

Forrest Hill Continuing Care Limited

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 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: Forrest Hill Continuing Care Limited

Premises audited: Forrest Hill Home and Hospital

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

Dates of audit: Start date: 9 July 2015 End date: 9 July 2015

Proposed changes to current services (if any): The service has reconfigured one bedroom to be used as a double room for consenting couples. This has increased total capacity of the service from 61 to 62 residents.

Total beds occupied across all premises included in the audit on the first day of the audit: 52

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
	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
	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

Forest Hill Continuing care provides rest home and hospital level of care for up to 62 residents.

A spot surveillance audit was conducted against the Health and Disability Services Standards and the service's funding contract with the Waitemata District Health Board. The audit process included an unannounced onsite audit. The audit process included the review of documentation and resident files, observations and interviews. Interviews were conducted with management, staff, residents, family/whanau and a general practitioner to verify the documented evidence. This audit report is an evaluation of the combined evidence on how the service meets each of the relevant standards for this surveillance audit.

There were no shortfalls identified at the previous full certification audit that were required to be evidenced as implemented at this audit. Since the last full certification audit the service has added an upper level to the building. A partial provisional audit conducted in October 2014 identified that the service required a Code of Compliance and to ensure the call bell system was working prior to occupancy of the new section. These were addressed prior to occupancy of the new section in October 2014 and are confirmed at this audit.

There are two new areas for improvement in the management of medications and timeliness of response to call bells.

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.
--	--	--

There is an easily accessible complaints management process at the service. The complaints register records complaints, dates and actions taken to address any issues. There were no open complaints at the time of audit.

Policy related to communication with residents and family/whānau is implemented by the service. This includes open disclosure of adverse events. Interpreting services are accessible as required to meet the communication needs of the resident.

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 organisation's mission statement and vision have been identified in the business plan. Planning covers business strategies for all aspects of service delivery in a coordinated manner to meet residents' needs. The day to day operation of the facility is undertaken by staff that are appropriately experienced, educated and qualified. This allows residents' needs to be met in an effective, efficient and timely manner.

The quality and risk system and processes support safe service delivery. Corrective action planning is implemented to manage any areas of concern or deficits identified, with documentation showing the evaluation and follow up of the corrective actions. The quality management system includes an internal audit process, complaints management, resident and relative satisfaction surveys

and incident/accident and infection control data collection. Quality and risk management activities and results are shared among staff and the board of directors.

The service implements the documented staffing levels and skill mix to ensure contractual requirements are met. Human resources management processes and ongoing education is implemented and provided to meet the requirements of rest home and hospital level of care.

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.
--	--	--

The organisation implements appropriate processes and tools for the assessment, care planning and evaluation within required timeframes. The care plans and intervention are recorded and implemented based on the individual needs of each resident. Links are developed and maintained with other health and disability services to meet the needs of the residents.

Evaluation of care is conducted at least six monthly, or sooner if there is change in the resident's needs. Care plans are updated to identify residents' changing needs. The care plans are informed by the interRAI assessment process.

There are planned activities suitable for both rest home and hospital level care. The residents report satisfaction with the range and variety of activities provided. Residents are encouraged to access and/or participate in local community facilities.

Policy and procedures describe the safe management of medications. Not all aspects of policy are being followed by staff and this is an area for improvement. All staff who assist with medicine management are assessed as competent to do so.

Food and fluids are provided to meet the needs of residents living in a long term care environment as identified by the dietitian approved menu.

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 service has a current building warrant of fitness and evacuation scheme. Since the renovation and new build, the service has not changed the layout of the building thus there are no required changes to the evacuation scheme. There is an area for improvement to ensure call bells are consistently answered in a timely manner.

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.
---	--	--

Bed rails are the only restraints or enablers in use. When enablers are used, these are voluntary and the least restrictive option for the resident. Staff have received ongoing training and demonstrate knowledge in restraint minimisation and safe practice.

Infection prevention and control

<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>
--	--	---

The service implements monthly surveillance of the number and types of infections which occur at the facility. Where trends are identified, actions are implemented to prevent further infections occurring.

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	1	0	0
Criteria	0	39	0	1	1	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>The complaints forms are displayed at the entrance to the service. As part of the admission process, how to make a complaint is discussed with the resident and their family. The residents and families interviewed expressed no concerns with the complaints management process and felt they were listened to.</p> <p>The complaints register records complaints, dates and actions taken. The complaints sampled comply with time frames of Right 10 of the Code. There were no open complaints at the time of audit. .</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>Open disclosure is evidenced in the files and incident/accident forms reviewed. During family/whānau interviews they confirm they are fully informed regarding their relative's condition and any incidents and accidents which occur. Staff verbalise their understanding and responsibilities related to keeping the residents and nominated family/whānau members fully informed.</p> <p>Staff are knowledgeable about the organisation's policies and procedures on accessing interpreting services. At the time of audit there were five residents who have English as a second language. Currently family/whānau members and staff act as interpreters. This was confirmed during interview with a family member whose relative had English as a second language. The clinical coordinator (registered nurse) confirmed interpreting services</p>

communication.		would be accessed if required.
<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 services are planned to meet the needs of up to 62 rest home and hospital level of care residents. The service provides long term, respite and some short term interim care contracts with the DHB. At the time of audit there were 35 residents receiving hospital level of care (including two interim care) and 17 residents at rest home level of care.</p> <p>Since the previous audit the service has reconfigured one room to be used as a double room for consenting couples. This room is of a suitable size for two people who consent to share a room and do not want permanent privacy screening. The room can be fitted with a portable privacy screen during personal cares. The room is fitted with two calls bells, one for each resident.</p> <p>The purpose, values, scope, direction, and goals of the organisation are clearly identified and reviewed at least annually. The general manager provides a monthly report to the board of directors. The reports and minutes include the quality activities, infection control, health and safety, complaints and results from internal audits</p> <p>The general manager is suitably qualified and experienced in the management of the service. The general manager has a background in management at chief executive officer level at a number of health and community providers. The general manager has been the manager of the service for two and a half years. The general manager has overall responsibility for the running of the service (job description sighted). The general manager has a current annual practising certificate (APC) and has a nursing council competency assessment for a nurse practising in management. The general manager is supported by a clinical coordinator (RN) who advises and consults with the general manager on the clinical aspects of service delivery. The general manager attends in excess of eight hours of professional development annually on the management of care services.</p> <p>The residents and families reported care and services are planned and coordinated to meet the needs of the residents.</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</p>	FA	<p>The service has a quality and risk management system which is understood and implemented by the staff. There is a quality plan and a risk management plan. These include the development and updates of policies and procedures, regular internal audits, incident and accident reporting, health and safety reporting, infection control data collection and complaints management. If an issue or shortfall is found a corrective action is put in place to address the situation.</p> <p>Policies and procedures have been developed by an aged care consultant. These are personalised to the service by the general manager. The policies have been updated at least two yearly, or sooner if there was a change in legislation or best practice. An amendment log is maintained up updated policies. It was noted on some forms and policies, that even though the amendment log has been updated, the footer on the document had not been</p>

<p>continuous quality improvement principles.</p>		<p>updated. This is not reflective of a systemic issue and the general manager has a plan to ensure the footers of all documents are current.</p> <p>The quality improvement data is collected and analysed. The internal auditing plan covers all aspects of service delivery including resident care planning, the environment, infection control and resident and relative satisfaction. The internal audits sampled evidenced corrective planning to address any shortfalls. Follow up audits are conducted to ensure the actions implement are effective. Feedback is provided to the appropriate levels of staff.</p> <p>Actual and potential risks were identified and documented in the hazard register. There were interventions implemented to either eliminate, isolate or minimise the hazards. Newly found hazards are communicated to staff and residents as appropriate. Staff confirmed that they understood and implemented documented hazard identification processes.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>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>The manager understands the organisational responsibly and obligation for essential notification of serious harm and injuries to the required authorities. Since the last audit there have been no adverse events that have required essential notification. The staff demonstrated understanding of when they are required to complete an incident/accident report form.</p> <p>Each month the accidents and incidents are summarised, analysed and graphed. These are trended and utilised as an opportunity to identify any short falls and make improvements to care and service delivery. The individual incident and accident forms record the preventative actions.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice</p>	<p>FA</p>	<p>Staff that require professional qualifications and annual practicing certified (APCs) have these validated as part of the employment process. Current APCs sighted for all who require them.</p> <p>Newly appointed staff are police vetted upon employment, references are checked and job descriptions clearly describe staff responsibilities and best practice standards. Staff have completed an orientation programme with specific competencies for their roles.</p> <p>Staff undertake training and education related to their appointed roles. Records of attendance and competency training is maintained. The education programme covers the contractual requirements, staff competencies and specific issues related to the aging process. The service has three RNs who have completed the required training</p>

and meet the requirements of legislation.		on the interRAI assessment tool, with a further two RNs scheduled for training.
<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>Policy identifies staffing levels and skill mix are maintained to meet residents' needs and to comply with the funder's contractual requirements and safe staffing guidelines. Rosters identified that at all times there are adequate numbers of suitably qualified staff on duty to provide safe and quality care. A review of rosters showed that staff were replaced when on annual leave or sick leave. There are appropriate numbers of administration, activities, maintenance, cleaning and laundry staff to meet the needs of the service and residents. Staff confirmed there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Residents stated their needs are met in a timely manner.</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>Medicines are individually supplied for each resident by the pharmacy in a pre-packed administration system. Six monthly medication review are undertaken by the pharmacy. The medicines and medicine signing sheets are checked for accuracy by the RN when delivered. The GP conducts a medicine reconciliation on admission to the service and when the resident has any changes made by other specialists. The medicines and medicine trolley were securely stored. Controlled drugs are checked weekly and when given by two staff. There are no standing orders in place. The administration of medication procedure was observed on the day of audit.</p> <p>A review of medication files identified that prescribing complied with aged care best practice guidelines and legislative requirements. Medicine review dates are recorded on the medication chart, with all residents having their medicines reviewed within the last three months.</p> <p>Medication competencies were sighted for all staff who assist with medicine management.</p> <p>Staff reported that there were no residents who self-administer medicines and that if this were to occur policy would be followed to ensure safe practice.</p> <p>The review identified several issues of non-compliance which require improvement.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids</p>	FA	<p>The menu had been reviewed by a dietitian in January 2014 as being suitable for the older person living in long term care. The cook confirmed the menu is adhered to at all times with seasonal vegetable variations. Residents are routinely weighed at least monthly, and more frequently when indicated. Residents with additional or modified nutritional needs or specific diets had these needs met. All but one residents and family/whānau reported a very high level of satisfaction with the meals and fluids provided, reporting that there is good presentation and a variety</p>

<p>and nutritional needs are met where this service is a component of service delivery.</p>		<p>of meals. One family/whānau member would like to see more fresh vegetable each meal. This information was passed onto the manager.</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 meet 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. The kitchen is well equipped and able to cater for all residents. A recent addition of a second floor has food delivered in a hot box trolley and temperatures are checked and food taste tested by an appointed staff member to ensure the quality remains the same as food served from the main kitchen.</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>Care planning is based on each individual resident's assessed needs. Assessments are completed using the electronic interRAI system which assists in the identification of prioritised needs such as the level of falls risk. The care plans show an integrated record of how the service meets the needs of residents. It records the need, goals/aims of the residents and shows the interventions required to meet these goals. Care planning input is obtained from nursing, medical, allied health, other health providers, the resident and family/whānau. This was confirmed during interview with staff.</p> <p>The caregivers report that the care plans provide adequate information to guide safe resident care. The residents and family/whānau report they are very satisfied with care provided.</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 residents were included in meaningful activities as observed during audit and confirmed during resident and family/whānau interviews. Resident input into activity planning was shown in resident meeting minutes sighted. Staff reported that they gauge the response of residents during activities and modified the programme related to resident's response and interests. The activities were modified according to what each resident is capable of doing physically and mentally. The activities programme covered physical, social, recreational and emotional needs of the residents. This is well documented in each resident's activity plan. Individual resident social assessment information is used to ensure the development of the activities programme is meaningful to the residents as confirmed during resident and family/whānau interviews. As observed on the day of audit and confirmed by the activities coordinator, there is a lot of family/whānau involvement in most of the activities offered.</p>
<p>Standard 1.3.8: Evaluation</p>	<p>FA</p>	<p>Evaluations are recorded at least six monthly. Documented evaluations sighted in resident files clearly described how the resident is progressing towards meeting their goals and what interventions have been put in place to</p>

<p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>achieve this.</p> <p>When there are changes to resident needs, the care plan is adjusted to identify the change required to offer ongoing support so the resident may progress towards set goals. Wound care is evaluated in a separate short term plan which shows required treatment and the healing progress.</p> <p>Residents and family/whānau members reported satisfaction with the input they have into the development and updates of care planning processes.</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>FA</p>	<p>There is a current building warrant of fitness.</p> <p>The previous partial provisional audit conducted when the service added an extension identified that a Code of Compliance Certificate was required and the external areas were made safe prior to occupancy of the new area. These were addressed when construction work was completed and prior to occupancy. The residents now have access to safe and accessible external areas that meet their needs. There is outdoor decking, access to the gardens by ramps and intact paving areas.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>Since the last audit that verified the new extension, there have been no further changes to the layout of the building. The service has an approved evacuation scheme, which includes the extension to the service. Last trial evacuation was conducted in June 2015.</p> <p>The call system was not functioning in the new area at the previous audit. This was rectified prior to occupancy of the new areas. There is an appropriate call bell system throughout the service. Call bells are accessible in all resident rooms, bathrooms and communal areas. When activated, an alert goes to a staff member's pager system. Some of the residents and family reported that it can take a while for the call bells to be answered. Though the call bell system is in place, at times these are not answered in a timely manner.</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</p>	<p>FA</p>	<p>The monthly infection and surveillance data for 2015 was sighted and identifies the use of standardised definitions which are appropriate to the long term care setting.</p> <p>An analysis report that identifies any increase and trends in the number and types of infections is completed each month. This information is shared at staff meetings. If unexplained upward trends occur corrective and preventive actions are implemented to reduce infections. This was confirmed during staff interviews and in staff meeting minutes sighted. Staff demonstrated knowledge in infection prevention and control. There is an additional annual summary and trend analysis for the infections that have occurred in the previous 12 months.</p>

specified in the infection control programme.		
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service has five recorded bed rails in use as restraint and eight bed rails as enabler use. Enabler use is verified as voluntary and the least restrictive option for the resident in the files sampled. The front door has a key coded lock, with the code clearly displayed to enable residents and visitors to exit freely. This is not used as environmental restraint. Restraint minimisation is part of the ongoing in-service education programme. The staff demonstrated knowledge in restraint minimisation and enabler use.

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 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in</p>	<p>PA</p> <p>Moderate</p>	<p>The service has a documented medicines management system that identifies safe prescribing, dispensing, administration, review, storage, disposal and reconciliation. All medication is prescribed by a medical practitioner, administered by staff who hold current competencies, reviewed to meet legislative requirements including regular pharmacy input related to reconciliation, is securely stored and disposed of in a safe manner. However not all best practice guidelines are maintained by staff.</p>	<p>Warfarin, gees linctus and paracetamol are given from one supply and not from the supply obtained for each individual resident.</p> <p>Not all staff place their initials in the signing</p>	<p>Ensure all medicine management complies with best practice, legislative requirements and policy.</p> <p>90 days</p>

<p>order to comply with legislation, protocols, and guidelines.</p>			<p>identification area on each medication record, One controlled medication was being signed for on an incorrect signing sheet, Staff are giving one resident over the counter vitamin supplements which are not charted and have been supplied and prepared by a family/whānau member. (The vitamins are not in their original containers).</p>	
<p>Criterion 1.4.7.5 An appropriate 'call system' is available to summon assistance when required.</p>	<p>PA Low</p>	<p>The service has had a new call bell system installed. When the call bell system was tested by the auditors, there was a delay in response to responding to the call bell. The pager system was only displaying one call at a time, and until that call was answered and cleared off the pager, further calls were not registering on the pager. The general manager has already contacted the call bell provider to investigate if changes can be made to the alerts displayed on the pagers. The call bell response time is able to be monitored for response times. It showed that at least two calls in the past two days were not answered for 45 minutes after the call bell was activated. Three residents and two families reported that 'it can take along time of over 20 minutes' for a call to be answered. One of these family reported</p>	<p>Three of the residents and two of the families interviewed reported slow response time to answer the call bell.</p>	<p>Provide evidence that call bells are consistently answered in a timely manner.</p>

		that it was just today that it seemed like a long time to answer the call bell, and reported that it has not occurred on other days. The other residents and families reported they were satisfied with the time taken to answer the call bell.		180 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.