

Summerset Care Limited - Summerset Down The Lane

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:

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| Legal entity: | Summerset Care Limited |
| Premises audited: | Summerset Down the Lane |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 11 February 2015 End date: 11 February 2015 |
| Proposed changes to current services (if any): | This partial provisional audit was to review the level of preparedness of Summerset Down the Lane to provide an additional 19 dual service beds for people requiring rest home or hospital and medical level services and an additional 10 rest home level beds in the serviced apartments. |
| Total beds occupied across all premises included in the audit on the first day of the audit: | 29 |

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.

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

| Indicator | Description | Definition |
|---|---|--|
|  | Includes commendable elements above the required levels of performance | All standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards applicable to this service fully attained |
|  | Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity | Some standards applicable to this service partially attained and of low risk |

| Indicator | Description | Definition |
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| Yellow | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
| Red | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

General overview of the audit

The service is certified to provide rest home, hospital geriatric and medical services for up to 30 residents in the care centre and rest home services for up to 10 residents in the serviced apartments. On the day of audit there were 29 residents in the care centre and four residents receiving rest home level services in the serviced apartments.

The purpose of this partial provisional audit was to assess the preparedness of the service to provide hospital (geriatric and medical) level care for an additional 19 dual service beds in the care centre and to provide rest home level care from a further 10 serviced apartments.

The village manager is an experienced manager who is supported by a nurse manager and six other registered nurses, all with current practising certificates. The facility has well developed systems and processes to provide appropriate care for people who use the service which is overseen by Summerset's leadership and management team.

A number of improvements have been made since the previous audit including: care planning, the activities programme, and medicines management.

Required improvements identified from this audit relate to the need to complete the installation of fixtures, fittings and furnishings in the newly built bedrooms and apartments including the installation of the existing electronic call bell system in the new areas.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

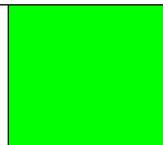


Standards applicable to this service fully attained.

Not audited.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Standards applicable to this service fully attained.

The village manager is supported by a nurse manager who has a background in aged residential care. During the temporary absence of the village manager, the nurse manager undertakes the role of manager or a relief village manager is provided. There are comprehensive human resources policies in operation. Employment records reviewed were compliant with policy. The care centre and apartments are staffed 24 hours a day, 7 days a week by a team of seven registered nurses, including the nurse manager. The service plans to employ additional caregivers, activities and housekeeping staff as occupancy increases. The remaining support staffing levels will remain unchanged. Staffing levels are overseen by Summerset and calculated and allocated according to resident acuity. There is a documented staffing plan in place.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.



Standards applicable to this service fully attained.

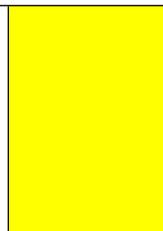
Improvements have been made since the previous audit to care planning, the activities programme and medicines management. All long and short term care plans reviewed reflected the needs of residents. The service employs a diversional therapist five days a week, weekdays from 9 am to 3.30 pm and the activities programme is overseen by registered nurses on the weekends. There is a plan to increase the amount of activities staff as resident occupancy increases.

Improvements have been made since the previous audit to the medicines management system related to charting of medicines and monitoring of temperatures of medicines refrigerators. There is an established medicine management system in operation that complies with recognised standards, guidelines and legislation and will be able to accommodate additional residents. The service has a contract with a local pharmacy to supply medicines and pharmaceutical support. Medicines are administered by registered nurses or caregivers who have been assessed as competent.

There is a fully functioning kitchen in operation that will be able to cope with additional demands. Food services are provided by an experienced external contractor. Meals are prepared by qualified chefs in accordance with Somerset's rotating eight weekly seasonal menu that has been developed and approved by a registered dietitian.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.



Some standards applicable to this service partially attained and of low risk.

The building is a two storey facility that has been purpose-built to an existing plan used successfully in other Somerset aged care facilities. It has a current building warrant of fitness, which expires 4 December 2015 and there is an approved evacuation plan, dated 12 September 2013.

All serviced apartments are located on the ground floor. Each apartment has a combined kitchen/living area with a separate bedroom and disability friendly ensuite and laundry area. The care centre is located on the upper floor. The care centre rooms are spacious. The majority of existing rooms have their own ensuite facilities.

The same design is being used for all new rooms in the care centre and the serviced apartments, all of which will have ensuites.

The proposed new rooms are appropriately designed for their intended use. There is a range of equipment available to meet the needs of an increased number of residents. Further improvements are required, as the building programme has yet to be completed. There is a need to complete the installation of fixtures, fittings and furnishings including the electronic call bell system throughout the new areas. There are plans in place for this to occur prior to the proposed opening date.

Restraint minimisation and safe practice

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| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |
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Not audited.

Infection prevention and control

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| <p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p> | | <p>Standards applicable to this service fully attained.</p> |
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There is an appropriate infection prevention and control programme in operation, which is coordinated by a registered nurse. The programme is overseen by the nurse manager and supported by the general practitioner, Waikato DHB staff and head office staff.

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 | 15 | 0 | 2 | 0 | 0 | 0 |
| Criteria | 0 | 35 | 0 | 2 | 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 service is certified to provide rest home, hospital and medical services for up to 30 residents in the care centre and rest home services for up to 10 residents in the serviced apartments. On the day of audit there were 29 residents in the care centre and 4 residents receiving rest home level services in the serviced apartments.</p> <p>The purpose of this partial provisional audit was to assess the preparedness of the service to provide hospital (geriatric and medical) level care from an additional 19 dual service beds in the care centre and to provide rest home level care from a further 10 serviced apartments. The official day of opening for the additional rooms is expected to be 31 March 2013.</p> <p>The village manager is an experienced manager who has been in the position since February 2014. She is supported by a nurse manager who has been in the position since September 2013. There are six other registered nurses employed. All registered nurses have current practising certificates. The facility has well developed systems and processes to provide appropriate care for people who use the service which is overseen by Summerset's leadership and management team.</p> |

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| | | The service is managed according to the 2015-2016 business plan and the risk management plan. Performance is overseen by Somerset management staff. |
| <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 | The village manager and nurse manager are both on call continuously. Neither is permitted to be on leave at the same time. When the village manager is on extended leave the nurse manager deputises or Somerset provide a relieving village manager. If the nurse manager is on leave, a senior registered nurse is nominated to provide cover. |
| <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> | FA | Human resources are managed according to current legislation and best practice. There are a range of human resources policies in place for staff to follow. A list of practising certificates is maintained for registered health practitioners. A review of five staff files (which included two registered nurses (one of whom is the infection prevention and control coordinator) and three caregivers) showed that records were appropriate. Recruitment and appointment processes matched policy. All newly employed staff are provided with an orientation and induction suited to their role. Education is provided as appropriate. Competencies are assessed and formally documented including medicines competencies. Ongoing access to education occurs in accordance to the annual education plan. There is an expectation that caregivers enrol in external education to gain recognised qualifications. Somerset employs a clinical education manager to oversee the orientation and training programme. She is a registered nurse with a current practising certificate. There is at least one registered nurse on staff each shift. |
| <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 | The service has a documented rationale for determining staffing levels and skill mix for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There is at least one registered nurse and one first aid qualified person on each shift. There is a safe staffing policy in place. Somerset has safe staffing software, which calculates staffing levels based on current acuity and numbers of residents. This system indicates staffing resources required. Staffing levels are reviewed daily and can be adjusted by management depending on the clinical acuity of |

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| | | <p>residents.</p> <p>The service has recruited registered nurses and has employed caregivers on a casual basis in readiness for the opening of the new rooms. They have been orientated to their roles. There is a plan to employ additional activities staff and housekeeping staff to work across the care centre and serviced apartments as occupancy increases. It is possible that an additional clinical nurse leader will be employed to the site as soon as occupancy increases. The appointment will be dependent on the types of care required by the new residents and is calculated using the safe staffing software.</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> | FA | <p>The existing service medication management system follows recognised standards and guidelines for safe medicine management practice in accordance with the Medicines Care Guide for Residential Aged Care 2011. Medicines are managed by registered nurses or caregivers who have been assessed by registered nurses as competent. No residents were self-administering their own medicines. The existing system will expand to accommodate an increased number of residents.</p> <p>The previous audit identified the need for improvements to charting and the recording of the temperatures of medication storage refrigeration. A review of the charts and the temperature monitoring records showed that these findings have been addressed.</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 chef reported that the kitchen has spare capacity to accommodate the proposed additional residents. There is a large purpose built kitchen on the lower floor and the majority of food is cooked on site and transported to the dining rooms. The food service is managed under contract arrangements. There is a qualified chef on duty Monday to Friday and a weekend chef. They are supported by a morning and afternoon catering assistant. There is an eight week menu seasonal menu in place which has been recently approved by a dietitian. There is policy in place to guide practice covering food procurement, production, preparation, storage, transportation, delivery, and disposal. The chef receives a dietary profile for each resident which is updated by registered nurses as their needs change. Alternative food choices are available and offered. The chef is notified of any dietary changes for the residents and works</p> |

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| | | <p>proactively with the registered nurses to ensure residents' needs are met. Food is transported in hotboxes to the dining room where it is served from a bain marie. Special diets are plated and labelled. Specialised eating and drinking equipment is available. Food and refrigeration temperatures are monitored and recorded. The kitchen is well equipped with electric combi oven and gas hob. There are sufficient supplies of food to cope with a civil defence emergency. Staff working in the kitchen have food handling certificates and receive on-going training.</p> |
| <p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p> | FA | <p>The previous audit identified that residents' long term and short term care plans did not reflect their current needs. The DHB requested that the audit include a review of care planning processes to ensure families are involved in the planning of care and to provide assurance regarding the food service. A review of five sets of clinical records were conducted to determine improvements and to verify areas of concern. A review of all weight charts of all residents was conducted to identify any residents of low weight or who may be losing an abnormal amount of weight. Three records were selected that related to residents who were having their weights monitored. One resident of very low weight had maintained a stable low weight for 13 months and was now only 1kg lighter than the day of admission. Another resident had lost weight since admission due to their clinical condition and more effective medical management of their oedema, which was therefore appropriate. The third resident was losing weight due to their clinical condition, which was being monitored closely by staff and the general practitioner. The resident was being weighed fortnightly according to their short term care plan. The other two residents reviewed were recent admissions. Appropriate short term care plans were in place and were linked to long term care plans. Short term care plans were well documented and were discussed at each staff handover by the registered nurse handing over cares. Residents were involved in care planning and families were consulted as appropriate. The review concluded that improvements had been made since the previous audit. The registered nurses were actively aware of the need for appropriate documentation and no further improvements were identified.</p> |
| <p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a</p> | FA | <p>The previous audit found that there was no evidence of the activities programme being implemented. There has been a change to staffing since that audit. The</p> |

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| <p>consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p> | | <p>current qualified diversional therapist is now onsite five working days a week from 9 am to 3.30pm. Currently the registered nurses and caregivers implement the activities programme on the weekends. The intention is to increase the activities staff from five to seven days a week once the resident occupancy increases. All residents have an individual activities programme and can also choose to participate in the group activities programme. The group programme is appropriate to meet the physical, cognitive, social and spiritual needs of residents. Staff have access to a 12-seater van, which can be used for resident outings in the community. There is sufficient space to accommodate additional residents in the group programme.</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> | <p>FA</p> | <p>There are systems in place to manage hazardous waste including sluice rooms, and rubbish collection and disposal systems. Staff have access to protective clothing. There is policy in place to ensure residents, visitors and staff are protected from any harm due to exposure to hazardous waste.</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> | <p>PA Low</p> | <p>The building is two-story with internal lift access. There is a current warrant of fitness, which is due to expire 4 December 2015. The new care centre rooms and serviced apartments are in two separate wings (one on each floor). The new bedroom designs mirror the existing occupied rooms in both the care centre and the serviced apartments. All rooms in the new care area with have their own ensuite with handrails and all care apartments have disability friendly ensuites with handrails. There is sufficient room to accommodate the use of mobility aids in all new rooms. There are appropriate calibrated weighing scales in use which can weigh a resident sitting in a wheelchair. The external area has been landscaped and there are no proposed changes to these areas.</p> <p>The building programme was not completed on the day of audit. An improvement is required to ensure that all fixtures, fittings, and furnishings are completed.</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</p> | <p>FA</p> | <p>The toilet, shower and bathing facilities are of appropriate design and number to meet the needs of the residents. All bedrooms have their own ensuite with grab rails. There is a communal toilet located near the lounge/dining room. There is</p> |

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| <p>privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p> | | <p>a communal use bathroom available for use by care centre residents. Communal toilet facilities are available and have a system that indicates occupancy. .</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>All new bedrooms are the same size as existing rooms. Rooms are spacious with ensembles. There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists. The doors are wide enough for ambulance access and the lift is large enough to accommodate a bed or ambulance trolley. All residents will be able to personalize their rooms.</p> |
| <p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p> | <p>FA</p> | <p>There is sufficient communal room to accommodate an increase in the number of residents as this increase was incorporated into the original plan for the building. Communal areas within the facility include open plan lounge and dining area for the rest home and hospital residents, library and internet area and activity lounge. There is a family room available for visitors and one on one private discussions. There are several seating alcoves including a conservatory that looks out over the gardens. There is a gym in the care apartments that is open to residents and a village café that promotes community interaction.</p> |
| <p>Standard 1.4.6: Cleaning And Laundry Services 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>The existing cleaning and laundry services can accommodate the increased demand through increased occupancy. There is a plan to increase housekeeping (i.e., cleaning staff) as occupancy increases. There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. The laundry is well managed and well designed. All laundry is completed onsite by caregivers from the care apartments. There are covered linen trolleys used by the caregivers. Laundry and cleaning are provided seven days a week. There are dedicated cleaners who work according to a roster. Staff wear protective clothing while carrying out their duties. Cleaning trolleys are kept in designated locked cupboards. Chemicals are supplied by an external supplier. Cleaning and laundry services are monitored by the management as part of the internal audit programme.</p> |

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| <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>There is an approved evacuation plan in place (letter dated 12 September 2013). Fire evacuations are held six monthly and the last drill was completed 16 October 2014. The facility is staffed continuously by registered nurses. There is a civil defence and emergency plan in place. The civil defence kit is readily accessible. The facility is well prepared for civil emergencies and has emergency lighting, a store of emergency water, and alternative heating and cooking fuels and access to a generator. Emergency food supplies sufficient for at least three days are stored in the kitchen. Hoists have battery backup. Oxygen cylinders are available. At least three days stock of other products such as incontinence products and medical stores are kept. There is a store cupboard of supplies necessary to manage a pandemic. The village is a gated community with appropriate security systems in place.</p> <p>The call bell system is available in all existing areas with indicator panels in each area and electronic screens in the offices and staff room. However the call bell system has yet to be installed and tested in the new areas.</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> | <p>FA</p> | <p>Each room has adequate natural light and air-conditioning. Windows open externally in the care centre and the serviced apartments have ranch sliders. There is a mix of electric and gas heating including heat pumps, underfloor heating and a gas fire. The environment is maintained at a safe and comfortable temperature. The care centre is a non-smoking area. There is a dedicated external area for staff smoking. No current residents smoke.</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> | <p>FA</p> | <p>The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service and is incorporated in the quality plan which is reviewed annually. Responsibility for infection prevention and control is clearly defined in the infection prevention and control guidelines and is overseen by a registered nurse. The programme is reviewed annually. The infection control coordinator is supported by the nurse manager. The facility has access to professional advice from the GP team, from within the organisation and the DHB.</p> |

Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
|---|-------------------|---|---|--|
| <p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p> | PA Low | The building programme was not completed on the day of audit. Rooms had been built and plastered but fixtures, fittings and furnishings had yet to be completed | The building programme was not completed on the day of audit and fixtures, fittings, and furnishings had yet to be installed. | <p>Ensure all rooms have fixtures, fittings and furnishings installed and a code of compliance or certificate of public use is completed</p> <p>Prior to occupancy</p> |
| <p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p> | PA Low | The electronic call bell system had yet to be installed in the new care centre area and serviced apartments area and hallways. | The call bell system had yet to be fully installed in the hallways and new rooms in the care centre and serviced apartments. | <p>Ensure the call bell system is installed in the new areas and operates effectively.</p> <p>Prior to occupancy</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, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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| No data to display |
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End of the report.