

Christchurch Methodist Central Mission

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:	Christchurch Methodist Central Mission
Premises audited:	Wesley Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 March 2017 End date: 20 March 2017
Proposed changes to current services (if any):	The service has completed the second stage of a new purpose-built 100 bed dual-purpose facility (hospital and rest home) within the grounds of the current Wesley Rest Home and Hospital facility. The proposed opening day is 27 March 2017.
Total beds occupied across all premises included in the audit on the first day of the audit:	79

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

Wesley Rest Home and Hospital is owned and operated by the Christchurch Methodist Central Mission. Wesley Rest Home and Hospital is certified to provide hospital (geriatric and medical) and rest home level care for up to 88 residents. With the additional 39 new beds, this will bring the total bed capacity to 127 beds. The older part of the building has 27 beds which includes 11 rest home and 16 hospital level care beds. The new building has 100 beds in a two storey building and all beds are dual purpose.

This partial provisional audit included verifying the preparedness of the service to provide care across two service levels (rest home and hospital/medical) in a new purpose-built building. The second stage of the building has been completed. The service is planning to open the new building on the 27 March 2017.

The service will continue to be managed by an experienced manager who has been in the role for over 30 years. The manager is supported by a clinical lead/quality manager and two clinical managers.

The audit identified the new facility, staff roster and equipment is appropriate for providing rest home and hospital – geriatric/medical level care.

Four previous audit findings around provision of safe environment have been addressed. These include safe storage of chemicals, hot water monitoring, access to lounge and dining facilities and approval of current fire evacuation scheme. Three of four previous audit findings around service delivery have been addressed. These include clinical assessments, service delivery interventions and safe storage of medicine trolleys. Shortfalls around medication management have not been fully addressed. This audit identified further corrective actions required by the service and these are all related to the completion of the building.

Organisational management

The clinical leader/quality manager fulfils the manager role during a temporary absence. There are two clinical managers who will be responsible for each floor of the building. The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require geriatric-hospital (medical) and rest home level care. The service has access to a physiotherapy, podiatrist, dietitian and GP services.

There are human resources policies including recruitment, selection, orientation and staff training. The service has an orientation programme which provides new staff with relevant information for safe work practice. A draft staffing roster is in place and the service will maintain the current staffing levels. Four staff have been employed at this stage. Further recruitment of staff will continue when resident numbers increase.

Continuum of service delivery

InterRAI assessments are completed within required timeframes. Care plan interventions are comprehensive and include all aspect of the service delivery. Residents are supported to self-administer their medication.

Medication policy and procedures follow recognised standards and guidelines for safe medicine management practice. The service is using an electronic medication management system which will be continued in the new building. Each floor has a medication room and two medication trolleys have been purchased for each treatment room. Staff are trained around the electronic medication system.

The menus have been audited and approved by an external dietitian. The kitchen is spacious and designed to accommodate cooking for 127 residents. There is a walk-in chiller and freezer and standalone fridge and freezers. The kitchen is located at the first floor and the second floor also has a serving kitchen. Food will be transferred to the second floor in hot boxes and there is also a dumbwaiter.

Safe and appropriate environment

The new building has two floors and a total of 100 beds. The building is near completion and due to open 27 March 2017. Each resident room is single and ensuited. All building and plant have been built to comply with legislation. There is a sluice room with a sanitiser and material safety data sheets are available for chemicals. New equipment and furnishings are already purchased.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchenette/servery areas. There is adequate space in each wing for storage of mobility equipment.

There is a large dining and lounge area on each floor. Communal areas are age appropriate, safe and accessible to meet resident's dining, relaxation and activity needs. The second-floor dining/lounge area opens to the outdoor deck area. There is also a large chapel area which will be used for church services, activities and functions.

There are policies and procedures in place for the management of laundry and cleaning practices. The current laundry is part of the new building and completed as part of stage 1 of the build. The laundry is large enough to undertake the additional capacity.

Registered nurses (RNs) maintain current first aid certificates and there is RN cover 24/7. Orientation programme includes emergency preparedness. The new evacuation scheme is approved by the NZ Fire Service. The call bell system is installed and was operating on the day of audit.

The new building has ceiling heating with individual thermostatic control in the residents' rooms. There is also heat pumps in non-residential areas. All rooms have an external window and there is plenty of natural light in the new rooms. Hot water monitoring is yet to occur and landscaping is in the process of being completed.

Infection prevention and control

The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The service continues to implement their infection control programme that is linked into the quality management system. Infection control principles were implemented in the design and refurbishment of the building.

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	14	0	2	1	0	0
Criteria	0	32	0	4	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)
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>Wesley Rest Home and Hospital is governed by the Methodist Mission Board. A chief executive officer (CEO) is responsible for all aspects of the service. The manager reports to the CEO on a monthly basis. The organisation has a current strategic plan being implemented.</p> <p>The service currently provides care for up to 88 residents at hospital (geriatric and medical) and rest home level care. The older part of the building (which will remain open) has 27 beds which includes 11 rest home and 16 hospital level care beds. The new building has 100 beds across two stories (each floor 50 beds) and all beds are dual purpose. On completion of stage 2, there will be a total of 127 beds. Occupancy was at 79 on the day of the audit and there were 15 rest home and 64 hospital level care residents.</p> <p>This partial provisional audit included verifying the new purpose-built facility as suitable to provide rest home and hospital (medical and geriatric) level care. Stage one part of the building has been in use since July 2015 and the second stage of the building has now been completed. The service is planning to open the rest of the facility on the 27 March 2017.</p> <p>The service will continue to be managed by an experienced manager who has</p>

		<p>been in the role for over 30 years. The manager is supported by a clinical lead/quality manager and two clinical managers.</p> <p>The audit identified the new facility, staff roster and equipment is appropriate for providing rest home and hospital – geriatric/medical level care.</p> <p>The quality manual and the business, quality, risk and management planning procedure describe the Wesley Rest Home and Hospital’s quality improvement processes. The risk management plan describes objectives, management controls and assigned responsibility. Progress with the quality and risk management programme has been monitored through the quality assurance meeting and the various facility meetings.</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing the facility.</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 clinical lead/quality manager is the deputy manager and in the absence of the manager, she is responsible for the running of the facility. There are also two clinical nurse managers.</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>Wesley employs over 120 staff in various roles. There are comprehensive human resources policies which include recruitment, selection, orientation, staff training and development. Six staff files were sampled (one clinical manager, two registered nurses, three healthcare assistants). Documentation including recruitment and selection process, orientations and appraisals were completed. Current annual practising certificates are kept on file. There are implemented competencies for registered nurses related to specialised procedure or treatment including (but not limited to) medication management and syringe driver training and competencies. Senior healthcare assistants also complete medication training and competencies. There is a 2017 training programme being implemented.</p> <p>Current staffing does not need to be increased initially. However, existing staff will be increased with occupancy. Newly employed staff (three caregivers, two activities coordinators and one registered nurse) have completed their orientation.</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>There is a staffing policy that aligns with contractual requirements and includes appropriate skill mixes. There is a draft roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The roster is flexible to allow for the increase in resident numbers as the first floor fills up.</p> <p>A registered nurse is rostered 24/7 and there are sufficient RNs employed to cover the two floors. Additionally, there are two clinical managers employed for each floor. With full occupancy, each floor will have two registered nurses in the morning, two in the afternoon and one at night. The current caregiving ration will be maintained with flexibility to increase staffing with acuity. There are two full-time diversional therapists and two part-time activities coordinators who will provide activities to the residents Monday to Friday. Cleaning and laundry staff hours will increase with occupancy. The service has links to a physiotherapist as needed, a community dietitian and medical professionals. The service also employed a registered nurse as an admission nurse to admit new residents, complete initial assessments and interRAI assessments.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>Wesley has medication policy and procedures that follow recognised standards and guidelines for safe medicine management practice in accordance with the guidelines. The service will continue with their digital medication management system and the local pharmacy will increase its capacity to accommodate additional residents. Medications are blister packed by the pharmacy and are checked on arrival from the pharmacy by a registered nurse. All staff who administer medications have completed a medication competency. The service has a policy and procedure for residents who wish to self-medicate.</p> <p>As part of the partial provisional audit, the previous audit findings were checked. Two digital medication charts were checked to see evidence around self-medication and oxygen administration. These two findings remain open.</p> <p>The new building has treatment rooms on each floor; however, the treatment room doors were not yet secured. Medication trolleys and two safes have been purchased along with medication fridges.</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</p>	<p>FA</p>	<p>The kitchen was built as part of stage 1 and designed to cater for over 120 residents. The kitchen is located next to the dining and lounge area on the first floor and food will be directly served from the kitchen. Food will be transferred to the second floor and the rest home via hot boxes and there is also a dumbwaiter. The kitchen is able to meet the needs of residents who require special diets and</p>

<p>service delivery.</p>		<p>the cooks work closely with the registered nurses. Kitchen staff have completed food safety training. The cooks follow a rotating menu, which has been reviewed by a dietitian. The temperatures of refrigerators, freezers and cooked foods are routinely monitored and recorded. There is special equipment available for residents if required. Food temperatures are recorded prior to leaving the kitchen and prior to serving of meals. Temperatures of fridges and freezers are monitored and recorded.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Five files reviewed identified initial nursing assessments were completed on entry to the service and the interRAI assessments were completed within 21 days of admission and thereafter six-monthly. There are 12 interRAI trained registered nurses.</p> <p>The previous audit identified that behavioural assessments were not consistently completed. Two out of five files reviewed had residents with challenging behaviours. Behaviour assessments were completed and ongoing monitoring and recording of the behaviour were sighted in these two files. This previous finding has now been addressed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>As part of the provisional audit, previous audit findings related to service delivery intervention were checked. Five files reviewed included residents with pressure injuries, the recent hospital admissions, high falls risks and weight loss. Some of these files included multiple issues including pressure injury, high falls risk and weight loss.</p> <p>i) The wound folder included one stage IV pressure injury, three stage II pressure injuries and thirteen skin tears. All pressure injuries had documentation of the stage of the pressure injury as part of the wound assessment document. Three care plans reviewed included recording of pressure injury preventions and pressure relieving equipment that was in use.</p> <p>(ii) One file with weight loss had a review completed by the GP and nutritional supplements and a high protein diet was started. The resident's weight was monitored closely along with oral supplement intake and food consumption. The recent weight recording show increased weight gain.</p> <p>(iii) Three resident's files with pressure injures showed that care plan interventions were comprehensive and included pressure-relieving devices and other skin care interventions.</p> <p>(iv) Two residents who were identified as high falls risks had falls preventions</p>

		<p>strategies/equipment recorded in their care plans.</p> <p>(v) One resident was recently transferred to the public hospital. Upon discharge, the medical report was checked by the clinical manager and recommendations were followed up and implemented including medication reconciliation and a GP review.</p> <p>Review of these files provided evidence relating to the required corrective actions; therefore the previous finding has been closed out.</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>There are policies and procedures on waste disposal, waste management and the disposal of sharps containers. Management of waste and hazardous substances is covered during the orientation of new staff and is included as part of the training plan. Personal protection equipment and clothing are available for staff.</p> <p>The previous audit identified that chemicals were not kept securely. Since then the service has installed digital locks on sluice room's doors in that area. New areas have sluice rooms that do not currently hold chemicals.</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 second stage of the new building has been completed, as a result each floor now has 50 resident rooms. All rooms are single and ensuite. The building is near completion and due to open 27 March 2017.</p> <p>Wesley has purchased all new equipment required for the new building, including (but not limited to): beds, pressure relieving mattresses, oxygen concentrator and scales, sling and standing hoists.</p> <p>There are two nursing stations, one on each floor. They are close to the main lounge/dining area. The management stated that residents are able to bring their own possessions into the facility and are able to adorn their rooms as desired. All electrical equipment and other machinery will be checked as part of the annual maintenance and verification checks. There are handrails in hallways and ensuites. All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchenette/servery areas. There is adequate space on each floor for storage of mobility equipment. The building certificate for public use (CPU) has not yet been signed off. Landscaping is in the process of being completed. Hot water temperatures for the whole service was reviewed. Temperatures are recorded monthly and on one occasion, the hot water temperature was reading 46 degree Celsius and a plumber was called to adjust</p>

		the temperature.
<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	Each resident room is single and ensuited. There is an accessible toilet next to the dining and lounge area at each floor with access to a hand basin and paper towels for residents. There are separate toilet areas for staff and visitors.
<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	Each floor will accommodate 50 beds and all rooms are of sufficient size to accommodate either rest home or hospital residents. All rooms are spacious enough to allow residents to safely move about with mobility aids and for the use of a hoist. There is adequate space to allow residents to personalise their rooms.
<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>There is a large dining and lounge area on each floor. The area is age appropriate, safe and accessible to meet resident's dining, relaxation and activity needs. The second-floor dining lounge area opens to an outdoor deck area.</p> <p>There is also a large chapel area which is used for church services, activities and functions. Residents did not have a formal lounge and dining area since the completion of stage one of the building. Residents were dining in temporary settings in hallways and small alcoves. New dining furniture has since been delivered to the site and new lounge furniture has been purchased. With the opening of the new building, new dining and lounge areas will be utilised immediately. The previous corrective action has been addressed.</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	The service has policies and procedures in place for the management of laundry and cleaning practices. The current laundry is part of the new building and is large enough to undertake additional capacity. Cleaning chemicals are stored securely. Chemical safety information data sheets are available for staff to access. There is a clean/dirty flow throughout the laundry area. Staff have been provided with chemical safety training. Cleaning and laundry audits are included in the annual audit schedule.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response</p>	PA Low	There are comprehensive civil defence and emergency procedures. Civil defence kits are readily accessible in a storage cupboard. There is a staff member with a first aid certificate on each shift and this will be maintained. Civil

<p>during emergency and security situations.</p>		<p>defence and first aid resources are available. Sufficient water is stored for emergency use and alternative heating and cooking facilities are available. An additional water storage tank was installed for the new building. The service has a battery based uninterrupted power supply. Security checks are completed at night by a security company. Emergency food supplies sufficient for three days are kept in the kitchen and the current stock is increased. Gas BBQ and additional cylinders were available for alternative cooking. Extra blankets are also available.</p> <p>The call bell system is installed and was operating on the day of audit. Fire evacuation approval was obtained from the NZ Fire Service and the letter was dated 3 February 2017 but the fire training has not been provided to staff yet. On the day of audit, final checks of the fire alarm system were completed.</p>
<p>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.</p>	<p>FA</p>	<p>The new building has ceiling heating with individual thermostatic control in the residents' rooms. There are also heat pumps in communal areas. All rooms have an external window and there is plenty of natural light in the new rooms.</p>
<p>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.</p>	<p>FA</p>	<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 service continues to implement their infection control programme that is linked into the quality management system. Infection control principles were implemented in the design and refurbishment of the building. The facility has access to GPs, local laboratory, the infection control and public health departments at the local DHB for advice.</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>	<p>PA Moderate</p>	<p>The previous audit identified that medication trolleys were not locked and were also kept in an unlocked room. Stage one of the building was checked and found that medication trolleys and the medication were kept in the locked medication rooms and drug trolleys were also locked on both floors. The previous finding has been addressed. The new building has new purpose-built treatment rooms but the doors are not yet secure. The manager stated that a digital lock system will be installed prior to the occupancy.</p> <p>One medication chart was reviewed for a resident prescribed oxygen administration for 16 hours a day. The resident’s electronic record did not show length of time of oxygen administration. Some information was recorded in the progress notes, but these were inconsistent with the prescribed dose of</p>	<p>i) Oxygen administration was not recorded on electronic signing-sheets to show length of time of administration as per GP instruction.</p> <p>ii) There are treatment rooms on each floor of the new building, but doors are not yet secure.</p>	<p>i) Ensure that oxygen administration is recorded on electronic signing sheets to show length of time of administration as per GP instruction.</p> <p>ii) Ensure that treatment room doors are secure.</p> <p>Prior to occupancy days</p>

		oxygen by the GP.		
<p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where appropriate.</p>	PA Low	<p>The previous audit identified a corrective action around self-medication management. The service has a policy and procedure for residents who wish to self-medicate. The assessment required for self-medication was the cognitive competency score at interRAI assessment and the three-monthly assessments by GP of the resident's ongoing ability to safely self-medicate. There is a consent form that the resident acknowledges self-medication administration and this was sighted in one file reviewed. The clinical lead/quality manager stated that one resident self-administers their own inhalers but the medication competency assessment was not completed by the GP.</p> <p>The resident's care plan included self-medication administration and the resident's competency and monitoring requirements. The required corrective action around care plan intervention was addressed. However, the finding relating to the medicine competency assessment by the GP remains open.</p>	Medicine competency assessment was not completed for a resident who self-administers inhalers.	<p>Ensure assessment for competency to self-administer medication is completed for residents who self-administer medications.</p> <p>90 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The new building is spacious and purpose built and has been built to comply with legislation.	The building is in the process of being completed and therefore the CPU is yet to be obtained.	<p>Ensure a CPU is obtained.</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 plans include full landscaping around the building which has not been completed yet. Seating and shade on the ground is yet to be installed.	<p>i) Seating and shade on the ground floor is yet to be installed; (ii) Landscaping has not</p>	<p>(i) Ensure seating and shade is available outside; (ii) Ensure doorways to the outside allow for the safe use of</p>

			been completed yet.	mobility equipment. Prior to occupancy days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>Registered nurses (RNs) maintain current first aid certificates and there is RN cover 24/7. Orientation programme includes emergency preparedness. The new evacuation scheme is approved by the NZ Fire Service but fire safety training under the new scheme has not been provided to staff yet.</p>	<p>A fire drill is yet to be held for the new building.</p>	<p>Ensure that a fire drill occurs in the new building.</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.