

# Radius Residential Care Limited - Radius Windsor Court Rest Home

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

**Legal entity:** Radius Residential Care Limited

**Premises audited:** Radius Windsor Court Rest Home

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

**Dates of audit:** Start date: 8 May 2017 End date: 8 May 2017

**Proposed changes to current services (if any):** The refurbishment of 15 dual purpose beds into 30 dual purpose beds with an extended lounge/dining area, a large communal bathroom and a large shared ensuite for each two rooms.

The addition of two large rooms, a lounge/dining area and a bathroom to the dementia unit.

The assessment of 20 previously rest home only beds as suitable to be used as dual purpose beds.

Note: The two dementia beds that were approved by HealthCERT on 24 February 2017 as able to be used as rest home beds and the moving of the secure dementia door to allow this, on 24 February 2017 following the evacuation of one wing after a flood will be converting back to dementia beds when the two new dementia beds are commissioned and so suitability for rest home level for these beds was not included in this audit.

**Total beds occupied across all premises included in the audit on the first day of the audit: 46**

# 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.

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

Radius Windsor Court currently provides rest home, hospital and dementia level care for up to 68 residents.

This partial provisional audit was completed to assess three changes to the facility: (i) The conversion of one wing that previously contained 15 large 'studio' rooms (each with a lounge area and ensuite) to 30 dual purpose rooms with large shared ensuites, a large communal shower/toilet, a nurse's station and an extended lounge/dining area. The service intends to open these new rooms on 24 June 2017. All rooms were assessed as suitable to provide rest home or hospital (geriatric or medical) level care. (ii) The extension of the dementia unit to incorporate two rooms which were moved outside the dementia unit (by changing the position of the secure door) to be used as rest home rooms following the evacuation of one wing, two large new rooms, a lounge/dining area and a shower/toilet. (iii) The assessment of 20 previously rest home only rooms as suitable to be used as dual purpose (rest home or hospital) level rooms.

The service is managed by a facility manager who is an experienced aged care manager. The facility manager is supported by the clinical manager who has been in the role for 10 months and the Radius regional manager.

This audit identified that all areas assessed, draft rosters and equipment reviewed are appropriate for providing the identified level of care.

The one shortfall identified in the previous surveillance audit, around updating of care plans when needs change has now been addressed.

This audit identified improvements required around completing the building, securing the new areas of the dementia unit, obtaining a certificate for public use and approved fire evacuation plan and activating the call bell system.

## **Consumer rights**

## **Organisational management**

The management team are skilled and experienced. There are human resources policies to support recruitment practices. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. There is an annual education plan that is outlined on the 'clinical audit, training and compliance calendar'. This includes all required education as part of these standards. Staffing policies and procedures and the proposed roster are based on the Radius clinical hour's calculator. Currently the existing staff will cover the new wings. The service is recruiting a small number of new staff as occupancy requires this.

## **Continuum of service delivery**

The service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. All medications will be stored in the existing medication room which is large enough to accommodate this. The service will continue to implement the current medication system.

There is a large commercial kitchen and all food is cooked on-site. The new area includes a dining and lounge communal area in the refurbished wing and another in the new area of the dementia unit. Two new hot boxes have been purchased for delivery of food to the new dining areas.

## **Safe and appropriate environment**

Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets are available. The addition to the dementia wing is completed and the refurbishment of the dual purpose wing is nearing completion. Planned and reactive maintenance systems are in place and maintenance requests are generated. The refurbished area is spacious and includes a large, open plan lounge/dining area. The addition to the dementia unit includes two large new bedrooms, a large shower/toilet and a lounge area. The dementia external area has also been extended. Each of the 20 previously rest home rooms were verified as suitable for also providing care for hospital level residents. Equipment has been purchased for the new rooms/residents. There are shared ensuite bathrooms (including wet area showers) shared between each two rooms in the 30 refurbished rooms and smaller ensuite in the 20 rooms being assessed for dual purpose. These rooms also have close access to large wet room toilet/shower communal facilities. There are communal toilets near the lounge areas. Laundry is now completed by a contractor off-site. Appropriate training, information and equipment for responding to emergencies are provided. Fire evacuations are held six monthly. There is a civil defence and emergency plan in place. The call bell system is installed in all areas except the with indicator panels in each area. There are staff across 24/7 with a current first aid certificate.

## **Restraint minimisation and safe practice**

### **Infection prevention and control**

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

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	15	0	2	0	0	0
<b>Criteria</b>	0	34	0	3	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>Windsor Court is part of the Radius Residential Care group. The service currently provides rest home, hospital and dementia level care for up to 68 residents. On the day of the audit there were 42 residents (20 rest home and eight hospital in the 28 rest home beds and 24 dual purpose beds and 14 residents in the 16 bed dementia unit). All residents are under the ARC contract.</p> <p>At the completion of the reconfiguration there will be a total of 78 single rooms – 20 in the dementia unit, eight rest home only rooms and 50 dual purpose rooms.</p> <p>Radius has an overall business/strategic plan and Windsor Court has a facility quality and risk management programme in place for the current year. The business plan includes business goals and includes the changes to the facility. Progress toward goals is regularly reported. The organisation has a philosophy of care which includes a mission statement.</p> <p>The facility manager is well trained and experienced and has been in the role since 2010. She is supported by a clinical manager/registered nurse (RN) and the Radius regional manager. The facility manager has completed more than eight hours of professional development in the past 12 months.</p> <p>This audit included verifying three changes to the facility (i) The refurbishment of</p>

		<p>15 dual purpose beds into 30 dual purpose beds with an extended lounge/dining area, a large communal bathroom and a large shared ensuite for each two rooms.</p> <p>(ii) The addition of two large rooms, a lounge/dining area and a bathroom to the dementia unit.</p> <p>(iii) The assessment of 20 previously rest home only beds as suitable to be used as dual purpose beds.</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 facility manager and regional manager reported that in the absence of the facility manager, the clinical manager will fulfil the role with support from the regional manager, administrator and care staff.</p>
<p>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 are human resources policies to support recruitment practices. A list of practising certificates is maintained. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. There is an annual education plan that is documented. This includes all required education as part of these standards. The plan is being implemented. A competency programme is in place with different requirements according to work type (eg, healthcare assistant, registered nurse, and kitchen). Core competencies are completed and a record of completion is maintained on staff files (sighted). The facility manager and clinical manager facilitate the orientation programme for new staff and support the ongoing education programme. There is a first aider on each shift.</p> <p>Windsor Court currently has enough employees to cater to the changes and increased number of residents.</p> <p>Radius has appropriate employment practices that include completion of orientation, ongoing training and competencies related to the role and annual performance appraisals.</p> <p>There are nine caregivers who work in the dementia unit. Five have completed the ACE dementia NZQA standards and the other four are all enrolled and have not yet worked in the dementia unit for one year. The activities coordinator has also completed dementia training.</p>

<p><b>Standard 1.2.8: Service Provider Availability</b></p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a staffing procedure, which describes staffing and is based on the Radius clinical hour's calculator.</p> <p>There are clear guidelines for increase in staffing depending on acuity of residents. There is 24-hour RN cover in the facility which includes at least one RN each shift. On Monday to Friday there is also the clinical manager. Registered nurses will increase to two on morning and afternoon shift as numbers and acuity increase and a registered nurse will be dedicated to the dementia unit five hours per day at times when the activities staff are not working to maximise staffing at all times. The clinical manager is on call for cover over weekend. A proposed roster has been developed which meets staffing requirements but the regional and facility managers intend using the clinical hour's calculator actively to ensure the correct staffing in each area to meet resident's needs as numbers fluctuate.</p> <p>The roster considers the building design and there is a nurses' station in the refurbished area.</p>
<p><b>Standard 1.3.12: Medicine Management</b></p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>All current medication practices and procedures will continue when the reconfiguration is complete. This includes that medications are checked against the doctor's medication profile on arrival from the pharmacy by a registered nurse. Any mistakes by the pharmacy are regarded as an incident. Medications are stored safely in a secure treatment room and all medications will continue to be stored in this treatment room. A new medication trolley has been purchased for the 30 bed refurbished wing.</p> <p>Designated staff are listed on the medication competency register which shows signatures/initials to identify the administering staff member.</p> <p>The medications fridges are monitored daily.</p> <p>There are appropriate policies and practices around residents who self-administer medications.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></p>	<p>FA</p>	<p>There is a large commercial kitchen and all food is cooked on-site. There is a comprehensive kitchen manual in place. There are two cooks (one during the week and one in the weekends). They are supported by kitchen hands (with</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>numbers intended to increase as resident numbers increase). There is a seasonal menu in place. The company dietitian has reviewed the menu. The cook receives a dietary profile for each resident with dietary requirements, special diets, food allergies, likes and dislikes. Alternatives are offered and food is available 24 hours per day in the dementia unit. The cook is notified of any dietary changes for the residents. Food is plated in the kitchen and transported in hot boxes to the dining rooms. A new hot box has been purchased for the new dining room in the refurbished wing and another for the second (new) dining room in the dementia wing. The kitchen can cater to the increase in residents. Special diets are plated and labelled. The fridge and freezer have visual temperatures, which are recorded daily. The facility fridges temperatures are monitored (records sighted). Temperature of food on delivery is recorded.</p> <p>Feedback on the service and meals is by direct verbal feedback, as an agenda item at residents and family meetings and within resident's satisfaction survey.</p> <p>Staff working in the kitchen have food handling certificates and receive ongoing training.</p>
<p><b>Standard 1.3.7: Planned Activities</b></p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There are two activities coordinators – one who works in the dementia unit full time and one who provides a programme in the rest home/hospital. On the day of audit, residents were observed being actively involved with a variety of activities in the main lounge, the dementia unit and throughout the facility. Residents have a comprehensive assessment completed over the first few weeks after admission, obtaining a complete history of past and present interests, career and family. In the dementia unit, the programme is flexible and health care assistants engage the residents in activities when the activities coordinator is not available.</p> <p>Activities are age appropriate and have been comprehensively planned. Activities provided are meaningful and reflect ordinary patterns of life.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Registered nurses are active in evaluating care plans whenever there has been a change or need or health status. This is documented in the care plan evaluation, in narrative style, within the care plan document and on the handover sheet to alert staff to changed needs. The previous audit identified that care plans were not always amended to reflect the changes. Five resident files sampled for this audit (two rest home, two hospital and one dementia) identified that all changes in</p>

		need or health status were updated in the care plan. The previous shortfall 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>Documented processes for the management of waste and hazardous substances are in place. Material safety datasheets are available. Designated cleaners' cupboards are in the existing building. There is protective clothing and equipment that is appropriate to the recognised risks associated with the waste or hazardous substance being handled, for example: goggles/visors, gloves, aprons, footwear and masks. Hazardous substances are correctly labelled. There is a new, additional sluice room in the refurbished wing.</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 new area in the dementia wing (two large bed rooms, a large toilet/show and a lounge have been fully completed except for the moving of the secure door to contain this area within the dementia unit. The secure dementia garden has been increased in size and a walking circle will now incorporate the new lounge. All 20 currently rest home beds being assessed for dual purpose are large enough to cater for hospital level residents and the equipment and carers they require. The ensuites are large enough for a shower chair and a carer and there are sufficient large wet room communal bathrooms to meet the needs of hospital level residents.</p> <p>All 30 rooms in the refurbished unit have a large wet room ensuite shared between two rooms and are large enough to cater for the needs of residents. The refurbished wing also has an extended lounge/dining area with a kitchenette and a large communal bathroom that can accommodate a shower bed (which has been purchased).</p> <p>All required equipment to meet the needs of the additional residents has been purchased and has either been delivered or a delivery date is planned.</p> <p>A certificate of public use has not yet been issued and hot water has not yet been turned on and monitored. Planned and reactive maintenance systems are in place. All hoists have been serviced, electrical equipment tested and tagged and medical equipment calibrated. The maintenance person for Radius Windsor Court is employed full-time and is available on call. Preferred contractors are available 24/7. There is adequate and safe storage of medical equipment. Corridors are wide enough to allow residents to pass each other safely with access to communal</p>

		areas and outdoor areas.
<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>There is a large ensuite with a wet area shower shared between each two rooms in the refurbished wing (with privacy locks) and an additional large communal wet room large enough to accommodate a shower trolley.</p> <p>The addition to the dementia wing has a large communal wet area bathroom.</p> <p>Each of the 20 rooms being assessed for suitability as dual purpose rooms has an ensuite. These ensuites are not large enough for a hoist to be used but a health care assistant interviewed reported that residents are hoisted onto a shower chair in the privacy of their rooms and then moved onto the shower. Additionally, there is easy access to three large disabled sized bathrooms.</p> <p>The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned (link 1.4.2.1.) Communal toilet facilities have a system that indicates if it is engaged or vacant.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All rooms are spacious in each of the three areas included in this audit and all are large enough to cater for the equipment and carers required for hospital level residents. There is adequate room to safely manoeuvre mobility aids and cater for equipment such as hoists, wheelchairs and fallout chairs and required staff. The doors are wide enough for bed transfer. Residents and families are encouraged to personalise their rooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The addition to the dementia wing includes a large lounge/dining room which has access to the outside area.</p> <p>The refurbishment of the previous 15 bed wing to a 30 bed wing includes an extension to the lounge and the new lounge/dining area is large enough to cater for the 30 residents and equipment including fall out chairs and mobility equipment.</p> <p>The rooms assessed as suitable for dual purpose use an existing lounge and dining areas which are also large enough to cater for the equipment required by hospital level residents.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry and cleaning services. All laundry is completed off-site. There are covered linen trolleys available to be used by the healthcare assistants. There are dedicated cleaners currently and a plan to increase housekeeping hours as numbers increase. Staff were observed wearing protective clothing while carrying out their duties. Cleaning trolleys are to be kept in designated cupboards and the existing cleaning cupboards will continue to be used.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Low	<p>Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation plan that includes the addition to the dementia wing but the evacuation plan update to include the increased capacity in the refurbished wing has not yet been approved by the fire service. Fire evacuations are held six monthly with the most recent having occurred in February 2017. Civil defence and emergency training was provided in 2016 and a flood in February 2017 required the evacuation of a seven bed wing and the management team report staff handled this in a competent manner (the DHB and HealthCERT were notified of the flood). There is staff at the facility across 24/7 with a current first aid certificate. There is a civil defence and emergency plan in place. The facility is well prepared for civil emergencies and has emergency lighting, a store of emergency water (which has been increased to cater for the expected additional residents) and a gas BBQ for alternative heating and cooking. Emergency food supplies sufficient for three days are kept in the kitchen. There is a store cupboard of supplies necessary to manage a pandemic. The call bell system is available in all areas with indicator panels in each area. However, this was not yet connected in the refurbished wing. The dementia unit has been fitted with a new 9and operational motion detector system throughout the bedrooms to alert staff when a resident is moving around in their bed or getting out of bed. There are emergency management plans in place to ensure health, civil defence and other emergencies.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light,</p>	FA	<p>All rooms have large external windows with ample natural light and rooms on the ground floor have a door that opens to the outside area. Heating is a mix of panel</p>

<p>safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>		<p>heating and ceiling heating in the wing being assessed for dual purpose occupancy and the refurbished wing and addition to the dementia wing have wall heaters in rooms and air converters in lounge and halls. Lighting has also been increased in the wing being assessed with dual purpose and in this area and the refurbished area and addition to the dementia wing LED lighting that creates less shadows have been used.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The infection control (IC) programme and its content and detail is appropriate for the size, complexity and degree of risk associated with the service. The responsibility for infection prevention control is clearly defined and there are lines of accountability for infection prevention control matters in the organisation leading to the leadership team, executive team and the board. The programme is reviewed annually. The facility has access to professional advice from the GP team and from within the organisation. There is a process for early consultation and feedback to the infection prevention and control team. Infection surveillance forms are being implemented in line with company policy. There are guidelines and staff health policies for staff to follow ensuring prevention of the spread of infection. Infection control matters are included in the monthly quality meeting and discussed at both the RN and staff meetings.</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 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The addition to the dementia unit is complete once the secure door is moved. The rest home rooms assessed in this audit are suitable to be used as dual purpose rooms without any further requirements.</p> <p>The refurbished wing is nearing completion and the certificate of public use will be issued once the wing is completed. There is an additional sluice room in the refurbished wing but this had not yet been completed. Hot water will be turned on once the refurbishment is complete. Carpets and window furnishings, installation of handrails and painting are currently being completed.</p>	<p>(i) The building is not yet completed in the refurbished wing, so painting, floor coverings, installation of privacy locks on shared ensuite and installation of handrails has not yet occurred in all areas.</p> <p>(ii) Hot water has not yet been turned on so temperature requirements have not been tested.</p> <p>(iii) A certificate for public use has not yet been issued.</p> <p>(iv) The new sluice room has not yet been fitted out and secured.</p> <p>(v) The additional area in the dementia unit has not yet been</p>	<p>(i) Ensure the building is completed in the refurbished wing and the interior finished including installation of handrails and privacy locks.</p> <p>(ii) Ensure hot water is turned on and the temperature monitored to ensure it is within the safe range.</p> <p>(iii) Provide evidence of a certificate of public use.</p> <p>(iv) Ensure the new sluice room has the sanitiser installed and is secured.</p> <p>(v) Ensure the entire</p>

			secured.	dementia wing is secured.  Prior to occupancy days
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	The foot print of the building has not changed and the Fire Service has approved an evacuation plan for the existing building including the additions to the dementia unit but have not yet approved the plan to cater for the increased capacity in the refurbished wing.	The NZ Fire Service has not yet approved an updated evacuation plan to include the additional rooms in the refurbished wing.	<p>Ensure the updated fire evacuation scheme is approved by the NZ Fire Service.</p> <p>90 days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	Call bells are installed in the lounge/dining areas, bedrooms and ensuites. The call bells activate to a central panel. The call bell system had not yet been activated in the rooms (it is functioning in the lounge/dining area which is already in use).	The call bell system in the refurbished wing was not yet operational.	<p>Ensure all call bells are operational.</p> <p>Prior to occupancy days</p>

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

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As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.