

# Bupa Care Services NZ Limited - Redwood Home & Hospital

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Bupa Care Services NZ Limited

**Premises audited:** Redwood Home & Hospital

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

**Dates of audit:** Start date: 14 November 2019 End date: 14 November 2019

**Proposed changes to current services (if any):** The service has built a new 11 bed wing between the current psychogeriatric unit of 15 beds and dementia unit. The intention is to split the wing by a secure door with six of rooms becoming PG level. A further newly renovated room within the PG unit has been also verified as part of this audit (increasing bed numbers to 22 PG beds). The remaining five beds of the new wing will become part of the current 16-bed dementia unit. This will increase the dementia beds to

21 beds. This audit also reviewed the possibility of those five dementia beds also being able to swing to either dementia or psychogeriatric, by opening secure doors (already in situ).

**Total beds occupied across all premises included in the audit on the first day of the audit: 76**

# 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.

## Key to the indicators

## General overview of the audit

Bupa Redwood provides rest home, hospital, dementia, and psychogeriatric levels of care for up to 82 residents. On the day of audit there were 76 residents.

This partial provisional audit was conducted to verify a new purpose-built 11 bed wing (six psychogeriatric beds and five dementia beds). The wing joins the current psychogeriatric unit of 15 beds and the 16-bed dementia unit. A further renovated room within the psychogeriatric (PG) unit was also verified as suitable to be used as a resident room.

This audit verified the appropriateness of splitting the new wing by a secure door with six of the rooms becoming PG level (increasing bed numbers to 22 PG beds. The remaining five beds become part of the current 16-bed dementia unit. This will

increase the dementia beds to 21 beds. This audit also reviewed the possibility of those five dementia beds also being suitable to swing to either dementia or psychogeriatric, by moving the secure doors (already in situ). Audit processes included a tour of the new facility, review of documentation, medication management and food service and interviews with the management and staff. This audit identified that the new wings, staff roster, equipment requirements, established systems and processes are appropriate for increasing psychogeriatric and dementia level care beds.

There are well-developed systems, processes, policies and procedures that are structured to provide appropriate quality care for people who use the service.

Improvements are required around the following: staffing, monitoring of hot water temperatures, completion of safe external areas and provision of an approved fire evacuation scheme.

## **Consumer rights**

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## **Organisational management**

The Bupa management team will continue to provide governance and support to the manager and staff at Redwoods. The manager is a registered nurse with experience in aged care management. The clinical manager will act as manager in her absence. Human resources processes are managed in accordance with good employment practice, meeting legislative requirements. The service has recruited a full complement of staff. A planned orientation programme is to be provided for all new staff.

## **Continuum of service delivery**

The existing activities team will continue to provide activities to residents in the new wing as part of ongoing activities in the psychogeriatric wing. Staff who will be responsible for medicine administration will be trained and have current medication competencies. Food service will be provided from the on-site kitchen.

## **Safe and appropriate environment**

There are documented processes for waste management. The service has a policy for investigating, recording and reporting incidents involving infectious material or hazardous substances. Annual testing and tagging of electrical equipment and calibration and service of medical equipment will continue to be conducted when required. All equipment has been purchased and is ready for use. There are sufficient bathroom facilities including full ensuites for the majority of rooms. The dementia and PG units are spacious enough with two lounges in each to allow for the increase in resident numbers. The service has policies and procedures for fire, civil defence and other emergencies. There is a staff on duty with a current first aid certificate. General living areas and rooms are appropriately heated and ventilated. The residents will have access to communal areas for entertainment, recreation and dining. Residents will be provided with safe and hygienic cleaning and laundry services, which will be appropriate to the setting.

## **Restraint minimisation and safe practice**

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## **Infection prevention and control**

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. Documented policies and procedures are in place for the prevention and control of infection and reflect current accepted good

practice and legislative requirements. These reflect the needs of the service and are readily available for staff access. Infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme.

## 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	14	0	3	0	0	0
Criteria	0	33	0	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)
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>Bupa Redwood currently provides hospital, rest home, dementia, psychogeriatric (PG) and residential disability - intellectual/physical for up to 82 residents. At the time of audit four beds had been closed in the PG unit due for building/renovations. On the day of audit there were 76 residents. There were 25 at rest home level, 24 at hospital level- including one younger person disabled, 16 in the secure dementia unit and 11 in the psychogeriatric unit. There are four dual-purpose beds between rest home/hospital.</p> <p>A vision, mission statement and objectives are in place. There are service specific business, quality and health and safety goals. Annual goals for the facility are regularly reviewed by the care home manager.</p> <p>The care home manager at Redwood is an experienced registered nurse, she has been in the role since 2017 and has previous experience as a clinical manager. She is supported by a clinical manager (CM) who is a registered nurse, who oversees clinical care and two-unit coordinators.</p> <p>The management team is supported by the wider Bupa management team that includes an operations manager. Bupa provides a comprehensive orientation and training/support programme for their managers. Managers and clinical managers</p>

		<p>attend annual forums and regional forums six monthly.</p> <p>The care home manager and CM have maintained over eight hours annually of professional development activities related to managing an aged care service.</p> <p>This partial provisional audit was completed to verify the suitability of a newly built wing (six beds to provide psychogeriatric level of care and five beds to provide dementia level care). A further newly renovated room within the current PG unit has been also verified as part of this audit. With the additional rooms, this will bring the total psychogeriatric beds available to 22 beds and the total number of dementia beds to 21 beds. This audit also verified the suitability of the five dementia beds to swing to psychogeriatric level care by changing secure doors if needed.</p> <p>Overall bed numbers will increase to 94 (Hospital Level Beds: 23; Rest Home Level Beds: 28; Dementia Level Beds: 21 and Psychogeriatric Beds: 22).</p> <p>A project plan for the building of the new wing has been implemented and the building has been completed. The service has not set an opening day for those beds as yet.</p>
<p><b>Standard 1.2.2: Service Management</b></p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>During the temporary absence of the care home manager, the clinical manager or Bupa relieving facility manager covers the care home manager's role.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Three staff files were reviewed for staff who currently work in the PG unit (one RN, one caregiver and the unit coordinator) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>The orientation programme and a training programme provides new staff with relevant information for safe work practice. There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record</p>

		<p>of training. Staff are required to complete written core competencies during their induction.</p> <p>Twenty-one caregivers are currently employed to work in the dementia and psychogeriatric units. Twenty caregivers and registered nurses have completed their Careerforce dementia modules, with one new staff member in the process of completing. The Bupa dementia specialist has completed some education with the staff teams working in PG and dementia this year and is booked to continue to work with the service and the staff. Four staff have completed the 'person first dementia second training' and 20 staff are in the process.</p> <p>Registered nurses are supported to maintain their professional competency. Sixteen registered nurses are employed and nine have completed their interRAI training. There are implemented competencies for registered nurses including (but not limited to) medication competencies, wound care.</p> <p>The Bupa education schedule has been fully implemented and has included training around managing behaviours related to dementia and managing difficult behaviour.</p> <p>The service plans to use existing staff who work in the psychogeriatric and dementia unit. Further staff will be employed as needed as bed numbers increase.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a care home manager Monday - Friday and a clinical manager (RN) Monday - Friday. There is an RN unit coordinator for the two secure units (dementia and PG). The staffing levels will be increased as resident occupancy increases.</p> <p>The draft PG unit roster for 22 residents includes; AM; One RN (0645 -1515), two caregivers (0700 -1500), one caregiver (0700 – 1330) and one caregiver (1330 – 1500); On afternoon shift there is one RN (1445 – 2315) and three caregivers (1500 – 2300; 1500 – 2200 and 1630 – 2030) NIGHT; one RN and one caregiver (2300 – 0700).</p> <p>The draft dementia unit roster for 21 residents includes; AM; One RN (0645 - 1515), two caregivers (0700 -1500 and 0700 - 1300); On afternoon shift there is three caregivers (1445 – 2315 and 1500 -2300 and 1630 – 2030); NIGHT; two caregivers (2300 – 0700).</p>

		The service has a proposed staffing rational for the increased beds which includes additional caregivers based on the Bupa staffing programme (link to 1.2.7.3). The plan included incremental increases in caregiver staffing depending beds occupied.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are comprehensive policies and procedures in place for all aspects of medication management.</p> <p>There is a secure existing medication room in the existing psychogeriatric unit that stores medication for the PG and dementia unit. No changes will be made to the medication room with increase in residents. The facility utilises an electronic medication management system.</p> <p>Medication fridges had daily temperature checks recorded and were within normal ranges. All medications were securely and appropriately stored. Registered nurses or senior caregivers who have passed their competency, administer medications. Medication competencies are updated annually and include syringe drivers, sub cut fluids, blood sugars and oxygen/nebulisers. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. The service does not use standing orders.</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 food service for the PG and dementia unit will continue to be provided from the kitchen and transported to the kitchenettes in each unit. Meals are served from bain-maries in the psychogeriatric unit and from hot boxes in the dementia unit.</p> <p>The service has a head chef/kitchen manager and kitchen assistants. There is a well-equipped kitchen and all meals are cooked on site. Special equipment such as lipped plates are available. Redwood has a current food control plan expiring February 2020. The Bupa dietitian reviews all menus.</p> <p>The head chef/kitchen manager is appropriately trained and qualified and advised that the food service will be able to cater to the increase in resident numbers. The main kitchen is fully equipped and of sufficient size to manage the increase in meal provision. Residents likes and dislikes and food requirements will be communicated to the kitchen via the registered nurses. Dietary profile forms are available.</p>

<p><b>Standard 1.3.7: Planned Activities</b></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>Bupa Redwood has an existing activities team. There is one activity coordinator (28 hours weekly) and three activities assistants (30 hours weekly) working Monday to Friday that coordinate and implement the programme for the facility including the PG and dementia unit. The team are experienced in providing activities to elderly residents as well as residents in the dementia and PG units. The current activities plan includes activities specific to the dementia and psychogeriatric unit. The activity coordinator and two activities assistants have completed dementia training. The activity assistants have a two weekly rotational roster between the different units. The Bupa staffing rational includes increasing activity staff hours as resident numbers increase for the psychogeriatric and dementia unit.</p>
<p><b>Standard 1.4.1: Management Of Waste And Hazardous Substances</b></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 regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets were available. Sharps containers were available and met the hazardous substances regulations for containers. The hazard register identifies hazardous substances and staff indicated a clear understanding of processes and protocols. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. Gloves, aprons, goggles and face shields were available for staff. A spills kit was available. The new six bed PG wing has a secure sluice.</p>
<p><b>Standard 1.4.2: Facility Specifications</b></p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The newly built wing has been completed. The building has a certificate for public use which expires on 11 December 2020. The new wing includes 11 beds. Six new rooms link to the existing psychogeriatric wing and five rooms link to current dementia unit. The two sections are separated by a secure door. The new six beds and a further renovated room within the current PG unit will bring the total PG beds to 22 (four of which will remain closed due to refurbishment of the existing PG wing).</p> <p>The existing dementia and psychogeriatric wings were built around a central courtyard in a U shape with a high fencing dividing two sides (dementia one side and Psychogeriatric the other). The new wings have joined the two units, so the courtyard is completely encircled by the two units. The new wing joins the existing</p>

	<p>psychogeriatric wing at one end and the dementia unit at the other with a secure door between. Each unit has access to separate areas of the central courtyard.</p> <p>The new wing has been built so that there is access directly to the psychogeriatric unit for visits without walking through the dementia unit.</p> <p>The new six bed PG wing includes a renovated kitchenette and new lounge area (giving the extended PG unit two lounge areas and other sitting areas for privacy). Access to the central courtyard is via the lounges.</p> <p>The new five bed dementia wing joins to the current dementia lounge and dining area. There is also another smaller lounge.</p> <p>Residents will be encouraged to bring in their own possessions and adorn their rooms as they wish. Fixtures and fittings have been installed. Each room in the wing has been fitted with a bed, chair, a set of drawers, a chair and a wardrobe which have been purchased. The service has health and safety policies and hazard registers in place.</p> <p>Hot water temperature monitoring has not been conducted as yet. Flooring surfaces and window coverings have been installed. The policy on transportation and vehicle usage describes transportation requirements. Smoke detectors, fire alarms and sprinkler systems have been installed throughout the building.</p> <p>All bedrooms are single occupancy rooms with ensuite bathrooms.</p> <p>The unit is accessed by a secure keypad system at the entrance, which is functioning. The internal courtyards – one internal which is secure, and one around the outside of the building which is not yet secure or landscaped.</p> <p>Dual service beds</p> <p>The new wing joins the halfway down the hallway via secure doors. The secure doors can be opened or closed to enable five beds to be used as either dementia or PG use if needed. The five beds access to the inner courtyard through lounges and designated doors if in the dementia unit or if part of the PG unit. The doors have secure keypad access enabling securing for both areas to be maintained. The five beds would become an extension of the PG unit if the current dementia unit is secured off. There is another secure door that can be utilised if the five new dementia rooms are required as PG beds.</p> <p>The call bell system is able to be adjusted to show if calls are from the dementia unit or PG unit for these rooms.</p>
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<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>All eleven rooms (six PG and five dementia) have full ensuite bathrooms. The service has shower seats and shower chairs on wheels. There are also over toilet seats available. Residents requiring assistance will be able to be safely managed within all bathrooms. There are sufficient communal showers and communal toilets in PG and dementia unit for the increase in residents' rooms.</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 are of sufficient size to accommodate either psychogeriatric or dementia residents. All rooms are spacious enough to allow residents to safely move about with mobility aids and for the use of a hoist. There is adequate space to allow residents to personalise their rooms. The service has existing furniture and has purchased additional furniture to fully furnish all rooms.</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>The dining room and lounges are spacious and have sufficient space to allow for tables, chairs and mobility devices. The majority of activities will occur in any of these areas. Residents will be able to use alternate areas if communal activities are being run in one of these areas and they do not want to participate in them. The dining rooms in both areas allow for the increase in resident numbers in both areas.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Bupa has policies and procedures in place for the management of laundry and cleaning practices. Designated staff will continue to provide the cleaning and personal laundry service. The on-site laundry will provide all laundry services and has the capacity for the additional laundry.</p> <p>There is a secure cleaning room available for chemical storage. There is a locked sluice room in the new unit, with a sanitiser and toileting equipment available. Staff are provided with chemical safety training as part of orientation and ongoing training. Cleaning and laundry audits are included in the annual audit schedule.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	PA Low	<p>There are policies and procedures on emergency and security situations, including how services will be provided in health, civil defence or other emergencies. All</p>

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>staff receive emergency training on orientation and ongoing. Civil defence supplies are readily available within the facility and include water, food and supplies (torches, radio and batteries), emergency power and barbeque. Backup batteries are available as alternative energy sources in case of mains failure. Oxygen cylinders are available and checked monthly. The fire evacuation scheme has yet to be approved.</p> <p>Residents' rooms, communal bathrooms and living areas all have call bells. Call bells and sensor mats when activated, light up on corridor lights that are visible from all areas in the facility. In addition, the care team carry pagers that alert discreetly if call bells are activated. Security policies and procedures are documented and implemented by staff. The buildings are secure at night with afterhours doorbell access, security lighting and a night security guard service.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and all resident rooms are appropriately heated with radiators and heat pumps. Resident bedrooms and communal areas are well ventilated and have adequate lighting. Documentation and visual inspection evidenced that the environment is maintained at a safe and comfortable temperature. All rooms have external windows that open, allowing plenty of natural sunlight.</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>Bupa has an established infection control (IC) programme that is being implemented. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service and has been linked into the incident reporting system. An RN is the designated infection control officer with support from the registered nurses and the clinical manager. The IC team meets as part of the quality team meeting to review infection control matters. Minutes are available for staff. Regular audits have been conducted and education has been provided for staff. The infection control programme has been reviewed annually.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirmed their understanding of restraints and enablers. Current restraints and enablers</p>

		include; two residents with enablers (belts for the specialist chairs) and three residents requiring hand holding restraint during care. The care home manager explained that the service actively works to reduce restraint use and this will continue for the new unit.
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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	Bupa rosters staff according to the Bupa staffing tool. This will enable the service to slowly increase staffing as the occupancy increased and use the skills of existing staff to mentor and orientate new staff. Not all staff have been employed for the additional beds as yet.	Not all staff have been employed for the increase in psychogeriatric and dementia beds	<p>Ensure staff are employed for the additional resident numbers</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	PA Low	The service has fully furnished and fitted out the building. Water and power are connected. There is a satellite kitchen. The kitchen is open and therefore the service will need to consider how hazards such as hot water is managed.	<p>(i). Hot water has yet to be included as part of the services water temperature testing process.</p> <p>(ii). The satellite kitchen in the PG unit s open and kitchen hazards have not been identified.</p>	<p>(i). Provide evidence that hot water temperatures have been monitored and recorded at 45 degrees Celsius or below.</p> <p>(ii). Ensure hazards are migrated for the open-plan satellite kitchen in the PG</p>

				unit.  Prior to occupancy days
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	PA Low	The internal courtyard has pathways, a lawn and is fully secure. The outdoor garden environment off the PG unit is not fully completed.	<p>(i). The external PG environment is incomplete including securing the external gardens and landscaping.</p> <p>(ii). The newly renovated extra room (Room 31) in the PG unit has an external door that opens out to an external area that is not yet secure.</p>	<p>(i)-(ii). Ensure that a safe external environment is provided for all PG residents. Ensure the external door is secure off room 31 and that it doesn't represent a potential doorway</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	The new wing is now complete. A certificate for public use has been issued. The fire service has been contacted for sign off of an approved evacuation scheme (emails sighted).	The updated fire evacuation scheme is currently with the fire service.	<p>Provide evidence that the facility has been issued with a New Zealand Fire Service approved fire evacuation scheme.</p> <p>Prior to occupancy days</p>

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.