

Bucklands Beach Rest Home 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 Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Bucklands Beach Rest Home Limited
Premises audited:	Bucklands Beach Rest Home
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 3 May 2016 End date: 4 May 2016
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:	19

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

Buckland's Beach rest home is owned and managed by a registered nurse, and supported by a senior caregiver and long-serving staff. The service provides rest home level of care for up to 20 residents. On the day of the audit, there were 19 residents. The residents and relative interviewed spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, relative, management, staff and the general practitioner.

The service has addressed eight of eleven shortfalls from the previous certification audit around manager education, registered nurse cover for the manager, dating of risk assessments, six monthly evaluations and care plan updates, and freezer temperatures.

Improvements continue to be required around collection and communication of data, documented interventions, transcribing and first aid training.

This surveillance audit identified that improvements are required in relation to internal audit programme and date labels on kitchen food.

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.

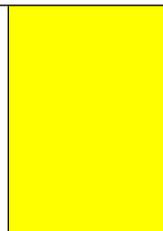


Standards applicable to this service fully attained.

Family interviewed confirm that they are kept informed. The right of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints that are lodged are followed up in a timely manner.

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.

The quality and risk management programme monitors adverse events, infections, surveys and collation of quality data. A health and safety programme includes hazard management. An education and training programme for staff is in place. Full staff meetings take place monthly and include discussion around quality risk management.

The service has a documented rationale for determining staffing that meets contractual requirements. Staff, residents and family report staffing levels are sufficient to meet resident's needs.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The manager/registered nurse is responsible for the initial assessment, InterRAI assessments, care plan development, reviews and evaluations of care plans. Care plans are developed in consultation with the resident and/or family input. Care plans demonstrate allied health input into the care of the resident. The general practitioner reviews the resident at least three monthly or earlier due to health changes.

Medication policies reflect legislative medicine requirements and guidelines. Staff that are responsible for the administration of medicines complete annual competencies and education. Medications are checked on delivery and stored appropriately.

An activities programme includes outings, entertainment and activities that meet the recreational preferences and abilities of the residents. Residents are encouraged to maintain community links. Spiritual and cultural needs are met. Residents expressed satisfaction with the activities provided.

All food is prepared on-site. Residents' nutritional needs were identified and accommodated. Alternative choices are available for dislikes.

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.
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A current building warrant of fitness is posted in a visible location.

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.
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There are policies and procedures in place for restraint minimisation and safe practice that includes the definition for the use of enablers. There were no residents using enablers or restraint. Staff receive training on restraint minimisation and managing challenging behaviours.

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 infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is the manager/registered nurse. Staff attend annual infection control education. Surveillance data is collated monthly and analysed to identify quality activities and education needs for the service.

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	4	1	0	0
Criteria	0	38	0	4	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 service has a complaints policy that describes how complaints are managed and is in line with requirements set by the Health and Disability Commissioner Code of Health and Disability Services Consumers Rights (the Code). The complaints process is linked to the quality and risk management programme with evidence of complaints being discussed as relevant at staff meetings. Complaints forms are available at the entrance to the facility. Information about complaints and advocacy is provided on admission in the information pack. Interviews with five residents and one relative confirmed that they understand the complaints process. They also confirmed the owner/manager and staff are approachable and readily available if they have a concern.</p> <p>A complaints register is in place. There have been no complaints registered since the previous audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to</p>	FA	<p>A policy is in place to guide staff on the process around open disclosure. Accident/incident forms reviewed evidenced family had been notified in a timely manner. Resident meetings are held six weekly and open to families to attend. Meeting minutes evidenced previous matters raised are addressed and discussed with residents. Residents and relatives have the opportunity to give feedback on the services through annual food, laundry and satisfaction surveys. The annual survey is in progress. Access to interpreter services is available if needed.</p>

effective communication.		Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that is not covered by the agreement. The admission agreement aligns with the ARCC requirements.
<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>Bucklands Beach rest home provides care for up to 20 residents at rest home level of care. At the time of the audit, there were 18 residents under the ARCC and one resident (over 65 years) under disability funding. The service provides respite care as required.</p> <p>The business plan has been reviewed annually. The mission statement and philosophy is included in the business plan. The 2015 goals/quality improvements include replacement of all beds and bedside cabinets, nomination of a health and safety representative, new lounge chairs and replacement of washing machine, dryer and fridge and new staff uniforms.</p> <p>The facility owner is the manager and is a registered nurse with a current practicing certificate. The owner/manager has attended at least eight hours of professional development relating to managing a rest home. Education includes attending aged care provider forums, study day for disability support services, InterRAI training and first aid training. The previous finding around manager education has been addressed.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The manager is the registered nurse and is available 24 hours. The manager has an agreement with a registered nurse (RN) from another facility within the area to provide RN cover in the event of the manager's absence. On the day of audit, the manager was on a day's leave at home and available on call. The senior caregiver on duty contacted the manager who was readily available and came into the facility. The previous finding around clinical cover has been addressed.</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</p>	PA Low	<p>There is a quality and risk management plan in place that is reviewed annually. Quality and risk management systems are being implemented. Full staff meeting minutes are held monthly and include health and safety, and infection control data. Accident/incident data is displayed for staff. The aspect of the previous finding around communication of quality data to staff, has been addressed.</p> <p>The internal audit programme includes three monthly health and safety audits; however, the audit programme does not include medication or clinical audits. Corrective actions/recommendations have been</p>

<p>reflects continuous quality improvement principles.</p>		<p>developed for audits with areas for improvement and these have been signed off as completed.</p> <p>Policies and procedures have been reviewed regularly and meet best practice. An amendment log, with the policy manual, evidences review of policies and procedures. The content of policy and procedures are detailed to allow effective implementation by staff. Three caregivers interviewed state they are informed at staff meetings when policies are reviewed and are required to sign the meeting minutes.</p> <p>The health and safety programme includes policies to guide practice, health and safety audits and a current hazard register. The health and safety representative (interviewed) has recently been nominated to the role and has a job description outlining health and safety responsibilities. Hazard report forms are available for staff to complete for identified hazards.</p> <p>Falls prevention strategies are in place that includes the analyses of falls and the identification of interventions on a case-by-case basis to minimise future falls. An incident log is maintained in each resident file where applicable.</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>Incident/accident forms are completed by staff who either witnessed an adverse event or were the first to respond. The manager/RN on duty or if on call is contacted. Eight accident/incident forms from January to April 2016 (including one report of a pressure injury) were reviewed. Incident/accident forms were completed, and they evidenced timely follow-up and actions taken by the owner/RN. Residents' files reviewed had the adverse event documented in the residents' progress notes.</p> <p>Discussions with the manager confirmed their awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no reportable events.</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>There are human resources policies to support recruitment practices. Current practising certificates were sighted for the manager/RN and general practitioners. All five staff files reviewed (three caregivers, one cook and one activity coordinator) contained relevant recruitment and employment documentation. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff complete competencies relating to their role.</p> <p>The annual education plan covers contractual education requirements. External educators such as the pharmacist, physiotherapist and age concern provide education.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery.</p> <p>The manager/RN is responsible for the operational and clinical services and is on-site Monday to Friday and on call for facility matters after hours. There are sufficient caregivers on duty for each shift. Care staff complete laundry and cleaning duties. There is a cook on duty each day.</p> <p>Staff reported that staffing levels and the skill mix were appropriate and safe. Residents and relative interviewed advised that they felt there is sufficient staffing.</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>	<p>FA</p>	<p>Five files reviewed evidenced that resident documentation was contained within the integrated file. Risk assessments are included in the InterRAI assessment that is dated and identified with the resident details. The previous finding around dated assessments has been addressed.</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>	<p>PA Moderate</p>	<p>The manager/RN and caregivers administer medications. All staff administering medications have completed an annual medication competency and attended annual education. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Standing orders are not used. There were no self-medicating residents. The medications are stored correctly. The medication fridge temperatures are maintained within the acceptable range. All eye drops were dated on opening.</p> <p>Ten medication charts were reviewed. Three monthly GP reviews had not been completed for all medication charts. The administration signing sheets corresponded with the medication charts. As required medications were timed and dated on the administration signing sheet. Transcribing around as required medications has been addressed, however there was transcribing of insulin. The previous finding remains around transcribing.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	<p>PA Low</p>	<p>All food is cooked on site. There is a cook on each day and an evening kitchen hand. A dietitian has reviewed a five-weekly seasonal menu.</p> <p>A resident dietary profile is completed on admission and a copy provided to the kitchen. Residents' dislikes</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>and special dietary requests are known. Alternatives are offered for resident dislikes. The cook is notified of any dietary changes. Diabetic desserts are accommodated.</p> <p>The fridges and freezers are temperature monitored weekly. The previous finding around freezer temperatures has been addressed however, not all perishable foods in the fridge were date-labelled, and stored dry goods were not dated. End cooked food temperature is taken and recorded daily. Goods in the pantry were off the floor. Personal protective equipment was observed to be worn correctly by staff in the kitchen. A cleaning schedule has been maintained. Chemicals were stored safely.</p> <p>Residents interviewed spoke positively about the meals and home baking. Residents' meetings provide an opportunity for resident feedback on the meals.</p> <p>All staff who work in the kitchen have attended food safety and hygiene in-service.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>The InterRAI assessments had been completed at the time the care plans were evaluated. Outcomes of the InterRAI assessments had been reflected in care plans including spiritual and cultural needs. The previous finding around outcomes of assessment tools has been addressed. However, some supports had not been updated to reflect the resident's current needs. Residents and family confirmed they were involved in the development of their care plan. There were short-term care plans in place for short-term needs and changes in health status.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's health status changes the registered nurse will review the resident and if required refer to the GP or nurse specialist for a consultation. There is documented evidence of family notification when a resident's health status changes. A relative confirmed that staff are approachable to discuss their relative's health at any time. Residents state their needs are being met.</p> <p>There were adequate dressing supplies available as required. Wound assessments and ongoing evaluations were in place for one pressure injury. There were no other wounds on the day of audit. The manager/RN could describe the referral process for wound nurse-specialist involvement.</p> <p>Adequate continence products were sighted. Resident continence needs are documented in the care plans. The manager/RN was previously a continence specialist and provides advice/support as required.</p> <p>Monitoring forms were in place for pain, behaviour, weight, incontinence, blood sugar levels and monthly observations.</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>	FA	<p>The service employs an activity coordinator for 16 hours a week spread over four days during the week. The activity coordinator attends on-site education, holds a current first aid certificate and is a member of the Golden Carers group.</p> <p>The activity programme is planned a month in advance and the weekly programme is displayed on the activity board. The previous finding around the activity programme has been addressed. Activities include newspaper reading, exercises, crafts, and theme days, pampering sessions, outings and inter-home competitions. Community visitors include pre-school children, pet therapy dog visits, entertainers and pastoral visitors. Weekly church services are held on-site. Residents are encouraged to maintain links within the community such as attending local theatre productions.</p> <p>An activity assessment is completed in consultation with the resident/family. An activity plan is completed and evaluated six monthly at the same time as the clinical care plan. Residents have the opportunity to feedback on the activity programme through monthly resident meetings.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Long-term care plans are evaluated six monthly or earlier due to health changes. The previous finding around six monthly evaluations has been addressed. The InterRAI assessment tool is used as part of the six monthly review process as evidenced in three of five resident files reviewed. Evaluations document progress towards meeting the residents' goals. The long-term care plans have been updated as needs have changed. Daily care plans are used and reviewed six monthly or as required. Short-term care plans for short term needs have been evaluated regularly and signed off when resolved or if the problem is ongoing transferred to the long-term care plan. The service has addressed this previous finding.</p> <p>The six monthly reviews are completed by the manager/RNs with input from the caregivers, activity coordinator, resident and relative as appropriate. The GP completes a resident review three monthly.</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>	FA	<p>A current building warrant of fitness is posted in a visible location (expiry date 8 June 2016).</p>
<p>Standard 1.4.7: Essential, Emergency, And Security</p>	PA Low	<p>There are policies and procedures in place to guide staff in the event of an emergency. Staff conduct six monthly fire drills and have attended civil defence training in May 2015. There is at least one person with a</p>

<p>Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>current first aid certificate on the morning and afternoon shifts but not on night shifts. The previous finding remains around first aid training.</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 infection control coordinator (manager/RN) collates infections on a monthly infection analysis form. The monthly report identifies type of infection, organism identified and antibiotic used for treatment. Infection rates have been low. There is a policy describing surveillance methodology for monitoring of infections. The outcomes of surveillance data are used to determine quality initiatives and education needs. Definitions of infections are in place appropriate to the complexity of service provided. The GP reviews antibiotic use at least three monthly with the medication review. There have been no outbreaks.</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>There are policies around restraints and enablers including definitions for enabler use. The manager/RN is the restraint coordinator. There were no restraints or enablers in use on the day of audit. Staff receive training around restraint minimisation and managing challenging behaviours and complete restraint competencies.</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 1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.	PA Low	The quality risk management system includes key components such as accident/incident and infection control data. Trends are considered. An internal audit programme includes health and safety audits and non-clinical audits. Clinical audits have not been included in the audit programme	There were no clinical audits such as medication or clinical file audits included in the programme.	Ensure the audit programme includes clinical audits. 60 days
Criterion 1.3.12.6 Medicine management information is recorded to	PA Moderate	All medications prescribed met legislative requirements. Medication signing sheets sampled for regular	There was transcribing of insulin doses and times, including sliding scale doses onto recording charts for two residents on insulin. Since the draft report the	Ensure that transcribing of medication

a level of detail, and communicated to consumers at a frequency and detail to comply with legislation and guidelines.		and as required medications charts complied with medication guidelines. There was transcribing of insulin onto blood sugar level recording charts.	manager advised that this has been addressed.	orders ceases. 30 days
Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.	PA Low	The pantry was tidy with foods off the floor and in sealed containers however, these were not dated when re-filled. Perishable foods were covered and stored in the fridge but not date labelled	Dry goods containers in the pantry were sealed but not dated re-filling. Perishable foods in the fridge were not dated	Ensure all dry goods containers and perishable foods are date labelled 60 days
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.	PA Low	The care plan describes the residents' needs and care interventions required to support the residents' independence and wellbeing in two of five resident files reviewed. Care plans were readily available for caregivers. Caregivers interviewed were knowledgeable in individual resident cares.	Three resident care plans reviewed did not describe the required supports and/or interventions to meet the resident's current health needs as follows. 1) The care plan did not reflect the current pressure-injury prevention strategies for one resident with a pressure injury. 2) There is no seizure management plan for one resident with known seizures. 3) There was no diabetic management plan for one insulin dependent resident.	Ensure care plans describe the required supports and/or interventions to reflect the resident's current health needs. 60 days
Criterion 1.4.7.1 Service providers receive appropriate information, training, and equipment to	PA Low	All staff with the exception of two newly appointed night staff have a current first aid certificate. The manager/RN provides on call and	Two caregivers recently appointed to night shift do not have a first aid certificate. Since the draft report the manager advised that these staff members completed this training on 23/5/16.	Ensure there is a staff member on duty at all times with a

<p>respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>		<p>has a current first aid certificate.</p>		<p>current first aid certificate. 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.