

M F & B K Coombes

Introduction

This report records the results of a Surveillance 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 Audit (NZ) 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:	M F & B K Coombes
Premises audited:	Avon Resthome
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 November 2014 End date: 27 November 2014
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	14

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
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

Avon Rest Home provides residential care for up to 18 residents, occupancy on the day of the audit was 14.

No changes to the facility or management have occurred since the last audit.

This unannounced surveillance audit was undertaken to monitor compliance with specified parts of the Health and Disability Services Standard and the District Health Board contract and includes review of seven aspects of service provision identified in the previous audit as requiring improvement. The service provider has effectively addressed all of but one of these issues relating to maintaining records of staff orientation.

Four areas requiring improvement have been identified during this audit relating to ensuring that professional staff have current practicing certificates, meeting medicine management regulations, secure storage of cleaning chemicals and maintaining resident safety in the grounds.

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.
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Open communication is maintained with residents and family. The communication needs of the residents are identified and staff are assisted to develop effective ways of communicating with residents with communication limitations. Resident and families interviewed were satisfied with communication and with information provided. Interpreter services are available if required. The complaints process is made known to residents and families on admission and displayed in the facility. The complaints register is maintained and up to date.

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.		Some standards applicable to this service partially attained and of low risk.
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Quality and risk management processes are appropriate for the services provided. The documented business and quality plan and goals are reviewed annually. Quality data is collected and reviewed monthly by the manager and staff and reported to the owner. A previous improvement required in relation to formal review and monitoring of business and quality goals has been addressed.

Documented service delivery procedures and guidelines are up to date and readily available to staff. There are safe processes for recording adverse events including taking appropriate actions to prevent recurrence. Incidence and trends are monitored and addressed as required.

There is a risk management plan and hazard management system in place. Risks related to provision of care are identified and appropriate action taken to maintain the safety of staff and residents.

There is a suitable employment process in place. Improvement is required to ensure that the credentials of professional staff are checked for currency annually. A documented staff orientation program is implemented for all new staff. Relevant ongoing training is provided monthly for all staff. Improvement is required to ensure that staff orientation records are maintained in staff files.

The manager has relevant experience in age care for people with special needs. A registered nurse is on site two days a week and on call as needed.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Care and support is provided by a range of suitably qualified health professionals. Clear time frames for service provision have been met. Residents interviewed reported they have been involved in the assessment, planning and review process. Nursing interventions were consistent with good practice and desired outcomes were evaluated. Both long term and short term care plans were well utilised.

A range of appropriate activities were provided to maintain the residents' strengths and interests. Participation in activities was voluntary. Activity goals were identified and reviewed.

Medication administration was supported by those competent to do so; however an improvement to the medication system is required.

Food and nutritional needs of residents were assessed. Special needs were catered for and monitored. Food services and storage meet food safety requirements.

All previously identified improvements have been sufficiently addressed.

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 medium or high risk and/or unattained and of low risk.
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The building has a current Building Warrant of Fitness. All staff attend a fire training and trial evacuation at least once a year. The internal and external environments are suitable for residents with special needs. Improvement is required in the grounds to eliminate the risk of tripping on an elevated concrete area, prevent injury from the arms of the rotary clothesline, and to secure the chemicals in the laundry when it is unattended.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

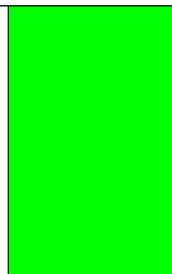


Standards applicable to this service fully attained.

There are adequately documented guidelines on the use of restraints and enablers and challenging behaviours. No restraints or enablers were in use. Staff received sufficient training.

Infection prevention and control

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.



Standards applicable to this service fully attained.

The registered nurse has implemented a suitable programme for identification and surveillance of infections. Incidence and use of antibiotics is monitored and prompt action taken to reverse any adverse trends.

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	1	2	0	0
Criteria	0	40	0	2	2	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>There was a documented complaints process that meets the requirements of Section 10 of the Code. The complaints process and advocacy information are included in the admission pack. Copies and complaint forms are available in the entrance foyer and the residents' lounge. Resident's interviewed knew whom to talk to if they were unhappy about their care. Training in the right to complain and the complaints process was provided to staff.</p> <p>A complaints register and associated records are maintained. Records of the two complaints received since the last audit were reviewed and comply with the documented complaints process.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Effective processes are used to communicate with residents and families. Residents interviewed were happy with communication from staff and information provided to them.</p> <p>There was a documented policy providing appropriate guidelines for open disclosure to residents and families that complies with the Health and Disability Commissioner's guidelines for open disclosure. Manager and registered nurse</p>

		<p>interviewed confirm awareness of the principles of open disclosure. Adverse event records and resident file notes provide evidence that residents and families are kept informed of issues and untoward events. Residents and families interviewed expressed satisfaction with frequency of communication and information provided.</p> <p>The resident's language of choice is identified on admission. All current residents speak English. Interpreters are arranged as needed. A Maori speaking interpreter is available for residents who identify as Maori if requested.</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 facility is governed by the two owners with legal, accounting and industry advice from external advisers as required. There is a current annual business plan and an organisation brochure that define the purpose, values, scope, direction and goals of the organisation. The owner and the manager communicate most days and meet weekly to monitor the service. A formal management meeting is held and recorded quarterly.</p> <p>The manager is on site on week days and is responsible for the operational management of the service. The manager was previously a psychiatric nurse and has more than thirty years' experience in residential care. The duties, responsibilities, accountabilities and lines of communication of the role were defined in the position description and a Lines of Communication Policy. Training records confirm that the manager has undertaken at least eight hours of relevant training annually.</p> <p>The manager is supported by a part time registered nurse who has a post graduate certificate in management, a diploma in mental health and has completed InterRAI training. The registered nurse was responsible for clinical care and staff training.</p> <p>The manager interview and review of meeting minutes confirm that services are planned and coordinated through monthly management and three monthly staff meetings.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>There was a documented business and quality plan that defines goals and objectives. Minutes of quarterly management meetings indicate that progress is monitored, last reviewed October 2014. Staff meeting minutes confirm that staff are kept informed about quality and risk matters at staff meetings. Progress is monitored through internal audit results and collection and analysis of quality data</p>

		<p>from, resident and staff feedback, complaints and untoward events. The previous improvement required relating to evidence of formal review and monitoring against business goals has been addressed.</p> <p>Documented policies and procedures are reviewed at least two yearly and are available to staff in both hard copy and electronic form. The registered nurse monitors good practice information sources and updates clinical procedures as required. There was a document control system in place that ensures the most recent version was the one that was available to staff. Obsolete documents were removed from the system and archived in secure storage on site.</p> <p>There was a Risk Management Plan that includes risks related to provision of care. Prevention, containment and management processes were identified. Documented health and safety processes include management of hazardous substances.</p> <p>The manager interview, review of internal audit calendars and associated records for 2013 and 2014 and reports to management and staff meetings indicate that unwanted incidence and trends are identified and dealt with promptly.</p>
<p>Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There was a suitable documented and recorded process for identifying and managing untoward events including accidents, incidents, errors, complaints and infections.</p> <p>Review of three examples indicates that the documented process was implemented and preventive and remedial actions were taken promptly. Incidence and trends are monitored through data that is analysed monthly and reported to staff and management meetings. There have been no sentinel events since the last audit. The manager is aware of statutory reporting requirements.</p>
<p>Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>There was a process for reviewing professional certifications annually but no evidence that the doctor, the pharmacist and the podiatrist have current practising certificates.</p> <p>There was a suitable documented orientation programme. Staff interviewed confirmed that they have received orientation training but three of eight staff employed in the last three years did not have completed orientation records. The</p>

		<p>improvement required at the last audit relating to maintaining evidence of orientation for all staff has not been addressed.</p> <p>Training Calendars for 2013 and 2014 and associated records indicate that a suitable planned education programme is implemented for all staff.</p> <p>Annual appraisals for all staff are up to date.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>There was a documented staffing policy that described staffing levels and mix in compliance with ARC requirements. Review of rosters for the last six months, accident and incident reports, and staff interviews (including a night care giver) confirmed that the staffing policy was implemented and the staffing cover is adequate for the number and dependence of residents. Assistance is available after hours within ten minutes.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>Review of resident files and mediation records indicates that providers identify their designation on all entries. The previous improvement required in relation to entries to records has been addressed and maintained.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	<p>There were accessible documented policies and procedures for all stages of medicine management. Policies and procedures sighted meet relevant guidelines and legislation, with the exception of the standing orders guidelines. An improvement is required.</p> <p>All medicines are prescribed by the GP using the pharmacy generated medication chart. All medication charts include photo identification and allergies. Three monthly GP reviews were evident. Medications are stored in a secure cupboard. Only individually prescribed medication are used. At the time of the audit there were no controlled drugs on the premises.</p> <p>Medications are administered by the registered nurse and care givers. Competencies for medication management are monitored and evidence of competencies maintained. Medication administration was observed and confirmed</p>

		<p>administration is safely maintained. At the time of the audit there were no residents who self-administered medicines.</p> <p>Insufficient administration records have been maintained in circumstances when a refusal had occurred, administering over the counter medication, or when administering 'as required' medication occurred. A further improvement is required.</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>Residents are provided with a well-balanced diet which meets their cultural and nutritional needs. The menu has been reviewed by a registered dietician and confirmed it was appropriate for the nutritional needs of the older person. Deviations from the menu were recorded. Residents interviewed were satisfied with the food and stated that alternatives are provided if required.</p> <p>The cook interviewed reported that nutritional assessments were completed on entry. These were sighted in the resident records sampled and confirmed that special dietary needs were identified. The cook demonstrated knowledge of the dietary needs, allergies, likes and dislikes of each resident.</p> <p>The cook has the required food safety qualifications. The kitchen and pantry were sighted. The kitchen is well-stocked and tidy. Labels and dates are on all containers and records of temperature monitoring are maintained. This included temperature monitoring of cooked meat.</p> <p>The previous finding regarding weight monitoring has been addressed. All residents are weighed monthly. Weight monitoring records sampled confirmed nutritional needs are being addressed. Where required, additional nutritional support was documented and appropriate interventions implemented. This included referrals to a dietitian as required. The GP reviews weight charts during each medical review.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The previous finding regarding assessments had been adequately addressed. There were no residents requiring a pain assessment; however a range of nursing assessments were sighted in all resident records sampled. All assessments were current and had been updated when a change occurred. All care plans sampled included the results of current assessment data.</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>	<p>FA</p>	<p>The registered nurse, GP and care givers were interviewed regarding the interventions required for each resident in the sample. The registered nurse develops all care plans and related interventions. The GP was satisfied that clinical interventions were implemented in a timely and competent manner. Interventions from allied health providers are also given due consideration.</p> <p>Interventions are documented for each nursing objective/goal. All care plans have documented goals. Related interventions sighted are comprehensively documented and consistent with best practice. There is evidence that interventions were evaluated, and updated if a change in condition occurred. Short term care plans were also documented. These included the required interventions over a short period. All short term care plans in the sample have been reviewed and resolved.</p> <p>The previous improvement regarding resident goals and related interventions has been addressed.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The activities coordinator was interviewed. The coordinator facilitates the programme for up to nine hours per week. Activities are provided to maintain interests and strengths for each resident. Many of the activities are one-on-one activities and include a range of internal and community activities. Each resident had an individual activity plan. These were sampled and confirmed they were individualised to the resident. Activity plans are being reviewed every month by the activities coordinator.</p> <p>Residents were observed participating in a range of activities during the day. Residents interviewed expressed no concerns with the range activities that are provided and confirmed that participation was voluntary.</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 registered nurse conducts a regular evaluation of care plans and the related interventions. The registered nurse confirmed that evaluations are resident specific and aimed at supporting residents in achieving identified goals. Where progress towards goals was different from the expected outcome, the care plans, and assessments, are re-evaluated and changed accordingly. Residents' care plans sampled includes comprehensive and timely evaluations</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 Moderate</p>	<p>Processes to maintain equipment, electrical safety and the facility in safe working order are maintained. There is a current Building Warrant of Fitness. The internal environment is adequate. A previous improvement required to the labelling of cleaning chemicals has been addressed.</p> <p>The external area has concreted paths, a level lawn and a shaded seating area. The garden is fenced off from the driveway.</p> <p>Improvements are required to ensure safety of residents in relation to a change of level from concrete to lawn in the front garden, an eye level rotary clothesline in the back garden, an open area storing garden and building items beside the garage, and cleaning chemicals stored in an open laundry accessible to residents.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>The registered nurse monitored infections. Data based on standard definitions of infection was collected, collated and graphed monthly to show any incidence and trends.</p> <p>Antibiotic use was also monitored. Interview with the doctor confirmed that antibiotics were only prescribed for infections identified by laboratory tests. Surveillance results were reported to, and discussed at, staff meetings and management meetings. Where an adverse trend was identified the registered nurse revised the care plans of affected residents. Preventive infection control measures were reviewed and revised as necessary.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>No restraints or enablers were in use, however there were documented guidelines should the need occur. Definitions of restraint and enablers were congruent with the requirements of the Health and Disability Sector Standards. There were also guidelines on the management of behaviours of concern and staff received adequate training. There had been no reported incidents related to the use of restraints or enablers.</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 1.2.7.2</p> <p>Professional qualifications are validated, including evidence of registration and scope of practice for service providers.</p>	PA Low	Professional credentials are reviewed annually. Review of the records showed that there was a current practising certificate for the registered nurse but not for the doctor, the pharmacist or the podiatrist.	There was no evidence that the doctor, the pharmacist and the podiatrist have current practising certificates.	<p>Maintain validation of professional qualification up to date.</p> <p>30 days</p>
<p>Criterion 1.2.7.4</p> <p>New service providers receive an orientation/induction programme that covers the essential components of the service provided.</p>	PA Low	There was a suitable documented, recorded orientation process in place. New staff are buddied with an experienced staff member. The registered nurse oversees the orientation process and confirms competence. Staff interviews indicate that all staff have received an orientation. Records reviewed for eight staff employed in the last three years showed that three were either	Three of eight staff employed in the last three years did not have completed orientation records. The improvement required at the last audit relating to maintaining evidence of orientation for all staff has not been addressed.	<p>Ensure that all staff have completed and signed orientation records on file.</p> <p>60 days</p>

		incomplete or not signed off.		
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Moderate</p>	<p>Standing orders do not meet 2012 standing orders guidelines with regard to the number of doses which can be given. One resident was being administered 'as required' medication which had not been prescribed. One resident consistently refused to take a prescribed medication, however this has not been documented. One resident was being administered regular 'as required' medication. There was no evidence that this was being administered with prior approval from the registered nurse or the facility manager (as required).</p>	<p>The medication management system did not meet all the required guidelines.</p>	<p>Provide evidence that standing orders, prescribing and administration processes meet the require guidelines.</p> <p>90 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>	<p>PA Moderate</p>	<p>Outside areas are safely maintained and suitable for residents with special needs with the exception of the following:</p> <p>There is a change of level from a concreted sitting area in the front garden to the lawn that creates a risk of tripping.</p> <p>The arms of the rotary clothes line on the back lawn that is accessible to residents are at eye / head level creating a risk of injury from walking into it.</p> <p>There is an open courtyard beside the</p>	<p>There is a change of level from a concreted sitting area in the front garden to the lawn that creates a risk of tripping.</p> <p>The arms of the rotary clothes line on the back lawn that was accessible to residents were at eye / head level creating a risk of injury from walking into them.</p> <p>(iii) There is an open courtyard beside the garage that is used to store garden equipment and lumber and is</p>	<p>(i) It was noted that the change of level from concrete to lawn in the front garden was to be remedied during the landscaping that was in progress. Provide evidence that it has been completed.</p> <p>(ii) Provide evidence that the ends of the arms of the rotary clothesline have been padded to prevent injury to anyone walking into them.</p> <p>(iii) Provide evidence that</p>

		<p>garage that is used to store garden equipment and lumber and is accessible to residents, creating a risk of injury from tripping or trying to use the equipment.</p> <p>Cleaning chemicals are stored in unlocked cupboards in the laundry that is adjacent to an external sitting area used by residents and openly accessible to them on audit day.</p>	<p>accessible to residents, creating a risk of injury to residents from tripping or trying to use the equipment.</p> <p>(iv) Cleaning and laundry chemicals were seen to be stored in cupboards in an external laundry that was openly accessible to residents on audit day creating a risk of accidental poisoning if a resident drank a cleaning fluid.</p>	<p>the storage area beside the garage has been enclosed to prevent access by residents.</p> <p>(iv) Ensure that the laundry is locked when unattended. This was remedied at once on the day. Provide evidence of how this is to be maintained.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.