

# Steele Park Limited

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## Introduction

This report records the results of a Partial Provisional audit of aged residential services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

<b>Legal entity:</b>	Steele Park limited
<b>Premises audited:</b>	Steele Park Home
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	<b>Start date:</b> 23 February 2022 <b>End Date</b> 23 February 2022
<b>Proposed changes to current services (if any):</b>	Steele Park Home is a new facility which is intended for up to 39 dual purpose rest home and/or hospital level residents
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	0

# 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.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

## General overview of the audit

Steele Park Home is intending to provide rest home and hospital level care for up to 39 residents. The service is operated by Sound Care Group who are an established provider of aged care services with five other facilities across in the North and South Islands. This new facility will be managed by a facility manager and a clinical services manager, with support from the Sound Care Group executive management team.

This partial provisional audit was conducted against the Health and Disability Services Standards 2008 and the service's contract with the DHB and the MoH. The audit process included review of policies and procedures, review staff files, observations and interviews with members of the executive management team.

This audit has identified areas requiring improvement, relating to the recruitment and appointment of appropriate staff members; medication management training and competency assessment; the Food Safety plan needs to be approved, completion of the

refurbishment to the external environment, completion of an additional shower and obtaining the Fire Evacuation Scheme from the owner. These need to be addressed prior to occupancy.

## **Consumer rights**

Not Audited

## **Organisational management**

Business and quality and risk management plans included the (scope, direction, goals, values and mission statement) of the organisation. Monitoring of the services provided to the governing body are included in the plans. An experienced and suitably qualified person will be managing the facility.

Sound Care Group has systems and processes for the appointment, orientation and management of staff which are based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. The plan for staffing levels and skill mix will meet the changing needs of residents.

## **Continuum of service delivery**

Access procedures to the facility are appropriate and will be efficiently managed with relevant information provided to the potential resident/family/whanau.

Medicines will be safely managed and administered by staff who are competent to do so. The food service is planned to meet the nutritional needs of the residents with special needs catered for. Food will be safely managed.

## **Safe and appropriate environment**

The facility meets the needs of residents and arrangements for cleaning and maintenance were in place. There was a current building warrant of fitness. Sound Care Group are purchasing new equipment and have processes for ongoing testing, as required. Communal and individual spaces can be maintained at a comfortable temperature. External areas are accessible, safe and will provide shade and seating.

There are processes for the management of waste and hazardous substances. Staff will have access to protective equipment and clothing. There is sufficient storage for chemicals, soiled linen and equipment.

Staff trained includes emergency procedures, use of emergency equipment and supplies and attendance at regular fire drills. The service's emergency plan considers the needs of residents at different levels of care including rest home and hospital. There is a plan for managing security when the facility is occupied.

## **Restraint minimisation and safe practice**

Not audited

## **Infection prevention and control**

The infection prevention and control programme for the Group, is led by an experienced and trained infection control coordinator, aims to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed.

## 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	9	1	5	0	0	0
<b>Criteria</b>	0	30	2	4	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.

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>Sound Care Group (SCG) are an established provider of aged residential care services. The owners of SCG already operate five other aged care facilities from 2017, in Taranaki, Whangarei, Bay of Plenty, Otago and Waikato. Services they are already providing include rest home, hospital dementia level care and young people with disabilities.</p> <p>When Steele Park Home opens, SCG intends to provide rest home and hospital level care services initially, for up to 39 people. In the future they are considering extending the services to young people with disabilities, which is consistent with the site and configuration of the building. It is the director's view that other, higher levels of care cannot be delivered at this site, to a level consistent with SCG's values.</p> <p>The director and executive management team are New Zealand registered nurses (RNs) or have nursing backgrounds and experience in the aged care sector overseas and in New Zealand. There are two experienced clinical managers who provide day to day support for all SCG facility based clinical managers, a specialist diversional therapist who provides similar oversight to all facility diversional therapists, an executive chef who is the kitchen manager for the group and a human resources (HR) manager. The role of general manager for the group is currently vacant and is being filled by the director. This role provides day to day support to the facility managers.</p> <p>The Group has a 2022 strategic plan, which is based on an evaluation of the 2021 SCG strategic plan. The plan has actions in areas of governance, clinical,</p>

		<p>activities and HR. A plan for the development of Steele Park Home is also documented. There is an organisational structure for the group which is included in position descriptions.</p> <p>Annual practising certificates (APCs) for the executive management team members who are RNs were sighted. The strategic plan and implementation plan for the new facility were reviewed, and the site was visited.</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 facility manager for Steele Park Home is the current facility manager for the Waikato aged care facility owned by SCG. This person is an RN with more than 30 years' experience in the aged care sector, as both an RN and manager. They have a current APC (sighted) and have worked for Sound Care since December 2021. As noted, they will be supported by members of the executive management team.</p> <p>A clinical manager is yet to be appointed. Instead, the group clinical manager and clinical support manager from the executive management team will be based at the new facility on opening and will fill this role initially. Both will be able to step in, to cover a temporary absence of the facility manager, and the director in her role as the general manager will also provide cover</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>The provider has policies and procedures which describe the process for recruitment and appointment of staff, the training to be provided at entry and annually, and other professional development. There is a documented policy which describes the staffing levels and roles for each type of care. This is used in SCG's other facilities and is being used in the recruitment of staff for Steele Park Home.</p> <p>A documented recruitment plan was provided which details information about the recruitment, induction and orientation of all staff to be employed by Steele Park Home. This included the arrangements for SCG executive team members to cover and/or support senior roles at the opening of the facility. The human resources (HR) and marketing manager was interviewed and confirmed these arrangements.</p> <p>Documentation relating to the recruitment of several staff members who have already been appointed was reviewed. This included reference checks and police vetting.</p> <p>At the time of the audit one RN has already been appointed and another is going through the recruitment process. Both will have basic life support, first aid but will</p>

		<p>need to complete their interRAI training and competency assessment once they commence working.</p> <p>Other positions are being recruited for or have been recruited. A cook has been appointed and will be trained by the SCG kitchen manager. Care givers are being recruited. An office manager/receptionist been appointed who has four and half years' experience in the aged care sector.</p> <p>There is an SCG induction and orientation programme for new staff, which includes their philosophy of care, general infection prevention and control, emergency management and fire evacuations. There are role specific additions for RNs and care staff members which includes medication management, manual handling, and other topics relevant to their roles.</p> <p>The director's intention is that staff will be appointed in time for an orientation and induction to occur prior to opening.</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 documented rationale for determining staffing levels and skill mixes to provide safe service delivery in the SCG policy. The facility manager position is full time Monday to Friday.</p> <p>Clinical management cover is available 24 hours a day, 7 days a week. This will initially be provided by two members of the executive management team – the overall clinical manager for the group and the clinical support manager, as noted in Standard 1.2.2. They will be based at Steele Park Home when it opens to provide support for the RN team and fulfil the clinical management function until the clinical manager is in position and completed their orientation to SCG.</p> <p>As noted in standard 1.2.7, recruitment of staff members for Steele Park Home has commenced, following SCG's HR policies and procedures, and the Recruitment plan for Steele Park Home.</p> <p>The director confirmed during interview that the staffing levels would be appropriate for the level of care being provided and increased as the number of residents grows. The HR manager confirmed that the SCG roster manager will undertake the role of preparing and issuing rosters for Steele Park Home when it opens. The roster manager has been an operations manager and a facility manager in the aged care sector and with SCG, before moving into the roster management position.</p> <p>A draft roster was sighted which will provide 24-hour nursing cover, seven days a week. At least one staff member on duty will have a current first aid certificate</p>



		and an after-hours on-call roster is in place across SCG.
<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>	PA low	<p>Sound Care has a suite of medication management policies and procedures which meet the requirements of this standard. The facility has a designated room for medicines, which is secure, has adequate space for working, the controlled drug fridge and storage of the medication trolley when not in use.</p> <p>An electronic medicine management programme will be used in the facility. RNs will administer all medicines with caregivers being trained to be dual signers, which is the process used by SCG in their other facilities.</p> <p>There is a designated pharmacy one block away from the facility and SCG are entering into a contract relationship with them. Medications will be provided in a pre-packaged format. Medicines are checked against their prescription when they arrive from the pharmacy.</p> <p>The general practitioner (GP) from the organisation's facility in Cambridge has agreed to be GP for this facility. The clinical managers in the executive management team report that a positive working relationship has been established with this practitioner and they are pleased to be able to continue this relationship for residents at Steele Park.</p> <p>The group medication management wide policies direct that a full reconciliation of the person's medications is to be completed on entry into the care facility and this information will be provided to the GP for this purpose.</p> <p>As noted in Standards 1.2.7 and 1.2.8, recruitment of nursing and care staff is currently underway and training in the medicine management has not yet been completed because of this.</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>	PA low	<p>The food service at Steele Park will be overseen by the SCG kitchen manager, who is a qualified chef. A facility chef has been employed for Steele Park and will commence employment prior to the opening date.</p> <p>There are SCG policies and procedures to guide all aspects of food procurement, production, preparation, storage, transportation, delivery and disposal, which comply with legislation and guidelines. A food safety plan is complete. At the time of the audit, it had not been approved by the Hamilton City Council. The Sound Care food manger and the facility chef have completed safe food handling training. The owner reported that safe food handling training is included on the training plan for kitchen staff if they have not already completed this. A system of</p>

		<p>hot/cold transportation of food to the second lounge if/when it is to be used for dining and will be purchased and implemented. (See also standard 1.4.5 for reference to the second lounge/dining room.)</p> <p>A nutritional assessment will be undertaken for each resident on admission to the facility, and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements will be made known to staff and accommodated in the daily meal plan. Special equipment, to meet residents' nutritional needs, will be available and is included in the director's plan for the opening of Steele Park Home.</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 documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary.</p> <p>An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. During the review of the environment, staff members identified where safety data sheets would be available and where chemicals are to be stored. Guidelines are available should any chemical spill/event occur.</p> <p>Some protective clothing and equipment was already available in the facility and staff were observed using this, as appropriate.</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>A current building warrant of fitness (expiry date 1 Dec 2022) was available.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. Changes to the physical layout of bedrooms had been made, increasing the number of bedrooms in the facility. Upgrading throughout the facility was being completed and the internal environment refreshed after a long period of being vacant.</p> <p>All equipment was new and had not been used. Documentation confirmed that the equipment was purchased from respected providers and calibration of bio-medical equipment will not be required until devices have been in use.</p> <p>Sound Care have documented systems for the maintenance of the environment. Steele Park Home will be hazard free and resident safety is being promoted in the decisions which have been made for the refurbishment and upgrading of the facility.</p> <p>External areas have not been maintained since the building was last occupied. There is a plan to upgrade them so that they are safe and appropriate for the</p>

		intended resident groups and setting.
<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>	PA Neg	<p>There are currently a combination of ensuite bathrooms, shared bathrooms with a shower and toilet, and separate toilets for the use of consumers. These provide adequate space for equipment and safety. In addition, there are designated toilets, and a shower, available for visitors and staff members, respectively.</p> <p>There are 11 bedrooms with either an individual ensuite (nine bedrooms) or a shared ensuite (four bedrooms sharing two ensuite bathrooms). For the remaining 26 bedrooms, there are four bathrooms with a shower and toilet and five additional, separate toilets.</p> <p>In the wing between the nurses' station and the kitchen, there are currently insufficient showers for the bedrooms without an ensuite bathroom. A shower is included in the current refurbishment of the Steele Park Home facility.</p> <p>All existing ensuites, shared bathrooms and toilets have non-slip floors and handrails for safety, and are of a sufficient size to be safe for the resident group</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>All rooms provide adequate personal space for residents and staff to move around them safely when they are occupied. The refurbishment plan includes the installation of ceiling hoists, to minimise the need for additional equipment in rooms and maximise comfort for residents. All rooms have hi-lo beds and are wired for television. There is Wi-Fi in the facility.</p> <p>All bedrooms are single accommodation. Rooms can be personalised and decorated with personal items, which is an important part of SCG's philosophy of care.</p> <p>Although rooms vary in size and orientation, all are adequate for the provision of either rest home or hospital level care.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are two large lounge areas in the facility. One adjacent to the kitchen and the second adjacent to the nurses' station. Both can be used for activities and dining. The refurbishment process has refreshed these lounge rooms and they are large, open spaces with wide windows, natural light and accessible.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic</p>	FA	<p>The laundry was not in operation, but is adequate for the size and scope of the facility. Policies and procedures are available to guide staff members. There will</p>

<p>cleaning and laundry services appropriate to the setting in which the service is being provided.</p>		<p>be dedicated laundry staff members, who may job share with other housekeeping staff members, as resident numbers increase.</p> <p>There are secure locations for the storage of chemicals and cleaning products. Processes for monitoring the effectiveness of laundering are available through the internal audit programme. Information about this is included in the business plan for Steele Park Home</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>Policies and procedures for emergency planning, preparation and response were reviewed. These will be included in the orientation training along with fire safety training. First aid training will be provided for appropriate staff members if they don't already have current certificates. The current Fire Evacuation scheme has not yet been provided by the owner, but SCG has been advised by the Fire Service and the owner, that it does not need to be updated with the reconfiguration of the facility. The physical changes made to the facility were visible and involved adjustments to bedrooms. There have been no changes to entries or exits, internal walkways or any other internal navigation which would alter the fire evacuation plan sighted. Fire cell doors are in place.</p> <p>Purchasing of adequate emergency supplies for the use during a civil defence emergency, including food, water, blankets, radios, torches and ensuring there is a sufficient supply of gas for the ovens, is included in the planning for opening the facility.</p> <p>The call bell system was being installed on the day of the audit. The same system is used in another facility owned by SCG and was observed on the day of the audit to confirm its function. The system provides for voice communication with the resident once they activate the call bell. This can be to reassure them they are being responded, and/or check what they need so that it can be brought to them immediately. The system also has a small, in-room motion sensor connected to it. This can alert staff to potential problems at times when residents may be unable to activate their call bell themselves.</p> <p>Appropriate security arrangements will be put in place on opening. Doors and windows will be locked at a pre-determined time and evening and night shift staff members will check entrances and exits during their shifts.</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</p>	<p>FA</p>	<p>All bedrooms have at least one, large external window which opens to allow fresh air and ventilation. Windows have a reflective film on them, which provides some privacy from the street, while still providing natural light. Most windows can be</p>

<p>at a safe and comfortable temperature.</p>		<p>opened, and this allows for fresh air, in addition to the heating and ventilation systems.</p> <p>Heat pumps are being installed in the communal lounge/dining areas and in the hallways. Each bedroom will also have its own small heat pump for heating and cooling, depending on the time of year.</p> <p>New curtains are being installed in bedrooms and the communal areas.</p>
<p><b>Standard 3.1: Infection control management</b></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>Sound Care Group has Infection Prevention and Control (IPC) policies, procedures and a surveillance programme, which is overseen by an IPC coordinator. The programme is reviewed annually and is appropriate for the provision of aged residential care at both rest home and hospital level care.</p> <p>The role of facility IPC coordinator will initially be held by one of the RN clinical leaders for the group. The role and responsibilities are outlined in a job description within the IPC policies and procedures. Interviews with the two RN clinical leaders confirmed that they have the skills and knowledge to fulfil the role and support the RN in the facility to provide safe and appropriate care.</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.

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
HDS(C)S.2008	Standard 1.2.7: Human Resource Management	Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Low			
HDS(C)S.2008	Criterion 1.2.7.3	The appointment of appropriate service providers to safely meet the needs of consumers.	PA Low	Sound Care Group are still recruiting staff for Steele Park Home.	Ensure that key positions are filled and there are appropriate numbers of staff throughout the facility, at the time of opening.	Prior to occupancy
HDS(C)S.2008	Standard 1.3.12: Medicine Management	Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Low			
HDS(C)S.2008	Criterion 1.3.12.3	Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Low	Recruitment to positions is currently underway. Training and competency assessments for nursing and care staff have not yet been	Medicine management training and competency assessments have not yet been completed, but are scheduled to occur in the	Prior to occupancy

Code	Name	Description	Attainment	Finding	Corrective Action	Timeframe (Days)
				completed.	orientation programme, prior to opening.	
HDS(C)S.2008	Standard 1.3.13: Nutrition, Safe Food, And Fluid Management	A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	PA Low			
HDS(C)S.2008	Criterion 1.3.13.5	All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.	PA Low	A Food Safety Plan has not yet been approved/registered by Hamilton City Council.	Ensure that the Food Control plan is approved or registered with the local council.	Prior to occupancy
HDS(C)S.2008	Standard 1.4.2: Facility Specifications	Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	PA Low			
HDS(C)S.2008	Criterion 1.4.2.6	Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	On the day of the audit visit refurbishment of the external areas had not yet been completed, but is scheduled for completion prior to occupancy.	Ensure the upgrading of external areas is completed prior to occupancy.	Prior to occupancy
HDS(C)S.2008	Standard 1.4.3: Toilet, Shower, And Bathing Facilities	Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.	PA Negligible			

<b>Code</b>	<b>Name</b>	<b>Description</b>	<b>Attainment</b>	<b>Finding</b>	<b>Corrective Action</b>	<b>Timeframe (Days)</b>
HDS(C)S.2008	Criterion 1.4.3.1	There are adequate numbers of accessible toilets/showers/bathing facilities conveniently located and in close proximity to each service area to meet the needs of consumers. This excludes any toilets/showers/bathing facilities designated for service providers or visitor use.	PA Negligible	The wing which runs from nurses' station to the kitchen/dining room has fewer bedrooms with ensuite bathrooms. For residents who access shared bathrooms there are currently insufficient numbers to provide adequate access to a shower.	An additional shower is planned for the wing identified. Construction was underway at the time of the audit. Ensure that the additional shower is completed, prior to full occupancy of Steele Park Home.	Prior to occupancy
HDS(C)S.2008	Standard 1.4.7: Essential, Emergency, And Security Systems	Consumers receive an appropriate and timely response during emergency and security situations.	PA Low			
HDS(C)S.2008	Criterion 1.4.7.3	Where required by legislation there is an approved evacuation plan.	PA Negligible	The owner hasn't provided a copy of the evacuation scheme to SCG.	Obtain a copy of the Fire Evacuation scheme to ensure that the fire evacuation scheme is current.	Prior to occupancy



## 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

End of the report.