is one GP who services most of the residents. Other residents have their own GP. There will be no change to this arrangement</p> <p>Pharmacy, dietetics, physiotherapy and podiatry are contracted and there will be no change to existing service provision.</p> <p>The service has access to specialist practitioners from the DHB.</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>	FA	<p>There will be no change to the existing medicines management system which will accommodate the additional 15 residents. Medicines are administered from a dedicated trolley using an electronic medicines management system. An additional medicine trolley is available and this may be permanently used on level 1 if needed.</p> <p>All medicines are administered by registered nurses (RNs) and HCAs who have been assessed by a competent registered nurse. There are medication policies and procedures in place that align with legislative requirements and guidelines for medicines management. Registered nurses and HCAs complete medication annual competencies and attend annual medication education. An RN checks the regular medications on delivery. All expiry dates are checked regularly. Standing orders are not used. Storage meets legal requirements and guidelines. No residents are self-administering medicines.</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>The existing food service can accommodate an additional 15 residents.</p> <p>The current kitchen has been remodelled and has increased in size. All new fittings and refrigeration equipment have been purchased including a bain-marie which will only be used in the ground floor kitchen area. The kitchen has gas and electric cooking facilities.</p> <p>Currently food is being prepared in a temporary container kitchen. All meals are provided by an on-site external contractor and this will continue when the new kitchen is commissioned, which is expected to be operational before 1 March 2017. Qualified chefs prepare and cook all meals on-site. There is a four-week menu cycle in place that has been reviewed by a dietitian. Dietary information forms are</p>

		<p>completed on resident admission and reviewed six monthly, with copies held in the kitchen. The chef is informed of any dietary changes. Dislikes are accommodated with alternatives offered. Special diets such as vegetarian, soft foods and diabetic desserts are provided. Scan boxes are used to deliver meals to the rooms. Snacks are readily available for residents as required outside of kitchen hours. Fridge and freezer and dishwasher temperatures in all areas are taken and recorded daily. End cooked temperatures are recorded daily. All foods sighted in fridges, freezers and the pantry are suitably stored and dated.</p> <p>Food services staff have been trained in safe food handling and hygiene.</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>FA</p>	<p>The previous audit identified that there were shortfalls in the documentation of residents' needs. On that occasion one rest home resident did not have a pressure injury risk assessment completed for a recent pressure injury and there were no documented pressure injury interventions/management for the pressure injury. In addition, a hospital level resident had no documented interventions related to the provision of soft foods for their swallowing difficulty and their REAP (replenish energy and protein – food fortification programme) level two requirements.</p> <p>A review of a sample of five resident's records was conducted which included four hospital and one rest home level resident (one of whom had pressure injuries and the other a weight management problem). The review showed that service provision is consistently documented. Assessed needs as specified in the InterRAI assessment were referenced in plans of care and interventions recorded. One of the five residents admitted recently had two grade-2 pressure areas which were non-facility acquired. The management and documentation of care was appropriate and consistent with accepted practice.</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>FA</p>	<p>The existing waste management system can accommodate an increase of 15 residents.</p> <p>The service has waste management policies and procedures for the safe disposal of waste and hazardous substances such as decontamination procedure; blood and body fluid spill management procedure; blood accident procedure. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. Staff receive education on the management of waste and hazardous substances.</p>

		Material safety datasheets are available to staff.
<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 building holds a current warrant of fitness, which expires on 1 June 2017. At the time of audit, the building was still in process and therefore a certificate of public use for the new part of the building had not yet been obtained.</p> <p>The building now consists of three floors, which are the basement area, the ground floor area and level one. There are nine new resident bedrooms on level 1 and six new resident bedrooms on the ground floor. There has been remodelling and refurbishment of all the ground floor.</p> <p>Level 1 contains a new lounge/dining/kitchenette area, a nurse's station, a sluice room, a lockable storage area and nine single bedrooms. All nine bedrooms have ensuite toilets, hand basins and showers with two single bedrooms sharing an ensuite.</p> <p>The ground floor contains the original rest home and hospital area plus an addition of six new bedrooms. This is the main floor of the rest home and hospital.</p> <p>The basement area remains unchanged.</p> <p>There are two lifts (ie, one between the basement and ground floor and the other between the ground floor and level 1). Stairs are available. There is disabled access from the car park to the basement area. Access from the car park to the Ground floor is ultimately by stairs and disability access ramp.</p> <p>Furnishings will be decanted to the new bedrooms from the existing bedrooms and existing furniture will be used for common areas until the end of stage 4 when new furniture will be purchased. This furniture has yet to be purchased.</p> <p>Reactive and preventative maintenance is documented and implemented. Fire equipment checks are conducted by an external fire safety contractor. When an issue requiring maintenance is noticed, the unit manager contacts the maintenance person on the same day and in most cases the issue can be repaired or resolved on the same day. The maintenance person is available on an on call basis. External contractors are engaged to complete work as required.</p> <p>The facility's amenities, equipment and furniture are appropriate for rest home and hospital residents. Not all fixtures are yet in place as the building is yet to be completed. There is sufficient space so that residents are able to move around the facility freely. The hallways are wide enough for traffic. There is non-slip linoleum</p>

		<p>in showers and toilet areas throughout the facility. The main hallways and living areas are carpeted. Resident's bedrooms throughout the facility have resident's own personal belongings displayed. External areas and garden areas surrounding the facility are well maintained (although about 50% of the space is currently fenced off for the building contractors).</p> <p>The lounge areas are designed so that space and seating arrangements provide for individual and group activities.</p> <p>The following equipment is available; pressure relieving mattresses and cushions, shower chairs, hoists, chair scales, transfer belts, slippery mats, and wheelchairs.</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>The new rooms will all have ensembles which include hand basins, toilets and wet area showers suitable for shower chairs, hoists and wheelchairs (link 1.4.2.1).</p> <p>Toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are separate toilets for visitors on the ground floor and a staff toilet is available in the basement.</p> <p>All existing bedrooms have their own hand basin and toilets. Some have their own shower. Twelve bed spaces on the ground floor share communal showers.</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>There is adequate space in all new and existing bedrooms for residents and staff. Doorways into residents' rooms and communal areas are wide enough for wheelchair and hoist and trolley access. Residents can personalise their bedrooms as desired.</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>	FA	<p>The new level 1 area includes a kitchen/dining room/lounge area which will be able to be used for dining, entertainment and recreation.</p> <p>The ground floor has two dining rooms. The main dining room adjoins the refurbished kitchen. There is another smaller dining room, which is combined with a kitchen and lounge area. Dining rooms will be able to accommodate 60 residents.</p> <p>Residents can access external decks from the ground floor and can access an outside area from the basement.</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>FA</p>	<p>There will be no change to the existing cleaning and laundry services. The laundry will accommodate an increase in laundry.</p> <p>Dedicated contractor staff are employed seven days a week to provide cleaning and laundry services.</p> <p>There is a cleaning policy and a cleaning quality management plan. Internal audits occur. The existing laundry and cleaning room are designated areas and clearly labelled. Chemicals are stored in a locked room. All chemicals are labelled with manufacturer's labels. There are sluice rooms for the disposal of soiled water or waste. These are locked when unattended.</p> <p>Resident satisfaction with cleaning and laundry services is monitored through the annual satisfaction survey with a high level of satisfaction being reported.</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>There is an approved fire evacuation plan currently in place, which was signed off by the New Zealand Fire Service on 29 June 2006. The existing fire evacuation plan has yet to be altered to accommodate the new rooms. CHT have been in discussions with the New Zealand Fire Service throughout the building programme.</p> <p>There is a plan to undertake a trial evacuation/fire drill immediately prior to occupation.</p> <p>Civil defence is covered in the risk management procedure. This details aspects of civil defence including emergency supplies. The service has emergency management supplies on site and these are being expanded to cope with the additional beds. Alternative energy systems are available in the event of the main supplies failing.</p> <p>Fire training and security situations are part of orientation of new staff - orientation checklist sighted. Staff training in emergency management including fire safety and evacuation, also emergency response for healthcare facilities occurs. The last fire evacuation occurred on 8 December 2016.</p> <p>The building has an electric call bell system installed throughout resident areas. All new rooms, which will be used by residents, have a call bell system installed. However the new call system has yet to become operational and tested.</p>

		Security systems are in place.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All living areas have access to natural light. Windows and doors open for ventilation. The facility has central ceiling heating and heat pumps in office areas. Daily ambient temperatures are monitored by staff using thermometers.
Standard 3.1: Infection control management 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.	FA	<p>There will be no change to existing infection prevention and control practices.</p> <p>The infection prevention and control coordinator is the clinical coordinator who is an RN. The infection control coordinator can access external specialist advice from GPs, laboratories and DHB infection control specialists when required. The infection control programme is appropriate for the size and complexity of the service. The programme is approved and reviewed annually by the clinical coordinator and external expertise accessed when required. Infection prevention control is a standing agenda item at the monthly staff/quality meetings and monthly RN meetings. Staff are informed about infection control practises and reporting. They can contact the IC coordinator 24/7 if required and concerns can be written in progress notes and the communication book. Suspected infections are confirmed by laboratory tests and results are collated monthly by the infection control coordinator and entered into the infection register.</p> <p>There is a job description for the infection control coordinator including the role and responsibilities of the infection control coordinator. IC is part of the audit schedule and is undertaken monthly. There are policies and an infection control manual to guide staff to prevent the spread of infection. Staff and residents are encouraged to have the flu vaccine.</p> <p>There have been no outbreaks of infection since the previous audit.</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)
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	There is a current building warrant of fitness, which does not include the new additional rooms and the new lift. Management are aware of the need to obtain a certificate of public use. Rooms are still in the process of being refurbished.	No certificate of public use has been obtained as yet covering the additions to the building.	Ensure a certificate of public use is obtained prior to use by residents.  Prior to occupancy days
Criterion 1.4.2.4 The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.	PA Low	Rooms are still in the process of being refurbished and handrails have not yet been installed.	The rooms are still in the process of being refurbished and handrails are not yet in place.	Ensure handrails are in place in bathrooms and ensuites.  Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	Residents have access to external areas from the ground floor and basement areas and will continue to do so when the new rooms are occupied. There is a deck off the ground floor which includes shade and seating. The	The external areas within the new unit have yet to be landscaped.	Ensure landscaping is completed at the end of the building programme.



		grounds have yet to be landscaped due to the building programme being unfinished. Landscaping on the site will not be completed until the end of stage 4 of the building programme which is due to be completed in April 2017. Presently there is an external area for all residents to use, which is separated from the building site. New residents will be able to use the existing external areas.		180 days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Emergency management policies are in place. Staff receive training during their orientation and thereafter on a regular basis. Fire drills are conducted six monthly.	A trial fire evacuation of the new area has yet to be completed.	Conduct a trial evacuation drill covering the new areas and document the event.  Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	There is an approved fire evacuation plan in place covering the existing building. The current evacuation plan has not been amended to include the extensions.	The current evacuation plan has not been amended to include the extensions.	(1) Ensure the evacuation plan has been amended to include the extensions and provide evidence that an application has been lodged with the NZ Fire Service prior to occupancy; (2) Obtain an approved fire evacuation plan within three months.  90 days
Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.	PA Low	There is an electronic call bell system, which includes panels in the corridors.	There is a call bell system in the process of being installed in the new areas.	Ensure the call bell system is operational.  Prior to occupancy days

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## 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.