

CHT Healthcare Trust - CHT Acacia

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:	CHT Healthcare Trust
Premises audited:	CHT Acacia
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 29 October 2020 End date: 29 October 2020
Proposed changes to current services (if any):	CHT Acacia Park has been building a new facility in planned stages. The new building is adjacent to part of the older building which still remains and connected by enclosed walkways. Stage one of the build opened in November 2019. This includes 24 dual-purpose bedrooms (12 each upstairs and downstairs). The upstairs wing is still vacant. The ground floor of the new build is currently open. Part of the original existing building with capacity for 31 bedrooms continues to operate. This audit included verifying stage two of the build. This included 36 new resident rooms including one

double room. The service plans to transfer all the residents from the remaining old building into the new building on 15 November 2020. With the completion of the resident rooms, the service will have a total of 61 beds. There are three communities (pods) of ten bedrooms with a communal lounge/dining room/kitchenette in each pod upstairs and three similar pods downstairs.

Stage three will be completed by April 2021 which includes demolishing what remains of the old building and building a new laundry, offices, reception, nurses room, treatment room and new kitchen.

Total beds occupied across all premises included in the audit on the first day of the audit: 43

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

General overview of the audit

CHT Acacia Park currently provides care for up to 44 residents requiring rest home, and hospital level care (geriatric or medical). The service is currently located partially across the old building and partially in the new building.

Stage one of the build opened in November 2019. This included 24 dual-purpose bedrooms (12 each upstairs and downstairs). The upstairs wing is still vacant. The ground floor of the new build is currently open. Part of the original existing building with capacity for 31 bedrooms continues to operate. This partial provisional audit verified stage two of the build (ground and first floor). This included 36 new resident rooms including one double room. The service plans to transfer all the remaining residents from the old building into the new building from 15 November 2020. With the completion of the resident rooms the service will have a total of 61 beds. There are three pods of ten bedrooms with a communal lounge/dining room/kitchenette in each pod upstairs and three similar pods downstairs.

Stage three will be completed by April 2021 which includes demolishing what remains of the old building and building a new laundry, offices, reception, nurses and treatment rooms.

The unit manager is experienced and is supported by the clinical coordinator, the area manager and a team of registered nurses.

This audit confirmed improvements required are related to the completion of the building including a code of compliance, completion of the treatment room, approval of the fire evacuation scheme.

Consumer rights

Not audited.

Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital (medical and geriatric) level care. There is a unit business plan and staging transition plan around the new build.

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

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. Staffing is already in place and will transfer over with residents to the new rooms. Further staff have been employed. Staff have been orientated to the new building. The draft staffing roster allows for assessed service type and acuity of residents and considers the configuration of the new building.

Continuum of service delivery

The medication management system is implemented as per policy. The service is using an electronic medication system. A spare room in the new building is to be temporarily converted to be used as a secure medication room.

Food services are contracted in and will continue to be delivered from the existing kitchen. The menu is designed and reviewed by a registered dietitian at an organisational level. Food will continue to be transported in a hot box to the unit kitchenettes. Nutritional profiles are completed on admission and provided to the kitchen staff.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. There is a sluice room on each floor.

The new building is near completion. A code of compliance is yet to be obtained. Outdoor areas and pathways have been put in place. A large courtyard is being landscaped.

All resident rooms in the new part of the building being verified have a full ensuite apart from two bedrooms which have a partial ensuite. A communal mobility bathroom is available. Communal and visitor toilets are in place. Fixtures, fittings and floor and wall surfaces sighted in bathrooms and toilets are made of accepted materials for this environment. One large resident room is suitable to accommodate a couple.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids. Communal areas are well designed and spacious and allow for a number of activities. The new building has been set up as communities. Each community (pod) of 10 resident beds has their own communal lounge/dining area and kitchenette.

The service has robust housekeeping policies and procedures in place. Laundry is outsourced with a dirty linen bay for storage of dirty linen. The facility has a secure area for the storage of cleaning and laundry chemicals.

There are emergency and disaster policies and procedures in place. The updated fire evacuation plan has been approved by the New Zealand Fire Service.

Restraint minimisation and safe practice

Not audited.

Infection prevention and control

Infection prevention and control is currently the responsibility of a designated registered nurse. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues. There is a pandemic plan and Covid pandemic plan. There is plentiful supply of PPE and hand sanitiser. Staff have received ongoing training.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	12	0	3	0	0	0
Criteria	0	31	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>CHT Acacia Park currently provides care for up to 44 residents requiring rest home, and hospital level care (geriatric or medical). The service is currently located partially across the old building and partially in the new building. All rooms are dual-purpose. On the day of the audit there were 43 residents (22 rest home and 21 hospital). All residents were under the ARCC contract.</p> <p>Stage one of the build opened in November 2019. This included 24 dual-purpose bedrooms (12 each upstairs and downstairs). The upstairs wing is still vacant. The ground floor of the new build is currently open. Part of the original existing building with capacity for 31 bedrooms continues to operate. There are enclosed walkways connecting the two buildings. This partial provisional audit verified stage two of the build (ground and first floor). This included 36 new resident rooms including one double room (37 beds). With the completion of the resident rooms the service will have a total of 61 beds (24 beds verified at stage one and 37 beds verified at stage two). There are three pods of ten bedrooms with a communal lounge/dining room/kitchenette in each pod upstairs and three similar pods downstairs.</p> <p>Stage three will be completed by April 2021 which includes demolishing what remains of the old building and building a new laundry, offices, reception, nurses</p>

		<p>and treatment rooms.</p> <p>CHT has a documented philosophy of care, mission statement and overall business/strategic plan. The CHT Business plan includes a risk management plan. An area manager completes a monthly milestone report to the board which provides the link between governance and service level. There is a monthly quality report across all sites. The unit manager and clinical coordinator meet monthly with other CHT managers in the area and go through the KPIs with the CEO. There are also monthly unit review meetings held with the area manager. The unit manager's performance plan identifies business and quality goals for the current year. These goals are regularly reviewed and signed off when achieved.</p> <p>There is an Acacia Park staging plan (transition plan) around the new build which is regularly reviewed. The manager has provided regular newsletters and held meetings with staff, residents and relatives around the progress of the build. The service plans to transfer all the remaining residents from the old building into the new building from 16 November 2020. This transfer will be completed in one day with help from staff and relatives.</p> <p>The unit manager is a registered nurse who maintains an annual practicing certificate. The manager has over 20 years' experience in aged care and was in the clinical coordinator role at Acacia prior to taking on the unit manager role in 2016. The manager is supported by the clinical coordinator who has over 20 years' experience in aged care and 2 years in the role. The unit manager reports to an area manager on a regular basis (minimum of monthly). All managers and the clinical coordinator have completed at least eight hours of professional development along with management training.</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>During the temporary absence of the unit manager the clinical coordinator will provide management oversight of the facility with the support of the area manager. There will be no changes to second in charge with the changes proposed.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted</p>	FA	<p>There are human resources policies to support recruitment practices. This includes that the recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and</p>

<p>in accordance with good employment practice and meet the requirements of legislation.</p>		<p>veracity. The register of RNs practising certificates and allied health professionals is current. Four staff files were reviewed (one clinical coordinator, one RN, and two healthcare assistants). All files contained relevant employment documentation including reference checks and orientations. Annual staff appraisals were evident in all staff files reviewed.</p> <p>The management team stated they have sufficient staff to cover the new facility across both floors initially. They have recently employed another RN and three healthcare assistants. Advised that as numbers increase, they will employ a further two RNs and four HCAs.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The in-service education programme for 2020 has been completed and implemented. The majority of the training is completed through online education. The unit manager, clinical coordinator and registered nurses can attend external training, including sessions provided by the local DHB.</p> <p>There are eight registered nurses (including the clinical coordinator and unit manager). Five have completed interRAI training. There are two onsite Careerforce assessors. The majority of the healthcare assistants have Careerforce papers with 14 completed level four, two with level three and two with level four. There are four healthcare assistants with level one. Healthcare assistants are supported and encouraged to complete Careerforce modules. Staff have been orientated to the new building including completing a fire drill 27 October 2020.</p> <p>Staff complete competencies including medication, VCare, manual handling and hand hygiene.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The unit manager and clinical coordinator are on duty during the day Monday to Friday. Both share the on-call requirement for clinical concerns. There is a current roster for up to 44 residents and a draft roster up to 58 residents.</p> <p>For the new building, the draft roster includes an RN on each floor on the AM and PM shift and one at night.</p>

		<p>Healthcare assistants are staffed as one group and rostered across the six pods depending on the mix of hospital and rest home residents. For a potential mix of 20 rest home and 38 hospital residents there would be:</p> <p>On morning shift there are seven HCAs rostered for the AM (four full shift and three short shifts). On afternoon shift there are five HCAs (four full shift and one short). There are two HCAs rostered on night shift. The draft roster is able to be adjusted to allow for acuity levels.</p> <p>There are two activity staff and a part time maintenance person. All food service, cleaning and laundry are contracted to Compass.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>There are policies and procedures in place for safe medicine management including medication administration and monitoring of self-medicating resident. Policy and procedures meet legislative requirements. The facility has one temporary medication room currently in the old building. In the new building, a temporary medication room is being set up in what will eventually be a hairdressing room. This room is secure and is yet to be furnished. Advised that cupboards/fridge etc will be transferred from the current medication room to this new room. There are two medication trolleys (one for each floor). The fridge to store medication in will be moved into the transitional medication room. The medication fridge is maintained within the acceptable temperature range. Medication room temperatures are currently not being monitored. The first floor can access the treatment room and trolley from the adjacent lift. A new medication treatment room is to be built as part of stage three (April 2021).</p> <p>Registered nurses and medication competent carers administer medications from sachets on medication rounds. These staff have been assessed for competency on an annual basis and attend annual medication education. Registered nurses attend syringe driver education. All medication is checked on delivery against the electronic medication chart. All medications were securely and appropriately stored.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional</p>	FA	<p>All meals are prepared and cooked on site in a kitchen at Acacia Park. Food services are contracted in from an external company. The cook is responsible for the operations of food services. The kitchen team includes three cooks and kitchenhands. There is a four weekly rotating menu that is reviewed by the</p>

<p>needs are met where this service is a component of service delivery.</p>		<p>contracting company's dietitian and a community dietitian is available as needed. A food service policies and procedures manual is in place and a current food control plan.</p> <p>All residents have their dietary requirements/food and fluid preferences recorded on admission and updated as required. The cook maintains a folder of resident's dietary requirements that includes likes/dislikes. Alternative choices are offered. The cook is informed of dietary changes and any residents with weight loss. Dietary needs are met including normal, pureed meals and finger foods. Specialised lip plates are available as required.</p> <p>Input from residents on a one-to-one basis provide resident feedback on the meals and food services.</p> <p>Daily hot food temperatures are taken and recorded for each meal. Hot boxes are used to deliver food to each kitchenette in the new building. Each kitchenette has a boiling urn above the sink that has a boiling water tap. The service will need to ensure this is managed as part of their hazard register.</p> <p>Fridge and freezer temperatures are recorded. Dry foods in the pantry are dated and sealed. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen includes a dishwashing area, preparation, cooking, baking and storage areas.</p> <p>Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons and gloves on the day of audit.</p> <p>A new kitchen is being built at stage three (early 2021).</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>	<p>FA</p>	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances.</p> <p>There is a secure sluice on the first floor and access to the ground floor sluice in the old building. A new ground floor sluice will be built as part of stage three. Chemicals are secure. Waste management audits continue to be a part of the internal audit programme.</p> <p>All staff have completed training regarding the management of waste during induction.</p>

		<p>Gloves, aprons, and goggles are available with staff sighted as using these appropriately. There are MSD sheets available. There is plentiful supplies of PPE and hand sanitiser.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>Stage one of the build opened in November 2019. This included 24 dual-purpose bedrooms (12 each upstairs and downstairs). The upstairs wing is still vacant. The ground floor of the new build is currently open. Part of the original existing building with capacity for 31 bedrooms continues to operate. There are enclosed walkways connecting the two buildings. This partial provisional audit verified stage two of the build (ground and first floor). This included 36 new resident rooms including one double room (37 beds). With the completion of the resident rooms the service will have a total of 61 beds (24 beds verified at stage one and 37 beds verified at stage two). There are three pods of ten bedrooms with a communal lounge/dining room/kitchenette in each pod upstairs and three similar pods downstairs. A temporary reception area has been set up in an unoccupied room on the ground floor. There is a mobility ramp from the car park to the new building.</p> <p>Stage three will be completed by April 2021 which includes demolishing what remains of the old building and building a new laundry, offices, reception, nurses and treatment rooms.</p> <p>There is a current certificate of public use for the stage one part of the building. A code of compliance is yet to be obtained for stage two.</p> <p>The property manager for the build confirmed that the building and plant have been built to comply with legislation. The organisation has purchased further new equipment for the new building and all other equipment will be moved in with residents. All current equipment has been tested, tagged and calibrated within the last year. Equipment and medical equipment calibration and servicing is captured within the quality programme and scheduled annually.</p> <p>Policies relating to provision of equipment, furniture and amenities are documented.</p> <p>The building is on a flat section. The pathways and concrete patios around the current building have been completed and allow residents to be able to access outdoor areas and the existing building and roadway easily. The courtyard around the stage two-part building is in the process of being completed.</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>	FA	<p>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room (except two rooms) has an ensuite with a mobility aid-friendly shower, toilet and hand basin. Two resident rooms have ensuite toilets. There is a communal shower near. There are communal toilets on each floor. Handrails in toilets, showers and communal areas have been installed. There are red and blue coloured taps and coloured toilet seats.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents rooms have been built as dual-purpose rooms (hospital/rest home care able to be provided) and are spacious and each has an ensuite. There is one large double room for a couple. Doors are wide to allow for furniture to be moved in and out and there is enough space to allow for mobility aids and staff who would be supporting the resident. Mobility aids can be managed in ensuites.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The facility has been designed to support small communities. There are six communities (pods) in total. Each pod includes 10 resident rooms that have a communal lounge, dining room and kitchenette. The open plan lounges/dining areas are large enough for individual or group activities. Dining areas/lounges are large enough for residents with mobility equipment.</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>The organisation outsources housekeeping and laundry services. Dirty laundry is picked up daily and clean linen is delivered daily. An existing laundry room is used to store clean and dirty laundry ready for pick up. A dividing wall has been erected to ensure clean laundry is separate from dirty. There are wide hallways on each level of the new building with covered laundry bins in use to collect and transport dirty linen. There are cleaners' cupboards.</p> <p>Policies and procedures ensure all cleaning and laundry services are always maintained and functional.</p> <p>The service has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning</p>

		audits continue to be completed as per the audit schedule to monitor effectiveness of laundry and cleaning processes.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Low	<p>The emergency and disaster manual includes dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR are included in the mandatory in-services programme and the annual training plan includes emergency training. First aid training for staff is in place with a registered nurse on duty at all times with a current first aid certificate.</p> <p>An orientation to the new building has been completed for all staff including a fire drill in the new building (27 October 2020).</p> <p>The new building has alternative power systems in place to be able to cook in the event of a power failure. A generator is available onsite if needed. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. The volume of stored water for emergencies meets civil defence guidelines. A civil defence folder includes procedures specific to the facility and organisation.</p> <p>The call bell system was sighted in all bedrooms, ensuites and communal areas in the new building. There are call bell panels in the hallways.</p> <p>The fire evacuation plan has been submitted to the New Zealand Fire Service. The doors of the building can be locked, and security is relevant to the needs of the residents and staff with checks by staff prior to dusk. External doors in the new build can be locked for security. All ranch sliders off resident rooms are linked to the alarm system. All external doors are lockable and security procedures are in place. Emergency equipment including egress, sprinkler systems, smoke detectors have been installed.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and resident rooms in the new building are heated via under floor heating. There is plenty of natural light in all areas with external sliding doors in bedrooms on the ground floor of the new building and communal areas and windows in all rooms are able to be opened. There is no air conditioning in the building and the service will need to monitor temperatures on hotter days especially upstairs.</p>

<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>There are comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the infection control team on any infection control issues including a reporting and notification to head office policy. Responsibilities are documented as part of the policy that includes chain of responsibility and an infection control officer job description.</p> <p>A registered nurse is the designated infection control coordinator with support from the unit manager and clinical coordinator. There is a quality management committee that includes discussion of infection control information and review of data. Regular six-monthly internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually. There is a pandemic plan and Covid pandemic plan.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	There are two medication trollies to manage the two floors of the new building. The current medication room is to be demolished when residents move to the new building and a temporary room (currently the hair dressing salon) is planned to be used in the meantime on the ground floor of the new building. The room has been secured and includes a hand basin. The room is not yet furnished. A permanent medication/treatment room will be built in stage three of the new build.	The temporary treatment room in the new build has yet to be furnished.	<p>Ensure the treatment room is fully completed and operational.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	There is a current certificate of public use for the stage one part of the building. A code of compliance is yet to be obtained for stage two. The property manager for the build confirmed that the building and plant have been built to comply with legislation.	A code of compliance for stage two is yet to be obtained.	<p>Ensure a code of compliance is obtained.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>PA Low</p>	<p>The building is on a flat section. The pathways and concrete patios around the current building have been completed and allow residents to be able to access outdoor areas and the existing building and roadway easily. The courtyard around the stage two-part building is in the process of being completed.</p>	<p>The courtyard around the stage two-part building is in the process of being completed.</p>	<p>Ensure all landscaped areas are completed around stage two area completed and all other areas closed off.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	<p>PA Low</p>	<p>The updated fire evacuation plan has been submitted to the New Zealand Fire Service for confirmation of the Fire Evacuation Scheme.</p>	<p>An updated fire evacuation scheme is in draft with the fire service.</p>	<p>Ensure the fire evacuation scheme is approved.</p> <p>Prior to occupancy days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.