

Auckland Healthcare Group Limited - Palms Home & Hospital

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:	Auckland Healthcare Group Limited
Premises audited:	Palms Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 March 2017 End date: 14 March 2017
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:	42

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

Palms Home and Hospital provides rest home and hospital level care for up to 44 residents and on the day of the audit there were 42 residents.

The service is one of three aged care facilities owned by two owner/directors. A nurse manager manages the daily operations and is supported by a duty manager and two registered nurses. The residents and relatives interviewed spoke positively about the care and supports provided at Palms Home and Hospital.

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, family, management and staff.

The service has addressed one of two shortfalls identified in the previous certification audit relating to the prescribing of 'as required' medications. Improvements are still required in relation to the admission agreements.

This surveillance audit identified that improvements are required in relation to kitchen environment.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Accidents, incidents and complaints alert staff to their responsibility to notify family/next of kin of any event that occurs and family state that they are fully informed at all times. Three-monthly resident/relative meetings provide a forum to discuss any issues or concerns. The complaints procedure is provided to residents and relatives as part of the admission process.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Palms Home & Hospital has an implemented quality and risk management system. Key aspects of the quality improvement and risk management programme include monitoring of incidents and accidents, health and safety, implementation of an internal audit schedule and surveillance of infections. There is an annual family satisfaction survey. The service has policies and procedures that are reviewed by an external consultant. The service has human resources procedures for staff recruitment and employment. There is an implemented orientation programme and an implemented annual training schedule in place.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed in resident records demonstrate service integration. Resident files include medical notes by the contracted GP and visiting allied health professionals.

An activities programme is in place. The programme includes outings, entertainment, activities and cultural days that meet the recreational preferences of the residents at the service. Residents expressed satisfaction with the activities provided.

Medication policies comply with legislative requirements and guidelines. Registered nurses responsible for administration of medicines complete education and medication competencies.

All meals are prepared on-site. Food, fridge and freezer temperatures are recorded. Individual and special dietary needs are catered for. Residents and family/whānau interviewed responded favourably to the food that was provided.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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A current building warrant of fitness is posted in a visible location (14 September 2017).

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 currently eight residents using a restraint and no residents using an enabler. Staff receive training on restraint minimisation and managing challenging behaviours.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection control surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	1	1	0	0
Criteria	0	40	0	1	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes how complaints are managed and is in line with requirements set by the Health and Disability Commissioner (HDC). The complaints process is linked to the quality and risk management programme. Complaints forms and a locked suggestions box are located at the entrance to the facility. Information about complaints is provided on admission. A record of all complaints received is maintained by the nurse manager using a complaint's register.</p> <p>Five complaints (including one concern and one anonymous complaint from MOH) were made in 2016 and one complaint has been received in 2017 year to date. Documentation including follow-up letters and resolution demonstrates that complaints are well-managed. One anonymous complaint made through the Ministry of Health (MoH) in 2016 had corrective actions implemented, which were followed up and closed off (sighted). Interviews with residents and relatives confirmed their understanding of the complaints process. Three caregivers interviewed were able to describe the process around reporting complaints.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively</p>	FA	<p>There is a policy to guide staff on the process around open disclosure. Residents (five rest home and three hospital) interviewed stated that they were welcomed on entry and were given time and explanation about the services and procedures. Fourteen accident/incident forms for February 2017 were reviewed with evidence of open disclosure documented. Family are kept informed of any accident/incident unless the resident has consented otherwise. Interviews with the nurse manager and registered nurse (RN) confirmed that family are</p>

<p>with consumers and provide an environment conducive to effective communication.</p>		<p>notified following changes in health status. Four family members (three rest home and one hospital) interviewed stated they are kept informed.</p> <p>Three-monthly resident/relative meetings provide a forum for residents to discuss issues or concerns on every aspect of the service. Access to interpreter services is available if needed although have not been required. Some staff are able to act as interpreters. Staff were able to describe how they communicate with residents who have English as a second language including the use of picture cards in the resident's own language.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Palms Rest Home and Hospital provides care for up to 44 residents. It is one of three aged care facilities owned by two directors. On the day of audit, there were 42 residents (12 rest home level residents and 30 hospital level residents) living at the facility. This includes seven residents (two rest home and five hospital) on a Long Term Chronic Support (LTCS) contract with the DHB and one resident (rest home) on respite. All of the beds are dual purpose. All other residents are under the Aged Related Residential Care (ARRC).</p> <p>There is a 2016–2018 business plan in place that has been reviewed annually. The plan outlines objectives for the period that includes increasing occupancy rates to 98%, staff education, ongoing maintenance plan and utilisation of the outdoor areas for activities. A five-year development plan includes refurbishment of the kitchen, laundry and dining room, new indoor/outdoor furnishings, development of outdoor area for activities and upgrade of administration system.</p> <p>A full-time nurse manager and duty manager/diversional therapist report to the directors. There are six RNs employed. The nurse manager/RN has been in her role since 2014 and is responsible for both clinical and business operations. The duty manager is a qualified diversional therapist and in addition to her responsibilities as duty manager, is responsible for oversight of the activities programme at all three facilities.</p> <p>The nurse manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement</p>	<p>FA</p>	<p>A quality and risk management system is in place. There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. The content of policy and procedures are detailed to allow effective implementation by staff. A document control system is in place to manage policies and procedures.</p> <p>Quality data and outcomes are taken to the monthly integrated management committee meetings and then to the monthly staff meetings. Meeting minutes demonstrate key components of the quality management system, including internal audit, infection prevention and control, incidents (and trends) and in-service education. Monthly accident/incident reports, infections and results of internal audits are completed. The</p>

<p>principles.</p>		<p>service has linked the complaints process with its quality management system and communicates relevant information to staff. Meeting minutes reviewed indicate issues raised are followed through and closed out, including three-monthly resident/relative meetings. Issues arising from internal audits are reported on the audits action sheet and were sighted to have been closed out.</p> <p>An annual resident/relative satisfaction survey is completed. There is a health and safety and risk management programme in place including policies to guide practice. The duty manager/diversional therapist is the health and safety officer. Staff accidents and incidents and identified hazards are monitored. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The service has lifting belts, hip protectors and access to sensor mats if necessary.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The service collects incident and accident data and reports aggregated figures monthly to the integrated meetings and staff meetings. Incident forms are completed by staff who either witnessed an adverse event or were the first to respond. The resident is reviewed by the RN at the time of event. Fourteen incident forms were reviewed and all were completed in full. The five residents' files reviewed demonstrated that accident/incident forms for the residents have the events documented on an accident/incident log and in the resident's progress notes.</p> <p>Discussions with the nurse manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications.</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. The RN's practising certificates are current. All six staff files reviewed (one nurse manager, two caregivers, one activities coordinator and two registered nurses) have relevant documentation relating to employment. Annual performance appraisals are completed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>The orientation programme includes documented competencies and induction checklists. Staff interviewed were able to describe the orientation process and reported new staff were adequately orientated to the service. There is an annual education plan that is being implemented that includes selected competencies that must be completed by staff. There are two RNs trained in interRAI to complete new residents' assessments and two RN's currently undertaking their interRAI training. There is a minimum of one care staff with a current first aid certificate on every shift.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery, meeting contractual requirements. The nurse manager is on-site Monday to Friday and on call after hours. The duty manager/diversional therapist is on-site approximately 10 to 20 hours per week. The remainder of her time is spent at the other two aged care facilities owned by the directors. Two RNs cover the am shift and one RN on the pm and night shifts. Six caregivers cover the am shift, five cover the pm shift and two cover the night shifts. There are separate cleaning/laundry staff providing cover seven days a week. Staff reported that staffing levels and the skill mix were appropriate and safe. Residents, relatives and family interviewed advised that they felt there is sufficient staffing.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	PA Low	<p>All residents are assessed prior to entry for rest home or hospital level of care. The nurse manager is responsible for the screening of residents to ensure entry has been approved. An information booklet is given to all residents/family on enquiry or admission. The information pack includes information on all relevant aspects of the service, along with other relevant information such as the Health and Disability Code of Rights and how to access advocacy. The nurse manager (interviewed) was able to describe the entry and admission process. Admission agreements sighted in the resident files reviewed did not align with the ARRC contract. Eight residents (five rest home and three hospital) interviewed stated they received all relevant information prior to or on admission.</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>	FA	<p>Ten medication charts were reviewed (four rest home- including one long term chronic and one respite and six hospital- including one long term chronic). There are policies and procedures in place for safe medicine management that meet legislative requirements. All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses interviewed were able to describe their role in regard to medicine administration. Standing orders are not used. There were no residents self-medicating on the day of audit.</p> <p>The medication fridge temperatures are recorded regularly and these are within acceptable ranges.</p> <p>All medication charts sampled meet legislative prescribing requirements. All 'as required' medications have indications for use documented. The medication charts reviewed identify that the GP has seen and reviewed the resident three-monthly. The previous audit findings relating to prescribing of 'as required' medication has been met.</p>
<p>Standard 1.3.13: Nutrition,</p>	FA	<p>All meals at Palms Rest Home and Hospital are prepared and cooked on-site. There is a four-weekly</p>

<p>Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>seasonal menu which has been reviewed by a dietitian. Meals are plated and served from the main kitchen to the adjacent dining room.</p> <p>Dietary needs are known with individual likes and dislikes accommodated. The service has a number of residents of other ethnicities. This has been recognised in the menu plan, which includes a daily vegetarian menu and a daily Pacific Island menu. Residents may also choose from the usual menu. The vegetarian menu meets cultural needs around no meats (for example no pork or chicken). Pureed, gluten free and diabetic desserts are also available.</p> <p>Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded daily. The dishwasher is checked regularly by the chemical supplier.</p> <p>All food services staff have completed training in food safety and hygiene and chemical safety.</p> <p>Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered if required.</p> <p>There are areas of outstanding maintenance in the kitchen to be addressed (Link 1.4.2.4).</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Registered nurses (RNs) and caregivers follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, to the district nurse [hospice nurse], or the mental health nurses). If external medical advice is required, this is actioned by the GPs.</p> <p>Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessment, monitoring and wound management plans are in place for residents with wounds. All wounds have been reviewed in appropriate timeframes. The nurse manager could describe how to access specialist wound care advice.</p> <p>Care plan interventions are documented for all identified care needs in the files sampled. Interviews with registered nurses and caregivers demonstrate an understanding of the individualised needs of residents.</p> <p>In the residents' files reviewed, short-term care plans have been commenced with a change in health condition and link to the long-term care plan. Long-term care plans are reviewed six-monthly.</p>

		There was evidence of pressure injury prevention interventions such as two-hourly turning charts, food and fluid charts, regular monitoring of bowels and regular (monthly or more frequently if required) weight management.
<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>A diversional therapist and an activities coordinator deliver the programme at Palms Home and Hospital. The programme operates Monday to Friday. Activities are available over the weekend for the care staff to implement. The recreational programme provides individual and group activities that are meaningful and reflect ordinary patterns of life.</p> <p>The activity programme is planned twelve months in advance and the activities on for the month are displayed on the resident noticeboard. There is a large lounge where activities occur. The range of activities meets the recreational preferences and individual abilities of the rest home and hospital residents. Individual therapy time is spent with residents who are unable to, or choose not to participate in the group activities. Residents were observed to be enjoying activities on the day of audit. Special events and birthdays are celebrated. Residents are encouraged to maintain links with the community such as shopping and van outings. A wheelchair van is hired as required for resident outings.</p> <p>Entertainers, church groups and school children visit the home regularly. Residents represent a number of cultures and the activity team hold multi-cultural days with the participation of the residents, staff and food services. Residents and families interviewed commented positively on the activity programme.</p> <p>The younger people (long term chronic) in the service have an individual activity plan that identifies their recreational preferences and are supported to maintain their community links.</p> <p>The activity coordinator completes an activity assessment on admission. Each resident has an individualised activity plan that is reviewed at the same time as the long-term care plan. Participation in activities is monitored.</p> <p>Residents and families interviewed report satisfaction with the activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>In the residents' files reviewed, all initial care plans have been documented and evaluated by the RN within three weeks of admission. Long-term care plans have been reviewed at least six-monthly or earlier for any health changes and document progress towards goals. The GP reviews the residents at least three-monthly or earlier if required. Evidence of three-monthly GP reviews are documented in all residents' files sampled. Ongoing nursing evaluations occur daily/as indicated and are documented within the progress notes.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Moderate</p>	<p>The building has a current building warrant of fitness which expires on 14 September 2017. There is a maintenance person employed to address the reactive and planned maintenance programme. Not all maintenance required in the kitchen has been completed. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. External areas are well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</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>Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have been low. Trends are identified and quality initiatives are discussed at staff meetings. There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided.</p> <p>There have been no outbreaks since the previous audit. Systems are in place that are appropriate to the size and complexity of the facility.</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>Restraint minimisation and safe practice policies and procedures are in place. Restraint practices are only used where it is clinically indicated and justified and other de-escalation strategies have been ineffective. The restraint register has documented eight residents using a restraint (bedrails only) and no residents using an enabler. Restraint training is included in the induction programme and in-service education programme. The last restraint education session was held on 26 February 2017.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.1.4</p> <p>Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.</p>	PA Low	The service has amended their admission agreement to include the schedule of charges as required following the last audit. The clauses that are currently required in the admission agreement have subsequently been amended and now require a clause to be included which outlines the timeframes for the provider to make a refund to an outgoing resident. This clause has not been added to the agreement in use.	The admission agreements in use do not comply with all the requirements of the ARRC agreement.	<p>Ensure that the admission agreement in use complies with all the requirements of the ARRC agreement.</p> <p>90 days</p>

<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	<p>PA Moderate</p>	<p>Corridors are wide in all areas to allow residents to pass each other safely. There is safe access to all communal areas and outdoor areas. There is outdoor seating and shade. There have been improvements made within the home since their last audit which include (but not limited to): the building of a large covered deck area between the two wings and installation of fire sprinklers on the other deck area. The service has an implemented preventative maintenance plan. Not all maintenance required in the kitchen had been completed on the day of audit.</p>	<p>i) The food preparation bench top is made of formica and a piece of formica has broken off in the middle of the bench top. The formica has peeled away from the edges of the bench top.</p> <p>ii) The lino is cracked and an area of lino is missing in front of the freezer in the kitchen.</p> <p>iii) The wooden cabinet next to the dishwasher has areas of swollen and exposed wood.</p>	<p>i-iii) Ensure that all reactive maintenance required in the kitchen is completed.</p> <p>90 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.