

Ativas Limited - Cairnfield House

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:	Ativas Limited
Premises audited:	Cairnfield House
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 16 January 2018 End date: 16 January 2018

Proposed changes to current services (if any): Extension to the current building has resulted in an addition of 20 beds. This will increase hospital service beds from 67 to 87 beds. The intention is to commence service delivery in these additional beds on 23 February 2018.

Total beds occupied across all premises included in the audit on the first day of the audit: 65



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

Cairfield is certified to provide rest home and hospital (geriatric and medical) level care for up to 67 residents. On the day of audit, there were 65 residents living at the facility.

The purpose of this partial provisional audit was to verify the building extensions of 20-beds as appropriate to provide hospital level care.

The service is managed by a facility manager (non-clinical), who is supported by a clinical manager (registered nurse). The facility has developed systems and processes to provide appropriate quality care for people who use the service. There is a quality and risk management programme being implemented.

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

As part of this audit, previous shortfalls identified in service delivery from their last audit were reviewed. Three of three shortfalls continue to require improvement including; timeframes for interRAI, neurological observations and self-medication for resident.

This partial provisional audit identified further improvements related to a new build around completion of the building.

Consumer rights

[Click here to enter text](#)

Organisational management

Cairnfield is a residential care facility, which has an established governance system that provides corporate support. The facility manager is an experienced non-clinical manager and the clinical manager is an experienced registered nurse with a current practising certificate.

The facility manager will continue to staff the existing beds according to accepted safe staffing guidelines ensuring there is an RN on all shifts. The RN will be assisted by a team of healthcare assistants of varying skill mix to meet the needs of residents. The existing roster for the existing wings will remain unchanged. The new 20-bed hospital wing will be staffed separately. The proposed nursing roster for the (full) 20 hospital bed wing follows accepted safe staffing guidelines.

Continuum of service delivery

There will be no significant changes to the existing meal service. Medications will be provided from a purpose build secure medication room in the new wing. Medicines will be administered by registered nurses or healthcare assistants. Meals will be provided from the main kitchen. A review of a sample of clinical records showed that the shortfall identified at the previous surveillance audit related to the neuro observations, interRAI time frames and self-medication for residents continues.

Safe and appropriate environment

The service has been undergoing a refurbishment and remodelling programme to increase its beds from 67 to 87. This building project included adding an additional wing to the building. The new wing included 20 additional hospital only beds, a kitchenette, a dining room and a lounge area. The new rooms all have shared ensuites which include hand basins and toilets. There are two rooms with ensuite wet area showers. There are also communal toilets and bathrooms in the new wing.

This audit relates to the completion this stage of the renovation and remodelling programme. The renovations will end with the upgrades and refurbishment of the existing kitchen, laundry and activity lounge. There is a current building warrant of fitness and fire evacuation plan in place for the original building. There is an existing call bell system in place which will be extended to encompass the new bedrooms and communal area.

Residents currently will have access to a safe outside area. Landscaping is in the process of completion. Existing staff have been involved in fire management training and fire drills. A fire drill will be conducted immediately prior to occupancy.

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

Restraint minimisation and safe practice

[Click here to enter text](#)

Infection prevention and control

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	11	0	4	2	0	0
Criteria	0	29	0	8	2	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>There will be no change to the existing governance and management arrangements with the additional 20 hospital level beds.</p> <p>The facility is owned by Ativas Limited and is managed by a facility manager. Cairnfield House currently provides care for up to 67 residents at rest home and hospital (medical and geriatric) levels of care. There are 40 beds (dual-purpose beds) and 27 rest home care beds. The rest home level occupancy included; three respite residents and one younger person disabled. Hospital level residents included; two residents under the long term chronic conditions contract.</p> <p>The purpose of the partial provisional audit was to verify the building extensions as appropriate to provide 20 hospital level care beds.</p> <p>Cairnfield has been undergoing a refurbishment and remodelling programme to increase its beds from 67 to 87. This building programme has included added an additional wing to the building, which includes 20 additional hospital beds (including two double rooms for partners), a kitchen servery, a lounge, a dining room, a sluice room, a medication room, and nurse's station. The extension is on the same level as the remainder of the facility. As the building is on to a hill the new wing has balconies</p>

		<p>This audit relates to the completion of the renovation and remodelling programme (the new wing of 20 beds). The renovations will continue with a refurbished and enlarged kitchen, extending the main lounge and extending the laundry.</p> <p>Cairnfield has an overall business and continuous improvement plan in place for the current year, the plan included the new wing and ongoing renovations. The organisation has a philosophy of care, which includes a mission statement.</p> <p>The facility manager has been in the role since 2014 and was an internal promotion. The facility manager reports weekly to the owner on a variety of operational issues. The facility manager has completed in excess of eight hours of professional development in the past 12 months.</p> <p>The facility manager is supported by a clinical manager who is a registered nurse with a current practising certificate and a senior registered nurse.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>There will be no change to existing service management with the additional beds. In the absence of the facility manager the clinical manager oversees the management of the service.</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>There are human resource management policies in place. The recruitment and staff selection process requires that relevant checks be completed to validate the individual's qualifications and experience. Copies of practising certificates are kept on site. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. There is an in-service education programme in place for which a record of attendance is kept. Healthcare assistant's complete qualifications in a nationally recognised aged care education programme. The facility manager, clinical manager and registered nurses attend external training, including sessions provided by the local DHB. Attendance at training and performance appraisals for staff is a continued improvement required from the previous certification audit.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service</p>	FA	<p>Service policy includes a staff rationale and skill mix. Sufficient staff are rostered on duty to manage the care requirements of the residents. At least one registered</p>

<p>from suitably qualified/skilled and/or experienced service providers.</p>	<p>nurse is on duty at all times. Additional staff are provided for increased resident requirements.</p> <p>The facility manager will continue to staff the additional beds according to accepted safe staffing guidelines ensuring there is an RN on all shifts. The RN will be assisted by a team of healthcare assistants of varying skill mix to meet the needs of residents.</p> <p>The existing roster for the existing wings will remain unchanged; the clinical manager works Monday to Friday. In addition to the clinical manager there are two registered nurses rostered on a morning shift. On an afternoon shift, there are two registered nurses and one registered nurse on nights. On an am and pm shift there are nine healthcare assistants rostered on for full shifts and four rostered on nights</p> <p>The new 20 bed hospital wing will be staffed separately. The proposed nursing roster for the (full) 20 hospital bed wing will be as follows:</p> <p>RN Cover: Two RNs on the morning and afternoon shifts and one at night</p> <p>AM: Three healthcare assistants (HCAs)</p> <p>PM: Three HCAs</p> <p>Night: Two HCAs</p> <p>The facility manager has employed part-time RNs and HCAs who will transfer over to the new unit and extend their hours as needed, further recruitment is also continuing.</p> <p>One diversional therapist (DT) and one activities coordinator (ACs) work a total of 73 hours across a seven-day week. The group activities programme will be provided by the existing activities staff in the main lounge area and the new lounge. The staff have commenced planning for residents with higher needs and consideration will be given to increasing activities staff in future as resident numbers increase.</p> <p>Other service arrangements will be as follows:</p> <p>Cleaning will be increased to seven days a week, there will be no change to kitchen, laundry, maintenance and gardening staff, staffing for these areas will be reviewed as resident numbers increase. General practitioners (GPs) are contracted and there will be no change to their service provision. There is one GP who services most of the residents. Other residents have their own GP.</p>
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		<p>There will be no change to this arrangement.</p> <p>Pharmacy, dietetics, physiotherapy and podiatry are contracted and there will be no change to existing service provision.</p> <p>The service has access to specialist practitioners from the DHB.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>There will be no change to the existing medicines policies and paper based charting and administration process. The current pharmacy will continue. The management system which will be changed to accommodate the additional 20 residents. The new wing includes a large secure medications room. All medications for the facility will be stored in this room. There is room for an additional medicine trolley (making four). Additional oxygen supplies have been ordered and an additional syringe driver.</p> <p>All medicines are administered by registered nurses (RNs) and HCAs who have completed medication annual competencies and attend annual medication education. There are medication policies and procedures in place that align with legislative requirements and guidelines for medicines management. An RN checks the regular medications on delivery. All expiry dates are checked regularly. Standing orders are not used. Storage meets legal requirements and guidelines. One resident was self-administering medicines, but not all checking was documented.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The kitchen at Cairnfield can accommodate the additional 20 residents, although the service has plans to upgrade and refurbish the kitchen in the future as part of ongoing service improvements.</p> <p>All meals at Cairnfield House are prepared and cooked on-site by a recently employed cook/kitchen manager (qualified chef) who has worked in the area of food preparation for many years. A second cook covers her days off. There are three kitchen assistants. All staff have completed food safety training. There is a six-weekly seasonal menu, which had been reviewed by a dietitian in July 2016. Food preferences are met, and staff can access the kitchen at any time to prepare a snack if a resident is hungry. The cook receives a dietary profile of resident dietary requirements and any likes or dislikes including updates. Special diets including modified foods and diabetic diets were provided at time of audit. Food is</p>

		<p>stored correctly and safely. Stock is rotated and dated.</p> <p>Fridge, freezer, walk in chiller and end cooked temperatures are monitored daily. A kitchen cleaning schedule is documented, and cleaning was of an acceptable standard. Chemicals are stored safely within the kitchen.</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>	PA Moderate	<p>Five resident files were reviewed for this audit [three hospital including one long-term support chronic health condition and two rest home]. All resident files reviewed had care plans in place. When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. An activities plan is completed on admission and reviewed six-monthly with the care plan review. There was documented evidence of relative contact for any changes to resident health status.</p> <p>Wound assessment, wound management and evaluation forms were fully completed for all wounds reviewed. A sample of wounds reviewed in detail included a link to STCPs and LTCPs. There is DHB wound care specialist/district nursing input where needed. Physiotherapy and dietitian input is provided for residents.</p> <p>The previous audit identified that there were shortfalls around the documentation of neuro observations. A review of a sample of five recent falls related incident forms was undertaken. All of the falls reviewed had a fully completed incident forms however, although neuro observations were documented, they were not according to accepted time frames. This is a continued shortfall from the previous audit.</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>The existing waste management system can accommodate an increase of 20 residents.</p> <p>The service has waste management policies and procedures for the safe disposal of waste and hazardous substances such as decontamination procedure; blood and body fluid spill management procedure; blood accident procedure. Chemicals are labelled and there is appropriate protective equipment and clothing for staff. Staff receive education on the management of waste and hazardous substances. Material safety datasheets are available to staff.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The building holds a current warrant of fitness, which expires on 1 June 2017. At the time of audit, the new building was still in process and a certificate of public use for the new part of the building had not yet been obtained.</p> <p>The new wing of 20 beds is on the same floor as the existing care rooms, as the service is built onto a hill some of the rooms are on a second floor with balconies (yet to be installed). The new wing includes; a lounge a kitchenette / servery, a dining area; both over looked by a nurse's station. There is a communal, disability toilet located next to the lounge. The new wing includes a sluice with sanitiser, storage, and a medication room.</p> <p>There are 18 resident rooms (two are double rooms for partners). All bedrooms have shared ensuite toilets and two bedrooms have full ensuite. There are communal bathrooms and toilets.</p> <p>Equipment has been ordered for the increase in 20 rooms. The service already has two sling hoists and a standing hoist and advised will purchase more if needed. Furniture for dining areas and seating has been ordered with some already on site and stored.</p> <p>Reactive and preventative maintenance is documented and implemented. Fire equipment checks are conducted by an external fire safety contractor. There is a maintenance person available. External contractors are engaged to complete work as required.</p> <p>The facility's amenities, equipment and furniture are appropriate for rest home and hospital residents. Not all fixtures are yet in place as the building is yet to be completed. There is sufficient space so that residents are able to move around the facility freely. The hallways are wide enough for traffic. There is non-slip linoleum in showers and toilet areas throughout the facility. The main hallways and living areas are carpeted. Resident's bedrooms throughout the (existing) facility have resident's own personal belongings displayed.</p> <p>The lounge areas are designed so that space and seating arrangements provide for individual and group activities.</p> <p>The following equipment is available; pressure relieving mattresses and cushions, shower chairs, hoists, chair scales, transfer belts, slippery sams, and wheelchairs.</p>

<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>The new rooms will all have shared toilet ensuites which include hand basins and toilets. There are rooms with two ensuite wet area showers suitable for shower chairs, hoists and wheelchairs (link 1.4.2.1). There are also adequate communal toilets and bathrooms/showers in the new wing.</p> <p>Toilet and shower facilities are of an appropriate design to meet the needs of the residents. There are separate toilets for visitors and a staff toilet is available in the basement.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>There is adequate space in all new and existing bedrooms for residents and staff. Doorways into residents' rooms and communal areas are wide enough for wheelchair and hoist and trolley access. Residents can personalise their bedrooms as desired.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>The new wing includes a kitchenette/ servery a dining room and lounge area which will be able to be used for dining, entertainment and recreation. This area is large enough to accommodate 20 residents and new residents will also be able to access the existing area.</p> <p>The (existing) service has two dining rooms a large lounge and a smaller lounge. There is also is a large covered outdoor deck area. Residents can access external decks with shade (link 1.4.2.6).</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Housekeeping services will increase to seven days a week (from five) and laundry services will continue with existing staffing. The laundry will accommodate an increase in laundry, although this area is also scheduled for refurbishment as part of ongoing service improvements.</p> <p>There is a cleaning policy and a cleaning quality management plan. Internal audits occur. The existing laundry and cleaning room are designated areas and clearly labelled. Chemicals are stored in a locked room. All chemicals are labelled with manufacturer's labels. There are sluice rooms for the disposal of soiled water or waste. These are locked when unattended.</p> <p>Resident satisfaction with cleaning and laundry services is monitored through the</p>

		annual satisfaction survey with a high level of satisfaction being reported
<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>Fire training and security situations are part of orientation of new staff - orientation checklist sighted. Staff training in emergency management includes fire safety and evacuation. There are staff across 24/7 with current first aid certs. There is a plan to undertake a trial evacuation/fire drill immediately prior to occupation. The most recent fire drill was undertaken 7 November 2017.</p> <p>The existing fire evacuation plan has yet to be altered to accommodate the new wing. The service has been in discussions with the New Zealand Fire Service and a staged evacuation is planned. Evacuation display panels are being installed for fire evacuations.</p> <p>Civil defence is covered in the risk management procedure. The service has emergency management supplies on site and these have been expanded to cope with the additional beds. Alternative energy systems are available in the event of the main supplies failing. There are large water tanks.</p> <p>The building has an electric call bell system installed throughout resident areas. All new rooms, which will be used by residents, have a call bell system installed. However, the new call system has yet to become operational and tested.</p> <p>Security systems are in place</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	All living areas have access to natural light. Windows and doors open for ventilation. The facility has central ceiling heating and heat pumps.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>There will be no change to existing infection prevention and control practices.</p> <p>Cairnfield House has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. A registered nurse is the designated infection control coordinator with support from all staff as members of the infection control team. Infection control is discussed at the staff meetings. Minutes are available for staff.</p>

		<p>Spot infection control audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.</p> <p>There has been one outbreak of infection since the previous audit. This was managed well and included a post outbreak report.</p>
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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 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	PA Low	An education planner has been implemented and exceeds the provision of eight hours of training on an annual basis. Attendance at planned and mandatory education sessions remains low. The service is in the process of implementing information and questionnaires for each education session. In the staff files sampled, three of five staff who required an annual performance review, had not had an annual performance review completed.	<p>i) Attendance at in-service training is consistently below 50%. Where attendance has been low at mandatory training, a process is being implemented to ensure information through questionnaires and follow up but this is not fully implemented yet.</p> <p>ii) Three of five staff who were due for an annual performance review, had not had a performance review completed.</p>	<p>i) Ensure that there is a process in place for staff who do not attend mandatory training.</p> <p>ii) Ensure that performance reviews are completed for all staff at least annually.</p> <p>60 days</p>
<p>Criterion 1.3.12.5</p> <p>The facilitation of safe self-administration of medicines by consumers where</p>	PA Low	There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There was one	Ensure there is a documented process of RNs checking self-administration of medicines and that residents sign the assessment /	Ensure there is a documented process of RNs checking self-administration of medicines and that

appropriate.		hospital residents self-medicating on the day of audit. Self-medication competencies were documented but there was no evidence that the registered nurse was checking on each shift that the residents were taking their medication as prescribed and the resident had not signed the assessment /consent.	consent.	residents sign the assessment / consent. 60 days
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Moderate	The registered nurse completes an initial assessment within twenty-four hours of admission and documents the initial care plan. InterRAI assessments have been completed for new residents but have not been completed within the required timeframes for regular six monthly ongoing assessments.	InterRAI assessments were not completed at six monthly intervals for three resident files reviewed.	Ensure interRAI time frames are met for six monthly ongoing assessments 30 days
Criterion 1.3.6.1 The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.	PA Moderate	The RN reviews information gathered through the use of monitoring charts to ensure interventions are documented in the care plans to reflect current care needs. Monitoring charts sighted included (but not limited to) weight and vital signs, blood glucose, pain, food and fluid and repositioning charts. Neuro observations had been completed following unwitnessed falls but not according to best practice and time frames.	Five of five incidents reviewed for unwitnessed falls all had neurological observations documented, however none had been continued for 24 hours, three were hourly for three hours, two were three to four hourly for five hours and all were documented at varying time frames following this with time frames varying from three to eight hours.	Ensure that the required monitoring of residents is completed as per the organisational policy for residents following an unwitnessed fall. 60 days
Criterion 1.4.2.1	PA Low	There is a current building warrant of fitness, which does not include the new	The new building is in the process of being completed and therefore a	Ensure a certificate of public use is obtained and

All buildings, plant, and equipment comply with legislation.		additional rooms and the new lift. Management are aware of the need to obtain a certificate of public use. Rooms are still in the process of being furnished.	certificate of public use has yet to be completed.	evidence provided to the DHB and HealthCERT. Prior to occupancy days
Criterion 1.4.2.4 The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.	PA Low	Rooms are still in the process of being furnished and handrails have not yet been installed.	The rooms are still in the process of being furnished and handrails are not yet in place.	Ensure handrails are in place in bathrooms and ensuites. Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	Residents have access to external areas from the ground floor and will continue to do so when the new rooms are occupied. There are resident rooms on higher levels (as the service is on a hill) with external access doors, the balconies are yet to be in place for these rooms. The grounds have yet to be landscaped due to the building programme being unfinished. Presently there is an external area for all residents to use. New residents will be able to use the existing external areas.	The external areas within the new wing have yet to be landscaped. Secure balconies yet to be in place for higher level resident rooms with external access doors	Ensure landscaping is completed at the end of the building programme and secure balconies in place prior to occupancy. Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified	PA Low	Emergency management policies are in place. There are staff across 24/7 with current first aid certs Staff receive training during their orientation and thereafter on a regular basis. Fire drills	A trial fire evacuation of the new area has yet to be completed.	Conduct a trial evacuation drill covering the new areas and document the event

emergency and security situations. This shall include fire safety and emergency procedures.		are conducted six monthly.		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	There is an approved fire evacuation plan in place covering the existing building. The current evacuation plan has not been amended to include the extensions.	The current evacuation plan has not been amended to include the new wing.	<p>(i)Ensure the evacuation plan has been amended to include the extensions and provide evidence that an application has been lodged with the NZ Fire Service prior to occupancy; (2) Obtain an approved fire evacuation plan.</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	There is an electronic call bell system, which includes panels in the corridors.	There is a call bell system in the process of being installed in the new wing.	<p>Ensure 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.