

Burlington Village Limited - Burlington Village

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: Burlington Village Limited

Premises audited: Burlington Village Ltd

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

Dates of audit: Start date: 1 February 2019 End date: 22 February 2019

Proposed changes to current services (if any): Burlington Village is a new purpose-built facility in Christchurch. The facility is across one level and includes a total of 60 dual-purpose (hospital and rest home) beds. The service is planning to open on 1 April 2019. The audit was completed across two separate dates due to the building development.

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

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each

General overview of the audit

Burlington Village is a new purpose-built facility in Christchurch. The facility is across one level and currently includes a total of 60 dual-purpose (hospital and rest home) beds. It is intended that at least 25 of the studio rooms will also have ORAs. The service is planning to open on 1 April 2019.

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 governed by a board of five directors who have experience in owning and building aged care facilities and villages. Burlington Village has set a number of quality goals around the opening of the facility and these also link to the organisation's business plan.

An experienced management team is employed to manage the new service. The facility nurse manager (registered nurse) has many years in aged care management. A clinical nurse manager has recently been employed to support the facility nurse manager. The facility nurse manager has been working alongside the Burlington 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 landscaping, fire evacuation approval, orientation and certificate of public use.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
--	--	--

[Click here to enter text](#)

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
---	--	---

The clinical nurse manager (RN) will fulfil the facility nurse manager role during a temporary absence. The service has 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 pharmacy 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, HCA) 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

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
--	--	--

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

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

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

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
--	--	---

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

There is a centrally located nurses' station close to the main lounge and two dining rooms. Material safety datasheets are to be available in the laundry. Personal laundry will be completed at Burlington. All other laundry will be outsourced to the laundry at their sister village.


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 are courtyards/garden areas between the wings and landscaping is in the process of being completed around the facility. There are mobility toilets near the lounge area. A large foyer and atrium off the entrance way allows for further sitting and social areas. There is a large open plan lounge and separate dining areas off the atrium.

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

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

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
---	---	--

[Click here to enter text](#)

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the infection prevention & control (IP&C) nurse and clearly defined guidelines. The IP&C nurse is a registered nurse with previous experience and IC qualification. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually. The IC committee is to include all staff and will be part of the combined quality committee meeting.

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>Burlington Village is a new purpose-built facility in Christchurch. The facility is across one level and currently includes a total of 60 dual-purpose (hospital and rest home) beds. The service is planning to open on 1 April 2019. Stage two of the building will include a dementia unit which is planned for later in the year.</p> <p>The purpose of this partial provisional was to assess the preparedness of the service to provide hospital (medical and geriatric) and rest home level care. The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new facility.</p> <p>The service is governed by a board of five directors who have experience in owning and building aged care facilities and villages since 1993. Burlington Village has set a number of quality goals around the opening of the facility and these also link to the organisation's business plan.</p> <p>The mission is based around Health and Happiness for a new generation. There are five core values (respect and equality, integrity, innovation, anti-institutional, and promoting independence).</p>

		<p>An experienced aged care management team is employed to manage the new service. The facility nurse manager (registered nurse) has many years in aged care management. A clinical nurse manager has recently been employed to support the facility nurse manager. The facility nurse manager has been working alongside the Burlington directors in preparation for commencing services in the new care home facility.</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>	FA	<p>The clinical nurse manager (RN) will fulfil the facility nurse manager role in her absence. She has a clinical management background in another aged care facility.</p> <p>The service has policies and procedures that have all been developed by an aged care nurse consultant. The policies and procedures are structured to provide appropriate care for residents that require hospital (geriatric and medical), and rest home level care.</p> <p>The service has negotiated contracts for pharmacist, physiotherapy, dietitian support and medical services supported by an aged care nurse practitioner.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>There are comprehensive human resources policies and procedures including (but not limited to) recruitment, selection, orientation and staff training. A register of registered nurse (RN) practising certificates is maintained.</p> <p>There is a comprehensive orientation programme documented that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, caregivers) and includes documented competencies.</p> <p>An induction programme has been developed and will be completed before opening. An induction training week is scheduled for all staff which will include (but not limited to) fire safety, manual handling, first aid, fire drill, emergency management, complaints, and medication/medimap.</p> <p>The management team are in the process of interviewing and employing staff for the opening of the care centre. They have currently employed five RNs and the</p>

		<p>clinical nurse manager commences 18 February 2019. Part time caregivers/RNs from their sister village (Alpine View) will commence on opening initially covering the roster. From there the service will determine how many more caregivers will need to be employed. There are currently sufficient staff employed to cover the initial roster including 24/7 RN cover.</p> <p>The clinical nurse manager and two RNs employed are interRAI trained and two commence the training prior to opening.</p> <p>Caregivers who have not completed appropriate training will be encouraged to complete the Careerforce training programme. There is a staff training policy. A training plan has been developed for 2020. The service also utilised the Altura online aged care training programme.</p> <p>A competency programme is to be implemented for all staff with different requirements according to work type (eg, HCA, registered nurse, cleaner). Core competencies are required to be completed annually as per policy.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is an annual leave and rostering policy that describes the staffing level and skills mix. The policy aligns with contractual requirements and considers acuity levels. There is also a rostering tool available that aligns with safe staffing levels. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support. There is a proposed roster for 0-10 residents, 10-20 residents, up to 30 residents, up to 40 residents, up to 50 residents and up to 60 residents. Each roster has flexibility to adjust with acuity level.</p> <p>There is an on-call policy.</p> <p>The service is opening one wing at a time. The facility nurse manager and clinical nurse manager (both RNs) work Monday – Friday.</p> <p>The roster for: 0 -10 residents</p> <p>AM shift, RN 0700 – 1530, HCA 0700 – 1500 and 0800 - 1000</p> <p>PM shift; RN 1500 – 2315, HCA 1500 – 2300</p> <p>Night; RN 2300 – 0715, HCA 2300 – 0700</p> <p>The roster for: 10 -20 residents</p> <p>AM shift, RN 0700 – 1530, HCA 0700 – 1515, 0700 - 1515</p>

		<p>PM shift; RN 1500 – 2300, HCA 1500 – 2315, 1500 - 2130</p> <p>Night; RN 2300 – 0715, HCA 2300 - 0700</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 medication policy and procedures follow 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 blister packs and has negotiated a contract with a local pharmacy. There is a spacious secure treatment room and medimap is to be implemented. Advised, that only those deemed competent, will be responsible for administration. Registered nurses and senior caregivers will be responsible for medication management. Registered nurses will receive training around syringe driver use with two yearly competencies (if not already completed and current). Training around medimap and competencies are to be completed at orientation. The medication room is completed with fixtures including locked cupboards and secure keypad entrance off the nurse's office. Two medication trolleys have been purchased for each side of the facility. There is a medication fridge in the treatment room.</p> <p>The medication management policy includes management of self-administration. There are locked drawers available in each resident room.</p> <p>The medication policy identifies that medication errors are treated as an incident and captured as part of the incident management system.</p> <p>The service has a contract with a local medical centre. A nurse practitioner from the medical centre will initially visit weekly and as needed and provide on-call service.</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>The new kitchen is situated between the two dining rooms. The kitchen is designed in three parts, one for cooking, one area for dishing and one for clearing up. The commercial kitchen includes pantry, walk-in chiller and stand-up freezer. There are two doors from the kitchen that open up to the two dining rooms. It is intended that staff will access dished meals from a trolley in the kitchen and service to residents in the dining rooms.</p> <p>The menu has been approved and reviewed by a registered dietitian. The chef has been employed and further kitchen staff are yet to be employed. The chef</p>

		<p>has completed a food safety certificate. A food control plan is in the process of being registered with MPI.</p> <p>Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per policy. Resident annual satisfaction survey includes food service.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. These are to transfer with the current residents and provided to the kitchen. Advised that any changes to residents' dietary needs will be communicated to the kitchen as per policy.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchens.</p> <p>There is a hot box available to keep meals warm. Advised that this is to be kept in the kitchen and meals serviced from this rather than in the dining rooms.</p> <p>Improvement Note:</p> <p>The service will need to consider how best to manage the flow of traffic into the kitchen and ensure there is no cross-over between where the meals are dished and the dirty dishes area.</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. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>Material safety datasheets are to be available in the combined sluice/laundry. Personal protective equipment is arranged to be in place by a contracted supplier. The sluice is located in the laundry in the hospital wing. The sluice/laundry is secure with a key pad. There is a locked cleaner's cupboard. Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>
Standard 1.4.2: Facility Specifications	PA Low	The facility is purpose-built and is spacious. All building and plant have been

<p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>		<p>built to comply with legislation. The building is across one level.</p> <p>The care centre is shaped as the letter H with two wings down each side and a centralised foyer and atrium with connecting offices, lounge, dining rooms and kitchen. There is a courtyard area off the lounge that is in the process of being landscaped. All resident rooms have sliding doors that open to a deck. Advised that the ground around the decks will be levelled off to be one level. There is a secure nurse's office next to the lounge that also includes the clinical nurse manager's office. There is a large shared lounge with two separate entrances.</p> <p>There are 14 one-bedroom apartments in one of the East wings and a further 14 studio apartments at the other end of East wing. There are 20 large hospital rooms on one end of West wing (advised that they intend to mainly have hospital residents here) and 12 studio apartments down the other end of West wing.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p> <p>There are handrails in ensuites, and communal bathrooms. The hallways are wide and include ample room for the placement of armchairs for residents to rest. All rooms and communal areas allow for safe use of mobility equipment. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each new wing for storage of mobility equipment.</p> <p>All rooms have been designed for hospital level care and each room has a spacious ensuite shower/toilet with appropriately situated call bells and handrails.</p> <p>The building is in process of being furnished. The certificate of public use has yet to be completed.</p> <p>The service has purchased all new equipment for the facility. All rooms to have electric hi/lo beds. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery is to be checked as part of the annual maintenance and verification checks.</p> <p>There are environmental audits and building compliance audits, which will be completed as part of the internal audit.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p>	<p>FA</p>	<p>There is a mobility toilet near the large communal lounge. Each resident room</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>has a spacious ensuite with shower. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment.</p>
<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>	<p>FA</p>	<p>Residents' rooms are spacious and designed for hospital level. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. The communal lounge is spacious. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair. Twelve resident rooms are one-bedroom apartments with kitchenettes. There are 26 studio apartments and 20 large hospital rooms. All rooms are suitable to be used as dual-purpose.</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>	<p>FA</p>	<p>There is a large centralised communal lounge and two dining rooms. There are other meeting rooms available for whānau/family meetings. There are a number of sitting areas around the facility and a large atrium area that can be used as a communal area.</p>
<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>	<p>FA</p>	<p>There are laundry policies and procedures. Cleaning procedures are available for cleaning staff. Laundry is to be outsourced to their sister village. There is another smaller laundry available for the washing of personals that includes a domestic washing machine and dryer. There is also a separate clean laundry/folding room next door to the laundry for folding and storage of clean linen. The laundry room is combined as a sluice/laundry. The room is key padded. The room is narrow with a dirty to clean flow. Processes are in place to ensure that clean laundry (after drying) is placed in a covered clean trolley to transfer to the separate clean laundry room next door as it will need to go back through the dirty area of the narrow laundry. There are also external doors from each laundry room to transport the clean and dirty linen that is being outsourced. Covered linen trolleys have been purchased. There is an internal audit around laundry services and environmental cleaning to be completed as part of the internal audit schedule. The cleaner's cupboards are designated areas and rooms lockable for storage of chemicals.</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>PA Low</p>	<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 registered nurses have a current CPR certificate.</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.</p> <p>The facility has a generator in the event of a power failure.</p> <p>There is a security policy in place. The service has purchased a mobility van and there is a transportation policy that links to residents outing policy and vehicle driver competency assessment.</p> <p>The call bell system is available in all areas with visual display panels. Call bells are available in all resident areas, (ie, bedrooms, ensuite toilet/showers, communal toilets, dining rooms). The call bell system is connected to pagers. Call bell pendants are available for those residents that need them.</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 are underfloor heating and heat pumps throughout the facility. The temperature in each room can be individually set. There is plenty of natural light in the rooms and all have sliding doors.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and</p>	<p>FA</p>	<p>The infection control programme and its content and detail is appropriate for the size, complexity, and degree of risk associated with the service. The scope of the infection control programme policy and infection control programme</p>

<p>visitors. This shall be appropriate to the size and scope of the service.</p>		<p>description is available.</p> <p>There is a job description for the infection prevention & control (IP&C) nurse and clearly defined guidelines. The IP&C nurse is an employed registered nurse with infection control work experience. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually.</p> <p>It is intended that the IC committee will be combined with the quality committee. The quality committee will meet three monthly and the IC team as needed.</p> <p>There is a 'Visiting Requirements relating to Infection' prevention and control policy. Outbreak management, isolation or segregation policy. There is a communicable and notifiable disease management policy, and staff health policy.</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 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All new staff are required to complete an induction and orientation. The organisation has a well-established induction/orientation programme, which includes packages specifically tailored to the position such as caregiver, RN, and so on. Induction days have been planned for Burlington Village.</p> <p>There is a staff orientation policy and procedure.</p>	<p>Advised that the newly employed staff commencing will all complete a week's induction/training at the facility early March.</p>	<p>Ensure staff commencing on opening complete the facility induction.</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 is shaped as the letter H with two wings down each side and a centralised foyer and atrium with connecting offices,</p>	<p>The certificate of public use is yet to be obtained.</p>	<p>Ensure the CPU is obtained, and a copy provided to the DHB.</p> <p>Prior to occupancy days</p>

		<p>lounge, dining rooms and kitchen.</p> <p>The building is near completion and the service is in the process of being furnished. The building project team is yet to hand over the building and therefore the certificate of public use is yet to be obtained.</p>		
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	<p>There will be a number of outdoor garden areas for residents to access. There is a courtyard off the main lounge area between two wings in process of being completed.</p>	<p>(i) Landscaping is in the process of being completed; (ii) Seating and shade is yet to be installed; (iii) The village area in the process of being built is not fenced off; (iv) Not all entrance/exit doors have paths/ramps fully completed.</p>	<p>(i) Ensure landscaping is completed in resident areas; (ii) Ensure seating and shade is available; (iii) Ensure all building areas are safely fenced off; (iv) Ensure all exit doors have appropriate access.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	PA Low	<p>Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part of the annual training programme. Staff training in fire safety and a fire drill is to be completed for all staff commencing at the induction prior to opening.</p>	<p>Specific fire safety and fire drill training is to be completed for new staff. This is scheduled for the induction training days.</p>	<p>Ensure a fire drill and fire safety is completed for new staff prior to opening.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	<p>Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and currently with the fire service awaiting</p>	<p>The draft fire evacuation plan is yet to be approved by the fire service.</p>	<p>Ensure the fire evacuation scheme is approved.</p>

		approval.		60 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, 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.