

Radius Residential Care Limited - Radius Glaisdale

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 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: Radius Residential Care Limited

Premises audited: Radius Glaisdale

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

Dates of audit: Start date: 9 May 2017 End date: 9 May 2017

Proposed changes to current services (if any): The partial provisional was completed for a new facility based in Hamilton. Glaisdale Care Home is to be part of the Radius group of facilities. The facility is a new purpose-built facility applying to provide three levels of care (hospital – geriatric/medical, rest home and dementia) for up to 80 residents. The facility is all one level and divided into three self-contained units. One larger unit includes 40 dual-purpose rest home/hospital rooms. There is another

smaller unit made up of 20 dual-purpose rest home/hospital rooms. The third unit is a secure 20-bed dementia unit. The service is planning to open the larger 40-bed rest home/hospital unit and ten beds in the secure dementia unit initially.

The service has applied to HealthCERT for hospital – geriatric and rest home level care (including dementia). .

Total beds occupied across all premises included in the audit on the first day of the audit: 0

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

Glaisdale Care Home is to be part of the Radius group of facilities.

This partial provisional audit included verifying the preparedness of the service to provide care across three service levels. The facility is a new purpose-built facility applying to provide three levels of care (hospital/medical, rest home and dementia) for up to 80 residents. The facility is all one level and divided into three self-contained units. One larger unit includes 40 dual purpose rest home/hospital rooms. There is another smaller unit made up of 20 dual purpose rest home/hospital rooms. The third unit is a secure, 20-bed dementia unit. The service is planning to open the larger rest home/hospital unit and the secure dementia unit initially.

Glaisdale Care Home has set quality goals around the opening of the facility and these also link to the organisations strategic goals.

Standardised policies and procedures, annual education programmes, core competency assessments and orientation programmes are implemented at all Radius sites. Radius has robust quality and risk management systems implemented across its facilities. There is a project management plan around opening of the new facility. The opening of the service is intended for 31 May 2017. An interim facility manager is in place to manage the smooth transition and opening of the service. The manager (RN) has many years aged care and management experience within Radius in facility management and regional management roles.

This audit identified improvements required around completing the required CPU, landscaping and opening of the facility.

Consumer rights

N/A

Organisational management

The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require geriatric hospital (medical), rest home and dementia level care. A business plan May 2017- April 2020 has been developed and includes business plan targets for 2017/18.

There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies.

An annual education schedule is to be commenced on opening. A draft staffing roster is in place for all areas of the facility.

Continuum of service delivery

The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice.

The service is planning to use robotic sachets. There is a secure treatment room in each unit. New medication trolleys have been purchased for each unit. Staff will complete medication competencies at induction.

The new kitchen is spacious and includes two areas; one for cooking and one for clearing up. The large spacious kitchen included freezers, a chiller and walk-in pantry. The food service is to be provided by an external contractor.

Each unit has an open kitchenette with a servery out to the dining areas. Bain-maries have been purchased to transport the food from the main kitchen to the kitchenettes in each area.

Safe and appropriate environment

The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Glaisdale.

There is a centrally located nurse station in each of the units.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas and some rooms. There is adequate space in each unit for storage of mobility equipment.

There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility. All rooms and ensuites have been designed for hospital level care. There is a mobility bathroom with a shower in each unit. The dementia unit is spacious and includes an internal courtyard.

Each resident room has an ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. There is a large, open plan lounge/dining area in each unit.

Appropriate training, information and equipment for responding to emergencies is provided at induction and as part of the annual training programme. The call bell system is available in all areas with visual display panels.

The facility is appropriately heated and ventilated.

Restraint minimisation and safe practice

N/A

Infection prevention and control

The infection control (IC) programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. There is a job description for the IC coordinator and clearly defined guidelines. The IC programme is designed to link to the quality and risk management system. The programme is reviewed annually at an organisational level.

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	12	0	4	0	0	0
Criteria	0	31	0	5	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Glaisdale Care Home is to be part of the Radius group of facilities. The facility is a new purpose-built facility providing three levels of care (hospital – geriatric/medical, rest home and dementia) for up to 80 residents. The facility is all one level and divided into three self-contained units. One larger unit includes 40 dual-purpose rest home/hospital rooms. There is another smaller unit made up of 20 dual-purpose rest home/hospital rooms. The third unit is a secure 20-bed dementia unit. The service is planning to open 20 beds in the larger 40-bed rest home/hospital unit and ten beds in the secure dementia unit initially.</p> <p>Glaisdale Care Home has set quality goals around the opening of the facility and these also link to the organisations strategic goals.</p> <p>Standardised policies and procedures, annual education programmes, core competency assessments and orientation programmes are implemented at all sites. Radius has robust quality and risk management systems implemented across its facilities. There is a project management plan around opening of the new facility. A business plan May 2017 to April 2020 has been developed and includes business plan targets for 2017/18.</p> <p>The opening of the service is intended for 31 May 2017. An interim facility</p>

		<p>manager is in place to manage the smooth transition and opening of the service. The manager (RN) has many years aged care and management experience within Radius in facility management and regional management roles. She is supported by the Waikato regional manager.</p> <p>There are job descriptions for all management positions that include responsibilities and accountabilities.</p> <p>Radius provides a comprehensive orientation and training/support programme for their managers and clinical managers and regular forums for both occur across the year. The interim manager has maintained at least eight hours annually of professional development activities related to managing a hospital/rest home. A clinical manager position has not yet been appointed.</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 clinical manager or senior RN covers during the temporary absence of the facility manager. The regional manager or facility managers of other Radius facilities are also available.</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>	PA Low	<p>There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development.</p> <p>The organisation has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies.</p> <p>Orientation of currently employed staff commences on 29 May 2017 (the first resident is booked for admission on 6 June 2017). A training programme in regard to policies/procedures has been developed across two weeks (the second week will continue during the first week the facility has residents during which a maximum of five residents will be admitted) to commence prior to opening for all staff.</p> <p>Interview with the manager identified that currently there are eight HCAs, four RNs, an office manager, a diversional therapist, and activities coordinator, a maintenance person and two cleaners employed. This is sufficient staff for the facility to open and recruitment is continuing with further interviews scheduled to</p>

		<p>ensure 24/7 cover can be provided. Laundry is outsourced and the kitchen is operated and staffed by an external contracted company. Further interviews are in the process of being completed. None of the RN's have completed interRAI training but all are on the waiting list to complete ASAP. Advised that on opening, RNs from other Radius facilities will be utilised to assist with the admission documentation of new residents to ensure timeframes and contractual interRAI obligations are met.</p> <p>An annual education schedule is to be commenced on opening. In addition, opportunistic education is to be provided by way of toolbox talks. A competency programme is to be implemented for all staff with different requirements according to work type (e.g., HCAs, registered nurse). Core competencies are required to be completed annually and a record of completion is to be maintained.</p> <p>Two of the eight HCAs have already completed dementia standards and these HCAs will be rostered for the dementia unit.</p> <p>A register of registered nursing staff and other health practitioner practising certificates is maintained.</p> <p>Registered nurses are supported to maintain their professional competency.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a draft roster for each of the three areas and is adjusted as resident numbers and needs increase. There are currently enough employed RNs to cover 24/7 in the large hospital/ rest home unit opening initially. The initial roster includes staff for up to 10 residents for the dementia unit and for up to 20 residents in the rest home/hospital. There is an RN rostered Mon- Fri. in the dementia unit.</p> <p>The food service is contracted to ACE foods service and they are responsible for staffing the kitchen. Laundry is also outsourced.</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 Low	<p>The organisations medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.</p> <p>The service is planning to use four weekly robotic sachets and has negotiated a</p>

		<p>contract with a local pharmacy. There is a secure treatment room in each unit. New medication trolleys have been purchased for each area. There is a controlled drug (CD) safe to be installed in a locked cupboard in the hospital treatment rooms. Each treatment room will have a medication fridge.</p> <p>There are procedures for safe management of self-medicating residents. This process is well established throughout Radius services.</p> <p>Radius policies identify that medication errors are treated as an incident and captured as part of the incident management system, including benchmarking.</p> <p>Advised that only those deemed competent will be responsible for administration of medicines. All new senior staff will complete medication competencies as part of the planned induction programme.</p> <p>A contract with a local GP practice has been confirmed that will include regular and as required visits and after hours' cover. The medication system is to be fully established at Glaisdale.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The new kitchen is designed in two parts, one for cooking and one for clearing up. The service has a contract with ACE food services to provide the food service. They are responsible for staffing and menus. Advised that choices will be offered. The DHB dietitian will provide dietitian services on a referral basis.</p> <p>Each unit has an open kitchenette off the dining areas.</p> <p>Each kitchenette includes a servery area, fridge and dishwasher. Hot boxes have been purchased to transport the food from the main kitchen to each kitchenette.</p> <p>The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is to be reviewed six monthly as part of the care plan review. Changes to residents' dietary needs are to be communicated to the kitchen as per Radius policy.</p> <p>Special equipment such as 'lipped plates' and built up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchenettes in each area.</p>
Standard 1.3.7: Planned Activities	FA	At the time of opening a diversional therapist (DT) will commence covering five

<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>hours per day, five days per week. The DT appointed has aged care experience and dementia experience. The manager reported that during the first few weeks the DT will develop a programme for the dementia unit and the rest home/hospital units. The activities coordinator will commence on the day the first resident is admitted to the dementia unit to allow the programme to operate in the rest home/hospital while the DT provides a programme in the dementia unit.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There are policies in place to guide staff in waste management. Gloves, aprons and goggles are ordered for each sluice. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. The service has a contract with Bunzil to provide chemicals. Safety data sheets are to be available in the laundry and the sluices in each unit. Each sluice has a sanitiser ordered. There are keypad locks installed on sluice rooms and cleaners' cupboards for the safe storage of chemicals.</p> <p>Advised that a sharps container will be kept in the treatment room in each unit.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building is all on one level and divided into three units. Two dual purpose hospital/rest home units and one secure dementia unit. The organisation has purchased all new equipment.</p> <p>There are a centrally located nurse station in the dementia unit that has windows out into the lounge area. This ensures that staff are in close contact with residents even when attending to paper work or meetings. There is a nurses' station in each of the two hospital units. Each nurses station has a computer bay next door to this as all resident files will be electronic.</p> <p>Residents can bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. Hi-lo/electric beds have been purchased for all areas.</p> <p>There are handrails in ensuites, communal bathrooms and hallways. All rooms and communal areas allow for the safe use of mobility equipment. The facility is carpeted throughout with vinyl surfaces in some of the resident rooms,</p>

		<p>bathrooms/toilets and kitchen areas. There is adequate space in each new unit for storage of mobility equipment.</p> <p>The building is near completion and the service is currently waiting on a copy of the certificate for public use. The dementia unit is to be secured prior to opening.</p> <p>There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility (sighted).</p> <p>All rooms have been designed for hospital level care. There is a mobility bathroom large enough to cater for a shower bed in each of the three units.</p> <p>There is an internal courtyard for the residents in the dementia unit. This includes well-designed paths for residents to wander. There is an internal courtyard within each of the hospital/rest home units. The outdoor landscaping is in the process of being completed and the plans include fencing off a water way behind the dementia unit.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>The three units have a mobility toilet near the lounges. Each resident room has a single ensuite. All ensuites throughout the facility have been designed for hospital level care and allow for the use of mobility equipment.</p> <p>There is a mobility bathroom large enough for a shower bed in each unit. One shower bed has been purchased.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Resident's rooms in the two rest home/hospital units are spacious and designed for hospital level. The dementia unit rooms are large with good space. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. The open plan lounge areas are spacious. Residents requiring transportation between rooms or services can be moved from their room either by trolley, bed, lazy-boy or wheelchair. The dementia unit has wide hallways and is in an L-shape. The courtyards in the centre allows for an opportunity to wander inside and outside in a circle.</p>

<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is a large, open plan lounge/dining area in each of the three units (two hospital/rest homes and dementia unit) plus another smaller lounge in the dual purpose units. There is a whānau room in the facility and quiet spaces in the dementia unit.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The new laundry is large and includes two entrances/exits. There is a clear dirty to clean flow and areas available for the sorting and storage of clean linen. The manager advised that laundry will be contracted off-site and only emergency laundry will be completed at Glaisdale.</p> <p>There are dedicated cleaning staff appointed and locked cleaning cupboards in each area. The standard of cleanliness is to be monitored through the internal audit programme.</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>	PA Low	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Of the staff currently employed, all registered nurses are first aid trained. The facility has a fire evacuation plan that has been approved by the fire service (letter from Fire Service dated 20 March 2017 sighted). A fire drill is planned as part of induction. Smoke alarms, sprinkler system and exit signs are in place. A gas barbeque and torches are available in the event of a power failure. Emergency lighting is in place. A civil defence kit is to be in place. Four thousand litres of stored water is in tanks. Electronic call bells are evident in resident's rooms, lounge areas and toilets/bathrooms.</p> <p>There are security policies around locking of the facility from dusk to dawn.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>General living areas and all resident rooms are appropriately heated and ventilated. There are heat pumps in hallways, lounges and every resident room. Resident rooms heat pumps can be controlled by the residents. All rooms have external windows that open allowing plenty of natural sunlight.</p>
<p>Standard 3.1: Infection control management</p>	FA	<p>The infection control (IC) programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The scope of</p>

<p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>the IC programme policy and IC programme description are available. There is a job description for the IC coordinator and clearly defined guidelines. The infection control programme is designed to link to the quality and risk management system. The programme is reviewed annually at organisational level. The role of IC coordinator will be assigned to an experienced RN.</p>
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Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	At the time of the audit the service had employed sufficient auxillary staff and eight healthcare assistants and four registered nurses. While this is sufficient staff for opening day, it is not sufficient to cover the roster 24/7 once both the dementia unit and hospital/rest home are open (noting that there would need to be at least three staff on 24/7.	Continue the recruitment process to employ staff to cover the care roster 24/7.	<p>Continue the recruitment process to employ staff to cover the care roster 24/7.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	All new RN/senior caregivers that will be responsible for administering medication will complete a medication competency. This is to be completed annually. Only those staff deemed competent administers medication.	The service has newly employed staff and advised that medication competencies will be completed during induction prior to opening.	<p>For new staff commencing who will have medication administration responsibilities, ensure all have completed medication competencies.</p> <p>Prior to occupancy days</p>

<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	<p>PA Low</p>	<p>The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. Each of the three units have been designed to be stand-alone with nurse's station and combined lounge/dining. The organisation has purchased all new equipment. There are handrails located around the hallways and ensuites. There is an administration area and reception at the entrance. All key areas have keypad access.</p>	<p>The building certificate for public use is yet to be signed off.</p> <p>The dementia unit is not yet secure.</p>	<p>A Certificate of Public Use (CPU) must be sighted by DHB/HealthCert prior to opening.</p> <p>The dementia unit must be secure.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.6</p> <p>Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>PA Low</p>	<p>Landscaping and sealing access to the facility is in the process of being completed. Many of the resident rooms have doors that open into outdoor areas. There is an internal courtyard area off each lounge. The dementia unit opens into a spacious courtyard with paths and raised gardens. There is a waterway behind the dementia unit and due to current landscaping, this area is not yet fenced off.</p>	<p>(i) Landscaping is in the process of being completed.</p> <p>(ii) There is a waterway behind the dementia unit and this area is not yet fenced off.</p>	<p>(i) Ensure landscaping is completed.</p> <p>(ii) Ensure the back of the building is fenced off.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures.</p>	<p>PA Low</p>	<p>Appropriate training, information and equipment for responding to emergencies are provided at induction and as part of the annual training programme. Staff training in fire safety and fire drills is to be completed for new staff in the induction prior to opening.</p>	<p>Staff training in fire safety and fire drills is to be completed for new staff during the induction prior to opening.</p>	<p>Ensure staff training in fire safety is to be completed for new staff prior to opening.</p> <p>Prior to occupancy days</p>

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.