

# Alpine View Lifestyle Village Limited - Alpine View Care Centre

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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 BSI Group New Zealand Ltd, 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:** Alpine View Lifestyle Village Limited

**Premises audited:** Alpine View Care Centre

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

**Dates of audit:** Start date: 15 November 2021 End date: 15 November 2021

**Proposed changes to current services (if any):** Alpine View Care Centre is a new purpose-built facility in Christchurch. The facility is across one level and includes a total of 43 dual-purpose (hospital and rest home) beds. The service is planning to open on 13 December 2021. The facility is built on the site of the original Alpine View Care centre that was demolished in 2019.

**Total beds occupied across all premises included in the audit on the first day of the audit: 0**



# 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.

## General overview of the audit

Alpine View Care Centre is a new purpose-built facility in Christchurch. The facility is across one level and includes a total of 43 dual-purpose (hospital and rest home) beds. The service is planning to open on 13 December 2021.

The purpose of this partial provisional was to assess the preparedness of the service to provide hospital (medical and geriatric) and rest home level care. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.

The service is governed by a board of seven directors who have experience in owning and building aged care facilities and villages. Alpine View Care Centre is built on the original site of the original Alpine View rest home which was demolished in 2019. Alpine View Lifestyle Village Limited discontinued their certification in 2020. The new Alpine View Care Centre is near completion and the management team have set a number of quality goals around the opening of the facility and these also link to the organisation's business plan.

An experienced management team is employed to manage the new service. The facility nurse manager (registered nurse) has a number of years in aged care management and palliative care nursing. A clinical nurse manager is employed to support the facility nurse manager. The facility nurse manager has been working alongside the organisations clinical operations manager in preparation for commencing services in the new care home facility.

The corrective actions required by the service are all related to the completion of the landscaping, furnishings, fire evacuation approval, orientation, and certificate of public use.

## **Consumer rights**

Not audited.

## **Organisational management**

The clinical nurse manager (RN) will fulfil the facility nurse manager role during a temporary absence. The service has developed policies and procedures that are structured to provide appropriate care for residents that require hospital/medical, and rest home level care. The service has contracts for pharmacy and GP services.

There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, HCA) and includes documented competencies. An annual education schedule is to be commenced on opening. A draft staffing roster is in place for all areas of the facility.

## **Continuum of service delivery**

The medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accord with the guideline: Safe Management of Medicines.

The service is planning to use blister packs and implement an electronic medication management system. There is a centralised secure treatment room off the nurses' station.

The menu has been audited and approved by an external dietitian. The large spacious kitchen includes a walk-in chiller and pantry and is situated off the two dining rooms.

## **Safe and appropriate environment**

The facility is purpose-built and spacious and includes three wings with centralised offices, service areas and communal areas off a spacious atrium. All building and plant have been built specifically for the type of service. New equipment has been purchased for the facility.

There is a centrally located nurses' station close to the main lounge, TV lounge, sun lounge, quiet lounge and two dining rooms. Material safety datasheets are available in the laundry which is a stand-alone building off the facility.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each wing for storage of mobility equipment. All rooms and ensembles have been designed for hospital level care.

There are courtyards/garden areas between the wings and landscaping is in the process of being completed around the facility. There are mobility toilets near the lounge area. A large foyer and atrium off the entrance way allows for further sitting and social areas.

Appropriate training, information, and equipment for responding to emergencies is provided at induction and is scheduled as part of the annual training programme. The call bell system is available in all areas that connect to staff phones.

The facility is appropriately heated and ventilated. There is underfloor heating in each room and heat pumps that can be individually regulated in communal areas and resident rooms.

## **Restraint minimisation and safe practice**

Not audited.

## **Infection prevention and control**

The IC programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the infection control coordinator and clearly defined guidelines. The infection control coordinator is the clinical nurse manager with previous IC experience. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually. The IC committee is to include staff from each service area and will meet bimonthly. There are plentiful supplies of PPE and hand sanitisers.

## 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	11	0	4	0	0	0
<b>Criteria</b>	0	29	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>Alpine Care Centre is a new purpose-built facility in Christchurch. The new facility was built on the site on the previous Alpine View rest home which was demolished in 2019. The facility is across one level and includes a total of 43 dual-purpose (hospital and rest home) beds. The service is planning to open on 13 December 2021, initially admitting rest home residents only. The service is planning to start admitting hospital residents from 17 January 2022.</p> <p>The purpose of this partial provisional was to assess the preparedness of the service to provide hospital (medical and geriatric) and rest home level care. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.</p> <p>The service is governed by a board of seven directors who have experience in owning and building aged care facilities and villages since 1993. The board oversee three villages and care centres. Alpine View care centre has set a number of quality goals around the opening of the facility and these also link to the organisation's business plan. There is a transition plan around the</p>



		<p>completion of the building and the opening of the new facility.</p> <p>The mission is based around Health and happiness for a new generation. There are five core values (respect and equality, integrity, innovation, anti-institutional, and promoting independence).</p> <p>An experienced aged care management team is employed to manage the new service. The facility nurse manager (registered nurse) has a number of years in aged care management and palliative care nursing. A clinical nurse manager (with previous unit coordinator roles) is employed to support the facility nurse manager. The facility nurse manager has been working alongside the organisation's clinical operation manager in preparation for commencing services in the new care home facility. There are clear reporting processes to the board.</p> <p>The managers have maintained at least eight hours annually of professional development activities related to managing a hospital.</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 nurse manager (RN) will fulfil the facility nurse manager role in her absence. She has a clinical management background in another aged care facility.</p> <p>The service has policies and procedures that have been updated to also reflect the upcoming 2021 Health &amp; Disability standards. The policies and procedures are structured to provide appropriate care for residents that require hospital (geriatric and medical), and rest home level care.</p> <p>The service has negotiated contracts for pharmacist, physiotherapy, dietitian support and medical services.</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 comprehensive human resources policies and procedures including (but not limited to) recruitment, selection, orientation, and staff training. A register of registered nurse (RN) practising certificates is maintained. There is a comprehensive orientation programme documented that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, healthcare assistants) and includes documented competencies.</p> <p>An induction programme has been developed and will be completed before opening. An induction training week is scheduled for all staff which will include</p>

		<p>(but not limited to) fire safety, manual handling, first aid, fire drill, emergency management, complaints, and medication/medimap.</p> <p>The management team are in the process of interviewing and employing staff for the opening of the care centre. They have currently employed four RNs to support the two managers (both RNs) and a further two RNs are being interviewed. There are 11 healthcare assistants employed. There are currently sufficient staff employed to cover the initial roster including 24/7 RN cover (noting hospital residents are not being admitted until 17 January 2022).</p> <p>The two manager's and two RNs employed are interRAI trained and the other RNs will commence the training on opening.</p> <p>Healthcare assistants who have not completed appropriate training will be encouraged to complete the Careerforce training programme. There is a staff training policy. A training plan has been developed for 2022. The service also utilised the Altura online aged care training programme.</p> <p>A competency programme is to be implemented for all staff with different requirements according to work type (e.g., healthcare assistants, registered nurse, cleaner). Core competencies are required to be completed annually as per policy.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a rostering and staff allocation policy that describes the staffing level and skills mix. The policy aligns with contractual requirements and considers acuity levels. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a proposed roster for 0-20 rest home residents, 10-20 residents, including admission of hospital residents. Each roster has flexibility to adjust with acuity level.</p> <p>The facility nurse manager and clinical nurse manager (both RNs) work Monday – Friday.</p> <p>The roster for: 0 -20 rest home residents</p> <p>AM shift, RN 0700 – 1530, HCA 0700 – 1500 and 0700 - 1330</p> <p>PM shift; RN 1500 – 2315, HCA 1500 – 2300 and 1500 - 213</p> <p>Night: HCA 2300 – 0700 (RN 2300 – 0715 once hospital residents admitted).</p>

		There is a full time qualified diversional therapist employed.
<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>The medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.</p> <p>The service is planning to use blister packs and has negotiated a contract with a local pharmacy. There is a spacious secure treatment room and medimap is to be implemented. Advised, that only those deemed competent, will be responsible for administration. Registered nurses and senior healthcare assistants will be responsible for medication management. Registered nurses will receive training around syringe driver use with two yearly competencies (if not already completed and current). Training around medimap and competencies are to be completed at orientation. The medication room is not fully furnished. The room is to include locked cupboards, two fridges, safe and secure keypad entrance. The treatment room is off the nurse's office. Two medication trolleys have been purchased for each side of the facility.</p> <p>The medication management policy includes management of self-administration. There are locked drawers available in each resident room.</p> <p>The medication policy identifies that medication errors are treated as an incident and captured as part of the incident management system. The service has a contract with a local medical centre. A GP from the medical centre will initially visit weekly and as needed and provide on-call service.</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 new kitchen is situated next to the two dining rooms. The kitchen is designed in three parts, one for cooking, one area for dishing and one for clearing up. The commercial kitchen includes pantry, walk-in chiller, and stand-up freezer. There are hot boxes available.</p> <p>The chef has been employed and further kitchen staff are yet to be employed. The chef has worked in aged care facilities. A food control plan is in the process of being registered with MPI. The service has a contract with White-tie catering who organise food supplies and menu. The menu has been approved and reviewed by a registered dietitian. A contracted dietitian is available to assess residents as needed.</p>

		<p>Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per policy. Resident annual satisfaction survey includes food service.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. These are to be provided to the kitchen. Advised that any changes to residents' dietary needs will be communicated to the kitchen as per policy.</p> <p>Special equipment such as 'lipped plates and built-up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchens.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a disinfection and sterilisation policy.</p> <p>Material safety datasheets are to be available in the combined sluice. Personal protective equipment is arranged to be in place by a contracted supplier. The sluice is centrally located with door and path access to the stand-alone laundry. The sluice is yet to be secure (link 1.4.2.1). There are cleaner's cupboards available.</p> <p>Gloves, aprons, and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</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 facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building is across one level.</p> <p>The care centre has a centralised foyer and atrium with connecting offices, lounges, dining rooms and kitchen. All resident rooms have sliding doors that open to a deck. Advised that the ground around the decks will be levelled off to be one level. There is a secure nurse's office off the atrium that also includes the clinical nurse manager's office. There are three spacious lounges (one communal lounge, a TV lounge, and a quiet lounge) and a large sun room. There are also other sitting areas.</p> <p>The resident rooms are from 25 sqm to 30 sqm, all have full ensuite facilities and</p>

		<p>are suitable for disability access. Six of the rooms will have ceiling hoists.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p> <p>There are handrails in ensuites, and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each new wing for storage of mobility equipment.</p> <p>The building is in process of being fully furnished. The certificate of public use has yet to be completed.</p> <p>The service has purchased all new equipment for the facility. All rooms to have electric hi/lo beds. Bariatric equipment has also been purchased to manage bariatric residents. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks.</p> <p>There are environmental audits and building compliance audits, which will be completed as part of the internal audit.</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 is a mobility toilet near the communal lounges and a further two communal toilets off the atrium also. Each resident room has a spacious ensuite with shower. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. Flowing hand soap, hand sanitiser and paper towels are to be installed in all ensuites and near hand basins.</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 are spacious and designed for hospital level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair. All rooms are suitable to be used as dual-purpose. Six rooms will have ceiling hoists installed.</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>There are three centralised communal lounges (TV lounge, large communal lounge, and a quiet lounge), a spacious sunroom off the main lounge and two dining rooms. There are other meeting rooms available for whānau/family meetings. There are a number of sitting areas around the facility and a large atrium area that can be used as a communal area.</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 laundry policies and procedures. Cleaning procedures are available for cleaning staff. There is a stand-alone laundry next to the facility. Laundry is completed for the sister village Burlington and will also complete Alpine View laundry. There are employed laundry staff in place. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to the separate line cupboards. Covered linen trolleys have been purchased. There is an internal audit around laundry services and environmental cleaning to be completed as part of the internal audit schedule. The cleaner's cupboards and sluice are designated areas and rooms lockable for storage of chemicals.</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 at induction and is included as part of the annual training programme. Staff training in fire safety and a fire drill is to be completed for new staff in the induction prior to opening.</p> <p>There are comprehensive civil defence and emergency procedures in place. There are civil defence kits and large water tanks available.</p> <p>Key staff are required to hold a first aid certificate. All registered nurses/senior staff that do not have a current first aid are booked for 27 November 2021.</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and currently with the fire service awaiting approval.</p> <p>The facility has a generator in the event of a power failure.</p> <p>There is a security policy in place. The service has purchased a mobility van and there is a transportation policy that links to residents outing policy and vehicle driver competency assessment.</p>

		<p>The call bell system is available in all areas which connect to staff cell phones. Call bells are available in all resident areas, (i.e., bedrooms, ensuite toilet/showers, communal toilets, dining rooms).</p> <p>There is an automated sliding door entrance to the lobby. This is locked afterhours. Anyone is free to leave at any time from the inside during afterhours, by pushing the exit button.</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>The new building is appropriately heated and ventilated. There are underfloor heating and heat pumps throughout the facility. The temperature in each room can be individually set. There is plenty of natural light in the rooms and all have sliding doors.</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>	FA	<p>The infection control programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. There is an infection prevention and control programme policy and the responsibility for infection control is clearly documented.</p> <p>There is a job description for the infection control coordinator and clearly defined guidelines. The IC coordinator nurse is the clinical nurse manager, and she has had previous experience ion the role. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually.</p> <p>It is intended that the IC committee will include staff across each service area and meet bimonthly.</p> <p>There is an outbreak plan and Covid 19 policy, vaccination policy and communicable diseases policy. There is a staff infections policy. The service has a large stock of PPE and hand hygiene supplies.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All new staff are required to complete an induction and orientation. The organisation has a well-established induction/orientation programme, which includes packages specifically tailored to the position such as healthcare assistant, RN, and so on. Induction days have been planned for Alpine View Care Centre.</p> <p>There is a staff orientation policy and booklet.</p>	<p>Advised that the newly employed staff commencing will all complete a week’s induction/training at the facility from 6 December 2021.</p>	<p>Ensure staff commencing on opening complete the facility induction.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review,</p>	PA Low	<p>The medication treatment room is off the nurse’s office. The medication room is not fully furnished. Two medication trolleys have been purchased for each side of the facility</p>	<p>The medication room is not fully furnished. The room is to include locked cupboards, two fridges, safe and secure keypad</p>	<p>Ensure the medication room is fully furnished with a secure entrance</p>



storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.			entrance.	Prior to occupancy days
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building is across one level. The building is near completion, and the service is in the process of being furnished. The building project team is yet to hand over the building and therefore the certificate of public use is yet to be obtained.	The certificate of public use is yet to be obtained.	<p>Ensure the CPU is obtained, and a copy provided to the DHB.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	There will be a number of outdoor garden areas for residents to access. Landscaping is in the process of being completed.	(i) Landscaping is in the process of being completed; (ii) Seating and shade is yet to be installed; (iii) Not all entrance/exit doors have paths/ramps fully completed.	<p>(i) Ensure landscaping is completed in resident areas and areas off resident decks; (ii) Ensure seating and shade is available; (iii) Ensure all exit doors have appropriate access.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part of the annual training programme. Staff training in fire safety and a fire drill is to be completed for all staff commencing at the induction prior to opening.	<p>(i). Specific fire safety and fire drill training is to be completed for new staff. This is scheduled for the induction training days.</p> <p>(ii). All registered nurses/senior staff that do not have a current first aid</p>	<p>(i). Ensure a fire drill and fire safety is completed for new staff prior to opening. (ii). Ensure there are first aid trained staff across 24/7.</p>

			are booked for 27 November 2021	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	Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and currently with the fire service awaiting approval.	The draft fire evacuation plan is yet to be approved by the fire service.	<p>Ensure the fire evacuation scheme is approved.</p> <p>60 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.

No data to display
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End of the report.