

# Presbyterian Support Services Otago Incorporated - Aspiring Enliven Care Centre

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## 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:

<b>Legal entity:</b>	Presbyterian Support Otago Incorporated
<b>Premises audited:</b>	Aspiring Enliven Care Centre
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 20 September 2019    End date: 20 September 2019

**Proposed changes to current services (if any):** Aspiring Enliven Care have reconfigured their certified services, by completing stage two of the development of the Aspiring Enliven Care Home which consisted of a new 12-bed wing. This will bring the total

number of beds (dual service) to 32. A new kitchen is also part of this development and will provide meals for both Aspiring Enliven and Elmslie Enliven.

**Total beds occupied across all premises included in the audit on the first day of the audit: 39**

# Executive summary of the audit

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## 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

Aspiring Enliven Care Centre is one of eight residential aged care facilities owned and operated by the Presbyterian Support Otago Incorporated board. The service is part of the Enliven aged care services, a division of the Presbyterian Support Otago. Aspiring is managed by a registered nurse who reports to the director of Enliven residential aged care services and is also supported by a clinical manager and a clinical coordinator. These three managers cover this site and a nearby sister site. They are supported by a quality advisor, operations support manager and a clinical nurse advisor.

The service has been open since October 2016 and is certified to provide care for to up to 40 residents at rest home, dementia and hospital (medical and geriatric) level care. There were 37 residents on the days of audit.

A partial provisional audit was completed to verify an additional 12 dual service beds. Aspiring Enliven Care have reconfigured their certified services, by completing stage two of the development of the Aspiring Enliven Care Home which consisted of a new 12-bed wing. This will bring the total number of dual service beds to 32 and the total overall bed numbers to 52. A new kitchen was also part of this development and will provide meals for both Aspiring Enliven and Elmslie Enliven.

The audit verified that the staff roster, equipment requirements, documented systems and processes are appropriate for providing dual-purpose level care (rest home and hospital) in the new wing.

This audit identified improvements required to be completed prior to occupancy around completion of the building, landscaping, fire and emergency systems.

## **Consumer rights**

N/A

## **Organisational management**

The director and management group of Presbyterian Support Otago (PSO) provide governance and support to the facility manager. The quality and risk management programme includes the Enliven service philosophy, goals and a quality planner. An orientation programme is in place for new staff. Ongoing education and training are in place, which includes in-service education and competency assessments. A draft for the increase in residents provides sufficient and appropriate coverage for the effective delivery of care and support.

## **Continuum of service delivery**

The activity programme is varied and reflects the interests of the residents and includes outings and community involvement.

Medication policies reflect legislative requirements and guidelines. Staff responsible for the administration of medicines complete annual education and medication competencies. All meals are currently prepared at the sister site. The new kitchen build at Aspiring will take over the food preparation for both facilities. The new kitchen is spacious. The menu is designed and reviewed by

a registered dietitian at an organisational level. Food will be delivered in a hot box to the current kitchenette in the dual-purpose wing. Nutritional profiles are completed on admission and provided to the cooks.

## **Safe and appropriate environment**

The service has policies and procedures for fire, civil defence and other emergencies. At least one staff member is on duty at all times with a current first aid certificate. The building holds a current warrant of fitness. A CPU for the new wing has yet to be obtained.

All 12 dual-purpose rooms have single mobility ensuites that include a shower and toilet. General living areas and rooms are appropriately heated and ventilated. The current open plan dining/lounge has been extended for the increase in residents. There is also another lounge and a newly built smaller quiet lounge at the end of the new wing. There is enough room throughout the service for residents to mobilise safely. New equipment has been purchased for the new wing. Communal laundry is laundered off-site at a commercial laundry. Cleaning and all laundry services were well monitored through the internal auditing system. Chemicals were stored securely. Electrical equipment is tested and tagged. All medical equipment has been calibrated and checked. Smoke detectors, fire alarms and sprinkler systems have been installed throughout the wing. Hot water temperatures are monitored and recorded monthly.

## **Restraint minimisation and safe practice**

Restraint minimisation policies and procedures include definitions, processes and use of restraints and enablers. There were no residents with restraints or using an enabler. Staff training is in place around restraint minimisation.

## Infection prevention and control

PSO Aspiring has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is discussed in two-monthly infection control meetings and linked to the quality meetings. The infection control programme has been reviewed annually. Minutes of meetings are available for staff. There have been no outbreaks since opening.

## 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)
<b>Standards</b>	0	16	0	2	0	0	0
<b>Criteria</b>	0	35	0	3	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Aspiring Enliven Care Centre is one of eight aged care facilities under the PSO. The service continues to be run under the umbrella of PSO, with PSO managing the facility at an operational level. The Aspiring Enliven Care Centre Ltd partnership continues to have a 50/50 ownership of the facility, with three directors from both parties, PSO and Aspiring Lifestyle Retirement Village</p> <p>Enliven Wanaka comprises of Aspiring Care Centre and Elmslie House. Aspiring Care Centre was a new purpose-built facility that opened in October 2016. The Aspiring Enliven Care Centre currently provides care for up to 40 residents and is divided into two units. The Cardrona unit is Currently operating as a 20-bed rest home and hospital unit (all dual-purpose beds) and Hawea is a 20-bed secure dementia unit. During the audit there were 39 residents. There were 13 hospital residents and 6 rest home residents in the Cardrona unit and 20 residents in the Hawea dementia unit. All residents are under the ARCC contract.</p> <p>Aspiring Enliven Care have reconfigured their certified services, by completing stage two of the development of the Aspiring Enliven Care Home which consisted of a new 12-bed wing. A partial provisional audit</p>

		<p>was completed to verify the additional 12 dual service beds located in a newly built wing off Cardrona unit. This will bring the total number of beds (dual service) to 32 and the total overall bed number to 52. A new kitchen was also part of this development and will provide meals for both Aspiring Enliven and Elmslie Enliven.</p> <p>Presbyterian Support Otago has a current strategic plan, a business plan 2019 – 2020 and a quality plan for 2019 – 2020. There are clearly defined, and measurable goals developed for the strategic plan and quality plan. The strategic plan, business plan and quality plan all include the philosophy of support for PSO. The organisational quality programme is managed by the quality advisor and the director of Enliven residential aged care services. The facility manager provides a monthly report to the director on clinical and financial matters.</p> <p>The facility manager/RN is responsible for the oversight of the Aspiring Enliven Care Centre and Elmslie House facilities (Enliven Wanaka). The facility manager has experience in management and aged care and has been in the role for three years. She is supported by a clinical manager who has been in the position for three years. The facility manager and clinical manager are also supported by a clinical coordinator. The facility manager works half a day each at both facilities. The clinical manager works full-time at Aspiring with another clinical manager based at Elmslie. The facility manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility.</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>During a temporary absence of the facility manager, the clinical manager oversees Aspiring Enliven Care Centre with support from the director, quality advisor, operations support manager and clinical nurse advisor. In the absence of the clinical manager a senior registered nurse will manage Aspiring Enliven Care Centre.</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</p>	<p>FA</p>	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. There are</p>



<p>requirements of legislation.</p>		<p>comprehensive human resources policies including recruitment, selection, orientation and staff training and development. Five staff files were reviewed (three RNs, two care workers). All files included all required documentation.</p> <p>The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The service is currently recruiting staff and will employ a further five care workers as resident numbers increase. The service currently has sufficient staff to cover the new dual-purpose wing. There is an implemented 2019 in-service calendar. Competencies are completed for (but not limited to) medication management. Staff have attended education and training sessions appropriate to their role.</p> <p>All new staff will be provided with a comprehensive orientation to the facility in line with PSO's Orientation procedures. Education will continue to be provided to all staff on fire safety and evacuation procedures, medication management, skin care and pressure area prevention, first aid, clinical care pertaining to residents with higher care needs, health and safety, infection control. Care workers will complete the integrated orientation programme provided in all PSO care homes in conjunction with career force. Registered nurses will be assisted to access external education and PSO's internal registered nurse training programmes via the DHB and Hospice. Sessions include interRAI competency, wound management, palliative care, and continence management.</p> <p>There are currently 12 care workers that work in the dementia unit. Eight of the twelve care workers have completed their dementia qualification. Three are in the process of completing and one care worker is new and had not yet commenced.</p> <p>There are nine RNs employed at Aspiring Enliven Care Centre and four RNs plus the two managers have completed their interRAI training.</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>Aspiring Enliven Care Centre has a four-weekly roster in place that ensures there is sufficient staff rostered on. There is a facility manager (across both facilities) and FTE clinical manager at Aspiring.</p> <p>Currently in the Cardrona rest home/hospital unit (13 hospital, 9 rest</p>

		<p>home), there is one RN on the morning, afternoon shifts and on the night shift. Three care workers are scheduled to work during the morning shift, three care workers on the afternoon shift and one care worker on the night shift.</p> <p>There is a draft roster for an increase in 12 residents (dual-purpose) that can be adjusted depending on the acuity level of residents.</p> <p>The roster includes one RN across the Cardrona unit on an AM, PM and night shift. The RN is supported by five care workers on morning shift (2 x 0645 – 1500, 2 x 0800 – 1330 and 1 x 0645 – 1430). There are four care workers rostered on afternoon shift (2 x 1500 – 2315, 1 x 1500 – 2130 and 1 x 1700 – 2100). There is one care worker on overnight supporting the RN.</p> <p>The manager, and clinical manager provide on-call cover afterhours and at weekends.</p> <p>There are two house GPs that visit 2x weekly and provide afterhours services. There is a physiotherapist 2 x weekly, advised hours will increase.</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>FA</p>	<p>There are medication management policies and procedures in place, which follow recognised standards and guidelines for safe medicine management practice. This system is fully operational and 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. The service has monthly blister packs and implements medimap. The blister packs are reconciled when they arrive against the medication chart by the night RN. The large medication room in Cardrona unit will also provide medications for the increased 12 bed wing. Medications management is checked as part of a 6 monthly medication audit. Equipment such as oxygen is routinely checked. There is a medication fridge and daily temperatures are documented. There is one medication trolley for the dual-purpose unit that will manage the increase in resident numbers.</p> <p>All staff (registered nurses and senior caregivers) that administer medications have received training and had a competency assessment</p>

		<p>completed.</p> <p>The self-medicating policy includes procedures on the safe administration of medicines.</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>All meals are currently cooked at the sister site Elmslie and transported to Aspiring in hot boxes and served from a bain marie in the kitchenette of Cardrona unit. As part of this staged building a new purpose-built kitchen has been built, is spacious and near completion. Kitchen staff from Elmslie will transfer to the new kitchen at Aspiring and meals will be prepared there for the two facilities. The kitchen will be ready to open with the new wing. There is a large walk in chiller and freezer and pantry.</p> <p>A registered dietitian is employed by Presbyterian Support Otago (PSO) and there is dietitian input into the provision of special menus and diets where required. A full dietary assessment is completed on all residents at the time they are admitted. The dietitian reviews residents with weight loss every one-to-two months. Residents are referred to the dietitian if they have had a 10% change in body weight.</p> <p>A memo is sent to the kitchen alerting the food service manager of any special diets, likes and dislikes, or meal texture required. Resident meetings discuss food as part of their meetings. Special equipment is available. Internal audits are undertaken.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>Aspiring employs two activities coordinator, who provide activities six days a week across the dementia unit and rest home/hospital. Activities are primarily provided in the rest home/hospital in the mornings and in the dementia unit in the evenings to distract residents that 'sundown'. Hours will be increased as needed with the increase in resident numbers. The activities coordinators are well supported by volunteers from the local community.</p> <p>The programme includes residents being involved in the community with social clubs, churches and schools. A social history is completed on admission of resident's activities and added to the VCare care plan.</p> <p>The service has recently purchased a new mobility van. The activities</p>

		coordinators both have current first aid certificates.
<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>The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. Waste is appropriately managed. Chemicals are labelled and safety datasheets were available in the laundry and sluice areas. Chemical storage is secured in lockable cleaners' utility rooms. Personal protective equipment is available for staff. Waste management procedures are addressed in the health and safety policy manuals. The staff orientation process addresses safe chemical usage, hazard management and the use of material safety datasheets. There is a sluice room in the current dual-purpose wing that will be utilised as needed.</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 building has a current warrant of fitness, which expires on 30 September 2020. The current Aspiring Enliven building includes a 20-bed Hawea dementia unit and a 20-bed Cardrona rest home/hospital unit. The Cardrona unit has a large workable kitchen. There are two lounges and a dining area of sufficient size to accommodate residents in recliner chairs. The current communal lounge and dining room has been extended to include an increase in residents. The new 12-bed dual purpose wing joins up to the current wing of rooms and to the extended lounge. The new wing is in the process of being completed with furnishings. There is carpet throughout and lino in ensuites. The lounge extension is currently closed off to residents while it is being completed and furnished.</p> <p>There are paths and gardens around the facility. The outside area around the new wing and lounge extension is still in the process of being landscaped. There is a maintenance person that works for both Aspiring Enliven Care Centre and Elmslie House. Daily maintenance requests are addressed, and a 12-month planned maintenance schedule is being implemented. Electrical equipment is tested and tagged. All medical equipment has been calibrated and checked. The service has recently bought a new mobility van (shared between the two Enliven Wanaka facilities). Smoke detectors, fire alarms and sprinkler systems have been installed throughout the new wing. There is enough room throughout the service for residents to mobilise safely. Hot water temperatures are</p>

		monitored and recorded monthly. New equipment has been purchased for the new wing and lounge extension.
<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	There are 12 new dual-purpose resident rooms in the new wing. All have full ensuite bathrooms that are spacious and include handrails. There are communal toilets near the lounge and that includes a privacy lock.
<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	The new wing comprises of 12 dual purpose rooms suitable for rest home or hospital residents. All rooms are spacious enough to allow residents to safely move about with mobility aids and for the use of a hoist. There is adequate space to allow residents to personalise their rooms. All rooms are in the process of being fully furnished.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>The current dual-purpose unit has a large dining room and two lounge areas, as well as small seating areas around the facility. With the addition of the new wing the current dining and lounge room have been extended. The dining room is now large enough for the increase in residents and has sufficient room for tables, chairs and mobility aids. The lounge has been extended also to provide for different sitting areas. There is also another quiet lounge to the side of the dining area.</p> <p>The majority of activities occur in any of these areas. Residents are able to use alternate areas if communal activities are being run in one of these areas and they do not want to participate. There is sufficient space to store mobility aids while residents are having their meals.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	The service has policies and procedures in place for the management of laundry and cleaning practices. Currently the laundry service for large items (sheets, towels etc.) is outsourced to a local firm. There is a small laundry with a dirty to clean flow that is adequate to complete personal laundry. Care workers are responsible for all personal laundry. There are designated utility rooms for receiving and dispatching of clean and dirty

		<p>linen. Chemicals are labelled and safety datasheets were available in the laundry and sluice areas. Chemical storage is secured in lockable cleaners' utility rooms. Personal protective equipment is available for staff. There are two locked sluice rooms in the dual-purpose unit, with a sanitiser and toileting equipment available. Cleaning and laundry audits are included in the annual audit schedule.</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>Emergency management plans are documented for Aspiring Enliven to ensure health, civil defence and other emergencies are covered. Appropriate training, information and equipment for responding to emergencies are part of the orientation of new staff. The service has implemented policies and procedures for civil defence and other emergencies. The service has an approved fire evacuation scheme. The updated fire procedure is currently in draft and yet to be forwarded to the fire service for approval. An alternative fire egress is currently in use while the new wing is closed off to residents. Fire evacuation drills take place every six months. There is at least one staff member is on duty at all times with a current first aid certificate. All registered nurses are supported to get their first aid certificate.</p> <p>There is sufficient water stored (including large water tanks). Alternative heating and cooking facilities are available, including wood chip burner heating system and two gas barbeques. Civil defence kits are stocked and checked six-monthly. Emergency lighting is provided by way of battery backup.</p> <p>Call bells are situated in communal areas, bedrooms and bathrooms. The system has staff pagers and a call bell light panel in each nurses' station. External doors are secured in the evening.</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>	FA	<p>General living areas, hallways and bedrooms are heated by a wood chip burner heating system and heating is transferred via a ceiling ducted system. The facility was warm on the days of the audit. All rooms have windows for ventilation. An air conditioning unit provides cooled air in the warmer months. Residents have access to light in their rooms and there is adequate light in communal areas.</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>	FA	<p>PSO Aspiring has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is discussed in two-monthly infection control meetings and linked to the quality meetings. They include discussion and reporting of infection control matters. The organisation has a continuous improvement infection control group, with representatives from each facility including the clinical manager from Aspiring. The infection control programme has been reviewed annually. Minutes of meetings are available for staff. There have been no outbreaks since opening.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>Restraint minimisation policies and procedures are comprehensive and include definitions, processes and use of restraints and enablers. The facility has a restraint free environment, there were no residents with restraints or using an enabler. A registered nurse is the restraint minimisation coordinator. Restraint minimisation education is provided as part of the orientation programmes and is part of the staff education programme. Staff training also includes management of challenging behaviours.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	FA	<p>Restraint minimisation policies and procedures include definitions, processes and use of restraints and enablers. There were no residents with restraints or using an enabler. Staff training is in place around restraint minimisation</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The building has a current warrant of fitness, which expires on 30 September 2020. The new 12-bed dual purpose wing joins up to the current wing of rooms and to the extended lounge. The new wing is in the process of being completed with furnishings. There is carpet throughout and lino in ensuites. The lounge extension is currently closed off to residents while it is being completed and furnished.</p>	<p>The new wing and lounge extension are near completion and currently closed off for residents</p>	<p>Ensure a code of compliance is completed of the wing and lounge extension</p> <p>Prior to occupancy days</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 are paths and gardens around the facility. The outside area around the new wing and lounge extension is still in the process of being landscaped.</p>	<p>The outside area around the new wing and lounge extension is still in the process of being landscaped</p>	<p>Ensure the areas around the new build are landscaped and safe for residents</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>	<p>PA Low</p>	<p>The service has an approved fire evacuation scheme. The updated fire procedure is currently in draft and is with the fire service for approval. An alternative fire egress is currently in use while the new wing is closed off to residents</p>	<p>The updated fire procedure is currently in draft and with the fire service for approval</p>	<p>Ensure the fire evacuation procedure has been approved by the fire service</p> <p>30 days</p>
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.