

Aria Gardens 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 The DAA Group 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](#).

The specifics of this audit included:

Legal entity:	Aria Gardens Limited
Premises audited:	Aria Gardens Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 7 January 2016 End date: 7 January 2016
Proposed changes to current services (if any):	The existing dementia wing at the Aria Gardens facility has been modified, extended and completely refurbished to provide an upgraded and purpose built 20 bed dementia unit (adding two beds to those previously available).
Total beds occupied across all premises included in the audit on the first day of the audit:	16



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.

General overview of the audit

Aria Gardens Home and Hospital is a member of the Arvida Group of Retirement Villages and Care facilities. It is a facility providing rest home, hospital and dementia services in a suburban area of the north shore of Auckland. This partial provisional audit was to establish the service provider's level of preparedness for providing dementia services, following a reconfiguration of these services. The Kauri wing has been redesigned and completely refurbished, adding two beds to provide a 20 bed dementia unit.

There have not been any changes to the organisational management systems, or to services currently being delivered in the dementia unit since the last audit. The facility continues to express and demonstrate their commitment to excellence.

Aspects of the refurbishments that require completion prior to occupancy include documentation for the Code of Compliance and a levelling of external pathways with gravel edging. Evidence of hot water temperatures being within a safe level have been provided since the audit.

Consumer rights

This section was not applicable to this audit.

Organisational management

The values, purpose, mission and philosophy of the reconfigured dementia service have not changed since those documented for the current dementia service, the wider services provided at Aria Gardens and those of the parent company, the Arvida group. Although the Arvida Group has its own strategic plan, Aria Gardens has an independent quality improvement risk and management action plan that is reported on monthly.

The manager is suitably qualified and experienced, has expertise in managing residents with dementia and is maintaining professional development. The current clinical manager of the rest home, who is also responsible for the dementia service, will relieve in the manager's absence.

The service provider had taken all reasonable actions for prevention of two significant incidents and completed all reporting requirements.

Human resource processes are consistent with organisational policy documentation. Professional credentials are checked, core training is being upheld, employment processes ensure suitable staff work in the unit and there are aspects of the comprehensive orientation programme that are dementia specific. Staff are supported to undertake dementia specific training if they work in the dementia unit and more than 90% of the current staff have completed modules in dementia care.

The proposed staff roster for the dementia unit will ensure adequate numbers of staff with dementia expertise will be on duty for each shift. Additional hours have been added from those provided in the current dementia unit, to allow for the additional bed numbers. A registered nurse is scheduled to be available at all times and the newly allocated activities person has dementia experience.

Continuum of service delivery

The storage area for medicines is in an area of the lounge that has been designated for use as the nurses' station. There is a set of cupboards and drawers with locks in place. Medicine records of residents in the temporary secure dementia wing, who will transfer to the new wing, were checked and the current medicine system for these people was reviewed. All requirements have been met.

Residents in the dementia service have had nutritional profiles completed when they were admitted. This information has been provided to the kitchen and staff use it to ensure any special dietary requirements are met and personal food and beverage preferences are honoured. The current menus have been reviewed by a dietitian and residents' weights are being monitored monthly. Kitchen staff were found to be upholding the principles and practices of safe food handling and storage.

Safe and appropriate environment

Waste and hazardous substances are being managed according to organisational policies and procedures, legislation and local council requirements. Personal protective equipment is available.

Refurbishment of a wing (Kauri) of the Aria Gardens facility has been completed except for the internal furnishings and landscaping. The Kauri wing will accommodate residents requiring care in a secure environment. A Code of Compliance and completion of the edge of the pathway are required to be addressed before occupancy.

Attention to detail is evident throughout the Kauri wing which has multiple physical features that are consistent with recommended best practice for dementia services. These features are intended to enhance the lives of the residents and to make it easier for them to manage cognitively.

Dining and living areas are separate and an additional quiet room has been set up. All residents will have their own bedroom and toilet. Communal toilets and showers are clearly marked in both words and graphics. The exterior has a looped pathway of artificial grass and a landscape plan has also taken the purposes of the environment into consideration.

Fire safety systems have been installed, a fire evacuation plan signed off and staff have been updated in emergency management education. Emergency supplies are available and disaster management plans are in place. A call bell system with a digital panel is operational.

Attention has been paid to security as the unit has secure entry and exit features, staff sign off security checks each night and undertake rounds of the entire facility.

Restraint minimisation and safe practice

This standard was not included in this partial provisional audit.

Infection prevention and control

An infection prevention and control system that has been signed off by management is in place. The system includes related policies and procedures, surveillance systems, internal audits, staff education and monitoring processes, such as internal audits. An infection control officer leads an infection control committee that reports to the management team. Processes for preventing the spread of infection have been established.

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	14	0	1	0	0	0
Criteria	0	33	0	1	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>Aria Gardens is a rest home, hospital and dementia service, which is a member of the Arvida Group Limited, one of the larger operators of retirement living and aged care facilities in New Zealand. The Arvida Group provides a corporate structure and Aria Gardens operates as an independent facility embedded in its local community and retaining its unique character. Although the Arvida Group has its own business plan, the current strategic plan for Aria Gardens sits within a document titled Quality Improvement Risk and Management Action Plan. An introduction section covers information in relation to their commitment to quality and an action plan covers quality and risk management, health and safety, infection control, clinical and support services and finances. The purpose, values, scope, direction and goals of the organisation sit within this document and the objectives are reported on each month.</p> <p>Four values that refer to individuality, engagement in life, fairness and real experience are described in a resident information pack, along with the vision that includes dignity, independence and respect for people. The organisation's philosophy outlines organisational goals for the people, features about the staff and the environment as well as the service's commitment to safety and quality care and support.</p>

		<p>The manager of Aria Gardens Home and Hospital (one of three Aria Villages) has been in the role for three years and is now also the village coordination manager for North Island Arvida Group villages. He has a current registered nurse practising certificate and documentation sighted demonstrated a commitment to attending a range of ongoing professional development education sessions, seminars and conferences. Competencies, including first aid, are being maintained, audit skills are being developed and there is evidence of a close liaison with the staff and residents. The manager of Aria Gardens reports to the general manager - operations, in the Arvida Group support office. He is responsible for the analysis of data and information, development of the monthly manager's report for Aria Gardens, monthly updates related to the Quality and Risk action plan, and Board reports. Examples of these activities were viewed during the audit.</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>Comprehensive quality improvement and risk management systems are in place and include the monitoring of services provided to the residents, staff performance and environmental influences.</p> <p>The manager of Aria Gardens is also responsible for the overall management of the dementia service. A clinical manager of rest home services at Aria Gardens, who is responsible for overseeing the dementia service, covers the manager's duties in relation to the dementia service in his absence. Management staff from the Arvida Group office are also able to provide operational support should this be required.</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>	FA	<p>Professional qualifications are recorded in staff files and copies of annual practising certificates were viewed in the front of staff files. The manager described how an alert comes up on his computer when a renewal is due and noted that the receptionist also has a record of due dates.</p> <p>Human resources policies and procedures describe recruitment processes and there are two managers involved in the employment, including interviewing of new staff. A comprehensive application process is in place with copies of written applications and curriculum vitae retained on file. Police and reference checks are undertaken for all new staff and signed employment agreements that are consistent with position descriptions are in the seven staff files that were</p>

		<p>reviewed during the audit.</p> <p>A staff induction handbook is provided to all new staff and covers seven modules. It is an information booklet that includes theory and related worksheets for key aspects of service delivery, such as consumer rights, infection control, communication and safety. Records of these were viewed in staff files. Competency assessments for practical components of service delivery are a part of the induction process and checklists for these were viewed. Health and safety training is included in the induction process and has its own checklists.</p> <p>A staff person coordinates staff training. Core topics for ongoing staff education have been identified and are delivered during monthly staff meetings by internal and external experts. External training is accessible to staff and all except two new staff in the dementia service have the dementia care module of the Aged Care Education staff training programme. The two new staff have already completed their basic certificate and are enrolled in the dementia care module. All senior staff including managers, registered nurses and enrolled nurses undertake first aid training and their certificates are being updated when required. Records of completed staff training and certificates verifying attendance are in staff files. In addition to dedicated diversional therapists, there are some caregivers who have undertaken training in activities coordination.</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>A good employer policy includes policy and procedures in relation to staffing, rostering and skill mix. This document includes a list of factors to be taken into consideration when rostering staff with examples being staff skills, safety and security, any cultural requirements and specific specialty requirements, such as staff trained in supporting people with dementia.</p> <p>The clinical manager of rest home services is a registered nurse who has overall responsibility for the dementia unit, as well as the rest home. She is on duty Monday to Friday. A registered nurse is on site in the hospital service 24 hours a day on seven days a week and is available to assist in the dementia service when required. An additional registered nurse is available to the dementia service on both Thursdays and Saturdays.</p> <p>Two of the activities staff within Aria Gardens have training in managing people with dementia and one of these will become a dedicated dementia service diversional therapist when the new wing opens.</p>

		<p>Requirements for the roster are listed for both the current dementia service with 16 residents and for the proposed newly refurbished specialty dementia wing. There are currently two staff who work 7am to 3pm, one 3pm to 11pm, one 3pm to 10pm and one on the night shift from 11pm to 7am. Additional staff are to be rostered in the new 20 bed wing with a 7am to 1pm shift, a 5pm to 9pm and a second night shift person 11pm to 7 am.</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>	FA	<p>The newly refurbished wing has lockable cupboards in the open plan nurses' station area that are intended for the storage of medicines. This replicates the design of the current area where the people with dementia are living. Medicines requiring special storage will be held in the hospital wing should they be prescribed. Where appropriate, medicines are pre-packed for each resident in a roller sachet system.</p> <p>Five of the sixteen medicine records for residents who are currently in the temporary dementia wing were reviewed. All medicines have been prescribed with the medical practitioner's signature in place. Discontinued medicines have been signed, crossed through and dated, allergy status is recorded on each, pro re nata (prn) medicines have the purpose noted against them, reviews are occurring three monthly, and telephone orders are being signed off in a timely manner. Sample signatures are recorded both in the front of the medicine record folder and on the administration records, which are being consistently completed according to best practice. Weekly reconciliation processes are being maintained, and allergy status is recorded for each person</p> <p>Records showed that medicine competencies are up to date for the staff responsible for administering medicines in the dementia service. This process aligns with each staff member's performance review. There are no residents in the dementia service who self-medicate.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>A 2014-2015 winter and a 2015-2016 summer menu have been developed and signed off by a dietitian. The current summer menu for 2015 is in place. A nutritional profile is completed for all new residents at the time of admission to the facility and staff report that family members assist staff in completing this for people with dementia. Copies of these are available in the kitchen and the kitchen staff are familiar with each person's nutritional needs. Each resident is</p>

		<p>weighed monthly and data related to weight loss of 2kg or more is reported on, analysed for review of possible reasons and actions taken when indicated. The profiles include food preferences around likes and dislikes, any special dietary needs, such as for people with diabetes, and any modifications, such as for texture of the food. Kitchen staff reported a registered nurse updates these annually and when required and this was evident in the records reviewed. These practices of ensuring nutritional needs are met are across the board and therefore used for residents with dementia, for whom additional snacks are also available throughout the day and night.</p> <p>Safe food storage principles are being maintained in the on-site kitchen with expiry dates on original packaging being retained, stock rotational methods, fridge and freezer temperatures being checked daily, temperatures of hot foods taken off the bain-marie daily and leftovers are dated and disposed of on the same day either down the waste master or through the general waste system. Kitchen cleaning duties are signed off each day and records of these were viewed. Although three are ready for updates, all kitchen staff, including new staff, have completed safe food handling courses.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Policies and procedures on the management of various types of waste and hazardous substances are available and are being implemented. General waste is disposed of into a skip, which is removed from the facility by a private contractor three times a week. Cardboard and cartons is collected and removed as required by a separate contractor. Recyclable tins, plastics and glass are placed into local council bins for collection every two weeks, as is paper, but in a separate bin. Sharps containers are collected when filled and swapped with an empty container.</p> <p>Personal protective equipment of aprons, goggles, masks and gloves are available and splash back protective devices have been installed over sluices. A spill kit was sighted. The facility has changed their supplier of cleaning and laundry supplies within the past six months and the contractor has provided staff education on their use and the safe management of chemicals.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible</p>	PA Low	<p>A maintenance programme is in place for the entire facility, which has a current building warrant of fitness that has an expiry date of 21 July 2016. However, the</p>

<p>physical environment and facilities that are fit for their purpose.</p>		<p>refurbished Kauri wing does not yet have a Code of Compliance. The manager reported that the paperwork has been completed, but due to the Christmas and New Year holiday break this has not yet come through. Overall there has been attention to detail with specific needs for people with dementia taken into account. For example, the hallway walls are all one colour and facilities such as storage cupboards for manchester blend into the walls. Glass cased memory boards are beside the doors of each resident's room, the bedroom doors look like a front door and minimum shadow lighting has been used throughout the unit to reduce over-stimulation. Practical aspects have been considered with vinyl on bedroom and dining floors with carpet in the hallways and other communal areas. The hot water heating system has been connected but at the time of audit the hot water temperatures in all rooms had not been measured. These have since been provided and demonstrate hot water temperatures are safe.</p> <p>The external environment is in the process of being landscaped. There is level entry to the outside, which is a secure courtyard. Another patio area off the dining room is designed to have patio furniture in it that has yet to be delivered. Raised gardens are currently planted with architectural style plants but plans are in place to replant these with vegetables, while the garden shrubs around the lawn are to be replaced with decorative plants. All planned planting has reportedly been checked for any possible toxicity. Glass panelling with etched designs on it enables residents to see the car park outside and to see people come and go. There is artificial grass laid on a path around the garden. Pathways go in a loop and residents will be able to go out one door and back in through another. At present there is gravel edging around the building and a drop from the artificial grass pathway onto this is a potential hazard.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>There are adequate numbers of toilets and bathrooms. All residents' rooms have their own separate toilet. These have contrasting colour toilet seats and contrasting colours between the walls and the floors. There are also four communal toilets and four communal wet area accessible showers that are interspersed between the residents' rooms and the communal areas. Motion sensor lights come on when a person gets up during the night both in the bedroom and in the toilet. These turn off automatically. The basin taps all have grip handles and have blue and red on the tops to indicate the cold and hot respectively. The communal facilities have both words and pictures on the doors</p>

		showing the room is a toilet, or a shower.
<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>All residents are to have their own room and all rooms are of a similar size. All rooms have had decals painted on the doors to give residents the impression they are going into a front door. Each door is a different colour and the decals are of different designs.</p> <p>Single slat divan beds are in place in some of the rooms and confirm that there is sufficient room for residents to move around, as well as have their own items around them as they choose.</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 refurbished Kauri wing has spacious communal areas for dining and entertainment and recreation. The dining area has vinyl flooring. Both of these main rooms sit opposite one another; however, each can be closed off with large sliding doors when required, such as for activities. A kitchen bench, sink and cupboards have been installed at one end of the dining room. A smaller quiet room with external views is also available for residents to sit in if they choose. Comfortable easy chairs with washable covers for use in the lounge area arrived on the day of audit.</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>All cleaning products are stored in the room specifically set aside for the household staff, where safety data sheets and instructions on their use are all clearly documented. A trolley is used by the household staff while undertaking cleaning duties and staff were observed to store this safely in a locked room when requested to go elsewhere. Internal audits are used to monitor the effectiveness of cleaning and laundry processes, although any complaint from staff, resident or visitor is followed up. Corrective actions are raised if standards are not met. Staff interviewed spoke positively about the change of cleaning and laundry products since a new supplier was contracted.</p> <p>There is an on-site laundry where the 'dirty' and 'clean' linen areas are marked and the process was being used correctly on the day of audit. Laundry cleaning products are stored safely and there is a locked door out of the facility to access the laundry, which is not accessible to residents.</p>

<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Fire safety training and emergency management is a core training topic that staff are required to participate in during their orientation and on an annual basis. Evidence of this occurring was in staff files. Six monthly fire evacuations are trialled and records of these were sighted (February and August 2015). Health and safety policies and procedures, emergency management information and a disaster plan sit within organisational documentation and health and safety is a component of management reports sighted. The fire evacuation plan has been updated (4 December 2015) to include the new Kauri wing and has been signed off by fire service representatives. There are smoke detectors, portable fire extinguishers, fire hose reels and a sprinkler system.</p> <p>In the event of an emergency, there is an emergency lighting system, battery back-up for emergency doors, gas stove units and barbecues for cooking. Emergency supplies are being checked and the checklist signed off three monthly. Contents include those as recommended by civil defence. Emergency canned and dried food is dated and less than 12 months old. The service has access to additional water supplies as well as bottled water stored in the emergency supply cupboard.</p> <p>The call system within the refurbished wing was tested and is operational. Buttons for call bells are available in all bedrooms, toilet and bathroom areas. A digital read out in corridors indicate where the alert has been pressed. An emergency button is available to staff if required.</p> <p>The refurbished wing intended for use as a secure dementia service has a key pad entry system to enter and leave the area. All windows have security latches on them. Records sighted show that staff sign that they have undertaken security checks each day. Security requirements include accounting for all residents at specified times and locking doors at 8.30pm or at nightfall.</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>	<p>FA</p>	<p>All bedrooms, dining and living areas have windows that provide natural light. Each room has a window that is able to be opened and communal areas and hallways have doors to the patios, garden and pathway outside.</p> <p>Underfloor heating and heat pumps are installed and adjustable thermostats are in place to monitor the room temperatures. The heat pumps provide air</p>

		conditioning in the summer months when required.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The clinical manager of the rest home who also has responsibility for the dementia service is the infection control officer. An infection control committee meets three monthly and includes the infection control officer, caregivers from the rest home and hospital, the clinical manager for the hospital, household staff and another registered nurse. Terms of reference for the committee were sighted, as were the last two sets of meeting minutes.</p> <p>An infection control manual has been supplied by an infection control consultant who is responsible for the updates. This is supplemented with specific infection control processes for Aria Gardens that are reviewed in line with documentation control and review processes. The objectives in this manual cover the surveillance programme, outbreak response, feedback to staff, staff awareness and compliance, training and audits, for example. The last annual review report (January 2015) shows that the programme is being maintained. This has been signed off by the manager, as has the infection control manual. Monthly infection control surveillance reports go to head of department meetings, staff meetings, and quality improvement meetings and are in all reports from the manager.</p> <p>The infection control officer described how communication about prevention of infection starts at the time a person is admitted both with the family and the resident. Residents are reportedly isolated if they show signs of infection, although an acknowledgement was made that this can sometimes be difficult for people with dementia and management strategies were discussed. Reminder notices about the importance of hand washing and the use of hand sanitiser are displayed and signs are put on the front door in the event of an outbreak.</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 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The newly refurbished wing (Kauri) that has been reconfigured to accommodate residents who require a secure environment is almost ready for occupancy, with only the remaining furniture to be brought in and minor finishing touches to be completed. The facility has a current building warrant of fitness; however, the Kauri wing does not yet have a Code of Compliance. All plumbing has been completed, however at the time of audit the hot water temperatures had not been checked for safety. Records of hot water temperatures from all taps in the resident areas of the Kauri wing were provided following the audit demonstrating all are at safe levels. There are some external areas that have yet to be completed; however, one aspect is presenting a hazard and that is where the artificial grass path drops onto a gravel edging. The service provider has advised that this has been rectified since the audit; however evidence has not yet been sighted. These environmental aspects require correction prior to occupancy.</p>	<p>There are areas associated with the building and immediate external area that require completion prior to occupancy:</p> <ul style="list-style-type: none"> - The paperwork for the Code of Compliance is not yet available. - Hot water temperatures have yet to be checked for safety. This has been rectified since the audit with evidence provided 13 January 2016. - There is a drop from the artificial lawn onto gravel edging that has not yet been finished and is currently 	<p>All legislative building requirements have been met and all potential hazards remedied prior to occupancy of the refurbished Kauri wing.</p> <p>7 days</p>

			presenting as a safety risk.	
--	--	--	------------------------------	--

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.