# West Otago Health Limited - West Otago Health

## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** West Otago Health Limited

**Premises audited:** West Otago Health

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 11 August 2015 End date: 11 August 2015

**Proposed changes to current services (if any):** Assess preparedness of service to provide rest home or hospital level care for up to 14 residents

**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.

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

**Key to the indicators**

## General overview of the audit

Ribbonwood aged care facility is part of West Otago Health Ltd, situated in Tapanui. West Otago Health Limited (a charitable company) presently provides rural primary health care services and community nursing services. Aged care is a new service to be introduced. The company is governed by community appointed Directors and owned by the people of West Otago via the West Otago Health Trust (a charitable Trust).

The facility is a newly completed, purpose built aged care facility which is part of the new West Otago Health complex. Aged care is one of three services to be offered by the company. The company is currently managed by an interim manager who has project managed the development of the new building and aged care services as well as managing the two present services offered (primary health care and community nursing). The project to construct the new facility and introduce aged care services to those already offered has been well supported by the local community, who have been active in fundraising and volunteering time and skills towards completion.

This partial provisional audit was conducted to assess the service’s ability to provide rest home and hospital level care within the 14 bed dual purpose facility attached to the West Otago Medical Centre. This audit verified that the service has appropriate processes, and facilities to provide rest home and/or hospital level care. Audit processes included a tour of the facility, review of documentation, medication management and food service, and interviews with the manager, a trainee nurse practitioner, the trust board chairperson, the general practitioner, and administration staff.

Improvements are required prior to occupancy around staff recruitment and orientation, employment of a clinical manager, secure storage of medications, provision of a dietitian approved menu, obtaining a code of compliance, provision of scales and a hoist, ensuring the perimeter of the grounds is safe, and receipt of an approved fire evacuation scheme.

## Consumer rights

Not audited

## Organisational management

The Boards of West Otago Health Limited and the West Otago Health Trust provide governance and support to the interim manager. Human resources policies and processes are available and align with good employment practice, meeting legislative requirements. The induction and education and training programmes for staff will ensure staff are competent to provide care for rest home and hospital residents. No care staff have yet been employed. The interim manager is based at the medical facility and is experienced in financial management, project management and human resource management. Proposed rosters have been developed for staff cover for either rest home or hospital residents and will be increased in line with occupancy. Two part time registered nurses will be employed as and when required for when only rest home residents are accommodated. A roster with 24/7 cover with registered nurses has been developed to provide appropriate staffing levels for when and if hospital residents are admitted.

## Continuum of service delivery

Medication policies and procedures align with current standards and guidelines. Staff responsible for medicine administration will be trained and assessed for medication competencies. Food service in the Ribbonwood rest home will be provided from an onsite kitchen. Kitchen staff are yet to be employed. The kitchen is fully equipped to provide the food service to residents. Residents' individual needs will be identified, documented and reviewed on a regular basis.

## Safe and appropriate environment

Ribbonwood home has documented processes for waste management. The service has a policy for investigating, recording and reporting incidents involving infectious material or hazardous substances. Chemical safety training is to be provided to staff. Building work has been completed with some external surface and fencing work to be finished. The maintenance role will entail checks for safety of the facility and implementing requests from the maintenance book. Annual testing and tagging of all the new electrical equipment has been conducted. Within the home, there is a wide central hallway with rooms on each side, a dining room, and three lounge areas. All resident rooms have full ensuite facilities and are of sufficient size to accommodate rest home or hospital level residents. The service has policies and procedures for fire, civil defence and other emergencies and training is to be conducted for new staff. General living areas and resident rooms are appropriately heated and ventilated. Residents will have access to communal areas for entertainment, recreation and dining. Residents will be provided with safe and hygienic cleaning and laundry services, which are appropriate to the setting.

## Restraint minimisation and safe practice

Not audited

## Infection prevention and control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Relevant infection control education will be provided to staff as part of their orientation and as part of the on-going in-service education programme.

## Summary of attainment

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

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| **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 | 8 | 0 | 7 | 0 | 0 | 0 |
| **Criteria** | 0 | 25 | 0 | 10 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | PA Low | The Boards of West Otago Health Limited (charitable company) and the West Otago Health Trust (charitable trust) provide governance and oversight to West Otago Health Ltd. The health company includes a medical practice, community health nursing service and the 14 bed aged care facility. The service has applied for certification for 14 dual purpose beds (rest home and/or hospital). The Ribbonwood home is attached to the Tapanui medical centre, which provides primary care and community nursing care to patients in the West Otago area. The complex is a new, purpose built facility. The medical centre transferred operations from a previous site to its new facility August 2014 with the attached aged care facility (Ribbonwood) being new and now complete. The chair of the health company has been in the role of interim manager and was appointed to oversee the build and development of the new building and services. A full time business manager will be appointed to oversee the running of all aspects of the health service including the home. The interim manager is experienced in financial management, project management and governance roles. The medical centre employs a general practitioner, a trainee nurse practitioner, registered nurses, an enrolled nurse and district nurses. The service has been funded and supported by the local community since the inception of the project 14 years prior. Clinical team leadership for the home will be provided by a registered nurse, who is yet to be employed. West Otago Health Ltd has a strategic plan for 2015 – 2020. There is also a quality and risk management programme. The quality programme will be managed by a quality improvement team comprising the general practitioner, the nurse practitioner, the rest home clinical team leader and an enrolled nurse from the medical centre. The service has a comprehensive suite of policies and procedures, which have been developed and provided by an external consultant. Quality improvement activities will be identified from audits, meetings, staff and resident feedback and incidents/accidents. There are clearly defined and measurable goals developed for the strategic plan and quality plan. The service has developed a plan around the provision of rest home and hospital level care and includes engagement of stakeholders, physical environment, recruitment of staff, rosters, staff education, a marketing plan and assessment of residents and management of a waiting list. |
| Standard 1.2.2: Service Management 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.  | FA | In the absence of the interim manager (or yet to be employed business manager), the clinical team leader (registered nurse) would be responsible for the running of the facility. A review of the documentation, policies and procedures and from discussions with management, identifies the service's operational management strategies and quality and risk programme are in place to minimise the risk of unwanted events and enhance quality. |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | PA Low | The recruitment and staff selection process requires that relevant checks are completed to validate the individual’s qualifications, experience and veracity. A copy of practising certificates, including the registered nurses, general practitioners, physiotherapist, dietitian and pharmacist will be kept. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Advised that reference checks will be completed before employment is offered. The service has a comprehensive orientation programme available for all new staff with relevant information for safe work practice. As yet, no staff have been employed for the aged care facility. Contracts and position descriptions are available as evidenced in the manuals reviewed. Education polices and a training plan is in place. Discussion with the interim manager confirms that a comprehensive in-service training programme will be provided that covers relevant aspects of care and support and meets requirements. Training on induction to staff will include (but not limited to) emergency management, civil defence response and first aid, medication competencies for registered nurses and caregivers, fire training and fire evacuation drills. Caregivers who do not have formal qualifications will be encouraged to complete a recognised training programme. Registered nurses (RN’s) and caregivers will complete medication competencies.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | PA Low | Human resource management policies include a staff rationale and skill mix policy. The service has a plan to ensure that sufficient staff will be rostered on to manage the care requirements of the rest home residents and if required, rest home and hospital residents. The interim manager has developed a proposed roster for staffing the rest home when rest home residents are accommodated and a proposed roster for when hospital residents are admitted. On-call cover will be provided by the registered nurses, the GP, the nurse practitioner and registered nurses from the medical centre. All registered nurses (RN’s) from the medical practice are PRIME trained. Advised that cleaning staff, cooks and kitchen hands, maintenance and gardening staff, and activities staff will also be employed. With up to 10 rest home residents there will be one RN and one caregiver on duty on the morning shift, one caregiver on the afternoon shift and one caregiver on duty overnight. The proposed roster for rest home and hospital level residents includes a registered nurse on duty on each shift, as well as one caregiver on duty each shift. Advised that staffing will be increased when resident numbers increase from five to 10 to 14 residents. Activities are to be provided Monday to Friday.  |
| 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. | PA Low | There are comprehensive medication management policies and procedures in place, which have been provided by an external consultant. A medicines management system will be 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. The service will use four weekly blister dose medication packs for all residents at the Ribbonwood home. There is a signed agreement with a supplying pharmacy. Advised that medication packs will be checked and reconciled against medication charts upon arrival to the facility. Advised that caregivers and registered nurses who are deemed to be medication competent, will administer medications to residents. The service has a policy and procedure for residents who wish to self-medicate that advises three monthly assessments by GP of the resident's on-going ability to safely self-medicate and a resident competency review form.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | PA Low | The service will employ kitchen staff to provide the food services at Ribbonwood rest home. The cook will be responsible for menu planning, training of staff and all cleaning and audits. All staff working in the kitchen at Ribbonwood will have food safety qualifications. The kitchen is purpose built and has a large walk in chiller, a fridge and freezer unit, a bain marie, two electric ovens and a microwave. The service has purchased crockery and cutlery, including modified equipment for resident who may require this. A comprehensive food services manual will guide staff in all aspects of safe food management. Documentation is available for recording food temperatures, fridge and freezer temperature and food on delivery to the service. Meals will be served directly to residents from the kitchen to the dining room. Advised that a dietitian is available for staff to access.  |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Waste management procedures are addressed in the safe environment and health and safety manuals. The staff orientation process will address chemical usage, hazard management and the use of material safety data sheets. All hazardous chemicals are stored in secured areas. Appropriate sharps bins are available. Staff will be provided with protective equipment including gloves, eye protection and aprons. Hats will be worn by food service staff. Maintenance staff have access to protective equipment. Safe chemical handling training will be provided at orientation of new staff (link #1.2.7.4).  |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | West Otago Health Ltd has a newly built 14 bed aged care facility attached to the medical centre, and is located in Tapanui. The medical centre moved its operations from a previous site to the new purpose built building, August 2014. The facility is a single storey building which is spacious and all rooms are fully furnished. There is a dining area, three lounges and several other seating areas. Activities will take place in the lounges. Residents will be encouraged to bring in their own possessions and adorn their rooms as they wish. Fixtures and fittings are appropriate and will meet the needs of the residents. The service is awaiting sign off on a code of compliance certificate. Hazard registers are in place for all areas. The outside areas have been landscaped, with pathways and garden beds completed. The perimeter of the grounds is not yet completed. Hot water temperatures have been checked and are between 38 and 43 degrees Celsius (records sighted). Medical equipment has been purchased, with the exception of scales and a hoist. Flooring surfaces are new and are made of non-slip materials. The policy on transportation and vehicle usage describes transportation requirements. Advised by the interim manager that the service intends to purchase a van for use in transporting residents on outings. There are smoke detectors, fire alarms and sprinkler systems throughout the building.  |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers 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. | FA | The Ribbonwood home has 14 resident rooms. Each room has a full ensuite bathroom including a vanity unit, shower and toilet facilities. Residents requiring assistance would be able to be safely managed within the bathroom areas, including the use of hoists. There is one communal shower and toilet room spacious enough for a shower bath trolley.  |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | FA | The 14 resident rooms are spacious and are of sufficient size to cater for either a rest home or a hospital level resident. All rooms are spacious enough to allow residents to safely move about the furnishings with their mobility aids and for the use of a standing or lifting hoist. There is adequate space to allow residents to personalise their rooms. All rooms are fully furnished. Each resident room doorway is fitted with dual doors, which can be opened to provide extra space for manoeuvring mobility and transfer equipment.  |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Ribbonwood home has a dining room, and three lounge areas. Activities can occur in any of these areas. Residents will be able to use alternate areas if they do not want to participate in communal activities that are being run in one of these areas. There is adequate space to store mobility aids while residents are having their meals. Seating and space is arranged to allow both individual and group activities to occur.  |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | The service has in place, policies and procedures for management of laundry and cleaning practices. Product user charts, chemical safety data sheets for chemicals used in the facility, cleaning manuals and task sheets were reviewed. Cleaning staff are yet to be employed. Resident’s personal laundry will be done on site. The washing of sheets and towels will be processed by a contracted firm. Advised that staff will be provided with chemical safety training during orientation. The environment, lounges, dining room, bedrooms and utility areas are clean and tidy. Chemicals are stored in a locked cleaning cupboard and an automatic dispensing system has been fitted. The cleaner’s cupboard was locked. Cleaning and laundry audits are included in the annual audit schedule.  |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | Emergency management plans are in place to ensure health, civil defence and other emergencies are covered. Fire and evacuation training will be conducted during orientation and is scheduled six monthly (link #1.2.7.4). Civil defence resources are available. Appropriate training, information, and equipment for responding to emergencies will be part of the orientation of new staff. There is an emergency management manual, and a fire and evacuation manual. External providers conduct system checks on alarms, sprinklers, and extinguishers. Annual fire and evacuation training will be compulsory for all staff. First aid supplies are available. The service has applied to the New Zealand Fire Service for approval of the fire evacuation scheme. The unit is divided in to three fire cells.Emergency lighting is provided, as well as alternative heating and a generator, which can power the entire facility in an emergency. Extra blankets, torches and supplies are available. There will be sufficient food in the kitchen to last for three days in an emergency and there are sufficient emergency supplies of stored water available. Call bells were adequately situated in all communal areas. Each bedroom has a call bell in the bedroom and in the bathroom and these were functioning. The system is linked to pagers, that care staff will wear, which will alert staff to the area where the call bell has been activated. The nurse’s station is located in the centre of the home. Access by public is limited to the main entrance. Door checks will be made by staff on afternoon and night shifts. Swipe card access is required for doors between the medical centre and the rest home.  |
| Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | General living areas and bedrooms are appropriately heated and ventilated. Each bedroom has a self-controlling radiator. There is a wood fired boiler system which provides heating and hot water. Alternative heating via a diesel boiler is also available. One lounge has a gas log fire. Room temperatures can be individually adjusted. Residents will have access to natural light in their rooms and there is adequate external light in communal areas. The entire complex is smoke free for staff, residents and visitors.  |
| Standard 3.1: Infection control managementThere 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.  | FA | Ribbonwood has an infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The clinical team leader (registered nurse) will be the designated infection control nurse with support from the nurse practitioner. The infection control programme is linked into the incident reporting system. Infection control will be part of the staff meeting and also linked to the board meeting, and the quality improvement team meeting and will include discussion and reporting of infection control matters. The infection control programme has been provided by an external consultant and will be reviewed annually. Regular audits are scheduled to take place that include hand hygiene, infection control practices, laundry and cleaning. Advised by the interim manager that education will be provided for staff on orientation and is included in the annual programme.  |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.1.3The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services. | PA Low | Recruitment of staff has yet to be undertaken. It is the intention of the home’s governing body to employ a business manager to oversee the running of the facility with clinical management to be provided by a registered nurse. These roles are yet to be filled. | The service intends to provide rest home and/or hospital level care to up to 14 residents. A clinical manager has yet to be appointed. | Ensure that a registered nurse is employed to oversee the clinical care provided to rest home and hospital level residents.Prior to occupancy days |
| Criterion 1.2.7.3The appointment of appropriate service providers to safely meet the needs of consumers. | PA Low | Contracts and position descriptions are available as evidenced in the manuals reviewed. As yet, no staff have been employed for the aged care facility. The service has determined the number of staff and positions they require to full before opening. | As yet, no staff have been employed for the aged care facility | Ensure all staff required to meet the needs of the residents are employed and orientated prior to occupancy.Prior to occupancy days |
| Criterion 1.2.7.4New service providers receive an orientation/induction programme that covers the essential components of the service provided. | PA Low | There are policies and procedures in place to provide guidance in the recruitment of new staff for the Ribbonwood home. Recruitment of new staff is yet to commence. | Staff (yet to be recruited) have not been orientated to the service and facility. Advised by the interim manager that a comprehensive orientation programme will be provided for all new staff, prior to residents being admitted. This will include (but not limited to) fire safety and evacuation, health and safety, chemical safety, infection control, code of consumer rights, medication management, and first aid training. | Ensure that all new staff receives an orientation to their respective roles and to the facility.Prior to occupancy days |
| Criterion 1.2.8.1There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery. | PA Low | The planned roster for rest home residents includes one caregiver on duty each shift, as well as two part time registered nurses covering seven days per week. The proposed hospital roster includes the provision of registered nurses to cover the 24 hour period, seven days a week. Staff are yet to be appointed. | The employment of registered nursing staff has yet to be undertaken. | Ensure that there is registered nursing cover 24/7 when hospital level residents are accommodated.Prior to occupancy days |
| Criterion 1.3.12.1A 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. | PA Low | The service has a locked treatment room designated for medication storage. A medication trolley has been purchased. There is a medication fridge. A system for storing controlled drugs is not yet in place.  | There is currently no provision for the secure storage of controlled drugs. Advised that a safe has been purchased and is awaiting fixture. | Provide evidence that controlled drugs can be stored securely. Prior to occupancy days |
| Criterion 1.3.13.1Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group. | PA Low | The food service manual includes all relevant policies and procedures pertaining to the provision of meals and drinks to residents. Advised that staff will have access to a dietitian as required. A menu has yet to be finalised. | The service does not have an approved menu in place. |  Provide evidence that a menu has been developed, and reviewed by a registered dietitian.Prior to occupancy days |
| Criterion 1.4.2.1All buildings, plant, and equipment comply with legislation. | PA Low | This purpose built facility has recently been completed. Each room has been furnished with furniture and fittings appropriate to the needs of residents. Each room has an electric bed – the majority are high-low beds and some are low-low beds. The service is awaiting sign-off on the building code of compliance. Advised by the interim manager that the service is purchasing sit on scales and a sling hoist. | i) A building code of compliance certificate is not yet completed; ii) the service has yet to purchase sit on scales and a sling hoist.  | i) Provide evidence that the building code of compliance is signed off and completed; ii) ensure that appropriate weighing scales and a sling hoist are acquired for the use with hospital level residents.Prior to occupancy days |
| Criterion 1.4.2.6Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | The external areas around the building have been landscaped and new lawn has been sown. There are flat concrete paths around the building. Garden beds have been developed. At the edge of the lawn area there is steep bank leading down to the adjoining golf course and a pond.  | The perimeter of the grounds is potentially not safe. There is currently no fence in place to prevent residents or visitors from accessing the bank at the edge of the lawn. Advised by the trust board chairperson that fencing supplies have been purchased and that a volunteer group are intending to erect the fence when the ground thaws sufficiently for work to take place. | Ensure that the external environment is safe and that hazards are either eliminated, isolated and/or managed. Ensure the safety fence is installed.Prior to occupancy days |
| Criterion 1.4.7.3Where required by legislation there is an approved evacuation plan. | PA Low | The facility build is now complete. The service has applied to the New Zealand Fire Service for approval of the fire evacuation plan. The interim manager advised that all documentation has been provided and they are awaiting the completion of this process. Documentation reviewed shows that the fire service will respond to the application by 24 August 2015.  | The fire evacuation scheme has not been approved by the New Zealand Fire Service. | Provide evidence that the New Zealand Fire Service has approved the fire evacuation scheme.Prior to occupancy days |

# 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.