

Chatswood Lifecare Limited - Chatswood Rest Home

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: Chatswood Lifecare Limited

Premises audited: Chatswood Rest Home

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

Dates of audit: Start date: 7 April 2017 End date: 7 April 2017

Proposed changes to current services (if any): The service has built a new building which adds an additions nine care suites, 10 apartments, two studios and two hospital rooms attached to the current facility and hospital wing. The service was also assessed as suitable to provide medical level care under their current hospital certification.

Total beds occupied across all premises included in the audit on the first day of the audit: 78



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.

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

General overview of the audit

Chatswood Retirement Village has built a new building attached to the current facility. The new building will provide twenty-three rooms consisting of nine care suites, two studio apartments, ten apartments and two hospital rooms. Chatswood Retirement Village is currently certified to provide care to up to 78 at rest home and hospital level care. With the additional beds, Chatswood Retirement Village will increase to 101 beds.

This partial provisional audit included; (i) verifying the new purpose-built unit to provide care across two service levels (rest home and hospital) and (ii) verifying the service as suitable to provide medical level care under their current hospital certification.

The facility is managed by an experienced village manager who is supported by a clinical manager (registered nurse) along with the current management team. The audit identified the new building, staff roster and equipment is appropriate for providing hospital

(medical and geriatric) and rest home level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new building.

The four previous audit findings under service delivery have been addressed. These include aspects of assessment, care planning and medication documentation.

The corrective actions required by the service are all related to the completion of the building and implementation of the new service.

Consumer rights

Organisational management

Chatswood Retirement Village has a current business plan, which includes the building and opening of new care suites, studio, apartments and hospital rooms. There is a current quality plan which covers all aspects of service delivery, infection control and health and safety.

The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is adequate staff and a draft roster to cover the new building.

Continuum of service delivery

Care plan interventions are comprehensive and it is linked to the resident's current assessed needs. Medications are managed and administered in line with legislation and current regulations.

The current kitchen will provide additional food services for the new residents and the village manager stated that staffing roster will be adjusted according to admission rate. Food will be transferred to the new wing in a hot box. Residents will be able to have a tray service in their room or attend the large hospital wing dining room or retirement village dining room.

Safe and appropriate environment

The new wing is purpose-built and spacious. The building is near completion and due to open 28 April 2017. All building and plant has been built to comply with legislation. Chatswood Retirement Village has purchased all new equipment. There is a centrally located nursing station close to the hospital lounge dining area. There is a sluice room with a sanitizer and material safety data sheets are available for chemicals.

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 for storage of mobility equipment.

New equipment and furnishings are already purchased. All rooms and communal areas allow for safe use of mobility equipment. All rooms and ensuites have been designed for hospital level care.

There are external walkway and gardens around the outside of the facility. Landscaping is in the process of being completed.

Appropriate training, information and equipment for responding to emergencies are provided at induction and as part of the annual training programme. The fire evacuation scheme has yet to be approved. The call bell system is available in all areas with visual display panels. The new wing has under floor heating. Each room has an external window and there is a thermostat in each room so that the temperature can be adjusted to suit the individual resident.

Restraint minimisation and safe practice

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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 infection control programme is linked to the quality and risk management system. The clinical manager will support the infection control programme.

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	15	0	3	0	0	0
Criteria	0	30	0	8	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Chatswood Retirement Village currently provides rest home and hospital level care for up to 78 residents within a 37-bed rest home, 27 bed hospital and in 14 studio/serviced apartments. There was full occupancy with 78 residents on the day of audit including rest home residents in the studio apartments.</p> <p>This partial provisional audit included; (i) verifying the new purpose-built unit to provide care across two service levels (rest home and hospital) and (ii) verifying the service as suitable to provide medical level care under their current hospital certification.</p> <p>The service has built a new purpose-built unit within the grounds which is connected to the current hospital. The new building includes a total of nine care suites, two studio apartments, two hospital rooms and ten apartments.</p> <p>The building is near completion and due to open 28 April 2017. With the additional 23 rest home/hospital level beds, Chatswood will increase total bed capacity to 101 beds.</p> <p>The new building will be managed by the current management team. The facility manager (enrolled nurse) has been in the role since November 2014. The</p>

		<p>experienced clinical manager has been in the role since 2014.</p> <p>The service has a current business plan for organisational governance and direction which includes development and implementation of the extra units. There is a current strategic plan and quality and risk management plan.</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 manager, supported by the director, registered nurses and care staff takes charge of the day-to-day operation of the service in the absence of the village manager. This partial provisional audit confirmed the service has operational management strategies and a quality improvement programme to minimise risk of unwanted events. Policies and procedures have been developed by an external aged care consultant and reflect current best practice across rest home and hospital level care.</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>	PA Low	<p>Chatswood Retirement Village employs over 55 staff which includes various roles. One registered nurse who is already working for the service will be transferred to the current unit.</p> <p>Recruitment of new caregivers and registered nurses is also planned and the village manager reported that further interviews will continue with increased number of admissions.</p> <p>A register of registered nurse practising certificates is maintained and website links to the professional body has been established. There are comprehensive human resources policies which include recruitment, selection, orientation, staff training and development.</p> <p>There is a comprehensive orientation programme in place and has already commenced orientating staff who will work in the new area. Interviews with the management team confirmed that the clinical manager will be involved in the orientation of new staff including mentoring registered nurses in their new role. There is an education schedule that is implemented annually. Core competencies are completed and a record of completion is maintained. Competencies are up to date. There is a staff member with a current first aid certificate on every shift. Medication competencies include warfarin</p>

		<p>management, insulin administration and drug calculations. Policies recently updated include (but is not limited to): a) skin management, b) pressure injury prevention, infection control, food services, staffing, laundry services, dining and social needs. The clinical manager and six registered nurses are interRAI trained and one is booked to undertake the training in coming months.</p> <p>The service has access to DHB clinical nurse specialists, hospice, needs assessors, geriatrician, dietitian and other allied health professionals. A general practitioner (GP) is contracted by the service and visits once a week and as needed. A physiotherapist is contracted three hours per fortnight. A physiotherapy assistant works 7.5 hours per week. Advised by the clinical manager that residents are able to retain the services of their own GP should they request this. The appointment of staff and the design of the building is appropriate for providing rest home and hospital level care.</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>	FA	<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 rooms are occupied.</p> <p>A registered nurse is rostered 24/7. There will be two RNs per morning and afternoon shift. The roster (for the hospital and new wing) includes eight caregivers on morning shift, six on the afternoon shift and two on nightshift. Activities will be provided by the hospital activity team. There is a physio assistant 3 days a week, 2.5 hours a day. The village manager and the clinical manager stated that the roster will also allow for the acuity of the residents with the increases required in staffing as resident numbers increase.</p> <p>The service contracts a physiotherapist three hours per fortnight and has access to a community dietitian and GPs.</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>The service delivery manual includes a range of medication policies. The service uses an electronic medication management system. The service uses a four-weekly pre-packed medication system, with a contract in place from a local pharmacy for the provision of this service. There is a large treatment room located in the hospital wing where medications are currently stored, including medication trolleys and controlled medication safe. There is a supply of oxygen</p>

		<p>located in the treatment room. This treatment room will cover the new wing as well. The service has a medical suction unit. Medication trolleys are available and a medication fridge is located in each medication room. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system and medication error analysis is completed. Medication training and competencies are to be completed at orientation for new staff currently being recruited.</p> <p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. Registered nurses deemed competent are responsible for administration of medications to hospital residents. Medication competent enrolled nurses, caregivers and registered nurses administer medication to rest home residents. A competency policy and assessment is available and has been completed for all registered nurses, enrolled nurses and caregivers who administer medications. The clinical manager and registered nurses have successfully completed syringe driver competency training at the hospice.</p> <p>A review of 16 medication charts evidenced that all 'as required' prescribed medications have an indication for use documented on the electronic medication chart. This previous audit finding has been addressed.</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>	<p>FA</p>	<p>All food is cooked on-site in a large well-appointed kitchen. There is a four-week rotating seasonal menu that has been reviewed by the dietitian. The catering manager receives a dietary profile for each resident and is notified of any changes including weight loss, specific food preferences or any modifications to the texture of meals required. Modified, soft and pureed meals are accommodated. Protein drinks, smoothies and thickened fluids are provided as required. Resident likes/dislikes and preferences are accommodated with various alternative meal options available. There is a large spacious dining room in the hospital wing and another in the retirement village which residents will be encouraged and assisted to use. All studios and apartments have a kitchenette and dining area and residents are able to have meals provided in their studio or apartment. A tray service is also able to be provided by the kitchen staff and caregivers assist residents with their dietary and fluid intake where required.</p> <p>The fridge, freezer and dishwasher in the main kitchen have daily temperatures</p>

		<p>recorded. End cooked food temperatures are recorded daily.</p> <p>Staff working in the kitchen have completed food safety and chemical safety 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>	FA	<p>When a resident's condition alters, the registered nurse initiates a review and if required, arranges a GP or nurse specialist visit. There is evidence of three-monthly medical reviews or earlier for health status changes. Residents and relatives interviewed confirm care delivery and support by staff is consistent with their expectations. Families confirmed they were kept informed of any changes to resident's health status. Resident files reviewed included communication with family records.</p> <p>Staff report there are adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted. There were four skin tears, one chronic wound and no pressure injuries being treated at the time of audit. Wound assessments had been completed for all wounds. Short-term care plans were evidenced completed for all acute wounds. Management of chronic wounds had been transferred in to the long-term care plan. The clinical manager interviewed could describe the referral process to a wound specialist or continence nurse. There was evidence of GP, dietitian and specialist wound care involvement in the wound management of one chronic wound. Appropriate pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>All current short-term care plans are placed at the front of the resident file and progress towards the desired goal is communicated to staff at handover between shifts.</p> <p>Resident care plans (short term and long term) document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity and nutrition. The previous audit findings have been addressed. A recent clinical review of weight management audit conducted in March 2017 evidenced 100% compliance.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a</p>	FA	<p>Care plans for long-term residents (five) who had been with the service for six months were evidenced to be evaluated six-monthly. Short-term care plans</p>

comprehensive and timely manner.		evidenced evaluation of the treatment goal was reviewed weekly, with chronic conditions transferred into the long-term care plan. This previous audit finding has been addressed.
<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.</p> <p>There is a sluice room located in the adjoining hospital unit. Chatswood will continue with its current chemical supplier and all chemicals are clearly labelled with manufacturer's labels. A sharps container will be kept in the treatment room. Personal protective equipment is available for staff at all times.</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 building is near completion and due to open 28 April 2017. It is connected to the current site internally and also has other external entry doors. The new building contains nine care suites, ten apartments, two studios and two hospital rooms.</p> <p>Chatswood has purchased all new equipment required for the new building, including (but not limited to): beds (including extra low beds), pressure relieving mattresses, gel cushions and hoists. Oxygen, platform weighing scales and suction units are available in the hospital unit. There is a comprehensive chattel list.</p> <p>The nursing station is close to the main lounge/dining area. There are two nurses' stations (one in the hospital and one in the new wing). 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 in ensuite bathrooms. 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 for storage of mobility equipment. The building certificate for public use (CPU) has not been signed yet. Landscaping is in the process of being completed. Hot water monitoring has not been established yet.</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	All studios, apartments and hospital rooms have a large ensuite which can accommodate the use of mobility equipment. All ensuites are constructed with materials for ease of cleaning and meet infection control standards.
<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>All studios, apartments and hospital rooms are spacious and can accommodate the use of a hoist and mobility equipment. There are built in wardrobes and cabinets. Residents are encouraged to personalise rooms. There is a seating area, kitchenette and dining area in each apartment and studio.</p> <p>The bedroom doors are wide enough for hoists and wheelchairs as demonstrated on the day of audit.</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	All studios and apartments have a lounge, dining area and kitchenette. All communal areas are spacious and accessible to residents using mobility aids with or without staff assistance. Communal areas are large enough for the increase in resident numbers.
<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 in place policies and procedures for effective management of cleaning and linen practices. Laundry services and cleaning audits have been completed. Chemical safety data sheets are held and laundry staff receive training around the use of the chemicals. Linen skips are used for the transfer of laundry to the laundry room. The cleaning trolleys are stored in a locked area when not in use. There are dedicated cleaning staff. Internal audits monitor the effectiveness of laundry and cleaning processes.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response</p>	PA Low	<p>The New Zealand Fire Service approved the fire evacuation scheme on 20 May 2014.</p> <p>The facility has emergency lighting and gas BBQs for alternative cooking.</p>

<p>during emergency and security situations.</p>		<p>Emergency food and water supplies are maintained and are sufficient for at least three days.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six-monthly fire evacuation practice documentation was sighted. The fire training and management of civil defence situations are part of orientation of new staff. A minimum of one person trained in first aid is rostered on each shift.</p> <p>The call system is installed in all bedrooms, ensuite bathrooms and communal areas. Call bell pendants are also available for residents use. Sensor mats have been purchased to alert staff when a resident is attempting to mobilise and may require assistance. The building is secured during the hours of darkness. Staff on afternoon duty conduct security checks</p> <p>The call bell system is installed but was not operational. Fire evacuation approval was not obtained from the NZ Fire Service yet and the fire training has not been provided to staff due to delay in approval of fire evacuation scheme.</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>All studios, apartments, hospital rooms and communal areas allow plenty of natural light into the rooms. General living areas and all studios, apartments and hospital rooms in the facility are appropriately heated and ventilated. There are thermostatic controls in each room where the temperature can be adjusted to suit the individual resident.</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>Chatswood Retirement Village has an established infection control programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. Infection prevention and control role will be supported by the clinical manager. The infection prevention and control principles were implemented in the design of the new building. Infection control training occurs as part of the orientation process. Training on infection control also occurs throughout the year as part of the quality programme. Infection control policies were updated and supported by external aged care consultant.</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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>There is a registered nurse recruited and undergoing orientation for the new building. There is a recruitment plan in progress. There is sufficient RN's to cover 24/7. The village manager confirmed that the new building will also be supported by the current staff from hospital wing. Chatswood Retirement Village employ interRAI competent registered nurses to undertake required comprehensive clinical assessments.</p>	<p>There are currently seven registered nurses and an enrolled nurse on the current hospital roster who are ready to work in the new building, with a recruitment plan still in progress. Not all caregiver positions have been recruited.</p>	<p>Ensure there are sufficient caregivers employed to cover the new roster.</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</p>	PA Low	<p>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. All staff will complete a site-specific induction to</p>	<p>Advised that all staff will complete a site-specific induction in relation to the new building on opening.</p>	<p>Ensure all staff have completed the site-specific induction.</p>

provided.		the new building on opening.		Prior to occupancy days
<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 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Low	All rooms and communal areas allow for safe use of mobility equipment and encourages independence. Handrails are placed appropriately. All residents' rooms have a body protected electrical area system to prevent electrical shocks. Hot water monitoring has not been established yet.	Hot water monitoring has not been established yet for the new area.	<p>Ensure that hot water monitoring occurs and maintained around 45C degrees in resident's rooms.</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.	The external landscaping is yet to be completed.	<p>Ensure there are safe and accessible external areas.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	The Chatswood Retirement Village (existing building) has an approved fire evacuation plan and all staff have received fire evacuation training. The orientation programme also includes fire training. Smoke alarms, sprinkler system and exit signs are in place in the building.	The building has not yet opened and fire training for the new building is yet to occur.	<p>Ensure that staff complete a fire drill for the new building prior to occupancy.</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>	<p>PA Low</p>	<p>Smoke alarms, sprinkler system and exit signs are in place in the building. The village manager reported that application for amended fire evacuation scheme has been made and the local fire service had conducted a site visit, however, the fire evacuation approval from the NZ Fire Service has not been obtained yet.</p>	<p>The amended fire evacuation plan has yet to be signed off as approved by the fire service.</p>	<p>Ensure the amended fire evacuation scheme has been approved.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	<p>PA Low</p>	<p>A call bell system is available in the resident's room, common areas and toilet/bathroom facilities. Call bell system in the new building is linked to the current building including emergency call bell system. Call bell system has panels on the corridors and has a sound system. Call bell pendants are available for hospital/rest home residents in apartments and staff wear pages. The call bell system was not yet connected.</p>	<p>The call bell system is not yet operational.</p>	<p>Ensure that the call bell system is operational.</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.