

Observatory Village Charitable Trust - Observatory Village Lifecare

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](#).

The specifics of this audit included:

Legal entity: Observatory Village Charitable Trust

Premises audited: Observatory Village Lifecare

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

Dates of audit: Start date: 5 July 2017 End date: 5 July 2017

Proposed changes to current services (if any): Observatory Village Lifecare is a new purpose-built facility overlooking Oamaru. The facility is across one level and includes a total of 41 dual-purpose (hospital and rest home) beds and 12 serviced apartments verified to provide rest home level care. The service is planning to open on the 8th August and those consenting residents from Rendell on Reed in Oamaru (which is closing) will transfer across to the new facility.

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

Observatory Village Lifecare is a new purpose-built facility overlooking Oamaru. The facility is across one level and includes a total of 41 dual-purpose (hospital and rest home) beds and 12 serviced apartments verified to provide rest home level care.

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

The service is planning to open on the 1st August 2017, with admission of residents from the 8th August. This will include the transfer of consenting residents from Rendell on Reed in Oamaru (which is closing) to the new facility.

The service is governed by the Observatory Village Care Ltd directors who report to the Observatory Village Trust. Five trustees were appointed from the North Otago community to provide governance to the trust. Observatory Lifecare has set a number of quality goals around the opening of the facility and these also link to the organisations strategic and business plan.

An experienced management team is employed to manage the new service. The general manager (registered nurse) has previous aged care management, consulting and auditing experience and is currently general manager (GM) at Rendell on Reed. A clinical manager is employed to support the GM. The GM has been working alongside the Observatory Care Ltd directors in preparation for commencing services in the new care home facility.

The corrective actions required by the service are all related to the completion of the building, managing and implementation of the new service.

Consumer rights

N/A

Organisational management

The clinical manager (RN) will fulfil the manager role during a temporary absence, with support from the financial officer. The service has well developed policies and procedures that are structured to provide appropriate care for residents that require hospital/medical, and rest home level care. The service has contracts for physiotherapy, podiatrist, dietitian and GP services.

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

Continuum of service delivery

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

The service is planning to use two weekly robotic packs and implement an electronic medication management system. There is a secure treatment room in each wing.

The menu has been audited and approved by an external dietitian. The large spacious kitchen included freezers, stand up fridges and walk-in pantry.

Safe and appropriate environment

The facility is purpose built and spacious and includes two wings in the care centre and one serviced apartment wing. All building and plant have been built to comply with legislation. New equipment has been purchased with other equipment being transferred from Rendell on Reed (which is closing).

There are centrally located nurse stations in each of the two care centre wings. Material safety datasheets are to be available in the laundry and the sluice.

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

There is internal courtyard/garden area between the wings and landscaping is in the process of being completed around the facility. There are mobility toilets near the lounge area. Each resident room has an ensuite. All ensembles throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. There is a large open plan lounge/dining area shared between the two care centre wings and another village communal lounge/dining area.

Appropriate training, information, and equipment for responding to emergencies is provided at induction and as part of the annual training programme. The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas.

The facility is appropriately heated and ventilated. There is under floor heating throughout the facility and radiators in each room.

Restraint minimisation and safe practice

N/A

Infection prevention and control

The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the (infection prevention & control (IP &C) nurse and clearly defined guidelines. The IP&C nurse is a designated Registered Nurse. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually with a template available to assist with this review.

The IC committee is to include all staff and will be part of the quality committee meeting and the registered nurse meetings.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	12	0	3	0	0	0
Criteria	0	30	0	5	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>Observatory Village Lifecare is a new purpose-built facility including a total of 41 dual-purpose beds in the care centre and 12 serviced apartments verified to provide rest home level care. The service has applied for hospital (geriatric and medical) and rest home level care.</p> <p>The facility is situated in Oamaru and is across one level. The care centre includes two wings. The two wings (East wing has 21 rooms and West wing has 20 rooms) are self-contained and both have a nurse's office. Four of the 20 rooms in the West wing are also ORA's. There is a large shared open planned lounge and dining room between the two wings. There is a separate wing of 12 serviced apartments (ORA's) that have also been verified as suitable to provide rest home level care.</p> <p>The service is governed by the Observatory Village Care Ltd directors who report to the Observatory Village Trust. Five trustees have been appointed from the North Otago community to provide governance to the trust.</p> <p>The service is planning to open on the 1st August with resident admissions commencing on the 8th August. Consenting residents from Rendell on Reed in Oamaru (which is closing) will transfer across on the 8th August. There is a</p>

		<p>transition plan around the transferring of residents from Rendell on Reed (20 rest home, 17 hospital residents) across to Observatory Lifecare on the 8th August. A further four hospital residents from Oamaru hospital will also transfer at a later date. A specific committee has been set up to manage the transfer process. A transfer plan has been developed including transport details, time and additional information such as falls risk. An opening operating programme monitors progress of tasks in preparing for the opening and transfer.</p> <p>Observatory Lifecare has set a number of quality goals around the opening of the facility and these also link to the organisations strategic and business plan.</p> <p>An experienced management team is employed to manage the new service. The general manager (registered nurse) has previous aged care management, consulting and auditing experience and is currently general manager (GM) at Rendell on Reed. A clinical manager (currently clinical team leader at Rendell on Reed for last 6 months) is employed to support the GM. The GM has been working alongside the Observatory Care Ltd directors in preparation for commencing services in the new care home facility.</p> <p>There are job descriptions for all management positions that include responsibilities and accountabilities.</p> <p>The managers have maintained at least eight hours annually of professional development activities related to managing a hospital.</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>	<p>FA</p>	<p>The clinical manager (RN) will fulfil the general manager role during a temporary absence with support from the financial officer. She has a number of years nursing experience in aged care.</p> <p>The service has all newly developed policies and procedures. The policies and procedures are structured to provide appropriate care for residents that require hospital (geriatric and medical), and rest home level care. The service can consult with gerontology nurse specialists, clinical nurse specialist from Otago Hospice, physiotherapist, dietitian, and mental health for older people.</p> <p>The service has negotiated contracts for podiatrist, dietitian, physiotherapist and general practitioner (GP) services (link 1.3.12.1). Physiotherapy services will be two hours a week plus six hours of physio assistant role. There is a contracted dietitian available as 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>	<p>FA</p>	<p>There is a comprehensive human resources policy folder including (but not limited to) recruitment, selection, orientation and staff training and development. A register of registered nurse (RN) and enrolled nurse (EN) practising certificates is maintained.</p> <p>There is a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies.</p> <p>The majority of staff commencing at Observatory Lifecare are currently employed at Rendell on Reed (41 of 50 staff). This includes six RNs and one EN. There will be seven RNs in total employed to commence at Observatory and four of the seven are InterRAI trained.</p> <p>There are 14 caregivers employed to commence at Observatory Lifecare from Rendell on Reed. There are five newly employed caregivers. Eleven of the caregivers in total have completed Careerforce level three and four are currently working through level three.</p> <p>Three activity staff (including one DT) has been employed (one from Rendell on Reed). Activities are rostered across six days.</p> <p>Caregivers who have not completed appropriate training will be encouraged to complete the Careerforce training programme. The general manager is a registered assessor.</p> <p>Registered nurses will have access to external education via Oamaru hospital and Otago hospice.</p> <p>Site-specific orientation training sessions are scheduled for the week of opening for all staff (repeat sessions are being held). Competencies are currently all up to date for those staff transferring. A competency programme is to be implemented for all staff with different requirements according to work type (eg, support work, registered nurse, cleaner). Core competencies are required to be completed annually as per policy.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a staffing level and skills mix policy which aligns with contractual requirements and includes skill mixes. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support. The proposed roster aligns with full occupancy within the first few weeks of opening as residents are transitioned from Rendell on Reed and Takaro Lodge at Oamaru hospital.</p> <p>The roster is flexible to allow for the increase in resident acuity. The draft roster is in place for the safe transfer of 37 residents on the 8th August, and the increase of a further four hospital residents from Oamaru hospital.</p> <p>The roster is across both wings. The GM and CM (both RNs) work Mon- Fri. A further two registered nurses are rostered on a morning shift 7 days a week and supported by five caregivers (including one being rostered in the serviced apartment area). On the afternoon shift there is two RNs rostered supported by four caregivers (including one being rostered in the serviced apartment area). On night shift there is one RN rostered and two caregivers.</p> <p>Activity hours are rostered across six days a week.</p> <p>The roster for the transfer of 37 residents from Rendell on Reed has been safely determined. Residents have been arranged to move in groups, either by ambulance or the facility wheelchair van. The schedule is between 9am – 2.30pm. Staff are rostered at both sites for the day and staff, relatives and volunteers have various roles in managing the safe transfer of residents. Residents will have an overnight bag and their file. A checklist for each resident will be completed on arrival. Arrangements have been made for the transfer of resident's personal furniture and belongings as part of the transfer procedure.</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>	<p>PA Low</p>	<p>The medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.</p> <p>The service is planning to use two weekly robotic packs and has negotiated a contract with a local pharmacy. There is a secure treatment room in both wings. The medication rooms are yet to be fully completed with fixtures. Two medication trolleys will transfer to Observatory for the two wings. There is a controlled drug (CD) safe to be installed in the main treatment room in West wing. The treatment room will have a medication fridge.</p> <p>The medication management policy includes management of self-administration</p>

		<p>and an assessment form is available. There are locked drawers available in each resident room.</p> <p>The medication policy identifies that medication errors are treated as an incident and captured as part of the incident management system.</p> <p>Medicine management information is well established at Rendell on Reed. Advised, that only those deemed competent, will be responsible for administration. RNs and senior caregivers at Rendell on Reed currently have up to date competencies with Medimap. This will continue at Observatory Lifecare. Registered Nurses receive training around syringe driver use with two yearly competencies (if not already completed and current).</p> <p>A contracted General Practitioner service is in the process of being negotiated with a local GP. This will include a weekly 2 hourly session or more frequent as needed. The on-call system is covered by all GPs in Oamaru on a rotating roster.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The new kitchen is designed in three parts, one for cooking, one area for baking and one for clearing up. The commercial kitchen includes pantry, walk in chiller and walk in freezer. The menu has been approved and reviewed by a registered dietitian. Kitchen staff are employed to commence that have completed food safety certificates. There is one cook and two kitchen hands transferring from Rendell and Reed. A head chef and another cook/kitchen hand have also been employed. A food control plan has been registered with the local council.</p> <p>There is a large communal dining area between the two wings. Any rest home residents in serviced apartments can attend meals in the large village dining area or in the rest home dining area. The dining area has a kitchenette including a servery area consisting of a cold food servery and a Bain-marie. Food will be transported in a hot box from the main kitchen to the kitchenette. The kitchenette is open and the service will need to ensure the boiling water tap is managed as part of the hazard register.</p> <p>Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per policy. Resident annual satisfaction survey includes food.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. These are to transfer with the current residents and provided to the kitchen. Advised that any changes to</p>

		<p>residents' dietary needs will be communicated to the kitchen as per policy.</p> <p>Special equipment such as 'lipped plates' built up spoons are available as needs required. Equipment has been purchased for the new dining room/kitchenette.</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>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan.</p> <p>Material safety datasheets are to be available in the laundry and the sluice. Personal protective equipment arranged to be in place by contracted supplier. There is a secure sluice in East wing, which also has a sanitizer. Advised, that a sharps container will be kept in the treatment room. Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The building is across one level.</p> <p>The care centre includes two wings. The two wings (East wing has 21 rooms and West wing has 20 rooms) are self-contained and both have a nurse's office. Four of the 20 rooms in the West wing are also ORA's. There is a large shared open planned lounge and dining room between the two wings. There is a separate wing of 12 serviced apartments (ORA's) that have also been verified as suitable to provide rest home level care</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p> <p>There are handrails in ensuites, communal bathrooms and hallways. All rooms and communal areas allow for safe use of mobility equipment. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each new wing for storage of mobility equipment.</p> <p>All rooms have been designed for hospital level care and each room has a spacious ensuite shower/toilet. The serviced apartments are spacious, each with an open plan living room with kitchen, and ensuite.</p>

		<p>The building is near completion including being furnished. The certificate for public use is not yet complete.</p> <p>The service has purchased some new equipment for the facility including (but not limited to) two sling hoists, PI mattresses, hilo beds, and lazy boy recliners on wheels for rooms. Other furniture and equipment is being transferred from Rendell ion Reed. All rooms to have electric hi/lo beds. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks. All medical equipment transferring from Rendell on Reed has been calibrated.</p> <p>The doors off the communal lounge open into an enclosed landscaped courtyard. All landscaping around the facility is in the process of being completed. There are environmental audits and building compliance audits, which will be completed as part of the internal audit. A contracted maintenance person has been appointed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Both wings have a mobility toilet near the large communal lounge area. Each resident room including serviced apartment has a spacious ensuite with shower and toilet. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Resident's rooms are spacious and designed for hospital level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. The open plan lounge areas are spacious. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair.</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</p>	FA	<p>There is a spacious open plan lounge/dining area between the two wings. There is also a smaller whanau room/lounge in west wing. There is a large village communal lounge/café/dining area connected and accessible from the serviced apartments and care centre.</p>

relaxation, activity, and dining needs.		
<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>There are laundry policies and procedures. Cleaning procedures are available for cleaning staff. A team of four cleaners/laundry staff have been employed from Rendell on Reed to work in the new facility. All have completed Careerforce certificate in cleaning level three. The laundry is situated in the service area. There are two doors (enter and exit) and the laundry is designed with a dirty and clean flow.</p> <p>There is a small laundry in the serviced apartment area for residents. There are areas for storage of clean and dirty laundry. There is an internal audit around laundry services and environmental cleaning to be completed twice as part of the internal audit schedule. The cleaners cupboards are designated areas and lockable for storage of chemicals and are stored securely.</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>	PA Low	<p>Appropriate training, information, and equipment for responding to emergencies is provided at induction and is included as part of the annual training programme. Staff training in fire safety and a fire drill is to be completed for new staff in the induction prior to opening.</p> <p>There are comprehensive civil defence and emergency procedures in place. There are civil defence kits and large water tanks available.</p> <p>Key staff are required to hold a first aid certificate. All RNs employed have up to date first aid certificates.</p> <p>Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and currently with the fire service awaiting approval. The facility has emergency lighting and torches. Gas BBQ and additional cylinders are available for alternative cooking.</p> <p>The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas, (i.e., bedrooms, ensuite toilet/showers, communal toilets, dining rooms). Call bell pendants can be accessed for rest home residents in serviced apartments if needed.</p> <p>There is an automated sliding door entrance to the lobby. This is locked afterhours. Anyone is free to leave at any time from the inside during afterhours, by pushing the exit button.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>The new building is appropriately heated and ventilated. There is underfloor heating throughout the facility and radiators in resident rooms. There is plenty of natural light in the new rooms and all have windows.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the (infection prevention & control (IP &C) nurse and clearly defined guidelines. The IP&C nurse is a designated Registered Nurse. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually with a template available to assist with this review. The IC committee is to include all staff and will be part of the quality committee meeting and the registered nurse meetings.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	<p>The service is planning to use two weekly robotic packs and has an agreement with a local Pharmacy provider. Robotics is to be established at Rendell on Reed in the next fortnight, so staff will be trained and familiar with robotics when transferring to Observatory. Medimap is already in use for residents at Rendell on Reed and this system will be transferred to the Observatory Village Lifecare facility. A secure treatment room in each of the wings is in the process of being completed and furnished.</p>	<p>The treatment rooms are not all completed or furnished. The medication system is to be fully established at Observatory.</p>	<p>Implement a safe transition for the medication system.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The facility is purpose built and is spacious. All building and plant have been built to comply with legislation. The building is across one level. The care centre includes two wings.</p>	<p>The building certificate for public use (CPU) is yet to be completed.</p>	<p>A Certificate of Public Use (CPU) must be sighted by DHB/HealthCert prior to</p>

		The two wings (East wing has 21 rooms and West wing has 20 rooms) are self-contained and both have a nurse's office. Four of the 20 rooms in the West wing are also ORA's. There is a large shared open planned lounge and dining room between the two wings. There is a separate wing of 12 serviced apartments (ORA's). The building is still in the process of being fully completed and furnished. Therefore the certificate for public use is not yet complete. Hot water monitoring is not yet commenced.		opening. Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	There will be a number of outdoor garden areas for residents to access. There is a landscaped courtyard and gardens off the main lounge area in the process of being completed. All landscaping around the facility is in the process of being completed.	(i) Landscaping is in the process of being completed; (ii) Seating and shade is yet to be installed.	(i) Ensure landscaping is completed in resident areas. (ii) Ensure seating and shade is available. Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part of the annual training programme. Staff training in fire safety and a fire drill is to be completed for all staff commencing at Observatory in the induction prior to opening.	Specific fire drill training for the Observatory village lifecare has yet to be completed for all staff. This is scheduled for the induction training day.	Ensure a fire drill and fire safety is completed for new staff prior to opening. Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and currently with the fire service awaiting approval.	The draft fire evacuation plan is yet to be approved by the fire service.	Ensure the fire evacuation scheme is approved.

				60 days
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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.