

Metlifecare Limited - Metlifecare Papamoa Beach Village Ltd

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 The 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:

Legal entity: Metlifecare Limited

Premises audited: Metlifecare Papamoa Beach Village Ltd

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

Dates of audit: Start date: 20 August 2019 End date: 20 August 2019

Proposed changes to current services (if any): The provider intends to provide hospital services (medical and geriatric), and rest home level care (dual purpose beds) for up to 24 residents and 16 rest home dementia care beds in a secure unit. This is a new build extension to Papamoa Beach Retirement Village.

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

Metlifecare Papamoa Beach Village (Papamoa Beach) has a new purpose-built facility which is attached to the existing village. They wish to provide hospital services (medical and geriatric), and rest home level care (dual purpose beds) for up to 24 residents and 16 rest home dementia care beds in a secure unit. This partial provisional audit has been undertaken to establish the level of preparedness of the provider to offer a new health and disability service. The service is operated by Metlifecare Limited. There is a village manager who is responsible for the overall services provided and reports monthly to the operations manager. A newly appointed nurse manager will oversee the health and disability service unit.

This partial provisional audit was conducted against the Health and Disability Services Standards. The audit process included review of policies and procedures, interviews with the village manager, nurse manager, clinical quality and risk manager, senior registered nurse, regional food services manager, kitchen manager, development manager, project manager and facility observations. There were no residents in the care facility, so interviews with residents and families could not be undertaken.

This audit has identified that prior to occupation staff medication competencies must be completed including for 'Medimap', staff orientation needs to occur, a certificate of public use must be obtained, landscaping and outdoor work needs to be completed around the garden areas, emergency food needs to be stored and a trial fire evacuation needs to occur.

Consumer rights

Not applicable to this audit.

Organisational management

Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body was regular and effective. An experienced and suitably qualified person manages the facility.

The appointment of staff is based on current good practice. A systematic approach to identify ongoing training supports safe service delivery. Staffing levels and skill mix will meet the changing needs of residents.

Continuum of service delivery

The planned activity programme will provide residents with a variety of individual and group activities and showed how links with the community will be maintained.

Medicine management will be performed according to policy. Staff who administer medications will complete a documented competency to show they can perform the task safely. The service is set up for 'Medimap' electronic medication management system.

The food service will prepare and present meals that meet the nutritional needs of the residents including special dietary needs being catered for. The food service has an approved food service plan in place.

Safe and appropriate environment

The facility is purpose built. All electrical and medical equipment is newly purchased and is covered under warranty. Communal and individual spaces are heated using heat pumps and a centralised air exchange unit. External areas are accessible including a secure outdoor area for the secure dementia unit.

Waste and hazardous substances are all located in secure areas. Staff protective equipment and clothing was available throughout the facility. There is a purpose-built room for storing soiled linen. Laundry will be undertaken offsite and evaluated for effectiveness.

Staff training days include emergency procedures, use of emergency equipment and supplies. A fire evacuation drill is planned as part of the on-site training days prior to the service commencing service. Fire evacuation procedures will continue to be practised at least six monthly. Security measures are clearly documented.

Restraint minimisation and safe practice

The organisation has implemented policies and procedures that support a restraint free environment. A comprehensive assessment, approval and monitoring process with timeline reviews is included in policy should the need for restraint arise. Policy states the use of enablers is voluntary for the safety of residents in response to individual requests.

Infection prevention and control

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

The orientation week to be held will ensure staff understand good principles and practice around infection control, which is guided by relevant policies and procedures.

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	13	0	4	0	0	0
Criteria	0	32	0	5	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The strategic, quality and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents describe annual and longer-term objectives and the associated operational plans. A sample of quarterly reports to the board of directors prepared by the current village manager showed adequate information to monitor performance is reported including staff employment, emerging risks and issues. The village manager who has overall responsibility for the services offered, reports monthly to the operations manager who in turn reports to the board of trustees. The nurse manager of the newly proposed care unit (which includes the dementia care unit) will have input into the reporting once the facility is in operation.</p> <p>A nurse manager (registered nurse) who commenced employment on the 22 July 2019 will have clinical responsibility for the day to day services in the care unit. They hold relevant qualifications. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The village manager and nurse manager confirmed their knowledge of the sector, regulatory and reporting requirements and maintain currency and their registration through ongoing education and attending management training.</p> <p>Management reported they have a good working relationship with the Bay of Plenty</p>

		Needs Assessment team and that the District Health Board have been informed of their intention to deliver hospital, rest home and dementia care services.
<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>When the village manager is absent, the operations manager, with assistance from the nurse manager will carry out all the required duties under delegated authority. During absences of key clinical staff, the clinical management will be overseen by a senior registered nurse assisted by the clinical quality and risk manager and registered nurses from nearby sister facilities if required; all of whom are experienced in the sector and able to take responsibility for any clinical issues that may arise.</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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process is being managed by an off-site provider who uses Metlifecare policies to ensure referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required are undertaken. Staff employment details related to proof of registered nurses annual practising certificates and current first aid certificates were sighted on the day of audit.</p> <p>The service has employed sufficient kitchen, domestic, registered nurses and caregivers to staff the service 24 hours, seven days a week. This includes staffing of the dementia unit by caregivers who hold or have enrolled in approved dementia care study papers. Three of the newly employed care staff hold the required qualifications. The service is aware that to meet contractual requirements they must have all care staff either trained or enrolled in an approved dementia education programme within six months of commencing employment in the dementia unit.</p> <p>Staff orientation will commence on the 09 September 2019 through to the 12 September 2019 and documentation identifies training includes all necessary components to allow staff to deliver safe service to hospital, rest home and dementia level care residents. Management confirm that staffing policies will be implemented related to the documentation of completed orientation and performance reviews.</p> <p>Continuing education is planned and documented for 2019 including mandatory training requirements. Management stated they will ensure that sufficient trained and competent registered nurses with current annual competencies to undertake</p>

		interRAI assessments will be employed. The senior registered nurse holds a current interRAI competency (sighted).
<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 documented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). This identifies that staffing levels are adjusted to meet the changing needs of residents. A proposed two weekly rotating roster developed for the commencement of services at the new care unit identifies the name and designation of clinical staff who will cover the service 24 hours, seven days a week. The roster showed how staffing levels will increase incrementally in line with the number of residents at the facility. The village manager and nurse manager are identified as the on-call staff. At least one staff member on duty will hold a current first aid certificate. Twenty-four hour/seven days a week (24//7) RN coverage is shown.</p> <p>The number of staff required to cover the initial roster have all accepted their contracts. There is one dedicated care staff rostered in the dementia unit for all shifts. At least one caregiver and one registered nurse will be on duty in the care unit across all shift.</p> <p>Monday to Friday staff include reception, village manager (40 hours and on call), nurse manager (40 hours and on call), and maintenance staff. Domestic staff will cover seven days a week from 9am to 1pm and kitchen staff will cover all meal service.</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 management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management (using an electronic system) will be implemented. There is a secure, well equipped medication room with a controlled drug safe and register and a medication trolley. There is also a medication room in the secure dementia unit, but no controlled medication will be kept in this area. Management confirmed that all staff who are to administer medicines will undertake safe medication management training as part of the orientation and this includes being able to demonstrate good knowledge and understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines will be competent to perform the function they manage.</p>

		<p>(Refer 1.2.7.4)</p> <p>Medications will be supplied to the facility in a pre-packaged format from a contracted pharmacy. All medications will be checked against prescriptions when they arrive at the facility. Clinical pharmacist input is to be provided for staff education and regular medication checks are to include six monthly stock checks of controlled drugs.</p> <p>The medicine fridge in the medication room has a thermometer inside it so that daily temperatures can be checked to ensure storage remains at the optimum required temperature as set out in policy.</p> <p>Policy identifies the role of the GP and that no medication is to be given without being correctly prescribed. Policy also covers actions to be taken should residents self-administer medication. Every resident's bedroom has a locked drawer suitable to place self-administered medications. Residents in the secure dementia unit will not be able to self-administer medications.</p> <p>The electronic medication system to be used has a process for comprehensive analysis of any medication errors and errors will be documented on an incident form. Management confirm this will be fully implemented.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is to be overseen by the kitchen manager who is a qualified chef. A chef has been appointed to run the kitchen at Papamoa Beach. All food will be cook on site and will be in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years. All kitchen equipment is in place.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan approved by Tauranga City Council and expires on 03 June 2020. The kitchen manager for Papamoa Beach has completed safe food handling training and all kitchen assistants will complete relevant training as required. The kitchen has hot/cold food boxes in which food will be transported from the kitchen to the area where it will be served to residents.</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 kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's</p>

		nutritional needs, is available. The menu identifies that snack food will be available to all residents 24 hours a day.
<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>The activities programme has been developed by a trained diversional therapist holding the national Certificate in Diversional Therapy. Activities will be undertaken by care staff until there is an 80% occupancy then a dedicated activities person will be employed. The programme sighted showed a wide variety of activities so that all acuity levels can be included daily. Staff will be required to follow the activities programme developed by the diversional therapist who will oversee this process.</p> <p>A social assessment and history using the 'Know Me' booklet will be undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Residents in the dementia unit will also have a sensory profile completed. Activities assessments will be regularly reviewed to help ensure the activities programme is meaningful to the residents. The resident's activity needs will be evaluated as part of the formal six monthly interRAI assessment and care plan review.</p> <p>Activities for residents from the secure dementia unit will be specific to the needs and abilities of the people living there. Activities are offered at times when residents are most physically active and/or restless. Each resident will have a 24-hour personalised activity plan.</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. The same waste management company who currently services the village will also manage the waste from the care facility. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Safe chemical use is documented as part of staff education on the 10 September as part of orientation. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur.</p> <p>There was provision and availability of protective clothing and equipment.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate,</p>	PA Low	<p>A certificate of public use is yet to be obtained.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and</p>

<p>accessible physical environment and facilities that are fit for their purpose.</p>		<p>facilities are fit for their purpose and maintained. All equipment is newly purchased for the facility including electrical appliances and medical equipment. Papamoa Beach will maintain all equipment to meet legislative requirements as confirmed in documentation sighted. The buildings have adequate storage to allow the environment to remain hazard free so that residents are safe and independence is promoted. Equipment includes platform weigh scales, one mobile sling hoist and two mobile standing hoists, walking frames, gutter frames, wheelchairs and toilet chairs. Medical supplies are in place and include sharps bins, dressings, incontinence pads, oxygen and oxygen tubing, nebulizers, sphygmomanometers and glucose testing equipment.</p> <p>External areas are appropriate to the resident groups and setting and include a secure outdoor area for the dementia care residents. Landscaping and outdoor work needs to be completed.</p>
<p>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.</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes all bedrooms having full ensuite facilities. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence. There are separate visitor and staff bathroom amenities.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>Adequate personal space is provided to allow residents and staff to move around within bedroom areas safely. All bedrooms provide single accommodation. There are four pairs of co-joined rooms in the care unit with lockable doors between the rooms. These dividing doors between these rooms would only be used with the door unlocked for couples who request it. The service will encourage residents to personalise their bedrooms with photos and other personal items. The door width to all rooms is adequate for the resident groups and will allow a bed and lifting equipment to pass through with ease.</p> <p>There is room to store mobility aids, wheelchairs and mobility scooters.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining and lounge areas are spacious and enable easy access for residents and staff. Residents can access areas for privacy, if required. Furniture is appropriate to the</p>

<p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>setting and residents' needs. There are two dining/kitchen/lounge areas for the care unit and one for the dementia care unit. A multipurpose room is available and can be used for family meetings, staff training or activities as required.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>Laundry (sheets, white pillowcases, towel, handtowels and flannels) will be undertaken off site by a contracted provider. Personal residents clothing, blue pillowcases, mattress protectors and top of bed linen will be laundered by a near-by Metlifecare sister site. These processes were covered in policy and procedures sighted. The area where dirty/clean laundry will be stored at Papamoa Beach for collection and clean linen drop off was clearly designated. A three-monthly quality laundry review is scheduled for the first year and then to become six monthly as confirmed in the laundry contract.</p> <p>There will be a small designated cleaning team who will receive appropriate training as identified in the orientation training calendar. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. There are purpose-built cleaning trolleys and a daily domestic cleaning schedule available.</p> <p>Cleaning processes will be monitored through the internal audit programme as scheduled.</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 guidelines for emergency planning, preparation and response are displayed and were known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The Ministry of Civil Defence and Emergency Management recommendations for the region are met related to appropriate stocks of water. Water is stored in tanks which are seismically restrained. Food stocks are yet to be put in place. There are adequate supplies of blankets, mobile phones, alternative cooking with gas as required for use in the event of a civil defence emergency. An external generator connection point that can run emergency power for all systems is in place.</p> <p>The current fire evacuation plan was approved by the New Zealand Fire Service on the 20 August 2019. A trial evacuation is organised to occur on the 12 September 2019 and then each six months. The orientation programme includes fire and security training.</p>

		<p>Emergency lighting is operating. Call bells alert staff to residents requiring assistance are operating. Management confirmed that call system audits will occur on a regular basis.</p> <p>Appropriate security arrangements are in place. Doors, windows and the main gate will be locked at a predetermined time. Visitors will need to use the call bell system so that unit staff can allow them access. There are close circuit television cameras in communal areas. It is advertised that these are in use. They will be monitored from the nurse manager's office. A contracted security company undertakes a patrol of the grounds several times a night.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately via electric heat pumps with a ceiling air exchange ventilation system. All rooms have their own thermostat to control the heat pump temperature. Rooms have natural light, opening external windows and an external door to the deck, gardens or a balcony. Areas were warm and well ventilated throughout the audit.</p>
<p>Standard 3.1: Infection control management 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 current Metlifecare infection control programme, which is well established in all sites, including for the existing Papamoa village, will go across all new services. The infection prevention and control (IPC) programme identifies how to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual with input from the Metlifecare clinical governance group. The infection control programme and manual are reviewed annually at organisational level. All staff have computer access to infection control standards and the IPC programme.</p> <p>The registered nurse who has the role of IPC coordinator, has her role and responsibilities defined in a job description. Surveillance results will include the new service once it is operational and be reported monthly to the nurse manager, operations manager and the board of trustees. The monthly surveillance data will be entered into the Metlifecare electronic system and be overseen by the clinical quality and risk manager who ensures any trends will be actioned as required. Data will be shared at monthly staff meetings.</p> <p>Signage is available and will be displayed as required.</p>

<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers should they be required. The restraint coordinator, the senior registered nurse, provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities. The organisation promotes a restraint free environment.</p> <p>Policy identifies that enablers must be the least restrictive option and used voluntarily at the resident's request.</p> <p>Management confirmed during interview that restraint would only be used as a last resort, to keep the resident safe, when all alternatives had been explored.</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 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	<p>All service providers are required to complete and orientation/induction programme to ensure all essential components of services can be safely provided. The orientation book for new staff covers all aspects of service delivery both theoretical and practical and includes resident directed care, the Code of Rights, cultural safety, continence management, infection control, personal cares, medication management, stages of dementia, food management, moving and handling, safe use of equipment, nurse call system, fire training and trial evacuation emergency management, civil defence, electronic incident and accident reporting.</p>	<p>Newly employed staff have yet to undertake orientation/induction.</p>	<p>Ensure all newly appointed staff complete the required orientation/induction programme.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	<p>Policy will be implemented to ensure all service providers who are responsible for medicine management are competent to perform the function for each stage they manage. The planned training on the 10 September 2019, prior to the facility opening, is for registered nurses and caregivers.</p>	<p>Medicine management competencies have yet to be undertaken.</p>	<p>Medicine management competencies have yet to be undertaken.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The building, plant and equipment are newly purchased and are covered under warrantee. All areas of the facility are fully furnished and appropriate for the needs of the intended resident groups. The service has yet to gain a certificate of public use.</p>	<p>A certificate of public use has not been obtained.</p>	<p>Provide evidence that there is a current certificate of public use.</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>The outdoor garden landscaping areas are yet to be completed. The grates over the channel drains are not in place. Outdoor furnishings and shaded areas are no completed.</p>	<p>The outdoor garden landscaping areas are yet to be completed. The grates over the channel drains are not in place. Outdoor furnishings and shaded areas are no completed.</p>	<p>Ensure that residents' outdoor areas are completed including outdoor furnishings and shaded areas, the channel drain grates around the edges of the buildings and landscaping.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include</p>	PA Low	<p>Service providers will receive information and training related to emergency and security situation responses including a fire evacuation trial during their orientation. This is scheduled for 12 September 2019 for new staff as identified in the orientation programme sighted. The kitchen environment was completed but</p>	<p>Staff emergency management training, including a trial fire evacuation is yet to occur. Emergency food stocks are not in place.</p>	<p>Provide evidence that staff have completed emergency management education and training including a trial fire evacuation and that emergency food is stored.</p>

fire safety and emergency procedures.		there is no food stored at present.		Prior to occupancy days
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.