

Bryant House Limited

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: Bryant House Limited

Premises audited: Bryant House

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 4 June 2015 End date: 4 June 2015

Proposed changes to current services (if any): The service is in the process of converting and renovating a section of the rest home to convert this to a 16 bed dementia unit. When completed this will make a 16 bed rest home and a 16 bed secure specialist dementia unit (reducing capacity by one bed).

Total beds occupied across all premises included in the audit on the first day of the audit: 31

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

A partial provisional audit was undertaken at Bryant House to establish the level of preparedness of the provider to provide a secure dementia level of care service. The service already provides rest home level of care for up to 33 residents and will be converting half of the service to a secure specialist dementia care unit.

The audit process included observation of the environment, interviews with the owners and management team and review of documented processes to ensure these are appropriate for the employment, orientation and training of staff to provide specialist dementia care.

There are systems in place for the provision of safe medicine management, food services and infection prevention and control.

This audit also included following up the progress of addressing the shortfalls identified at the previous full certification audit, with all these showing sufficient progress to address the required improvements. Prior to commencement of dementia care the service is required to complete the changes to make a secure external environment.

Consumer rights

The previous areas for improvement related to advance directives, identifying enduring power of attorneys and to ensure residents' records are securely stored have been addressed.

Organisational management

Systems are documented which define the scope, direction and objectives of the service and the monitoring and reporting processes. There is a transitional plan to implement dementia level of care with minimal disruption to the current rest home level of care residents. The service is implementing staff training and education to promote a service that promotes positive wellbeing for residents living with dementia.

The owner is the facility/business manager with the overall responsibility for the running of the service. There is a clinical nurse manager with appropriate qualifications and experience who has previously managed a dementia service. The clinical manager's role is documented as having overall responsibility for the running of the clinical service.

The service has sufficient staffing numbers for the commencement of the new level of care, with current staff undergoing specific education related to dementia care. The documented human resources management system provides for the appropriate employment of staff and on-going training processes. A system has been developed for the orientation, induction and ongoing education programme.

Continuum of service delivery

The previous areas for improvement related to documentation of interventions and evaluations of care are now adequately addressed. The service is implementing specific assessments for dementia care and the management of challenging behaviours.

There are no changes required to the medicine management system. Medicine management policies, procedures and process comply with current legislative requirements and safe practice guidelines. All staff who administer medications have been assessed as competent to do so. The previous areas for improvement related to standing orders and storage of medications is now addressed.

The menu has been reviewed by a dietitian in the last two years and is currently under review. There will be food and nutritional snacks available 24 hours day for the residents living in the dementia unit.

Safe and appropriate environment

The renovations to the existing rest home wing to make the secure dementia care unit are almost complete. The service is still required to complete the landscaping, place locks on the gates, put in ramps and handrails at the external doors and ensure one section of the fencing does not provide a foot hold to climb over. These are planned to be completed in June 2015, with the service due to commence service delivery by the end of July 2015.

The planned environment is appropriate to specialist dementia level of care services. All rooms are single occupancy and ensure physical privacy is maintained. There are processes in place to protect residents, visitors, and staff from exposure to waste and infectious or hazardous substances. Laundry services will be conducted onsite in the rest home section of the service. There were processes in place to provide safe and hygienic cleaning and waste management services. Chemicals will not be stored in the dementia unit.

As no construction work was required and the service is renovating an existing building, no changes are required to the building warrant of fitness and approved evacuation scheme. There are documented systems in place for essential, emergency and security services, including a comprehensive disaster and emergency management plan, which include the secure door to the dementia unit. The service has an agreement with an external provider to access an emergency generator and there is adequate emergency equipment and supplies on site.

The facility has an appropriate call system installed. There is access to external gardens and courtyards which are developed based on 'dementia friendly' design principles, though some residents' rooms will require an upgrade of the current portable ramps to ensure safe and appropriate access to these external areas. The physical environment minimises the risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents who are prone to wander. The secure specialist dementia unit is separated from the rest home section.

There are adequate toilets, showers and bathing facilities located through the facility that provides adequate privacy and signage. Four rooms have access to ensuite toilets and hand basin facilities. The previous areas of improvement related to the maintenance programme and ensuring there are sufficient staff with first aid qualifications is now addressed.

Restraint minimisation and safe practice

Not applicable to this audit.

Infection prevention and control

There are no changes required to the infection control programme. The infection prevention and control policies, procedures and programme sighted identified how the provider intends to provide a controlled and safe environment. Policy identified external advice and support will be sought when required.

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	18	0	1	0	0	0
Criteria	0	39	0	1	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 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The previous audit identified an area for improvement to ensure advance directives are only signed by competent residents. This is now addressed. The advanced directives sighted have been signed by competent residents. With the introduction of dementia level of care, the management and clinical staff demonstrated understanding of acting on advance directives if these were made when the resident was assessed as competent. The service conducts internal audits to ensure ongoing compliance.</p>
<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>	FA	<p>The service currently provides rest home level of care. The business expansion plan identifies the service's 'resident first' philosophy, vision and mission. The progress in meeting organisational goals is regularly reviewed through management and staff meetings. The business expansion plan includes the changes to the environment and staff training to facilitate the requirements to convert one section of the existing rest home into a secure dementia care unit. The overall philosophy of the organisation will not change with the commencement of dementia care. The service has introduced a dementia specific person-centred approach to care, with this approach being part of the staff education in preparation</p>

		<p>for the opening of the dementia care unit.</p> <p>There has been communication with all residents and families to consult on the possibility of developing the dementia unit. The final decision was made based on agreement from residents and families. This involved a general meeting with residents and family members on 9th April 2015, and individual meetings with those family members unable to attend the general meeting. A further meeting with families is scheduled for 1st July to provide an update and an opportunity for questions.</p> <p>The service is working on a transition plan for the commencement of the specialist secure dementia level of care with as little impact on the current rest home level of care residents as possible. The manager reports that for a limited period of time during the transition phase, if there are rest home level of care residents living in the dementia unit section, there will be processes in place to ensure these residents freedom of movement and ensure there is not environmental restraint for these rest home residents. The manager anticipates that some of the existing residents are potential candidates to be re-assessed as requiring dementia level of care. The dementia unit will accommodate a maximum of 16 residents. Arrangements have been made with the older person's mental health team at Hawkes Bay District Health Board (HBDHB) to conduct assessments of needs level of all residents on one day. The transition plan is being developed with the involvement of members of the HBDHB Older person's mental health team, who is visiting on Friday 19th June, the specialist gerontology nurse from HBDHB and a local aged care specialist independent of Bryant House.</p> <p>The owner is the business/facility manager and is responsible to the overall financial and business management of the service. The clinical nurse manager is responsible for the clinical aspects of the service. The clinical nurse manager has previous experience in the management of a dementia care service. The clinical manager is a registered nurse with a current practising certificate, has ongoing education related to the management of a care facility and has completed a professional development recognition programme (PDRP) through the district health board. The managers are also supported by another RN (with dementia care experience), a kitchen manager, household coordinator, diversional therapist and senior caregiver who are consulted regarding the strategic planning and management decisions.</p>
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<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>	<p>FA</p>	<p>During a temporary absence a suitably qualified RN performs the clinical nurse manager's role. The RN has previous experience in the provision of dementia care. The manager reports confidence in the RN to perform the clinical manager's role during temporary absences.</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>	<p>FA</p>	<p>As the service already operates as a rest home, there are already adequate staff numbers for the transition to dementia level of care. The service is planning for all care staff to complete the dementia unit standards. A number of care staff have already completed specific education on the provision of dementia services. The clinical manager is an assessor for the required unit standards and the care staff have commenced the required dementia unit standards. The clinical nurse manager reports that all care staff who work in the dementia unit will have these unit standards completed within 12 months.</p> <p>Human resources policies describe good employment practices that meet the requirements of legislation, as confirmed in the staff files reviewed. Professional qualifications are validated, including evidence of registration and scope of practice for service providers. The clinical manager ensures that staff who require practising certificates have them validated annually. Practising certificates were sighted for the employed staff who require them.</p> <p>Prior to commencement of delivery of dementia care there is a planned orientation, induction and training programme to the layout of the converted dementia unit. The training plan includes the management of challenging behaviours and specific approaches for dementia care. The service partners with another aged care facility to ensure ongoing education contains all the contractually required topics for the delivery of aged care and dementia care.</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>Staffing levels and skill mixes are clearly described in policy. The service already has adequate staff numbers. The manager reports that the dementia unit will have one caregiver for five residents in the mornings and afternoons. Night shift is planned to have one caregiver in the dementia unit and one caregiver in the rest home. There is on call registered nursing assistance available 24 hours a day, seven days a week.</p> <p>The owner/manager reports that with the one caregiver to five resident ratio, the</p>

		caregivers will be multi-skilled workers, who will also conduct the cleaning and the majority of activities roles in the dementia unit. The existing activities coordinator will develop the recreational/diversional plans for the individual residents, with the care staff delivering the recreational programme for the residents in the dementia unit. The current staffing and rosters sighted meet the contractual requirements and safe staffing guidelines for rest home level of care.
Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.	FA	The previous audit identified two areas for improvement to ensure records related to EPOA are accurate and copies are available on file where these exist, and that residents' records are securely stored. The files sighted have accurate information regarding the EPOA, with copies of these available. All residents' files were securely stored. Both the areas for improvement are now addressed.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	<p>The previous audit identified that the service is required to make the final amendments to the new draft medication standing orders and obtain prescribers review and sign off and to ensure all medications are stored securely. These issue have been addressed.</p> <p>There are no planned changes to the medication management system with the opening of the dementia unit. All medications will be stored in the rest home section. The medications and medicine sheets are checked for accuracy by the RN when they are delivered. The GP conducts medicine reconciliation on admission to the service and when the resident has any changes made by other specialists. Safe medicine administration was observed.</p> <p>The medicines and medicine trolley were securely stored. The controlled drugs process and storage complies with legislation and guidelines. All the medicine charts sighted had prescriptions that complied with legislation and aged care best practice guidelines. All of the medicine charts were reviewed by the GP in the past three months.</p> <p>Medication competencies were sighted for all staff that assist with medicine management; this included the RNs and senior caregivers.</p> <p>The RN reported that self-administration of medications will not be appropriate for the dementia level of care residents.</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 current menu was reviewed by a dietitian as suitable for the older person living in long term care. There are now required changes to the menu to suit the needs of residents receiving dementia level of care. Nutritional snacks will be available 24 hours a day. There will be a kitchenette in the dementia unit.</p> <p>Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets have these needs met. The kitchen service has implemented a new process for the presentation of texture modified foods.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and disposal complies with current legislation and guidelines. Fridge and freezer recordings were undertaken daily and met requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging. Evidence was seen of all kitchen staff having completed safe food handling certificates and ongoing education.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>The previous audit identified areas for improvement to ensure care plans for challenging behaviours are sufficiently detailed to guide all aspects of care. Care plans reviewed had sufficient detail for the de-escalation and management of challenging behaviours, where this is an assessed need. The wound treatment plans described sufficient detail for the wound management. As the service is moving to providing specialist dementia care, the service has appropriate assessment and care planning tools for dementia care. Residents report satisfaction with the care and services provided.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The previous audit identified that improvements were required to ensure all evaluations of resident progress to achieving goals are sufficiently detailed and include all relevant and current information. The previous audit also identified that the evaluations for wound care required more detail of the ongoing condition of wounds and progress or otherwise in healing/managing the wound. The care plan and wound treatment plans reviewed demonstrated sufficient detail to show progress towards meeting goals.</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>Staff who participate in the laundry and cleaning report that they follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation. Chemicals will not be stored in the dementia wing. There is appropriate personal protective equipment (PPE) and clothing in the laundry, sluice and cleaning areas. The household coordinator has had training in the handling of waste or hazardous substances, which is conducted by an external chemical provider and as part of the ongoing in-service education programme.</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 previous audit identified areas for improvement to ensure the electrical testing and planned maintenance and cleaning occurs. This has been addressed.</p> <p>The building warrant of fitness expires November 2015. The service has not made structural changes that have affected the building warrant of fitness and a certificate of public use is not required for the renovation.</p> <p>Equipment is maintained to ensure safety. Electrical tag and testing and medical equipment calibration was conducted within the last year. The facility is demonstrating some generalised wear and tear that is reflective and acceptable for the age of the building. The service has a planned and reactionary maintenance programme, with the building maintained in an adequate condition to meet the needs of the residents. The maintenance log notes the area of work required and is signed off when the work is completed.</p> <p>As Bryant House currently provides only rest home level care, the rooms for planned dementia unit care are currently occupied by rest home level care residents. The fittings and furniture installed are maintained to ensure safety and the needs of the residents. The furniture cleaning is part of the planned maintenance and cleaning programme. The residents' rooms are personalised with the resident's possessions.</p> <p>The external environment is not yet complete. The fencing has been completed with the security key pad locks on the gates yet to be installed. One section of fencing along the eastern side has internal railings and will require maintenance to ensure residents cannot get a foot hold to climb over the fence. There are some current rooms that have external access using portable ramps and the service is in</p>

		<p>the process of replacing these with permanent ramps with handrails.</p> <p>Though the landscaping has not yet been completed, the plans for the external areas are based on dementia friendly designs. The dementia unit has a veranda/decking area that is accessible off the lounge area. The areas for secure specialist dementia care are separated from the rest of the service. The door to provide secure access to the dementia unit has been installed, but is kept open and has the key code lock and self-closing function in place and ready to be activated when dementia services commence.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible toilets/showers/bathing facilities in both the rest home and secure dementia unit. In the dementia wing there will be three bathrooms with toilet, shower and hand basin facilities plus an additional toilet and four rooms with shared ensuite facilities, which have toilet and hand basins. The service is currently in the process of updating, painting and finalising the signage for the bathrooms to reflect a dementia friendly design.</p> <p>The toilets have engaged/vacant privacy locks. The toilet showering facilities sighted have wall and floor surfaces that are maintained to a standard to provide ease of cleaning and compliance with infection control guidelines. The facilities for the residents living in the secure dementia unit are separated from the rest home section of the service.</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>The dementia wing will have 16 rooms. All rooms sighted are of a suitable size for the needs of the resident. The rooms sighted have adequate space to allow the resident and staff to move safely around in the rooms. All the rooms in the dementia unit are single occupancy. One existing resident room is being converted to a quiet area and will have access to the courtyard. Residents who use mobility aids are able to safely manoeuvre with the assistance of their aid within their room.</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</p>	FA	<p>There are lounge and dining areas throughout the facility in both the rest home and secure dementia unit. The lounge and dining areas are separated and activities in these areas do not impact on each other. The specialist dementia service facilities will be separated from the rest home section, with a lounge and dining area in the</p>

relaxation, activity, and dining needs.		dementia unit.
<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>There will be no changes required to the laundry and cleaning services. The laundry will remain in the rest home section. The cleaning is part of the caregiver's role. The laundry has a dirty to clean flow. The external chemical supplier conducts a monthly surveillance of the cleaning and laundry processes. There will be no cleaning and laundry chemicals stored in the dementia unit.</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>	FA	<p>The previous audit identified that the service is required to have a staff member with a current first aid certificate on duty at all times. This has been addressed. There is at least one staff member on duty at all times who has the required current qualification. In the rosters sighted there were multiple staff on each shift with first aid qualifications.</p> <p>The service has adequate emergency supplies in the event of an emergency or outbreak. The service has stores of food and drinking and non-drinking water for emergency use. There is a civil defence kit with additional food, first aid and emergency supplies. In the case of mains failure the service has access to emergency lighting and gas cylinders supply heating and cooking. The service has access to a generator if required for an emergency situation.</p> <p>All residents' rooms, bathrooms and lounge areas have a call bell system installed. The call bell system has an audible alert, a light that comes on above the door if the call bell is activated and panels in the corridor.</p> <p>The approved evacuation scheme is dated 23 November 2009. There have been no changes to the layout of the service that have required changes to the approved evacuation scheme. The service has correspondence from the fire contractor that no changes are required to the evacuation scheme. The service conducts six monthly evacuation training, with the last drill conducted May 2015. The service then conducts a fire and safety questionnaire for staff to complete. In the event of a fire the doors to the dementia unit will automatically unlock.</p> <p>The service identifies and implements appropriate security arrangements relevant to the residents in the rest home and the new secure dementia unit. The afternoon staff are required to close and lock the external windows and doors before it gets dark and a security gate in the front driveway has automated access. The service</p>

		has external security lighting. There are internal security cameras in the corridors and entrances of the service.
<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>Areas used by residents and staff are ventilated and heated appropriately. The service has a combination of wall panelled heating and heat pumps to provide heating in resident areas. All resident-designated rooms (personal/living areas) have at least one external window of normal proportions to provide natural light and ventilation.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The service has a clearly set out infection control programme that is reviewed annually as part of the quality programme and internal audit schedule. The infection control programme is scheduled for review in 2015. There are no changes required to the implementation of the infection control programme with the commencement of dementia care.</p> <p>There is a defined process for gaining advice and support as required. The clinical nurse manager reports to the staff and manager on all aspects of the infection control programme and surveillance data at monthly staff and management meetings.</p> <p>The service has processes and outbreak management procedures to reduce the spreading of infections. The clinical nurse manager reports that these processes were implemented with a recent outbreak. The service has notices at the door to ask visitors not to enter if they are unwell. There is sanitising hand gel and hand washing facilities throughout the service for staff, residents and visitors to use.</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)
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	The landscaping has not yet been completed. The fencing has been completed with the security key pad locks on the gates yet to be installed. One section of fencing along the eastern side has internal railings and will require maintenance to ensure residents cannot get a foot hold to climb over the fence. There are some current rooms that have external access using portable ramps and the service is in the process of replacing these with permanent ramps with handrails.	The landscaping, security locks on the courtyard gates, external access from some residents' rooms and securing one section of a fence has not yet been completed.	Ensure the landscaping and outdoor access to the secure external area is completed prior to commencement of the dementia service. Prior to occupancy days

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.