

# CHT Healthcare Trust - Halldene 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:** CHT Healthcare Trust

**Premises audited:** Halldene Rest Home

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

**Dates of audit:** Start date: 15 August 2019 End date: 15 August 2019

**Proposed changes to current services (if any):** The new Halldene Rest Home opened in October 2018 as part of stage one of the new build. The old Halldene facility was demolished and all residents transferred across to the new facility. This audit included verifying stage two of the new build, which is modern, spacious, purpose-built wings attached to the current facility. Stage two included 28 dual-purpose rooms across two floors. The total number of beds will be 60 dual-purpose beds on completion of stage two.

**Total beds occupied across all premises included in the audit on the first day of the audit: 31**

# 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

## General overview of the audit

CHT Halldene is owned and operated by the CHT Healthcare Trust. The service currently provides rest home and hospital level care for up to 32 residents. On the day of the audit, there were 31 residents in total.

Stage one of the new build was completed in 2018 and the 32-bed facility opened October 2018. All residents from the original Halldene building were transferred across to the new building and the old building was demolished.

This audit included verifying stage two of the new build. Stage two is connected by a corridor (on each of the two floors) that is currently closed off to include a temporary fire egress. Four bedrooms on each floor currently in the stage one building are temporarily closed and designated as being used for this emergency egress. These rooms will be opened as part of opening of stage two. The new building includes 20-dual purpose rooms across two floors, plus the eight rooms currently closed off. It is intended to open the stage two part of the building mid-September.

The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing dual-purpose level care (rest home and hospital) in the new wings.

The unit manager is a registered nurse with over 30 years' experience in aged care and maintains an annual practicing certificate. The unit manager has been in the role at the facility for over five years. A clinical coordinator who has been in the position for two years supports the unit manager. The unit manager reports to the area manager weekly on a variety of operational issues.

The previous certification audit shortfall around care plan interventions has been addressed.

This audit identified improvements required to be completed prior to occupancy around completion of the building, landscaping, fire and emergency systems.

## **Consumer rights**

[Click here to enter text](#)

## **Organisational management**

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital (medical and geriatric) level care.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. Staffing is already in place and further staff will be employed as resident numbers increase. The draft staffing roster considers acuity of residents and the configuration of the new wings.

## **Continuum of service delivery**

The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline. A medication treatment room is located in the current facility and there is ease of access to the new wings. The service is using an electronic medication system.

The facility has a large workable kitchen in a service area on the ground floor of the current building. The menu is designed and reviewed by a registered dietitian at an organisational level. Food will be delivered in a hot box to the two unit kitchenettes. Food is transported between floors in the lift. Nutritional profiles are completed on admission and provided to the chef.

## **Safe and appropriate environment**

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. The organisation has purchased some new equipment and furniture. The facility is installing a modern call bell system that encourages independence and enables residents to call for assistance.

All resident rooms have an ensuite and there are adequate numbers of communal toilets. Fixtures, fittings and floor and wall surfaces sighted are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids. Communal areas are well designed and spacious and allow for a number of activities.

The service has robust housekeeping policies and procedures in place.

There are emergency and disaster policies and procedures with a planned orientation prior to occupancy to orientate staff and residents. The updated fire evacuation plan is to be approved by the fire service.

General living areas and resident rooms are appropriately heated and ventilated with these to be operationalised prior to occupancy.

## **Restraint minimisation and safe practice**

[Click here to enter text](#)

## **Infection prevention and control**

Infection prevention and control is currently the responsibility of the clinical coordinator. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues. Monthly collation tables are forwarded to head office for analysis and benchmarking.

## 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	13	0	3	0	0	0
<b>Criteria</b>	0	30	0	6	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>CHT Halldene is owned and operated by the CHT Healthcare Trust. The service currently provides rest home and hospital level care for up to 32 residents. On the day of the audit, there were 31 residents in total. This includes four residents requiring rest home level care and 27 requiring hospital level of care. All rooms are dual-purpose.</p> <p>Stage one of the new build was completed in 2018 and the 32-bed facility opened October 2018. All residents from the original Halldene building were transferred across and the old building demolished.</p> <p>This audit included verifying stage two of the new build. Stage two is connected by a corridor (on each of the two floors) that is currently closed off to include a temporary fire egress. Four bedrooms on each floor currently in the stage one building are temporarily closed and designated as being used for this emergency egress. These rooms will be opened as part of opening of stage two. The new building includes 20-dual purpose rooms across two floors, plus the eight rooms currently closed off. The ground floor of the new building connects to level one of the current building and level one of the new building connects to level two of the current building. It is intended to open the stage two part of the building mid-</p>



		<p>September.</p> <p>There is a CHT Business plan (five-year plan) which incorporates quality and risk management. There is a site-specific business plan which includes six goals that align with the CHT Business plan and includes development of the facility. Unit manager meetings are held monthly with head office to review KPIs and progress to meeting the business plan. There is an implemented project plan. There is a transition plan documented that is regularly reviewed and updated as building progresses. The management team meet with the project team fortnightly including the CHT director.</p> <p>The unit manager is a registered nurse with over 30 years' experience in aged care and maintains an annual practicing certificate. The unit manager has been in the role at the facility for over five years. A clinical coordinator who has been in the position for two years supports the unit manager. The unit manager reports to the area manager weekly on a variety of operational issues. The unit manager and clinical coordinator have completed in excess of eight hours of professional development in the past 12 months.</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 coordinator (RN) will fulfil the manager's role during a temporary absence of the unit manager with support by the area manager.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are human resource management policies in place. This includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Four staff files were reviewed (two registered nurses, two healthcare assistants) and files evidence all relevant employment documentation. Annual staff appraisals were evident in all staff files reviewed.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. All staff were orientated to the new building on opening in October 2018. There is also a planned orientation for current staff to the new part of the building prior to occupancy. The in-service education programme for 2019 is being implemented. The Altura training</p>

		<p>programme is completed by staff and records are monitored monthly of those that complete the online training. The unit manager and registered nurses are also able to attend external training, including sessions provided by the local DHB.</p> <p>Five of seven registered nurses (including the unit manager and the clinical coordinator) have completed interRAI training. Their clinical coordinator has been trained as an assessor and staff are supported to complete Careerforce training.</p> <p>The unit manager advised that a further RN has been employed for the increase in resident numbers. Advised that there are sufficient staff currently employed to manage the opening of the new wings. A further two HCAs will be employed on opening. There are sufficient RNs to continue to cover 24/7. The current two activities coordinators that provide activities between them across seven days will increase hours with the increase in bed numbers.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery.</p> <p>For the current 31 residents, there is one registered nurse on each shift with easy access for the staff to both levels via the lift or stairs located in the centre of the building; AM shift: two healthcare assistants from 7 am to 3 pm and three from 7.30 am to 12 pm; PM shift: three healthcare assistants from 3 pm to 11 pm; two healthcare assistants (HCA) overnight (with one on each level).</p> <p>The staffing model is able to be extended to respond to changes in resident acuity.</p> <p>CHT have contractors in to provide kitchen and housekeeping services. Laundry services are outsourced.</p> <p>The management team have sufficient staff to cover the initial roster including; 24/7 registered nurse cover, activity staff, kitchen staff, and cleaning/laundry staff. Staffing will continue as planned when residents move into the new part of the building. No further staff are required to be employed at this stage.</p> <p>The current roster has been extended (draft) to cover the opening of the new part of the building.</p> <p>Up to six residents- one RN 6.45 am – 3.15 pm and one HCA – 7 am – 3 pm and one HCA from 3 pm to 8 pm. The RN on afternoon and night shift will cover the</p>

		<p>extended wings.</p> <p>Up to 10 residents - one RN 6.45 am – 3.15 pm and one HCA – 7 am – 3 pm and one HCA 7.30 am to 12 pm. On the PM shift, one HCA from 3 pm to 11 pm and 3 pm to 8 pm.</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>Medicines management information is well established at Halldene. Policies and procedures reflect current medication guidelines. Only registered nurses/senior HCAs who have been assessed as competent are permitted to administer medicines to residents. All registered nurses and senior HCAs have up to date medication competencies. Controlled drugs are secure.</p> <p>There current medication treatment room located on level two is secure and will continue to store medications for all the facility including the new part of the building verified at this audit. The treatment room is opposite the lift located in the centre of the levels with easy access for staff to take the medication trolley to any level. The treatment room is operational, and spacious. A further medication trolley has been purchased for the new part of the building. The medication fridge is in place with temperatures checked daily. The service has established medimap, and robotic rolls are delivered monthly. Six monthly medication audits confirm that processes are checked and there are weekly stocktakes of controlled drugs.</p> <p>There is a contracted GP that visits weekly and can be contacted out of hours. Advised that the GP at this stage is unsure whether he can manage an increase in resident numbers due to him working alone. The service is currently working with him to determine how best to ensure medical cover.</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 was designed to manage an increase in resident numbers. The kitchen is located on the ground floor of the current building. Hot boxes have been purchased to transport meals to the two kitchenettes on each floor of the new wings. All food is cooked on site by contracted kitchen staff. There is a food services manual in place to guide staff. A resident nutritional profile is developed for each resident on admission and is provided to the kitchen staff. The kitchen meets the needs of residents who require special diets. Kitchen staff have completed food safety and chemical safety training.</p>

		<p>The two chefs follow a menu, which has been reviewed by the contracted company's dietitian (annual practicing certificate sighted). The temperatures of refrigerators, freezers and cooked foods are monitored and recorded.</p> <p>There is special equipment available for residents if required. All food is stored appropriately.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Five resident care plans were reviewed (four hospital and one rest home). All five files included an up to date interRAI assessment. The interRAI assessments had informed the development of the resident's care plan. All long-term care plans reflected the resident's current needs/supports. Two residents with identified behaviours that challenge included de-escalation techniques and support. Two resident care plans reviewed (one on warfarin and two with insulin) included associated risks and interventions to support those risks. Care plan interventions described support for all assessed risks, and this was an improvement on their previous certification audit. Short-term care plans are in use for short-term needs. Short-term care plans are evaluated regularly, and all had documentation that the issue had resolved in a timely manner. There was documented evidence where care plans had been updated with a change of health status.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There are two sluices in the current building within close proximity to the new wings. The sluices include sanitisers and PPE equipment. Staff have completed chemical training April and August 2019 and MSDS are available.</p> <p>Waste management audits are part of the internal audit programme.</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>Stage one of the new build facility was opened October 2018. There is a current CPU for the building which expires 5 October 2019.</p> <p>The current building (across three floors) includes a garage on basement level; reception, offices and service areas on the ground floor; levels one and two (mirror images) that include single bedrooms with ensembles, a lounge on each</p>

		<p>level which is able to provide dining areas and is large enough for activities. There is a kitchenette on levels one and two in the lounge which can be used by residents and visitors to make tea and coffee and for staff to serve meals from when delivered in a hot box.</p> <p>The new wings verified as part of this audit (stage two) are connected by a short corridor (on each of the two floors) that is currently closed off to include a temporary fire egress. Four bedrooms on each floor in the closed corridors were part of the stage one building, however are temporarily closed and designated as being used for this emergency egress. These rooms will be opened as part of opening of stage two and were verified as part of this audit. The new building includes 20-dual purpose rooms across two floors, plus the eight rooms currently closed off. The ground floor of the new building connects to level one of the current building and level one of the new building connects to level two of the current building (due to the slanted section the current building is on).</p> <p>The new wings are near completion with electrical wiring in place (not yet operational). The wings are a mirror image of the current building. All rooms have either full ensembles or toilet ensembles. There is a communal mobility bathroom with shower and toilet. Carpet is to be installed throughout with lino in ensembles and the kitchenette. Handrails are to be installed in bathrooms and hallways. As the building is in the process of being completed the final commercial checklist as part of the code of compliance has not yet been completed.</p> <p>An area outside and around the new wings has been identified as to be landscaped prior to occupancy. Paving has yet to go in. Some rooms have sliding doors that open to the courtyard.</p> <p>The organisation has purchased new equipment for the new wings. Equipment is appropriate for hospital, medical and rest home level care.</p> <p>All electrical and medical equipment will continue to be checked as part of the annual maintenance and verification checks. Equipment and medical equipment calibration and servicing is captured within the quality programme and scheduled annually.</p> <p>Policies relating to provision of equipment, furniture and amenities are documented.</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>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. The majority of the resident's rooms on each floor has an ensuite with a disability-friendly shower, toilet and hand basin. Some of the rooms have a toilet/handbasin ensuite only. There is one communal mobility toilet/shower near the communal lounge and dining room on each level. Bathrooms and toilets (including handrails and locks) are in the process of being completed (link 1.4.2.1).</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>Residents rooms on both levels have been built as dual-purpose rooms (hospital/rest home care able to be provided) with each having an ensuite. Doors are wide to allow for furniture to be moved in and out and there is sufficient space to allow for a bed, lazy boy style chair, built in wardrobe and chest of drawers with room to take mobility aids and staff who would be supporting the resident. Mobility aids can be managed in ensuites as observed 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>	<p>FA</p>	<p>Each level has an open-plan living area with kitchenette. Each floor has been designed as home-like as possible with 10 rooms sharing the communal lounge. The open plan lounge is large enough for individual or group activities. The combined dining and lounge rooms are large enough for residents with mobility equipment with different areas for group or individual use. The lounge/dining area is easy accessed from each floor by the stairs or the lift situated in the current building.</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>The cleaning manual includes instructions for cleaning. The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits are in place and already in use in the existing building. There is a cleaner employed and further hours will be determined as needed.</p> <p>The organisation outsources housekeeping and laundry services. All laundry is outsourced to a sister facility. The current building has a clean and a dirty bay for linen to go out (vehicles able to back up to the areas) and clean linen is brought back in daily and stored in a large clean linen room. There are wide hallways on</p>

		each level with covered laundry bins able to be used on each level. Policies and procedures ensure all cleaning and laundry services are maintained and functional at all times.
<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>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR are included in the mandatory in-services programme and the annual training plan includes emergency training. First aid training for staff is in place with a staff member on duty at all times on level two with a current first aid certificate.</p> <p>All current staff will be orientated to the new wings in relation to emergency management.</p> <p>The service has a generator on site in the event of a power failure. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. A civil defence folder includes procedures specific to the facility and organisation. There are walkie talkies in staff rooms on each floor to communicate between floors in the event of an emergency/fire.</p> <p>The call bell system was sighted as being placed in all bedrooms, bathrooms and toilets and communal areas. This is yet to be activated.</p> <p>The fire evacuation plan has been approved for the current building (dated 3 October 2018). The amended fire evacuation procedure has been updated to include the new wings and is currently with the fire service awaiting approval. Fire subcontractors are scheduled to visit next week to install fire exits, sprinklers and alarms.</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	<p>General living areas and resident rooms are to be appropriately heated and ventilated. There is underfloor heating throughout and air vents in the ceiling. There is plenty of natural light in all areas.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the</p>	FA	<p>There is comprehensive infection prevention control (IPC) policies in place that meets the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the infection control team on</p>

<p>risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>any infection control issues including a reporting and notification to head office policy. Responsibilities are documented as part of the policy that includes chain of responsibility and an infection control officer job description.</p> <p>A registered nurse (also the clinical coordinator) is the designated infection control coordinator with support from the unit manager and all staff as the quality/H&amp;S management committee (infection control team) who meet monthly. Minutes are available for staff. Regular six-monthly internal audits have been conducted and include hand hygiene and infection control practices last completed May 2019. The infection control programme has been reviewed annually.</p>
---	--	--



## Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>The service has established medimap, and robotic rolls are delivered monthly. The current medication treatment room located on level two is secure. The treatment room currently stores medication for the current building and will be the medication room for the whole facility on completion of the new wings. The treatment room is opposite the lift located in the centre of the levels with easy access for staff to take the medication trolley to any level. The treatment room is operational, and spacious. A further medication trolley has been purchased for the new part of the building. The medication fridge is in place with temperatures checked daily.</p>	<p>There is a contracted GP that visits weekly and can be contacted out of hours. Advised that the GP at this stage is unsure whether he can manage an increase in resident numbers due to him being a solo practitioner in his practice. The service is currently working with him to determine how best to ensure medical cover.</p>	<p>Ensure that medical cover is provided to residents in the new wings.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>The new wings are near completion with electrical wiring in place (not yet operational). The wings are a mirror image of the current building. All rooms have either full ensuites or toilet ensuites. There is a communal mobility bathroom with shower and toilet. Carpet is to be installed throughout with lino in ensuites and the kitchenette. Handrails are to be installed in bathrooms and hallways. As the building is in the process of being completed the final commercial checklist as part of the code of compliance has not yet been completed.</p>	<p>(i) The new wings are in the process of being completed and therefore an IF2 – Commercial final checklist (as part of the code of compliance) is yet to be issued.</p> <p>(ii) The new wings are to yet to be completed with furnishings, shelving, cabinetry, paint, floorings and equipment are to be completed and installed as relevant to each space prior to occupancy.</p> <p>(iii) Hot water is not yet in place and therefore monitoring has not commenced.</p> <p>(iv) Locks and identification labels have not yet been installed on communal bathrooms.</p>	<p>(i) Ensure a copy of the code of compliance or equivalent is completed and provided to the DHB and HealthCERT.</p> <p>(ii) Ensure that furnishings, shelving, paint, floorings, handrails and equipment are installed to meet resident and staff needs.</p> <p>(iii) Ensure hot water checks are completed.</p> <p>(iv) Ensure communal bathrooms are identifiable and privacy is ensured.</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>	<p>PA Low</p>	<p>The external areas around the current building have been completed. There are external areas for residents to access; however, pathways; garden and entrance ways to the new wings has yet to be completed. Seating and shade is available.</p>	<p>The external landscaping and paths around the new wings have not yet been completed.</p>	<p>Complete external areas that are safe and accessible to meet resident needs.</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>	<p>PA Low</p>	<p>All staff have completed emergency training relevant to the new building. An orientation programme is implemented to provide staff with emergency training. A fire drill is planned with staff prior to occupancy of the new wings.</p>	<p>The new wings are not yet open and therefore a fire drill has not yet occurred with staff in the new areas.</p>	<p>Ensure a fire drill is completed of the new wings.</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>An approved evacuation plan is in place for the current facility dated 3 October 2019. The fire evacuation procedure has since been updated to include the new wings and is currently with the fire service awaiting approval</p>	<p>The fire evacuation procedure has since been updated to include the new wings and is currently with the fire service awaiting approval.</p>	<p>Ensure that an approved evacuation plan is signed by the New Zealand Fire Service.</p> <p>30 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 system is in place in the new wings but not yet operational.</p>	<p>A call system is in place but not yet operational.</p>	<p>Ensure that the call system is in place and 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.