

Coastal View Limited - Coastal View Limited

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:	Coastal View Limited
Premises audited:	Coastal View Limited
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric)
Dates of audit:	Start date: 4 February 2021 End date: 4 February 2021

Proposed changes to current services (if any): Coastal View is a new purpose-built facility in Nelson. The facility is across one level and includes a total of 59 dual-purpose (hospital and rest home) beds. One wing of 14 larger apartment rooms have been verified as suitable as double rooms for couples, however the service only intends to have a total of five couples across these rooms. The total bed numbers at Coast View will be 64. The service has applied to be certified for rest home, hospital (Geriatric and Medical). Please note, those service types should be included in the table above under 'Services Audited'. The service is planning to open on 15 March 2021.

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

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

Coastal View is a new purpose-built facility in Nelson. The facility is across one level and currently includes a total of 59 dual-purpose (hospital and rest home) rooms. One wing of 14 larger apartment rooms have been verified as suitable as double rooms for couples, however the service only intends to have a total of five couples across these rooms. The total bed numbers at Coast View will be 64. The service is planning to open on 15 March 2021.

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

Coastal View Limited operates under Qestral Corporation Limited as a subsidiary company. The service is governed by a board of directors who have experience in owning and building aged care facilities and villages. Coast View Village has set a number of quality goals around the opening of the facility and these also link to the organisation's business plan.

An experienced management team is employed to manage the new service. The facility nurse manager (registered nurse) has many years in hospice management and previously aged care management. A clinical nurse manager has recently been employed to support the facility nurse manager.

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

Consumer rights

Not audited

Organisational management

The clinical nurse manager (RN) will fulfil the facility nurse manager role during a temporary absence. The service has been developing new policies and procedures for Coastal View which will also be implemented across their other villages. Policies and procedures are structured to provide appropriate care for residents that require hospital/medical, and rest home level care. The service has contracts for pharmacy, physiotherapy, dietitian and GP services.

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

Continuum of service delivery

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

The service is planning to use blister packs and implement an electronic medication management system. There is a centralised secure treatment room shared between the four wings.

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

Safe and appropriate environment

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

There is a centrally located nurses' station close to the main lounge and two dining rooms. Material safety datasheets are to be available in the in the laundry.

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

There is to be a garden area and paths between the wings and landscaping is in the process of being completed around the facility.

There is a mobility toilet near the lounge area. A large foyer and atrium off the entrance way allows for further sitting and social areas. There is a large open plan lounge and separate dining areas off the atrium.

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

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

Restraint minimisation and safe practice

Not audited

Infection prevention and control

The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the infection prevention & control (IP&C) nurse and clearly defined guidelines. The IP&C nurse is a registered nurse with previous experience and IC qualification. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually. The IC committee is to include staff from across the different areas and will meet bi-monthly and also report to the monthly quality committee meeting. There is a pandemic plan and a good supply of PPE.

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	29	0	6	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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>Coastal View is a new purpose-built facility in Nelson. The facility is across one level and currently includes a total of 59 dual-purpose (hospital and rest home) rooms. One wing of 14 larger apartment rooms have been verified as suitable as double rooms for couples, however the service only intends to have a total of five couples across these rooms. The total bed numbers at Coastal View will be 64. The service is planning to open on 15 March 2021. Stage two of the building will include a dementia unit which is planned for later in the year.</p> <p>The purpose of this partial provisional was to assess the preparedness of the service to provide hospital (medical and geriatric) and rest home level care. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.</p> <p>Coastal View Limited operates under Qestral Corporation Limited as a subsidiary company. The service is governed by a board of directors who have experience in owning and building aged care facilities and villages. Coast View Village has set a number of quality goals around the opening of the facility and these also link</p>

		<p>to the organisation's business plan.</p> <p>Their vision is 'Health and Happiness for a new generation'. There are five core values (respect and equality, integrity, innovation, anti-institutional, and promoting independence).</p> <p>An experienced aged care management team is employed to manage the new service. The facility nurse manager (registered nurse) commenced last week and has many years in hospice and aged care management. A clinical nurse manager has also recently been employed to support the facility nurse manager. The management team are supported by the organisation's clinical operations manager. The clinical operations manager has been working alongside the Burlington directors in preparation for commencing services in the new care home facility.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The clinical nurse manager (RN) will fulfil the facility nurse manager role in her absence. She has a clinical management background in medical care in the DHB.</p> <p>The organisation has been updating their organisations policies and procedures. The policies and procedures are structured to provide appropriate care for residents that require hospital (geriatric and medical), and rest home level care and align with current good practice.</p> <p>The service has negotiated contracts for pharmacist, physiotherapy, dietitian support and medical services.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>There are comprehensive human resources policies and procedures including (but not limited to) recruitment, selection, orientation and staff training. A register of registered nurse (RN) practising certificates is maintained.</p> <p>There is a comprehensive orientation programme documented that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, HCAs) and includes documented competencies.</p> <p>An induction programme has been developed and will be completed before opening. An induction training week is scheduled for all staff (8 March 2021)</p>

		<p>which will include (but not limited to) fire safety, manual handling, first aid, fire drill, emergency management, complaints, restraint and medication/medimap. Competencies will be completed including (but not limited to), hand hygiene, self-directed learning quizzes, hoist competency, and medication.</p> <p>The management team are in the process of interviewing and employing staff for the opening of the care centre. They have currently employed three RNs and the clinical nurse manager, one chef, one diversional therapist, one administrator, physio assistant. The management team are in the process of employing eight HCAs for the initial opening of the facility. Further staff will be employed as numbers increase.</p> <p>There are currently not sufficient staff employed to cover the initial roster including 24/7 RN cover.</p> <p>The clinical nurse manager and two of the RNs employed are interRAI trained. They are planning to employ a further two registered nurses initially.</p> <p>Healthcare assistants who have not completed appropriate training will be supported to complete the Health & Wellbeing level three and/or four through the tertiary college. There is a staff training policy. A training plan has been developed for 2021. The service also utilised the Altura online aged care training programme.</p> <p>A competency programme is to be implemented for all staff with different requirements according to work type (eg, HCA, registered nurse, cleaner). Core competencies are required to be completed annually as per policy.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a rostering and staff allocation policy that describes the staffing level and skills mix. This policy includes on-call processes. The policy aligns with contractual requirements and considers acuity levels. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a proposed roster for 0-5 residents, 5 -10 residents, up to 15 residents, up to 20 residents, up to 40 residents and up to 60 residents. Each roster has flexibility to adjust with acuity level.</p> <p>The service is opening one wing at a time. The facility nurse manager and clinical nurse manager (both RNs) work Monday – Friday.</p> <p>The roster for: 0 -10 residents</p>

		<p>AM shift, RN 0700 – 1530, HCA 0700 – 1500 and 0800 - 1330 PM shift; RN 1500 – 2315, HCA 1500 – 2300 and HCA 1500 - 2130 Night; RN 2300 – 0715, HCA 2300 – 0700 DT- 0800 – 1630 five days a week The roster for: 15 -20 residents AM shift, RN 0700 – 1530, 2 x HCA 0700 – 1515, 1 x HCA 0830 - 1330 PM shift; RN 1500 – 2315, HCA 1500 – 2315, 2x HCA 1500 - 2130 Night; RN 2300 – 0715, HCA 2300 - 0700</p>
<p>Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines. The service is planning to use blister packs and an electronic medication management system. The service has negotiated a contract with a local pharmacy. There is a spacious secure treatment room off the centralised nurses' station. Advised, that only those deemed competent, will be responsible for administration. Registered nurses and senior HCAs will be responsible for medication management. Registered nurses will receive training around syringe driver use with two yearly competencies (if not already completed and current). Training around medimap and competencies are to be completed at orientation (link 1.2.7.4). The medication room is completed with fixtures including locked cupboards and secure keypad entrance off the nurse's office. Two medication trolleys have been purchased for each side of the facility. There is a medication fridge in the treatment room.</p> <p>The medication management policy includes management of self-administration. There are locked drawers available in each resident room.</p> <p>The medication policy identifies that medication errors are treated as an incident and captured as part of the incident management system.</p> <p>The service has a contract with a local medical centre. A GP will initially visit weekly and as needed and afterhours will be provided by Medical Injuries Clinical Unit (MICU).</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The new kitchen is situated between the two dining rooms. The kitchen is designed in three parts, one for cooking, one area for dishing and one for clearing up. The commercial kitchen includes pantry, walk-in chiller and stand-up freezer. There are two doors from the kitchen that open up to the two dining rooms. It is intended that staff will be served meals from bain marie at the door of the kitchen and service to residents in the dining rooms.</p> <p>The menu has been approved and reviewed by a registered dietitian. The chef has been employed and further kitchen staff are yet to be employed. The chef has completed a food safety certificate. A food control plan is recently been registered with MPI.</p> <p>Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per policy. Resident annual satisfaction survey includes food service.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. Advised that any changes to residents' dietary needs will be communicated to the kitchen as per policy.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchens.</p> <p>There is a hot box available to keep meals warm for residents eating in their rooms.</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 policies around waste management including a storage & use of Chemicals policy. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.</p> <p>Material safety datasheets are to be available in the combined sluice/laundry. The sluice is located in the laundry in the hospital wing. The sluice/laundry is secure with a keypad. There is a locked cleaner's cupboard. Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building is across one level.</p> <p>The care centre is shaped as the letter H with two wings down each side and a centralised foyer and atrium with connecting offices, lounge, dining rooms and kitchen. There is a courtyard area off the lounge that is in the process of being landscaped. An outdoor deck off the lounge includes shade cloth. All resident rooms have sliding doors that open to a deck. Advised that the ground around the decks will be levelled off to be one level. There is a secure nurse's office next to the lounge that also includes the clinical nurse manager's office. There is a large, shared lounge with two separate entrances.</p> <p>There are 14 one-bedroom apartments in one wing that have been verified as suitable for couples. There are a further 14 studio apartments at the other end of that wing. There are 19 large hospital rooms on one end of another wing (advised that they intend to mainly have hospital residents here) and 12 studio apartments down the other end of the wing.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p> <p>There are handrails in ensuites, and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs for residents to rest. There is a sitting area halfway down each wing. All rooms and communal areas allow for safe use of mobility equipment. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each new wing for storage of mobility equipment.</p> <p>All rooms have been designed for hospital level care and each room has a spacious ensuite shower/toilet with appropriately situated call bells and handrails.</p> <p>The building is in process of being furnished. The certificate of public use has yet to be completed.</p> <p>The service has purchased all new equipment for the facility. All rooms to have electric hi/lo beds. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks.</p> <p>There are environmental audits and building compliance audits, which will be</p>

		completed as part of the internal audit.
<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	There is a mobility toilet near the large communal lounge. Each resident room has a spacious ensuite with shower. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment.
<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	Residents' rooms are spacious and designed for hospital level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. The communal lounge is spacious. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair. Fourteen resident rooms are one-bedroom apartments with kitchenettes. These rooms have been verified as suitable for couples. There are 26 studio apartments and 19 large hospital rooms. All rooms are suitable to be used as dual-purpose.
<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	There is a large centralised communal lounge and two dining rooms. There are other meeting rooms available for whānau/family meetings. There are a number of sitting areas around the facility and a large atrium area that can be used as a communal area.
<p>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	There are laundry policies and procedures. Cleaning procedures are available for cleaning staff. There is a laundry situated in one wing with two doors access (one entry, one exit to demonstrate a dirty to clean flow). There is a sluice, two commercial washing machines and two commercial dryers. There is also a separate clean laundry/folding and storage of clean linen area. The room is key padded. Covered linen trolleys have been purchased. There is an internal audit around laundry services and environmental cleaning to be completed as part of the internal audit schedule. The cleaner's cupboards are designated areas and rooms lockable for storage of chemicals. Laundry and cleaning staff are yet to be

		employed (link 1.2.7.3).
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Low	<p>Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included as part of the annual training programme. Staff training in fire safety and a fire drill is to be completed for new staff in the induction prior to opening.</p> <p>There are comprehensive civil defence and emergency procedures in place. There are civil defence kits and a 10, 000 litre water tank available.</p> <p>Key staff are required to hold a first aid certificate. All registered nurses that do not have a current CPR certificate on induction will complete this during the orientation week (link 1.2.7.4).</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building. The draft fire evacuation plan is currently being completed by Fire Fighting Pacific. This will be forwarded to the fire service for approval.</p> <p>The facility has a generator in the event of a power failure. There are civil defence kits for each wing.</p> <p>The service has purchased a van and there is a transportation policy.</p> <p>The call bell system that links to staff cell phones. Call bells are available in all resident areas, (i.e., bedrooms, ensuite toilet/showers, communal toilets, dining rooms). Call bell pendants are also available for those residents that may need them.</p> <p>There is a security policy in place. There is an automated sliding door entrance to the lobby. This is locked afterhours. Anyone is free to leave at any time from the inside during afterhours, by pushing the exit button.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>The new building is appropriately heated and ventilated. There are underfloor heating and heat pumps throughout the facility. The temperature in each room can be individually set. There is plenty of natural light in the rooms and all have sliding doors.</p>
<p>Standard 3.1: Infection control management</p>	FA	<p>The infection control programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. The scope of</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>the infection control programme policy and infection control programme description is available. The service has Bug Control policies and procedures.</p> <p>There is a job description for the infection prevention & control (IP&C) nurse and clearly defined guidelines. The IP&C nurse is an employed registered nurse with infection control work experience. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually.</p> <p>It is intended that the IC committee will be made up of a staff across the service and will meet 2-monthly. They will report to the monthly with the quality committee.</p> <p>There is a pandemic plan which includes management of Covid. There is ample supplies of PPE available.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>There is an employment policy. The management team are in the process of interviewing and employing staff for the opening of the care centre. They have currently employed three RNs and the clinical nurse manager, one chef, one diversional therapist, one administrator, physio assistant. The management team are in the process of employing eight HCAs for the initial opening of the facility. Further staff will be employed as numbers increase.</p> <p>There are currently not sufficient staff employed to cover the initial roster including 24/7 RN cover.</p>	<p>The management team are in the process of interviewing and employing staff for the opening of the care centre. Not all staff to cover the initial roster have yet been employed.</p>	<p>Ensure there is sufficient staff employed to cover the initial roster on opening including 24/7 RN cover</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive</p>	PA Low	<p>There is an orientation policy. All new staff are required to complete an induction and orientation. The organisation has a well-</p>	<p>Advised that the newly employed staff commencing will all complete a week's</p>	<p>Ensure staff commencing on opening complete the</p>

<p>an orientation/induction programme that covers the essential components of the service provided.</p>		<p>established induction/orientation programme, which includes packages specifically tailored to the position such as HCA, RN, and so on. Induction days have been planned for Coastal View.</p> <p>There is a staff orientation policy and procedure.</p>	<p>induction/training at the facility 8 March 2021.</p>	<p>facility induction.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building is across one level. The care centre is shaped as the letter H with two wings down each side and a centralised foyer and atrium with connecting offices, lounge, dining rooms and kitchen.</p> <p>The building is near completion and the service is in the process of being furnished. The building project team is yet to hand over the building and therefore the certificate of public use is yet to be obtained.</p>	<p>The certificate of public use is yet to be obtained.</p>	<p>Ensure the CPU is obtained, and a copy provided to the DHB.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>PA Low</p>	<p>There will be a number of outdoor garden areas for residents to access. There is a courtyard off the main lounge area between two wings in process of being completed.</p>	<p>(i) Landscaping is in the process of being completed; (ii) Seating is yet to be installed; (iii) The village area in the process of being built is not fenced off; (iv) Not all entrance/exit doors have paths/ramps fully completed.</p>	<p>(i) Ensure landscaping is completed in resident areas; (ii) Ensure seating and shade is available; (iii) Ensure all building areas are safely fenced off; (iv) Ensure all exit doors have appropriate access.</p>

				Prior to occupancy days
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part of the annual training programme. Staff training in fire safety and a fire drill is to be completed for all staff commencing at the induction prior to opening.</p>	<p>Specific fire safety and fire drill training is to be completed for new staff. This is scheduled for the induction training days.</p>	<p>Ensure a fire drill and fire safety is completed for new staff prior to opening.</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>	PA Low	<p>Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and currently with the fire service awaiting approval.</p>	<p>The draft fire evacuation plan is currently being completed by Fire Fighting Pacific. This will be forwarded to the fire service for approval.</p>	<p>Ensure the fire evacuation scheme is approved by the fire service.</p> <p>60 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.