

# St Andrew's Village Trust (Incorporated) - St Andrew's Village

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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 Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

<b>Legal entity:</b>	St Andrew's Village Trust (Incorporated)
<b>Premises audited:</b>	St Andrew's Village
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 12 January 2023      End date: 12 January 2023

**Proposed changes to current services (if any):** This partial provisional audit was to verify the following: i) a new stand-alone building that includes 21 care suite apartments for dual purpose care and ii) reconfiguration of an existing building that used to accommodate dual purpose beds to now accommodate residents requiring 28 dementia level of care beds. The first stage of the dementia unit (21 beds is ready for occupancy). A further seven beds will be joined to the dementia unit once the residents have been transferred and a wall is built to separate the seven beds from the rest of the wing that will be demolished.

The rooms verified at this audit in the new building are ready for occupancy (noting that there are some shortfalls to be addressed prior to occupancy identified in this report). The total number of beds on the day of audit was at 133 beds. The total number of beds with the new build and the dementia unit will be 159 beds.

**Total beds occupied across all premises included in the audit on the first day of the audit: 114**

# 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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

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

## General overview of the audit

St Andrew's Village is a standalone Charitable Trust and is located in Auckland. The service provides care for up to 133 residents at rest home, hospital and dementia level of care. There were 114 residents on the days of audit.

This partial provisional audit was to verify a new purpose built stand-alone three-storey building with 21 care suite apartments and the reconfiguration of dual purpose beds to 28 dementia level of care beds. This audit has verified the total number of beds to be at 159. The rooms verified at this audit as dual-purpose beds (care suite apartments) and the dementia unit are ready for occupancy (noting that there are some shortfalls to be addressed prior to occupancy).

The audit process included the review of policies and procedures, documentation including transition/education and staffing plans, observation of the environment and a review of established systems and processes that are appropriate for providing rest home,

and hospital (medical and geriatric) and dementia level care, and interviews with managers. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility new building and dementia unit.

The chief executive officer, director of care and clinical manager (registered nurse) are appropriately qualified, experienced and are able to support the transition of care.

Shortfalls identified at this audit were to the following: approval from the funder for a 28-bed dementia unit; the building warrant of fitness/code of compliance; fire evacuation scheme; completion of the seven beds and small lounge from the Henry Campbell secure dementia unit that will be added to the 21-bed secure refurbished dementia unit.

Specific shortfalls in the new care suite apartment building were the completion of the reception area and nurses' station; completion of a walkway between the new building and the independent apartment area; completion of outdoor landscaping, seating, and shade; carpeting; furnishings; to the smart sensor system; operationalisation of wiring, water, and hoists; orientation and training for staff in emergency management.

## **Ō tatou motika | Our rights**

Not Audited

## **Hunga mahi me te hanganga | Workforce and structure**

The chief executive officer of St Andrews provides strategic leadership and direction with a trust board in place at a governance level to monitor performance against set indicators. The director of care (registered nurse) oversees the clinical operations of the service. The organisational strategic plan informs the site-specific operational objectives which are reviewed on a regular basis. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service

education/training programme covering relevant aspects of care and support and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

There is a transitional plan in place that is updated as progress is made to the completion of the new building and to the move for residents from the old to the new dementia unit (which was a dual-purpose wing in the past).

## **Ngā huarahi ki te oranga | Pathways to wellbeing**

Medication policies reflect legislative requirements and guidelines. The registered nurses, enrolled nurses, and personal care assistants responsible for administration of medicines complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner. There will not be any changes to processes or staff who will move to the repurposed dementia unit. Existing processes and systems will be put in place in the new building with care suite apartments (dual purpose level of care). Staff will be orientated to the new building for delivery of medication.

The activities team implements the activity programme to meet the individual needs, preferences, and abilities of the residents. Residents are encouraged to maintain community links. The activities programme will continue to be provided in the repurposed dementia unit and facilitated by existing staff.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available at all times. The service has a current food control plan.

## **Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment**

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. In the main care centre, all bedrooms are single with full en-suites. The stand-alone building with dual

purpose beds are care apartment suites, each with a separate bedroom and ensuite, a lounge/dining area with a small kitchenette (tea and coffee making facilities) and a balcony in each. There are communal areas on each floor. The refurbished dementia unit is secure, with single rooms with ensuites. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management including Covid-19. There is always a staff member on duty with a current first aid certificate.

## **Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship**

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. There are no changes to the infection prevention and control programme as a result of the refurbishment of the dementia unit or to the building of the care suite apartment building.

## **Here taratahi | Restraint and seclusion**

The restraint coordinator is a registered nurse. The service considers least restrictive practices, implementing falls prevention strategies, de-escalation techniques and alternative interventions, and only uses an approved restraint as the last resort. There are no changes to the restraint programme as a result of the refurbishment of the dementia unit or to the building of the care suite apartment building.

## Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	11	0	3	0	0	0
Criteria	0	86	0	4	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	PA Low	<p>St Andrew’s Village is a standalone Charitable Trust and is located in Auckland. The service currently provides care for up to 133 residents at rest home, hospital level care and dementia level of care. On the day of audit, there were:</p> <p>60 hospital beds including three designated beds for residents requiring palliative care; 30 dual purpose beds and 43 dementia beds.</p> <p>114 residents (20 rest home level, 69 hospital level including two on respite, two palliative care and two on a younger person with disability contract [YPD] and 25 residents at dementia level of care. All other residents were under the age-related residential care agreement (ARRC).</p> <p>This partial provisional audit verified the following: i) a new stand-alone building that has 21 care suite apartments (seven on the ground floor, seven on the first floor and seven on the second floor) for dual purpose care, and ii) reconfiguration of an existing building that was used to accommodate dual purpose beds to now accommodate 28 residents</p>



	<p>requiring dementia level of care. The rooms verified at this audit that the dual-purpose beds in the new building and 21 beds in the dementia unit are ready for occupancy (noting that there are some shortfalls to be addressed prior to occupancy identified in this report). A further seven beds will be added to the 21-bed dementia unit once the residents have transferred from the existing dementia unit to the refurbished unit and a wall has been put in place to separate the seven beds from the rest of the dementia unit that will be demolished. The date of transferring residents from the old to the newly refurbished dementia unit is planned for 30 January 2023. The date for opening of the new building with the dual-purpose care suite apartments is planned for 1 April 2023. The date for complete refurbishment of the full 28 bed dementia unit is planned for the 1 June 2023. The provider has not yet received written confirmation that the unit can be for 28 residents.</p> <p>The total number of beds including the ones verified at this audit is 159. This includes:</p> <p>Braemar (a 10-bed secure dementia unit with an occupancy of four residents).</p> <p>Stirling (a 10-bed secure dementia unit with an occupancy of seven residents).</p> <p>Hector (10 hospital beds and 20 dual purpose beds with an occupancy of 30 residents).</p> <p>Marion Ross (30 dual purpose beds with an occupancy of 29 residents).</p> <p>Douglas (27 hospital beds and three designated as palliative care beds with an occupancy of 29 residents).</p> <p>Partial provisional audit: The existing Henry Campbell (currently a 23-bed secure dementia unit with an occupancy of 15 residents). This unit will be closed (ready for demolition keeping seven beds that will be attached to the new refurbished 21 bed unit that is called the Bruce wing (previously used for hospital level of care with residents moved out already). The last seven beds are currently separated from the 21 Bruce unit by a secure door but will be joined once approval for a 28-bed unit has been given by Te Whatu Ora and a wall has been put in place to separate the 28 beds from the rest of Henry Campbell.</p>
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		<p>Partial provisional audit: The new standalone three storey building with 21 dual purpose beds (care suite apartments – seven on each floor).</p> <p>Partial provisional audit overall numbers: The 159 beds will now include 60 hospital beds (including three for palliative care); 51 dual purpose beds (including 30 existing dual-purpose beds and 21 in the new building) and 48 dementia beds.</p> <p>St Andrew’s Village has an overarching strategic plan (2020-2024) in place with clear business goals to support their philosophy. The model of care ‘Live your best Life’ sits within a value-based framework of enhancing residents’ quality of life, always do the right thing, being efficient and effective in everything we do, proud of the charitable trust status and respect for all. The business plan (2021-2022) includes a mission statement and operational objectives with site-specific goals which are reviewed on a regular basis. The CEO reports to a Board of nine trustees. The Board chair interviewed (who has been involved with the service for more than two years) confirmed there is a roles and responsibility framework for the trustees and is documented in the Board Charter. Each member of the Board has their own expertise, and they receive orientation to their role and responsibilities. The Board receives a monthly Board report from the CEO. There are several sub-committees; property sub-committee (meets monthly); finance audit and risk sub-committee (meets quarterly); clinical governance committee (meets quarterly); strategy, innovation, and sustainability committee (meets quarterly); nominations and governance committee (as required). The clinical governance committee includes two geriatricians and a GP representative.</p> <p>The human resource (HR) manager stands in for the CEO if they are not available. The Director of Care (RN) oversees the clinical operations of the service. There is an executive team that further supports all aspects of the service and includes a quality and risk consultant, quality and risk facilitator, catering manager, clinical training coordinator (also health and safety coordinator), household support manager, facility manager (maintenance).</p> <p>The chief executive officer interviewed has been in the role for over 12 years and was previously an accountant at St Andrews Village prior to that.</p>
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		<p>The CEO interviewed explained the strategic plan, its reflection of collaboration with Māori that aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. There is not yet Māori representation to support the board. The board members attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and te reo and wananga cultural safety. The working practices at St Andrew's village is holistic in nature, inclusive of cultural identity, spirituality and respect the connection to family, whānau and the wider community as an intrinsic aspect of wellbeing and improved health outcomes for tāngata whaikaha and Māori.</p> <p>The Director of Care (RN) has been in the role for eleven years and has many years' experiences in managerial roles in the health industry including aged care. The director of care is supported by a team of experienced registered nurses including two clinical managers and five nurse managers. There is also an afternoon supervisor seven days a week who oversees all clinical aspects across the service after 5 pm.</p> <p>The director of care has completed more than eight hours of training related to managing an aged care facility and includes leading clinical governance in aged care, palliative care approach in non-western cultures medicolegal congress, aged care in a pandemic world and being a dementia friend.</p> <p>A transition plan is in place that includes completing the three-storey building for 21 care suite apartments and the move of residents from the existing Henry Campbell dementia unit of 23 beds to the new dementia unit with 21 beds.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-</p>	<p>FA</p>	<p>There is a staffing policy that describes rostering requirements. The roster provides appropriate coverage for the effective delivery of care and support.</p> <p>All staff are required to hold a first aid certificate. There is a first aid trained staff member on duty 24/7 in each house and on each shift. The workforce has been stable. An agency is used for personal care assistant cover only. An orientation pack is available and the service endeavours to use the same personal care assistants from the agency.</p>

<p>centred services.</p>	<p>There is a full-time pm supervisor (RN) that is on site after hours. One nurse manager will cover weekends for support. In the absence of the director of care the role will be supported by a clinical manager.</p> <p>The clinical director is available Monday to Friday.</p> <p>The manager (RN) and two clinical nurse managers work Monday to Friday. On call cover is shared between the two clinical managers and five nurse managers.</p> <p>Partial provisional: The existing Henry Campbell (currently a 23-bed secure dementia unit with an occupancy of 15 residents). This unit will be closed, and the residents moved to the refurbished 21 bed secure dementia unit). Nurse manager 8 am-5 pm Monday to Friday. AM RN 6.45 am-3.15 pm supported by PCAs three long shifts until 3 pm and two shorter shifts until 1 pm. PM RN 2.45 pm-11.15 pm supported by three PCAs working long shifts until 11 pm and two shorter shifts until 9 pm or 10 pm. NIGHT two PCAs 11 pm to 7 am. Note that the existing staffing plan will remain despite the decrease of two dementia beds when the residents move into the reconfigured dementia unit. Stage 2 of the refurbishment of the dementia unit will include a further seven beds that are attached to the unit (currently in the Henry Campbell wing). Staffing for a further seven beds will be adjusted to include an extra PCA on each morning and afternoon shift. The move to include the extra seven beds will be provisional on sign off from Te Whatu Ora and the building of a wall to separate the remaining Henry Campbell beds that will be demolished.</p> <p>The new stand-alone building with 21 dual purpose beds (care suite apartments). Nurse manager 8 am-5 pm Monday to Friday. A registered nurse will be rostered on each shift including one of three RNs rostered for the care centre who will be based in the unit on the night shift. Each floor with seven rooms will have a PCA on a morning and afternoon shift with incremental staffing to respond to acuity and numbers of residents. Overnight there would be two PCAs rostered to one floor if there were five residents on that floor requiring hospital level of care. A draft roster has been prepared to account for numbers of increasing residents.</p> <p>Across the facility there are also the following staff rostered: PM supervisor; NIGHT – three roaming RNs for across the facility; three physiotherapy assistants from 9 am to 3 pm Monday to Friday; a team of</p>
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	<p>nine activities/DTs with a total of 283 hours per week across the service; a team of 13 cleaners, four laundry assistants, eight gardeners, ten maintenance persons working across the service seven days a week.</p> <p>There is a full-time clinical education coordinator employed to oversee the education and competencies of all staff. There is an annual education and training schedule being implemented for 2023. The education and training schedule lists compulsory training which includes cultural awareness training, dementia language skills, abuse and neglect, management of glaucoma, oxygen management, death and dying and infection control. Staff last attended cultural awareness training in March 2022, and all staff completed a cultural competency to reflect their understanding of providing safe cultural care, Māori worldview and the Treaty of Waitangi. The training content provided resources to staff to encourage them to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. External training opportunities for personal care assistants include training through the Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland, hospice, Age Concern, and the Stroke Foundation.</p> <p>The service supports and encourages personal care assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Eighty-nine personal care assistants are employed. The St Andrew's Village orientation programme ensures core competencies and compulsory knowledge/topics are addressed. All eighty-nine have achieved a level four NZQA qualification or higher, thirty of thirty personal care assistants that work in the dementia units have completed the LCP dementia unit standards.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation. All PCAs are required to complete annual competencies for restraint, handwashing, correct use of personal protective equipment (PPE), cultural safety and moving and handling. A record of completion is maintained on an electronic register.</p> <p>Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Twenty-seven RNs (including the clinical managers and nurse managers) are interRAI trained. All RNs are encouraged to also</p>
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		<p>attend external training, webinars and zoom training where available. All RNs attend relevant quality, staff, RN, restraint, health, and safety in infection control meetings when possible. The clinical training coordinator made resources available relating to Māori health equity data and statistics to staff.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, handwashing, hoist training, chemical safety, emergency management including six-monthly fire drills and PPE training. Staff wellness is encouraged through participation in health and wellbeing activities. A local Employee Assistance Programme (EAP) is available to staff that supports staff to balance work with life.</p> <p>Staff affected by the decrease overall in numbers of residents have been retained in the service. The dementia unit will continue to be staffed as per the current roster for the Henry Campbell dementia unit. The staff for the new care suite apartments will be staff who used to work in the Bruce wing (dual purpose) which has been recently refurbished to be the dementia unit. All staff moving to the new building have been oriented and trained under the existing programmes.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. There is a full time Human Resource (HR) manager and HR advisor employed who oversee all aspects of recruitment and retention.</p> <p>Staff files are securely stored. Sixteen staff files reviewed (six RNs including two clinical managers, one enrolled nurse, three cleaners, three DTs, one cook, one laundry person and one physio assistant) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg: RNs, GPs, pharmacy, physiotherapy, podiatry, and</p>

		<p>dietitian). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes two weeks of buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and PCAs to provide a culturally safe environment to Māori. All staff participate in continuous education relevant to physical disabilities and young people with physical disabilities.</p> <p>There is a volunteer coordinator role that supports a group of approximately 20 volunteers including pastoral care volunteers. An orientation programme and policy for volunteers is in place.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p> <p>There are no changes to the HR processes or systems as a result of the move of residents from one dementia unit (Henry Campbell) to a refurbished dementia unit.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There is a fulltime diversional therapist (DT) who is the activities team leader. There are eight other DTs and one activities coordinator. Six work fulltime and the other three parttime. Between them they cover weekends as well. All have first aid certificates.</p> <p>The overall programme has integrated activities that is appropriate for all residents. The activities are displayed in large print on all noticeboards and each resident has a copy. They include exercises, walks, sing a-longs, word games, board games, ball games, skittles, movies, arts and crafts, van outings, happy hour, and baking. The programme allows for flexibility and resident choice of activity. One-on-one activities such as individual walks, chats, hand massage/pampering occur for residents who are unable to attend to participate in activities or who choose not to be involved in group activities. There are plenty of resources. There is a</p>

		<p>volunteer coordinator who assists the activities team by organising volunteers to sit with residents, read to them or help with group activities. Due to Covid residents have not been going on van outings but these will recommence. Residents have also been restricted in attending some community events but again these will recommence.</p> <p>There is a pastoral team who organise services or work with residents one on one. There are weekly church services in the chapel on site. A priest visits to give Catholic residents communion.</p> <p>Prior to Covid there were also visiting entertainers, school, and cultural groups, but as yet these have not recommenced. Residents are encouraged to maintain links to the community whenever possible. There is a café on site and residents and their families are encouraged to utilise this.</p> <p>Residents in the dementia units are able to participate in a range of activities that are appropriate to their cognitive and physical capabilities and includes physical, cognitive, creative, and social activities. Each resident has an individual activities care plan, and dementia residents have a 24-hour activities plan which includes strategies for distraction and de-escalation. There will not be any change to the activities programme for residents in the dementia unit because of their move from one secure unit to another.</p> <p>The activities staff will provide an activities programme in the new care suite apartments. This programme will be the same as was provided to residents in the Bruce House prior to their relocation to other wings. Existing activity staff will facilitate the programme as per other wings where there are residents using dual purpose beds. There is an activities room in the new building that will be used to hold resources.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. All staff (registered nurses, enrolled nurses, and medication competent personal care assistants) who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training. The service currently uses robotics for regular medication and 'as required'</p>



<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolleys in one medication room sighted. The medication fridge and medication room temperature is monitored daily, and the temperatures were within acceptable ranges. All eyedrops have been dated on opening. All over the counter vitamins or alternative therapies chosen to be used for residents, must be reviewed, and prescribed by the GP.</p> <p>Five electronic medication charts were reviewed. The medication charts reviewed identified that a GP/NP had reviewed all resident medication charts at least three monthly and each drug chart has a photo identification and allergy status identified. Standing orders were in use and these had been reviewed annually, with all the GPs and NP having signed the chart authorising their use. Indications for use, doses, timings, and contraindications were well documented and available to all medication competent staff for reference.</p> <p>There was documented evidence in the clinical files that residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. The director of care and the clinical manager interviewed described working in partnership with the current Māori residents to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> <p>The refurbished dementia unit has a secure medication room with appropriate shelving and equipment. The room will be stocked prior to the transfer of residents from Henry Campbell to the refurbished dementia unit.</p> <p>Each care suite apartment has a secure area for storing medication. There is a secure room in the building to hold medical equipment etc.</p> <p>Staff have already been trained around medication management and administration and there are no changes to current practice.</p>
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<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>A catering manager oversees the food services. All meals and baking are prepared and cooked on site by qualified chefs/cooks who are supported by rostered morning and afternoon kitchenhands. All food services staff have completed a food safety certificate or in-house food safety training. A registered dietitian reviews the four-week winter/summer menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The kitchen serves individual meals and loads them on trays into a Burlodge. These are taken to the house kitchens and staff serve the meals directly from the Burlodge. Currently the facility is in the process of replacing the old Burlodges with bain maries. This has already occurred in one house, so staff serve from the bain marie in that area. Residents are encouraged to come to the dining room for meals but may choose to have their meals in their rooms. There are snacks available at all times. Kitchen staff and care staff interviewed understood basic Māori practices in line with tapu and noa.</p> <p>The food control plan was issued on 5 May 2022. Daily temperature checks are recorded electronically for freezer, fridge, chiller, inward goods, end-cooked foods, reheating (as required), Burlodge and bain marie serving temperatures, dishwasher rinse and wash temperatures. All perishable foods and dry goods were date labelled. Cleaning schedules are maintained. Staff were observed to be wearing appropriate personal protective clothing. Chemicals were stored safely. Chemical use and dishwasher efficiency is monitored daily.</p> <p>Residents provide verbal feedback on the meals through resident meetings which is attended by the kitchen manager when required. Resident preferences are considered with menu reviews.</p> <p>There are no changes to the current food service for residents who will transfer from Henry Campbell to Bruce House.</p> <p>All food preparation and cooking etc will occur in the central kitchen with the same processes followed for residents in the new care suite apartments. Food will be transported to the new building in a hot box and served from there. There is a communal dining area with a servery. Each</p>
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		<p>care suite apartment has a kitchenette that includes tea and coffee etc making facilities should they chose to eat in their rooms.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>The building holds a current warrant of fitness which expires 30 June 2023, and this continues to accommodate the refurbished dementia unit. The Code of Compliance for the new building has not been received. The fulltime facilities manager leads a maintenance team of ten maintenance people, eight gardeners, three painters and an in-house electrician and plumber. This team is responsible for the entire village and care centre. There is an electronic preventative maintenance schedule. The reactive maintenance programme is also electronic. Staff request assistance on the 'my building 'system, this is checked by maintenance and signed off when repairs have been completed. Electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures takes place. Testing and tagging of electrical equipment was completed in March 2022. Checking and calibration of medical equipment, hoists and scales was also completed in March 2022. New equipment has been purchased for the new building.</p> <p>Residents will transfer from Henry Campbell secure dementia unit to the refurbished 21 bed Bruce House (was a dual-purpose wing and now will offer care for residents requiring dementia level of care). The corridors are wide and promote safe mobility with the use of mobility aids. There is a large lounge/dining area with a secure garden that can be accessed easily. There is a circular path, seating, and shade. Seven bedrooms that will be retained from the Henry Campbell dementia unit will be included in the final 28 bed unit. The 21-bed unit is separated currently from the seven-bed area by a locked door. The seven-bed pod will require a wall at the end to separate off the rest of the wing that will be demolished. The seven-bed area will then be joined with the 21 beds. A small lounge area is also included in the seven-bed area.</p> <p>Bedrooms are single occupancy. Bedroom doors are able to be locked to prevent access from the outside hallway noting that each is not locked from the inside of the bedroom. The locks can be turned off at any time for any room to ensure that these are accessible for residents who wish to access their own room. Each has an ensuite including a shower and</p>

		<p>toilet. Fixtures, fittings, and flooring are appropriate and able to be cleaned effectively. Toilet/shower facilities are easy to clean.</p> <p>All bedrooms and communal areas have ample natural light and ventilation. There is gas underfloor heating and/or wall panel heaters in the bedrooms (residents do not control these) the communal areas have heat pumps.</p> <p>The 21-dementia unit is ready for occupancy.</p> <p>Each care suite apartment in the new three-story building has a separate bedroom and ensuite and lounge area with a kitchenette. Each floor has seven care suite apartments, storage areas, communal lounge/dining areas and a reception on the ground floor. There is a laundry area for personal laundry. Outdoor areas are currently being landscaped and will include seating and shade. Each care suite apartment has its own balcony. Railings are in place in all areas to support residents. There is a lift from the ground floor – one door from the lift opens directly into the servery and the other opens into the hallway/lounge area. There are two flights of stairs (one on each side of the building). There are heat pumps with individual settings in each room.</p> <p>The facility is currently in the process of rebuilding. There has been consultation and co-design of the environments to reflect the aspirations and identity of Māori.</p> <p>The new building is required to be completed prior to occupancy.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>PA Low</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service for the existing building including the refurbished dementia unit however this may need to be checked to confirm that it is still relevant for the existing building given changes in the building configuration. A fire evacuation scheme has yet to be approved for the</p>

		<p>care suite apartment building.</p> <p>A fire evacuation drill is repeated six-monthly and was last held in December 2022. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a civil defence response cupboard. This is checked six monthly. In the event of a power outage there is back-up power available (the facility has three generators) and gas cooking. There are adequate supplies in the event of a civil defence emergency including water stores to provide residents and staff with three litres per day for a minimum of three days. Emergency management is included in staff orientation and external contractor orientation and is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>The building is secure after hours, staff complete security checks at night. There are security cameras installed outside and a security firm patrols at least twice a night. Currently, under Covid restrictions visitors are controlled by reporting to an area by reception and a rapid antigen test (RAT) is completed before entry to all areas. Security systems already in place will include the refurbished dementia unit and the care suite apartment building.</p> <p>There are call bells in the ensuites, bedrooms and lounge areas and other communal areas in the care suite apartment building. Staff use smart phones that can connect with anyone set up on a specific phone including staff who may be working in the existing wings. Phones all link to the nurse call centre across the care centre. Call bells are in place but are yet to be operationalised in the care suite apartment building. There is a sprinkler system in place with smoke detectors.</p> <p>Staff have not yet been orientated to the new care suite apartment building and have not had emergency training in the care suite apartment building.</p> <p>There are no other changes to emergency and security systems.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent</p>	<p>FA</p>	<p>The infection control coordinator is a senior RN who oversees infection control and prevention across the service. The job description outlines</p>

<p>leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>the responsibility of the role. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the electronic quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control coordinator and the quality and risk management team. Infection control audits are conducted and reported at quality and risk management meetings. Infection rates are also presented and discussed at quality and risk management meetings. These are also presented and discussed at infection control and house meetings. The facility uses an external company for benchmarking infection control data. Infection control data is discussed at board level six monthly. Infection control is part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland.</p> <p>Visitors are asked not to visit if unwell. Covid-19 screening continues for visitors and contractors. There are hand sanitisers strategically placed around the facility. Residents and staff are offered influenza vaccinations and most residents are fully vaccinated against Covid-19. There were no residents with Covid-19 infections on the days of audit.</p> <p>Partial provisional</p> <p>There are no changes to the infection prevention and control programme in relation to the refurbished dementia unit or the care suite apartment building. All current systems and processes will apply.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection</p>	<p>FA</p>	<p>A clinical manager supports the designated infection control (IC) coordinator. During Covid-19 lockdown there were meetings with the quality and risk management team which provided a forum for discussion and support. The service has a Covid-19 response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and positive tests.</p> <p>The infection control coordinator has completed in-house infection training and there is further external education planned. There is good</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>external support from the GP, laboratory, and the DHB IC nurse specialist. There are outbreak kits readily available and a personal protective equipment cupboard. Extra PPE equipment is supplied as required.</p> <p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. Policies and procedures are reviewed by the IC coordinator and the quality and risk management team. Policies are available to staff. The clinical manager and the infection control coordinator have had input to the development of the care apartments.</p> <p>There are policies and procedures in place around reusable and single use equipment. Audit tools are in place to check these are being utilised and best practice standards are being met. All shared equipment is appropriately disinfected between use. The service is working towards incorporating te reo information around infection control for Māori residents and encouraging culturally safe practices acknowledging the spirit of Te Tiriti. The infection control coordinator and the clinical manager are involved in the procurement of all equipment and consumables.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around Covid-19 and staff were informed of any changes by noticeboards and at handovers. Staff have completed handwashing and personal protective equipment competencies.</p> <p>Partial provisional</p> <p>There are no changes to the infection prevention and control programme in relation to the refurbished dementia unit or the care suite apartment building. All current systems and processes will apply.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p>	<p>FA</p>	<p>The service has anti-microbial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and</p>

<p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>monitoring of medication prescribing charts, prescriptions, and medical notes. The anti-microbial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and infection control meetings as well as infection control and house meetings. They are also reported to the board six monthly. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p> <p>There are no changes to the infection prevention and control programme in relation to the refurbished dementia unit or the care suite apartment building. All current systems and processes will apply.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the St Andrew's Village infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register on the electronic risk management system. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at quality, infection control and house meetings. Data is also sent for benchmarking with other facilities. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The facility incorporates ethnicity data into surveillance methods and data captured around infections. The service receives email notifications and alerts from the local DHB for any community concerns.</p> <p>There was a recent Covid-19 exposure outbreak affecting 9 residents and 79 staff in March 2022. All have recovered well. The facility implemented their pandemic plan. All houses were kept separate, and staff were kept to one house if possible. Staff wore PPE and residents, and staff were RAT tested daily. Families were kept informed by phone or email. Visiting was restricted. There had been four previous outbreaks documented (since the last audit: one gastro outbreak in 2020, three respiratory outbreaks in November 2020, January 2021, and July 2021).</p>



		<p>These were appropriately notified, debriefed, and managed.</p> <p>There are no changes to the infection prevention and control programme in relation to the refurbished dementia unit or the care suite apartment building. All current systems and processes will apply.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer’s labels and stored in locked areas. Cleaning chemicals are kept in a locked cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, and masks are available for staff and they were observed to be wearing these as they carried out their duties on the days of audit</p> <p>There is a sluice room in the refurbished dementia unit in the main care centre, with a separate handwashing basin. The refurbished dementia unit has a macerator for disposable equipment. Goggles are available.</p> <p>All laundry is processed on site. The laundry has a dirty area where laundry comes in to be washed. It then moves to a clean area for drying and folding. Clean linen is returned to linen cupboards on trollies while personal laundry is returned in individual baskets. The linen cupboards in each house were well stocked. The washing machines and dryers are checked and serviced regularly.</p> <p>There are three fulltime laundry staff. There is a cleaner for every house and one for communal areas. Cleaning and laundry services are monitored through the electronic internal auditing system by the household supervisor. When interviewed laundry and cleaning staff were able to describe appropriate infection control procedures and all were wearing appropriate PPE.</p> <p>The care suite apartment building does have a small laundry on the ground floor for personal items to be washed and dried if required. There is a sluice room with a macerator in the care suite apartment building.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The facility is committed to providing services to residents without use of restraint. There is a comprehensive restraint policy in place. The restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The designated restraint coordinator is a nurse manager/RN.</p> <p>The use of restraint is regularly reviewed in the two-monthly restraint committee meetings, reported in the monthly facility clinical, staff and quality meetings and to the Board via the director of care and CEO.</p> <p>Restraint minimisation and management of behaviours that challenge is included as part of the mandatory training plan and orientation programme.</p> <p>There are no changes to the restraint programme in relation to the refurbished dementia unit or the care suite apartment building. All current systems and processes will apply noting that the dementia unit including the outdoor area is secure.</p>

## Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our 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 2.1.1</p> <p>Governance bodies shall ensure compliance with legislative, contractual, and regulatory requirements with demonstrated commitment to international conventions ratified by the New Zealand government.</p>	PA Low	The service is planning to refurbish the dementia unit to accommodate 28 residents in the secure unit. Written approval for a 28-bed unit has not been received from the funder.	Written approval for a 28-bed dementia unit has not been received from the funder.	<p>Confirm that the funder has approved a 28-bed dementia unit.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports</p>	PA Low	<p>The building warrant of fitness for the existing building that includes the refurbished dementia unit expires 29 June 2023. This may need to be reviewed to include recent changes to the building with further demolition planned. The Code of Compliance for the new building has not been received.</p> <p>The secure refurbished 21-bed dementia</p>	<p>i)The current building warrant of fitness that includes the refurbished dementia unit may need to be reviewed to include changes to the care centre.</p> <p>ii)The Code of Compliance for the new building has not been received.</p>	<p>i) Confirm that the current building warrant of fitness that includes the refurbished dementia unit is appropriate to the care centre given renovations and changes to the site.</p> <p>ii) Ensure there is a Code of Compliance for the</p>

<p>cultural practices.</p>		<p>unit is ready for occupancy. A further seven beds will be retained from the adjoining Henry Campbell secure unit and joined to make the final dementia unit a 28-bed unit. There is a small lounge area at the end of the seven beds that will be retained. The service will need to build a wall to separate the seven beds and lounge from the rest of the wing that will be demolished.</p>	<p>iii)The seven beds and small lounge from the Henry Campbell secure dementia unit have not yet been added to the 21-bed secure refurbished dementia unit.</p> <p>iv)The reception area and nurses' station in the new care suite apartment building is yet to be completed.</p>	<p>new building.</p> <p>iii) Complete the wall to divide the seven remaining beds from the rest of Henry Campbell and join to the refurbished dementia unit.</p> <p>iv) Complete the building of the reception area and nurses' station in the new care suite apartment building.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	<p>PA Low</p>	<p>The dementia unit has access to a secure outdoor area that has gardens, shade, and seating.</p> <p>The new building with care suite apartments is to have a walkway put in place for residents to access the care in the independent apartment area, and completion of outdoor landscaping, seating, and shade. All areas in the new care suite apartment building are not yet furnished and carpet is not fully laid in all areas. All areas in the care suite apartment building have smart underfloor sensor tiles and a beam in ensembles that identifies if a resident falls. The system is not fully installed.</p> <p>Wiring is in place for electrical equipment, water is in place and ceiling hoists are installed. These are not yet operational.</p>	<p>i)The new building with care suite apartments is to have a walkway put in place for residents to access the care in the independent apartment area, and completion of outdoor landscaping, seating, and shade.</p> <p>ii)Not all carpet has been laid and furnishings put in place in the care suite apartment building.</p> <p>iii)The smart sensor system is not fully laid.</p> <p>iv)Wiring, water, and hoists are not yet operationalised.</p>	<p>i) Complete is the walkway between buildings and complete outdoor landscaping, seating, and shade for the new building with care suite apartments.</p> <p>ii)Furnish and carpet the care suite apartment building.</p> <p>iii)Ensure the sensor system is completed.</p> <p>iv)Operationalise electrical systems, hot water, and hoists.</p> <p>Prior to occupancy days</p>

<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	<p>PA Low</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service for the existing building including the refurbished dementia unit however this may need to be checked to confirm that it is still relevant for the existing building given changes in the building configuration. A fire evacuation scheme has yet to be approved for the care suite apartment building.</p>	<p>i)Confirmation that the existing fire evacuation scheme is appropriate given changes in the existing building was not able to be sighted during the audit.</p> <p>ii)A fire evacuation scheme has not been approved for the care suite apartment building.</p> <p>iii)Staff have not yet been orientated or had emergency training to the new care suite apartment building.</p>	<p>i)Confirm that the existing fire evacuation scheme is appropriate given changes in the existing building.</p> <p>ii)Obtain an approved fire evacuation scheme for the care suite apartment building.</p> <p>iii)Orientate and train staff in emergency management relevant to the new care suite apartment building.</p> <p>Prior to occupancy days</p>

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

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As well as whole subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our 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.