# Wharekaka Trust Board Incorporated - Wharekaka Rest Home

## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Wharekaka Trust Board Incorporated

**Premises audited:** Wharekaka Rest Home

**Services audited:** Hospital services - Medical services; Rest home care (excluding dementia care)

**Dates of audit:** Start date: 14 July 2016 End date: 14 July 2016

**Proposed changes to current services (if any):** The rest home is proposing to change the 19 rest home beds to 8 rest home, 5 dual purpose and 6 continuing care. They wish to contract for Aged Residential Hospital Specialised Service, general medical, health recovery and palliative care services.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 16

# Executive summary of the audit

## Introduction

This section contains a summary of the auditors’ findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

* consumer rights
* organisational management
* continuum of service delivery (the provision of services)
* safe and appropriate environment
* restraint minimisation and safe practice
* infection prevention and control.

## General overview of the audit

Wharekaka Trust Board Incorporated has been collecting evidence of the need for hospital level care in the southern Wairarapa for some time and has put together a business case and project plan to reconfigure their present beds to meet this need. They provided evidence that this is supported by the local GP, geriatric services at the DHB and the community.

This partial provisional audit was undertaken to identify whether the processes they are putting in place will meet the requirements for hospital level care within this standard and those of the Aged Residential Hospital Specialised Services contract.

Four areas will need to be completed to meet the requirements for hospital level care. These relate to the updating of policies and procedures to ensure all reflect the needs of hospital level care, a new evacuation scheme by the New Zealand Fire Service and the information on fire safety provided to the local council, the engagement of registered nurses (RNs) and ensuring that all care givers have completed the necessary contract training requirements.

## Consumer rights

Not audited.

## Organisational management

The organisation has a three year strategic plan which is reviewed annually and identifies the proposed changes to hospital level beds. A subcommittee of the trust board members have taken on this as a project, reporting and monitoring the progress. The management structure will remain the same if they have hospital level residents.

There is a quality and risk process, which is derived from the strategic plan and the clinical nurse manager has an audit schedule which is flexible to meet the changes. Information from quality and risk flows up to the board and down to staff. Policies and procedures are current and additional policies are being added to meet the needs of hospital level care.

Human resource processes are in place. The increased requirements to meet the needs of hospital level residents have been identified and plans are in place to meet this need. The majority of care givers have been employed for a number of years and the organisation is identifying training to ensure these staff members meet the needs of hospital level care as per the contract requirements.

## Continuum of service delivery

Individualised assessment, planning and ongoing monitoring of residents is carried out by RNs and this will continue to be the process with the proposed changes. There is evidence of timely completion of all elements of service delivery and good linkages with external services which are able to support the move to hospital level care.

There are medication policies and procedures that meet legislative and current good practice. The organisation uses electronic prescribing and administration and staff have received training in this process.

The cook has previous experience in working in a facility with hospital level beds and is confident in being able to provide appropriate nutritional requirements for hospital level residents. A dietitian reviews the menus every two years and this will be done again in 2017.

## Safe and appropriate environment

The building has a current building warrant of fitness and fire service approved evacuation plan. Work is in progress to install fire doors and when completed the organisation will seek approval for a new fire evacuation plan and inform the local authority of the changes.

There are policies and processes for the management of waste and hazards such as chemicals. Staff have received training related to these areas. Appropriate personnel protective equipment is available.

The clinical nurse manager (CNM) was able to show that there is adequate equipment in place presently to meet the needs of the current residents; additional equipment to meet the needs of hospital level care residents has been developed. The purchase of these has been approved by the board but is yet to occur. There is a call bell system, and a new system is being proposed and costing for this has commenced.

Residents’ rooms are of a size that will allow for the use of equipment and an assistant. The doors to residents’ rooms and the corridors are of a good size to allow for movement of residents with mobility aids and an assistant.

Cleaning and laundry services are carried out in-house and meet the requirements of the standard. No changes would be required to these processes for hospital level residents.

## Restraint minimisation and safe practice

Not audited.

## Infection prevention and control

The CNM has taken on the responsibility for infection prevention and control since the last audit. They have undertaken training for this role and have linkages with the infection prevention and control nurse at the DHB. There is an infection control committee which meets monthly and reports go to the staff meeting and the trust board. Corrective actions, when identified, are seen as being undertaken in the minutes of the staff meeting. Policies, procedures and education on infection prevention and control are current. There was a gastro outbreak at the end of last year which was identified, by the CNM, as being managed well.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

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| **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 | 0 | 0 | 0 |
| **Criteria** | 0 | 44 | 0 | 4 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | The Wharekaka Trust Board is active in its governance role of the rest home. They have developed a three year strategic plan which is reviewed and updated annually. A meeting with four members of the trust board provided evidence that they have undertaken an analysis of the need for hospital level beds in the area. This has included data from the local DHB and written support from the residents advocate and the local GP. They have identified that the community would like the facility to be able to provide the full range of services and allow people to stay at the facility through to end of life. A subcommittee of the board has developed a project plan, which includes financial requirements, and is reporting on progress at the board meetings.  The general manager (GM) who has an accountancy background has worked at the hospital for many years and has been in her present role for six years. The GM job description describes their responsibilities and a board document identified the financial delegations the GM holds. They are supported by a CNM who is a RN with experience in hospital level care. The CNM provides a monthly report to the GM who incorporates this into a joint report to the board. The chair of the board meets with the GM weekly or more frequently if there is a need. The management structure will not change if they have hospital level residents. |
| Standard 1.2.2: Service Management  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. | FA | During the absence of the GM the CNM stands in and when the CNM is absent a part time RN, who presently works part time at Wharekaka and at another facility which has hospital level residents, takes on the role. This will remain in place following any changes to the scope of service delivery. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | PA Low | The organisation has a quality and risk management system which includes the collection of data, analysis and trending and is reported through to the board and discussed at staff meetings. Evidence of this was sighted in the minutes of the meetings and confirmed by the CNM, GM and a care giver. The CNM stated that results would also be provided to residents at their meeting if pertinent. Benchmarking against national trends has commenced, based on an external providers electronic data base. This is new and is still being modified to meet the needs of the organisation. Benchmarking of data was sighted for incidents and infection control. The audit calendar includes clinical indicators such as falls and pressure injury, which will continue for hospital level residents. Staff meeting minutes show that corrective actions are followed up from the previous meeting, actions to be taken and by whom.  There are policies and procedures in place and they are current. These are related to their present contract requirements and current good practice. The need to extend policies to meet the special needs of hospital level care patients has been identified. The CNM provided copies of external policies which they are adapting to ensure they meet the needs of this organisation. These will be completed prior to commencing hospital level care.  Organisational risks are identified as part of the strategic planning process and the organisation has health and safety representatives and a committee. A new health and safety audit template has been developed. A hazard register is in place and updated as new hazards are identified. |
| 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. | PA Low | The GM has a list of all health professionals who provide services to the organisation and they keep a copy of each person’s current annual practising certificate. This was sighted and included the CNM and part time RN.  There are appropriate human resource processes in place and the review of the personnel file of a newly employed divisional therapist showed that these practices were followed, including interview, reference checking, policy checking, orientation, appraisal and date for next annual appraisal set.  The CNM has an annual training plan which includes in-service and external provided training. The list of training includes requirements of the standard and present contract requirements. The CNM has considered the requirements for staff training related to hospital level residents and this is being facilitated but yet to be completed. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | PA Low | The organisation has a documented process for ensuring residents needs are met by the appropriate staff with the skills required, which will continue to be used for hospital level services. The organisation has given consideration to the increased staffing requirements for hospital level care and has developed a roster to cover the increased needs of these residents. This will see a RN on each duty with a care giver plus extra hours of care giving in the morning. The number of RNs to fulfil this roster has been identified and advertising is yet to commence. This will require to be completed prior to commencing the hospital level service. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The organisation has current policies and procedures that comply with legislative requirements and safe practice guidelines. The CNM is completing additional medication policies such as, oxygen therapy, sub-cut and syringe driver in anticipation of hospital level care residents. The organisation uses electronic prescribing and administration system. An enrolled nurse was observed carrying out safe practice during a medication administration round. She commented that the electronic system was working well and this was confirmed by the CNM. There is evidence of three monthly reviews by the GP. All staff who administer medications complete a competency to do so.  The medication is provided from pharmacy in Robotics medication packs and there is evidence of these packs being checked against the medication chart by a RN on arrival at the rest home. Controlled medication checks are undertaken weekly. The medication fridge temperature is checked regularly and the record of this occurring was sighted.  The enrolled nurse stated that residents can self-medicate, if assessed by GP to be appropriate. No resident has self-medicated for some time and none are currently self-medicating. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The six week menu with summer and winter variations was reviewed by a dietitian in January 2015 and is due for review in 2017. The service has undertaken a Food Approval Plan that was signed off by the council this year. The cook, who has worked in hospital level facilities, was able to provide evidence of residents’ dietary profiles, and the process includes identification of food allergies and dislikes. The cook was able to state how they had previously managed food for residents with swallowing difficulties and with percutaneous endoscopic gastrostomy (PEG) tubes in place. They stated that the facility is of a size that individual meals can be prepared if requested and that they have the opportunity to meet with residents. This would continue as part of hospital level care.  All processes for meal preparation food storage meets the requirements of the legislation and good practice. All staff who work on meal preparation have had training on food safety. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | There is evidence that the services provided meet the clients assessed need using the InterRAI process completed by the RNs. A care giver and enrolled nurse spoken with stated there is good communication between the staff to facility changes to residents cares.  The CNM at interview spoke of the linkages the rest home has with services provided through the DHB, such as Health of Older People, psychogeriatric services, community nursing team including Kahukura (community palliative care services), clinical nurse specialists such as cardiac and respiratory, private podiatric, pharmacy services, physiotherapy, Alzheimers New Zealand and Wairarapa Older Persons Groups. There are links with the hospices in the Wellington Area. The CNM was able to give examples where these services have been engaged to support the rest home to give services to residents including end of life residents. |
| Standard 1.3.7: Planned Activities  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. | FA | A diversional therapist has been employed who undertakes assessment and develops individualised social activities plans, as sighted in one clients file. She is assisted by an experienced activities co-ordinator. There are also a number of community volunteers who assist with activities and outings. Activities are varied and a monthly programme is developed. There is an activities board in the main lounge which identifies activities for that day and there are notices on the general notice board of external activities that residents can attend and this is facilitated by the rest home. This service will continue for hospital level residents. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are policies and procedures for the storage and management of waste and hazardous substances which meet current good practice and would meet hospital level care requirements. The management of used incontinence products was sighted and is appropriate for the facility. The GM stated the bins for the disposal of these used products were changed weekly.  Staff have received training from the company who provide the chemicals and this was confirmed by a care giver in the laundry and the cleaner spoken with. Material safety data sheets have been provided by the chemical company and are available to staff.  There is a hazard register with chemical risk management outlined. The kitchen has a latch, which is high up on the door, to ensure entry is by staff only. The organisation should consider a similar system be put on the laundry entrance.  Personnel protective equipment (PPE) are available around the facility, including gloves, aprons, and masks. The CNM stated that there was a gastro outbreak at the end of last year and that staff are conversant with good PPE practices. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | There are processes for the management of the maintenance of the facility and equipment to meet the requirements of good practice. There is a current Building Warrant of Fitness (BWoF). New fire safety doors are currently being installed and will be added to the building BWoF see CAR 1.4. The organisation is aware that this needs to be completed prior to commencing hospital level care.  A sample of equipment shows that maintenance and testing is current. The CNM is aware of the equipment needs of hospital level care patients and has developed a list of equipment that will be purchased. This list includes additional pressure relieving mattresses, hospital standard beds, transfer aids, commode chairs and transferring equipment. Also to be purchased are a suction machine, syringe driver, mobile intravenous stand and an additional lap top for InterRAI. The board have signed off for the purchase of these items.  The environment is safe from residents to move freely around the facility, with hand rails around corridors and carpet in good condition. Presently there are sticky transparent sheets down to allow for work on the fire doors but this is not seen as impeding independence and mobility of residents.  There are a number of external areas that are easily accessed for residents use. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | The GM explained and observation shows that the facility has sufficient toilets and showers to meet the needs of the residents. The West Wing is to be used for hospital level residents and has ten en-suite rooms. The other four rooms share two toilets and showers.  There are separate toilets for staff and visitors. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | A sample of rooms that are to be used for hospital level care in the West Wing were observed with the GM. The GM stated that the only alterations that have occurred are the installation of hand-basins to two of these rooms. The rooms are of a good size, with doors that are split, providing approximately one and a half normal door size. There is adequate space in the rooms for movement of equipment and a carer. This was also observed in the corridors and entrances to the facility. One resident who has an electric wheelchair and who has a sight disability was observed in the corridor being directed by a member of staff. When spoke with, the resident stated that the facility allowed her to be as independent as possible. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There is a dining room that has an external deck which is shaded, plus a lounge area. Both can be used for meetings and activities. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Cleaning and laundry services are carried out by staff. The laundry is small but has adequate space for the number of residents. There are policies and procedures for the laundry and cleaning staff. Care staff work in the laundry and have had training in the processes. This was confirmed by one carer spoken with.  A cleaner is part time and carers also take on this role if required. Training has occurred and this was confirmed by one carer spoken with. The laundry and kitchen staff have undertaken chemical training and this was confirmed by the cook. Chemicals sighted in the laundry and kitchen are being stored off the floor and away from residents, cleaning chemicals are stored in a lockable cupboard. All chemicals sighted were in the chemical provider’s labelled containers. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | There is a current Fire Service approved evacuation plan and changes to the building are underway that will require a new approved evacuation plan. This will need to be completed prior to occupation by hospital level care patients. Firefighting equipment was sighted around the facility which has current maintenance tagging.  Staff receive training on emergency and security as part of orientation and the GM provided evidence of six monthly fire evacuations occurring with reports from the fire services showing the outcome of the drills.  There is always at least one staff member on duty with a current first aid certificate.  The organisation has a civil defence plan with adequate food and water supplies confirmed by the cook, blankets, cell phones and a gas barbecue for cooking. There is emergency lighting which is tested routinely.  There is a call bell system in the residents’ rooms, bathrooms and dinning and lounge areas. A new system is being looked at which will allow different alarm types as well as allow sensor mats to be hooked up to the system. Purchasing options are being looked at presently.  An external security company monitor the call bell system for alarms and will contact the facility if the alarm continues to ring to ensure the rest home’s safety. They also do a night round of the facility. External security lights are in place. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All areas have hot water radiators for heating. The dining room also has an air-condition unit installed. All residents’ rooms have external opening windows for ventilation. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | The CNM has taken on the infection prevention and control role for the organisation since the last certification audit and has a job description for this role. There is an infection control committee made up of the GM, cook and the CNM who meet monthly. Issues are taken to the staff meeting and this was sighted in the minutes. The CNM also provides a report to the GM, which contains details of any infection control matters, and this is incorporated into the GM’s report to the board.  The CNM has linkages with the infection control nurses at the local DHB and has undertaken training on infection control.  A new infection control programme has been going for the last three months and will continue to meet the needs of the organisation for hospital level residents. Benchmarking on infection rates can be done for hospital level care with the new system being put in place.  Staff and residents are offered influenza vaccination each year and hepatitis B screening of staff is being debated presently. New DHB infection control signage has been put at the entrance to the hospital related to people not to visit if they have an infection. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.3.3  The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy. | PA Low | Organisational policies and procedures that relate to current contractual requirements and good practice are in place. Policy documents from an external organisation are being modified for use at Wharekaka to ensure they reflect the needs of hospital level care where relevant. This process is not yet complete. | Organisational policies and procedures do not all reflect the special needs of hospital level residents. | The review of organisational policies and procedures is completed to ensure they reflect the needs of hospital level care provision.  Prior to occupancy days |
| Criterion 1.2.7.5  A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers. | PA Low | The annual training plan which includes in-service and external provided training meets the requirements of the present contract and good practice. There is also a list kept of who attends the training. A copy of an attendance certificate is kept in staff members’ files. The CNM has identified the requirements for staff training related to hospital level residents and this has commenced with palliative care courses, respiratory conditions, dementia care training. | The CNM has considered the requirements for staff training related to hospital level residents and this is being facilitated but yet to be completed. Examples sighted included:  - Training by the clinical nurse specialist for respiratory services, from the DHB, who is due to carry out training and will include oxygen therapy as part of this talk.  - Staff are being scheduled to undertaken a palliative care courses and it is predicted all staff will have completed this training by October.  - Planning has commenced for enrolment of staff to undertake online training on dementia, offered by an Australian university, part of which is attendance at sessions at the public hospital.  - The majority of care givers have been employed for many years and the requirements of the hospital level contract for care givers to have New Zealand Qualification Authority recognised training was not able to be verified during the audit but the GM and CNM will work to ascertaining this with the care givers. Where gaps are established training will be facilitated | The training of care givers who will be involved in the care of hospital level care will need to meet the contract requirements and good practice, prior to the commencement of hospital level care.  Prior to occupancy days |
| Criterion 1.2.8.1  There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery. | PA Low | The CNM with input from the primary health nurse practitioner have prepared a Quality Management Preparedness for Hospital Level Care document. This outlines the costing for the increased staffing requirements and a proposed roster. The roster has one RN on each duty, with the CNM doing two days management and two days clinical, plus one care giver on all duties and additional care giver hours in the mornings. There is sufficient care givers presently employed to meet the proposed roster. Advertising has yet to commence for RNs, however the CNM has spoken with some RNs and they feel that the positions will be filled by suitable candidates | The proposed roster has a RN on each duty with care giving staff. The number of RNs required will be advertised but this is yet to occur. | The organisation will need to have sufficient employed RNs to meet the needs of the contract and good practice prior to the commencement of hospital level care.  Prior to occupancy days |
| Criterion 1.4.7.3  Where required by legislation there is an approved evacuation plan. | PA Low | There is a current Fire Service approved evacuation plan. The need has been identified to upgrade the level of fire protection for the building and this is underway with new fire doors currently being installed. This will give the facility fire cells for evacuation purposes and the work should be completed in the next two weeks. Following this a new fire evacuation plan will need to be requested and the upgrade communicated to the council for changes to the BWoF. The organisation is aware that this will need to be completed and provided prior to taking hospital level care residents. | Fire doors are being installed presently and a new evacuation plan will need to be approved by the Fire Service. This has yet to be completed. | A new Fire Service approved evacuation plan will require and the fire doors communicated to the council.  Prior to occupancy days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.