# Nazareth Care Charitable Trust - Nazareth House

## 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](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:** Nazareth Care Charitable Trust

**Premises audited:** Nazareth House

**Services audited:** Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

**Dates of audit:** Start date: 10 October 2016 End date: 10 October 2016

**Proposed changes to current services (if any):** None

**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

Nazareth Care Charitable Trust, otherwise known as Nazareth Care-Christchurch or Nazareth House, is a new facility that has been rebuilt following destruction of the previous facility in the Christchurch earthquakes 2010 and 2011. This service sits under the operating company Nazareth Care Australasia based in Australia. A partial provisional audit was undertaken against NZS 8134:2008 Health and Disability Services Standard to ascertain the organisation’s level of preparedness to provide aged care rest home and hospital services and non-acute medical services in 80 beds.

The building is modern, quality equipment has been purchased and high level technology has been installed. Throughout the audit, reference was repeatedly made to the ‘Nazareth Way’ and the six core values on which the Sisters of Nazareth base their operations. In addition to the recently appointed Christchurch based managers, several managers from Australia were attendance for the audit.

There are two areas for which further evidence of actions is required prior to the organisation opening and providing rest home and hospital services and non-acute medical services. These areas relate to the need for fire service approval of the evacuation plan and the need for evidence that new staff have completed the planned orientation programme, including fire and emergency training, and registered nurses have completed medicine administration competencies.

## Consumer rights

Not applicable to this audit.

## Organisational management

The governance structure is well defined and the documented mission and values reflect those of the Sisters of Nazareth. The current strategic plan sits alongside a quality and risk management system and a full suite of organisational policies and procedures including nursing manuals were available. A general manager with suitable skills and experience in managing large institutions and a catering manager have just been appointed for the Christchurch facility and will join a registered nurse clinical services manager and a long-standing property and maintenance manager. Six Sisters of Nazareth provide additional support. There is back up available from other Nazareth Care services, albeit they are based in Australia, should additional advice or support be required.

New staff have been accepted for a range of positions within this service. Relevant employment processes, as described in policy documents, have been used to ensure the safety of residents. A four-day orientation programme for all the new staff is planned to commence prior to any residents moving in and a training plan outlines ongoing expectations for ongoing personal and professional development of staff. The induction process is expected to take three more weeks.

A staffing levels and skill mix policy and procedure was available and an initial roster with all shifts covered at a safe level was sighted. There is a well-documented transition plan and this was also described and referred to throughout the audit. Three to four residents only will be admitted per day, until full occupancy is achieved. The facility will be fully staffed from the day the first resident moves in. Staff will be supported by a contingent of five managers from Australia for at least the first week.

## Continuum of service delivery

A clinical services manager and a clinical care coordinator, both of whom are registered nurses, will oversee a team of registered nurses who will support health care assistants to provide care to the prospective residents.

Medicine management policies and procedures are consistent with good practice, legislation, guidelines and accepted protocols. The medicine storage area is spacious, sits behind the nurses’ station and requires a swipe disk for entry. Keys are required for some cabinets. Only registered nurses will be responsible for medicine administration when the service initially opens. A local pharmacy that will have an on-site branch is providing advice and support.

The menu has a five week rotation with winter and summer options. It has been reviewed by a dietitian. Management of the nutrition and hydration needs of residents are detailed within policy and nursing documentation. An experienced catering manager has been employed and is conversant with food safety practices. The kitchen has modern appliances and has been planned to promote safe food handling practices and maintenance of a clean environment.

## Safe and appropriate environment

Policies and procedures describe waste management and personal protective equipment is ready for use, as is a spill kit should it be required.

A Code of Compliance has been issued for the building. There is an east and west wing upstairs and an east and west wing downstairs with the top almost a mirror image of downstairs, except for the functionality of some of the communal rooms. Attention to detail has been applied to the planning and construction of all internal and external areas with a focus on space, resident independence and on their safety throughout. Quality equipment has been selected. All resident’s rooms are spacious, well equipped and have an ensuite bathroom. Communal toilets are available in each wing.

There is documentation for cleaning and laundry tasks and the management of chemicals and internal audits. Monitoring of the efficacy of these processes has been built into the quality and risk management system.

Fire safety information, fire protection systems and fire-fighting equipment are in place and a nurse call system has been installed. Comprehensive plans for emergency management have been developed, an emergency kit has been put together and generators and a chip boiler are available should power fail. A multi-pronged approach has been taken to ensure the security of residents and staff with the use of monitors, intercom systems, integrated alerts and use of patrols.

All resident rooms and communal areas throughout the facility have heating that can be independently adjusted and all rooms have openable windows with communal areas also having double doors.

## Restraint minimisation and safe practice

Not applicable to this audit.

## Infection prevention and control

Infection prevention and control policies and procedures describe the infection control programme and the role of the infection control officer. The clinical manager will be responsible for overseeing the infection control programme and a focus group will be formed to assist when indicated. Explanations provided demonstrated how the infection control surveillance will be linked to the quality management system.

## 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 | 13 | 0 | 2 | 0 | 0 | 0 |
| **Criteria** | 0 | 28 | 0 | 2 | 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: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Nazareth Care Australasia is a service provider organisation responsible for aged care services across Australasia. Nazareth House is one of six in the Australasian region. The business arm of Nazareth House in Christchurch sits under the operating arm of Nazareth Care Australasia (established 2010). Although the Sisters of Nazareth are a world-wide institution, the Australasian region has developed a framework that describes the relationship between the Congregation of the Sisters of Nazareth and its business arm, Nazareth Care Australasia. This framework ensures the business is led by the Mission of the Sisters of Nazareth and reflects the Sisters’ philosophy. The project manager noted that the Mission of the Sisters leads the business. There is a congregational chart for the trustees, an organisational chart for Nazareth Care Australasia, one for the Nazareth Community of Care in Christchurch and one for the regional support services.  The philosophy of the service provider reflects Christian principles based on Roman Catholicism. Core values of the Sisters of Nazareth underpin the philosophy and include love, compassion, patience, justice, hospitality and respect.  A 2013 - 2018 strategic plan for the Sisters of Nazareth and Nazareth Care Australasia was sighted. This reflects the mission and values of the Sisters of Nazareth as well as the congregational and regional and house plans. A copy of the Charitable Trust Deed under which they operated was provided.  A newly appointed general manager, who reports to the Chief Executive in Australia commenced in the role on the day of audit. He is suitably qualified in business management and has had long standing experience in a range of senior management roles, including within other charitable organisations. The general manager will be supported by other managers, including a clinical services manager who is a registered nurse with previous significant management and audit experience in the aged care sector, a catering manager and a property and maintenance manager. There are strong links between the different established Australian facilities and a project manager who is familiar with the operations of these. The project manager and a quality manager from Australia have been co-ordinating the preparations of the re-opening of Christchurch’s Nazareth House/Community of Care. |
| 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 | There are not currently any services being provided at Nazareth House to assess the level of timeliness or level of safe services for residents. As described in part four under safe and appropriate environment, the facility has been carefully planned to ensure the safety of older adults. A transition plan is in place and notes that full staffing will be in place from the first day of the facility opening and that for at least the first week a clinical manager, a physiotherapist, a support services manager and an administration manager from Australia will be present to assist with the arrival of the first residents. Three to four residents only will be admitted per day until the facility is fully occupied.  The clinical, property/maintenance and catering manager report to the general manager. For absences of the general manager these managers will take on delegated responsibilities. Senior managers present on the day of audit informed that a manager would be brought over from Australia if this was considered necessary. |
| 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 | Recruitment and employment policies and procedures are detailed and include requirements for the validation of registration and scope of practice for registered health professional. Copies of annual practising certificates for health professionals already assisting Nazareth Care Christchurch and for those who have been accepted for employment with the service are in staff files demonstrating the system is in place. No evidence of GP qualifications or currency of registration was available, as residents will have the choice as to whom their GP will be. A suitable facility GP has not yet been confirmed.  Position descriptions were sighted for a range of roles within the service. A team of the managers and Sisters of Nazareth have been reviewing curriculum vitae and undertaking prospective staff interviews. Employment acceptance letters are being sent out as decisions are made. Staff files have been developed and eight of these were reviewed. The prepared files are organised with labelled dividers in place. There is evidence of curriculum vitae, notes from employment interviews and from referee checks, requests for police checks, signed employment contracts and evidence of qualifications and previous experience. These processes demonstrate employment policies and procedures to ensure suitable staff are employed are being followed through.  Management team members informed that all new staff will undertake four days of basic orientation from 7 - 10 November 2016. As this has not yet occurred, evidence of the new staff having completed their orientation will be required prior to occupancy. The staff orientation programme is described in policy documents and will be ongoing for new employees. A six-page orientation checklist that covers a range of topics under key headings of general induction, health and safety, safe work practices and nursing/wellbeing was sighted. Some aspects of orientation include specific competency reviews. The property and maintenance manager described how auxiliary staff, such as laundry and kitchen employees, will be trained in the use of equipment by company representatives.  A policy and procedure on staff training describes the expectations of staff in relation to ongoing training. Key topics for ongoing staff training have been identified and are listed in the organisational documents sighted. The managers described how the initial focus will be on the orientation and induction programme and related competencies. They will then move to ensuring healthcare assistants register for a national certificate if they do not already hold one. The clinical manager informed she will use her already established links to local training programmes to ensure the key topics are covered and staff are kept informed of external training opportunities. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | Prospective staff have been advised of their employment conditions and the project manager informed that acceptance rates are high. A policy and procedure on rostering describes the factors that determine service provider levels and staff skill mixes in order to provide safe service delivery.  Copies of the rotating roster were viewed and include details of management/administration, resident care/allied health managers, registered nurses, enrolled nurses and health care assistants, catering, laundry and cleaning staff. The requirements for the east and west wings and upstairs and downstairs are specified.  The clinical services manager and clinical care coordinator (also a registered nurse) are on the morning shift Monday to Friday and are additional to staff on the floor. A registered nurse is on duty on the ground floor and another on the first floor for each shift, including night shifts. Three healthcare assistants are rostered on the morning shift and on the afternoon shift on both floors and in each of the two wings - east and west. Four extras are rostered for a short shift in the morning and another four for a short shift in the afternoon. A health care assistant is rostered on each wing for night shifts.  A wellbeing and lifestyle coordinator and assistants are also included in the roster between Monday and Friday covering the hours from 9am to 6.30pm. A physiotherapist is rostered for four hours a day on three days a week.  The general manager, clinical services manager and clinical care coordinator will take turns in being available and the Sister Superior is also available. Advice is also available from the regional support office in Australia and other houses.  The quality manager informed she is scheduled to visit twice a year for ongoing monitoring and staff will be included in her reviews. |
| 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. | FA | A full suite of applicable and comprehensive medication management policies and procedures that show an understanding of medicine related legislation, protocols and guidelines are available. Topics covered include safe self-administration processes and staff medicine administration competency requirements. The clinical manager informed that only registered nurses will administer medicines when the facility opens and that medicine administration competencies will be required on an annual basis; however, some healthcare assistants may get the opportunity to complete medicine administration competencies into the future. Medicine administration competencies for registered nurses are a component of the planned orientation and have been included in the corrective action around this under criterion 1.2.7.4. The management team explained that conversations about an electronic medicine management system have commenced but will not be implemented until the services are established and any problems from re-opening the service have been addressed. A goal of March to April 2017 for this to occur is currently in place.  The medication storage areas were sighted and demonstrated safety has been considered in the planning. All such areas are lockable with the room accessed by a swipe disc. Keys are required for storage cupboards including the controlled medicines cabinet that is attached to the wall and inside a locked cupboard.  A commercial pharmacy has been built into the main entrance area of the facility and a local pharmacy will operate a branch from here. This pharmacy will serve the needs of the residents in the residential facility as well as those in the local community, including village residents, if they choose.  The standard is fully attained at the level at which it was able to be assessed. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | A nutrition and hydration policy describes how residents will be screened for their nutritional and hydration needs on their arrival at the facility. It also notes that a mini nutritional assessment will be undertaken if triggered by interRAI, residents will be weighed monthly, nutritional needs of residents will be reviewed six monthly and if any significant changes occur a short term care plan will be developed and referrals will be made to a dietitian when the need is identified. Expectations around hospitality are noted in this policy, as are the need to include food in resident satisfaction surveys and internal audits.  An experienced catering manager has been employed to oversee the nutrition, safe food and nutrition for the prospective residents. He was interviewed during the audit and explained his lengthy previous experience in educating kitchen and restaurant staff on food safety, his intention to ensure all staff maintain their food safety awareness and monitoring and provided an initial draft of the food safety plan that will meet upcoming legislative requirements.  A dietitian (October 2016) has reviewed a five week rotating menu with winter and summer variations. The menu enables flexibility around individual choices and needs on a daily basis.  The new spacious kitchen for food preparation was visited and modern equipment that uses high levels of technology has been installed. A representative of the contractors who installed this equipment described how it will facilitate the monitoring of food, improve kitchen hygiene and enable healthier food cooking methods. A clean to dirty flow is evident with the area having a clear delineation between food preparation areas and those for dish and equipment cleaning. Large temperature controllable bain-maries fit safely into the kitchen. Two servery areas elsewhere in the building were checked and demonstrate that the prevention of potential cross-contamination has also been considered in the layout and equipment installation in these areas. |
| 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 | Policies and procedures for the management of waste, infectious and hazardous substances are in place. Waste management is to be overseen by the property and maintenance management who in conversation demonstrated an awareness of current legislation and territorial authority requirements. The waste disposal bins are placed in a covered area that was viewed. A bio-filter intended to protect the environment from contamination has been installed in the area where waste bins will be washed down.  Although personal protective equipment was not available on the day of audit, photographs of this equipment having been purchased and placed on sluice room shelves has since been forwarded to confirm compliance. Likewise, evidence of a spill kit being in the facility was provided. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | A Code of Compliance dated 10 October 2016 has been issued for the building of Nazareth Care Christchurch. A wide range of equipment has been installed including overhead ceiling hoists in all rooms, security monitors and a bath designed to suit people with disabilities. An electrician confirmed equipment is being checked as it is installed or arrives and tags were viewed. Other suitable clinical equipment has been purchased with examples being sit on weighing scales, thermometers, sphygmomanometers and medicine trolleys, to mention a few. There was evidence of attention to detail to ensure the safety of residents with level entry into the different entrances of the building, hand rails in situ, small night lights, non-slip edges and laminated strips on stairs and non-slip floor surfaces in resident wet areas. The remainder of the building is carpeted. Modern multi-functional hospital beds are in each room and a demonstration of safety features was provided during the audit. Throughout the audit the managers, including the construction project manager and his team of experts in their fields willingly provided information about the building features and equipment and expressed pride in their focus on resident safety.  On the day of audit, finishing touches were being made to the landscaping in the front of the building. Main paths are concrete, level and people can mobilise around them safely. The rear of the building is fenced off and will continue as a construction site. As is currently the situation these areas will be out of bounds for unauthorised personnel. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | All residents’ rooms have their own spacious ensuite bathroom that is fitted with handrails, three sets of call bells and higher level toilets with arms that residents can use to support themselves to stand up if they choose. Communal wheelchair accessible toilet facilities are in both wings and on both floors of the building. There is a bathroom with a luxurious style bath that is easy for people to get in and out of, even if they use a wheelchair or require full assistance. |
| 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 | Individual rooms are 24 square metres and provide ample room for residents to negotiate around with mobility equipment, or for staff to assist people in. The managers informed people may bring personal items if they choose. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | A range of communal facilities varying in size and outlook have been constructed throughout the building. Some are intended to be used for more specific functions such as residents’ activities, library or television viewing for example. An oratory is on the second floor and will be open for residents to use. Spacious communal dining areas are on both floors. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Modern equipment has been installed in the laundry where a dirty to clean flow process is clearly defined. Modern equipment has been installed. Chemicals are stored in locked cupboards and rooms, although most are in containers that deliver metred doses only.  Large rooms for cleaners to store equipment and chemicals were viewed. Data sheets are in all areas where cleaning and laundry chemicals are stored. A colour coded mop system is ready for use.  Procedural documents on laundry and cleaning processes are available and the managers informed these will be discussed during orientation as will training on the use of the equipment. Laundry and cleaning processes are scheduled for twice yearly internal audits and are reported through the electronic quality management system. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | Comprehensive policies and procedures on fire safety and emergency management are available. Appropriate signage and labels were viewed throughout the facility. Fire-fighting equipment including various types of extinguishers, fire blankets and hoses have been installed and were also visible throughout the building. Representatives from the company that provided advice and direction on fire safety and protection spoke to the auditor during the audit. They described the fire alarm system, the alarm panels, the fire door system, the staged evacuation process and the different extinguishers available. A fire alarm system is in place, smoke alarms have been installed and a heat detector sprinkler system that is connected to the fire service has been tested. The fire safety company representatives confirmed they are scheduled to provide education to new staff on fire safety, emergency procedures during their orientation, November 2016. This will also include the use of the equipment and participation in a trial evacuation. The need for this to occur has been identified in the follow-up required for the corrective action under 1.2.7.4.  An evacuation plan has yet to be approved.  In the event of energy and utility systems failing, there are two generators and a chip boiler for which there is a week’s supply of fuel and has LPG back-up. These units were sighted during the audit. An emergency kit had not been put together prior to the audit. Photographs of the contents for the emergency kit, as listed in the emergency management policy and procedures, were sighted and confirm the requirement has been met.  A nurse call system is in place and was tested during the audit. Staff will have ‘DECT’ phones that will show where a call bell has been rung. Plug in bells have a security in that they will automatically ring if a resident accidentally pulls it out from the socket and wall mounted push buttons are strategically placed in all communal areas with three in each ensuite bathroom.  Complex security systems include outside security lighting, external and internal closed circuit television cameras in public areas with some areas disarmed during the day, intercom systems for after-hours visitors, motion sensors in some rooms, panic buttons for staff are mounted in three areas and security patrols checking the grounds and external areas during the night. There is integration between the nurse call system and the security systems. The managers informed that staff will receive education about the security systems during their orientation. All doors and areas where there is a potential for danger are locked and a swipe disk is required to open these. |
| 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 | Hydronic heating systems with individual controls in each room are in place throughout the facility. These are complemented by a ducted heating and cooling pump system. Communal areas have their own temperature control systems. Windows are double glazed and not only provide insulation but also reduce the noise from the busy road along the building frontage.  All areas have large windows that enable the room to have natural light. Windows in most parts of the facility, including each resident’s room, are able to be opened. These provide security as the width of opening prevents entry from the outside. |
| Standard 3.1: Infection control management  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. | FA | Infection prevention and control policies and procedures developed mid 2016 describe best practice on various aspects such as hand washing, use of personal protective equipment and standard precautions, and describe the infection control programme and detail the role of the infection control manager. Recommendations and expectations for the management of staff, residents and visitors with infections are included in the contents.  The management team stated that although all staff will ultimately be responsible for their education and their practices, the clinical manager will oversee the organisation’s infection control programme. This role and its associated responsibilities are to be delegated to another registered nurse following the opening of the service and a settling period. A focus group for managing the infection control programme is planned to be established when the need becomes evident.  Infections are to be monitored electronically through the infection control database on ‘Angel Trend’. There will be the capacity to benchmark with similar facilities of the Sisters of Nazareth in Australia. Internal audits on infection control issues are planned to occur twice a year, as per the annual internal audit schedule. |

# 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 1.2.7.4  New service providers receive an orientation/induction programme that covers the essential components of the service provided. | PA Low | Orientation of new staff policies and procedures are available, as is an orientation/induction checklist. Managers reported that four days have been set aside for the purpose of orientating all new staff who have been selected to work at Nazareth Care. This is scheduled for early November 2016, therefore has still to occur. | Prospective employees of Nazareth Care have yet to undertake an orientation/induction programme including fire and emergency management training and medicine administration competencies. | Evidence is required that all prospective employees have completed an orientation/induction programme that covers the essential components of the services they will be expected to provide as well as fire and emergency training and medicine administration competencies as relevant.  Prior to occupancy days |
| Criterion 1.4.7.3  Where required by legislation there is an approved evacuation plan. | PA Low | An evacuation plan has been developed in consultation with a company that specialises in fire protection systems. The evacuation plan has not yet been approved by the fire service, however an email from the fire information unit was sighted and confirmed that the evacuation plan had been received and that the target date for the scheme to be processed is before 5pm on 11 November 2016. | The evacuation plan for Nazareth Care Christchurch has not yet been approved by the fire service. | An approved evacuation plan will be provided prior to occupation.  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.