

Te Awa Care Limited - Te Awa Care

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:	Te Awa Care Limited
Premises audited:	Te Awa Care Ltd
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 9 July 2018 End date: 9 July 2018
Proposed changes to current services (if any):	Te Awa Lifecare is a new purpose-built facility on the rural outskirts of Cambridge. The facility is across one level and currently includes a total of 32 dual-purpose (hospital and rest home) beds. The service is planning to open on the 1st August.
Total beds occupied across all premises included in the audit on the first day of the audit:	0

Executive summary of the audit

Introduction

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

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

General overview of the audit

Te Awa Lifecare is a new purpose-built facility on the rural outskirts of Cambridge. The facility is across one level and currently includes a total of 32 dual-purpose (hospital and rest home) beds. The service is planning to open on 1 August 2018.

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 two directors who have experience in owning aged care facilities. Te Awa Lifecare has set a number of quality goals around the opening of the facility and these also link to the organisations strategic and business plan.

An experienced management team is employed to manage the new service. The clinical care manager (registered nurse) has previous aged care management. A clinical care coordinator (Hospice background) has recently been employed to support the

clinical care manager. The clinical care manager has been working alongside the Te Awa 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, staffing, and implementation of the new service.

Consumer rights

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Organisational management

The clinical care coordinator (RN) will fulfil the 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

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

The service is planning to use two weekly robotic packs and implement an electronic medication management system. There is a spacious 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 freezer and chiller and pantry.

Safe and appropriate environment

The facility is purpose-built and spacious and includes two wings in the care centre. All building and plant have been built to comply with legislation. New equipment has been purchased for the facility.

There is a centrally located nurses' station close to the main lounge and two wings. Material safety datasheets are to be available in the laundry and the sluice.

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

There is an internal courtyard/garden area between the wings and landscaping is in the process of being completed around the facility.

There are mobility toilets near the lounge areas. There is a large open plan lounge and adjoining dining area. There are also two smaller lounges at the end of each wing and a smaller dining room in each wing.

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

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

Restraint minimisation and safe practice

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Infection prevention and control

The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. There is a job description for the infection prevention & control (IP&C) nurse and clearly defined guidelines. The IP&C nurse is a designated registered nurse. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually. 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	11	0	4	0	0	0
Criteria	0	29	0	6	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
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Te Awa Lifecare is a new purpose-built facility on the rural outskirts of Cambridge. The facility is across one level and currently includes a total of 32 dual-purpose (hospital and rest home) beds. The service is planning to open on the 1 August 2018.</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 two directors who have experience in owning aged care facilities. Te Awa Lifecare has set a number of quality goals (in the quality plan 2018-2019) around the opening of the facility and these also link to the organisations strategic and business plan.</p> <p>There is a philosophy of care document and a business plan with key goals and objectives.</p>

		<p>Te Awa Lifecare's vision is 'Helping our people make the most of every day'.</p> <p>An experienced management team is employed to manage the new service. The clinical care manager (registered nurse) has many years' experience as an aged care manager. A clinical care coordinator (Hospice background) has recently been employed to support the clinical care manager. The clinical care manager has been working alongside the Te Awa 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 care coordinator (RN) will fulfil the clinical care manager role. She has a background in hospice nursing.</p> <p>The service has policies and procedures that have all been developed for Te Awa Lifecare village. 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 and general practitioner (GP) services. Physiotherapy services are yet to be contracted. Advised these will be contracted on opening. There is a contracted dietitian available as required.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>There are comprehensive human resources policies and procedures including (but not limited to) recruitment, selection, orientation and staff training and development. A register of registered nurse (RN) practising certificates is maintained.</p> <p>There is a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, HCAs) and includes documented competencies.</p> <p>The management team are in the process of interviewing and employing staff for the opening of the care centre. They intend to employ five RNs, HCAs, two diversional therapists, housekeepers and laundry staff. A maintenance person and chef have been employed. It is intended that the chef will be involved in employing</p>

		<p>kitchen staff.</p> <p>The clinical care manager is interRAI trained and intends to put the clinical care coordinator and any RNs they employ that are not interRAI trained through training asap.</p> <p>An induction programme has been developed and will be completed before opening. Two induction training days are 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>Healthcare Assistants (HCAs) who have not completed appropriate training will be encouraged to complete the Careerforce training programme. The clinical care manager is a registered assessor. There is a staff training and development policy. A training plan has been developed for 2018.</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>	FA	<p>There is a service provision policy that describes the staffing level and skills mix. The policy aligns with contractual requirements and considers acuity 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, 10-17 residents, 18-25 residents, and 26- 33 residents with flexibility to adjust with acuity level. The aim is to have a RN rostered per 10-12 residents.</p> <p>The roster is flexible to allow for the increase in resident acuity.</p> <p>The roster is across both wings. The clinical care manager and clinical care coordinator (both RNs) work Monday – Friday.</p> <p>The roster for: 0 -10 residents</p> <p>AM shift, RN 0645 – 1515, HCA 0700 - 1515</p> <p>PM shift; RN 1445 – 2315, HCA 1500 – 2315</p> <p>Night; RN 2300 – 0715, HCA 2300 – 0715</p> <p>The roster for: 10 -17 residents</p>

		<p>AM shift, RN 0645 – 1515, HCA 0700 – 1515, 0700 - 1300</p> <p>PM shift; RN 1445 – 2315, HCA 1500 – 2315, 1500 – 2315, 1500 - 2100</p> <p>Night; RN 2300 – 0715, HCA 2300 - 0715</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>	PA Low	<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 two weekly robotic 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 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 fully completed with fixtures. Two medication trolleys have been purchased for the two wings. 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 ensuite. It is intended that individual medications will be stored there for residents.</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 general practitioner service will initially visit weekly and as needed. The GP provides 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 at the other end of the facility at the service end. 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 walk-in freezer. 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 has completed a food safety certificate. A food control plan is in the process of being registered with MPI.</p>

		<p>There is a large communal dining area and two smaller dining rooms to give residents choices of where they would like to have their meals. The main dining area has a kitchenette including a servery area and a bain-marie. Food will be transported in a hot box from the main kitchen to the kitchenette. Hot boxes can transfer meals to the smaller dining rooms in the wings as well. Kitchen fridge, food and freezer temperatures are to be monitored and documented daily as per policy. Resident annual satisfaction survey includes food.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. These are to transfer with the current residents and provided to the kitchen. Advised that any changes to 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 room/kitchenette.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a cleaning, disinfection and sterilising policy.</p> <p>Material safety datasheets are to be available in the laundry and the sluice. Personal protective equipment is arranged to be in place by a contracted supplier. There is a secure sluice which also includes a sanitiser. A domestic washing machine and drier will be included in the sluice for personal clothing as needed. There is a locked cleaner's cupboard. Advised, that a sharps container will be kept in the treatment room.</p> <p>Gloves, aprons and goggles are available for staff. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building is across one level.</p> <p>The care centre includes two main wings. The two wings surround a landscaped courtyard that is in the process of being completed. There is a secure nurse's office for both wings. There is a large shared lounge which connects to a spacious</p>

		<p>dining room, which are near the nurse's station. One wing of 19 rooms (suites) has another lounge at the end of the wing and a smaller dining room (that can be used if they would prefer a quieter area). The other wing of 13 rooms (suites) also includes another lounge and separate dining rooms. All rooms look out into rural paddocks and a number of rooms have sliding doors that open out onto outside courtyards/patios.</p> <p>Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p> <p>There are handrails in ensuites, communal bathrooms and hallways. All rooms and communal areas allow for safe use of mobility equipment. The facility is carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each new wing for storage of mobility equipment.</p> <p>All rooms have been designed for hospital level care and each room has a spacious ensuite shower/toilet with shelves and drawers.</p> <p>The building is in process of being furnished. The code of compliance has been signed off post on-site audit. This was sighted and dated 12 July 2018.</p> <p>The service has purchased new equipment for the facility including (but not limited to) two hoists (sling and standing), two PI mattresses, hi/lo beds, and oxygen cylinders, and bottles. All rooms to have electric hi/lo beds (large single 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 two landscaped courtyards. All landscaping around the facility is in the process of being completed.</p> <p>There are environmental audits and building compliance audits, which will be completed as part of the internal audit. A contracted maintenance person has been appointed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal</p>	FA	<p>Both wings have a mobility toilet near the smaller lounges and the large communal lounge. Each resident room (suite) has a spacious ensuite with shower and toilet, drawers and cupboards for own linen etc. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment.</p>

hygiene requirements.		
<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	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 areas are spacious. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy boy or wheelchair. Doors into resident rooms have extensions.
<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	There are a number of lounge and dining rooms throughout the facility. There is also a smaller whānau room/lounge at the end of each wing. There is a large village communal lounge/café/dining area on the other side of reception and connected to the care facility and accessible by residents for activities etc.
<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	There are laundry policies and procedures. Cleaning procedures are available for cleaning staff. Cleaners and laundry staff are yet to be employed for the new facility (link 1.2.7.3). The spacious laundry is situated in the service area. There are two doors (enter and exit) and the laundry is designed with a dirty and clean flow and an area for folding and storage of clean linen. Industrial washing machines and dryers and covered linen trolleys have been purchased. The chemical supplier has installed a closed system and MSDS are available. The sluice in the care centre also includes domestic washing machine/dryer for personal clothes as needed. There is an internal audit around laundry services and environmental cleaning to be completed twice as part of the internal audit schedule. The cleaner's cupboards are designated areas and lockable for storage of chemicals and are stored securely.
<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	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. There are comprehensive civil defence and emergency procedures in place. There are civil defence kits and large water tanks available.

		<p>Key staff are required to hold a first aid certificate. Not all staff have been employed and therefore it is unclear how many staff will have a current first aid 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. The facility has emergency lighting and torches. There is a generator, gas BBQ and additional cylinders are available for alternative cooking.</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.</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>	FA	<p>The new building is appropriately heated and ventilated. There are radiators and overhead 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 windows or 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 visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The IC programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. There is a suite of infection control policies and procedures. Infection prevention and control programme policy 2018/2019 includes infection control objectives and lines of reporting. The infection control and surveillance monitoring policy describes the surveillance programme to be implemented.</p> <p>There is a job description for the infection prevention & control (IP &C) nurse and clearly defined guidelines. The IP&C nurse is currently the clinical care manager. The infection control programme is designed to link to the quality and risk management system. The programme is to be reviewed annually.</p> <p>The IC committee is to include staff from across all areas and will initially be part of</p>

		<p>the quality committee meeting and the registered nurse meetings.</p> <p>There is a pandemic management policy, outbreak management plan and template and staff health policy.</p> <p>The infection control education policy describes education to be provided to staff, residents and families.</p>
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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 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	<p>The management team are in the process of interviewing and employing staff for the opening of the care centre. They intend to employ five RNs, HCAs, two diversional therapists, housekeepers and laundry staff. A maintenance person and chef have been employed. It is intended that the chef will be involved in employing kitchen staff.</p> <p>There is a staff recruitment and selection policy.</p>	The service is in the process of employing staff to cover the draft roster, including registered nurse across 24/7.	<p>Ensure there are sufficient staff employed to cover the draft roster including registered nurse across 24/7.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service</p>	PA Low	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 healthcare assistant, RN, and so on. Induction	Advised that the newly employed staff commencing will all receive a two-day induction/training at the facility the days before	Ensure staff commencing on opening complete the facility induction.

provided.		days have been planned for Te Awa. There is a staff orientation policy and procedure.	opening.	Prior to occupancy days
Criterion 1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.	PA Low	Advised, that only those deemed competent, will be responsible for administration. Registered nurses 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 medication competencies are to be completed at orientation and annually thereafter.	Ensure all staff responsible for medication management have completed competencies. Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	There will be a number of outdoor garden areas for residents to access. There are two landscaped courtyards between wings in process of being completed.	(i) Landscaping is in the process of being completed; (ii) Seating and shade is yet to be installed.	(i) Ensure landscaping is completed in resident areas. (ii) Ensure seating and shade is available. Prior to occupancy days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.	PA Low	Appropriate training, information, and equipment for responding to emergencies is to be provided at induction and as part of the annual training programme. Staff training in fire safety and a fire drill is to be completed for all staff commencing at Te Awa in the induction prior to opening. Having first aid trained staff across 24/7 is not yet in place.	(i) Key staff are required to hold a first aid certificate. Not all staff have been employed and therefore it is unclear how many staff will have a current first aid certificate. (ii) Specific fire safety and fire drill training is to be completed for new staff. This is scheduled for the induction training days.	(i) Ensure there is first aid trained staff member across 24/7. (ii) Ensure a fire drill and fire safety is completed for new staff prior to opening. Prior to occupancy days

<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	Smoke alarms, sprinkler system and exit signs are in place in the building. The fire evacuation plan is in draft and currently with the fire service awaiting approval.	The draft fire evacuation plan is yet to be approved by the fire service.	<p>Ensure the fire evacuation scheme is approved.</p> <p>60 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.