

Henderson Healthcare Limited - Edmonton Meadows 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 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: Henderson Healthcare Limited

Premises audited: Edmonton Meadows Rest Home

Services audited: Rest home care (excluding dementia care); Dementia care

Dates of audit: Start date: 2 October 2017 End date: 2 October 2017

Proposed changes to current services (if any): This audit has assessed the service as suitable to provide hospital (medical and geriatric) level care in any of the current 48 rooms currently used for rest home level residents.

Total beds occupied across all premises included in the audit on the first day of the audit: 48

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

Edmonton Meadows Rest Home is a privately owned aged care facility and cares for up to 60 residents requiring rest home and secure dementia care. On the day of the audit there were 48 residents. The directors (two) own three other aged care facilities in Auckland. Edmonton Meadows was purchased by the directors in May 2017.

A partial provisional audit was completed to review the services readiness to provide hospital (geriatric and medical) level of care. All 48 current rest home level rooms, will become dual-purpose rooms.

A manager (non-clinical) with 23 years' experience in aged care is the facility manager. The facility manager is supported by an experienced clinical nurse manager.

Six of the seven shortfalls identified in the service delivery and safe environment standards at the previous audit have been reviewed at this audit and have been addressed. These were around interRAI assessments, activities, medication storage, food safety and maintenance. Improvement continues to be required around care planning.

This audit has identified an improvement required relating to employing sufficient staff for providing hospital level care.

Consumer rights

N/A

Organisational management

Edmonton Meadows Rest Home has a business plan and a comprehensive transition plan to safely guide the transition to providing hospital level care. There are human resources policies including recruitment, job descriptions, selection and orientation. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an annual education/training schedule. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care for the current rest home level residents.

Continuum of service delivery

Contractual timeframes are met around the interRAI, and initial assessments, initial care plans, long-term care plans and evaluations. Care plans are developed individually for each resident by the registered nurses.

Residents' food preferences and dietary requirements are identified at admission and all meals prepared on-site. The kitchen is spacious and well equipped for the size of the service. Meals are plated and transported to the dining room. A tray service is available. The menu had been reviewed by a dietitian. There are alternative options available on the menu to cater for individual resident food preferences. The service can cater for residents with specific dietary needs. The food service is suitable to meet the needs of hospital level residents.

Medications are stored safely in locked medication rooms. Registered nurses and caregiver's complete annual medication education and competency. The medication prescribing and administration meet contractual guidelines.

Safe and appropriate environment

Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. All 48 residents' rooms were verified as suitable for hospital level of care. There are sufficient communal toilets and showers of an appropriate size to meet the needs of hospital level residents. There is wheelchair access to all areas. External areas are safe and well maintained. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days.

Restraint minimisation and safe practice

N/A

Infection prevention and control

The infection control manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to); hand hygiene, standard precautions, surveillance, outbreak management, training and education of staff. The infection control programme is reviewed annually. The infection control coordinator oversees infection control practice including orientation and training of staff. Monthly infection control reports are provided to management and staff.

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	2	1	0	0
Criteria	0	34	0	2	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 1.2.1: 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>Edmonton Meadows Rest Home provides care for up to 60 rest home level residents. On the day of audit there were 48 residents; forty rest home level residents including two residents admitted under a Long-Term Support - Chronic Health Conditions (LTS-CHC) contract and three respite residents, three residents admitted under young person with disabilities contracts and one resident admitted under an ACC contract. There were eight residents in the twelve-bed secure dementia unit.</p> <p>A partial provisional audit was completed to verify the services readiness to provide hospital (geriatric and medical) level of care. This included viewing the 48 rest home resident rooms proposed to be used for dual-purpose care.</p> <p>The facility is being managed by a non-clinical village manager that coordinates and oversees the administration, quality activities and human resource management. She is supported by a clinical nurse manager that has previous experience at other facilities owned by the directors and commenced at Edmonton Meadows at the time the current directors took over operation of the facility in May 2017. The clinical nurse manager is responsible for overseeing the clinical service. The manager and clinical nurse manager have completed at</p>

		<p>least eight hours of professional development.</p> <p>Edmonton Meadows has an overall business plan and a quality and risk management programme in place for the current year. The organisation has a philosophy of care, which includes a mission statement. A comprehensive transition plan has been developed to guide the transition to providing hospital level care.</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>PA Low</p>	<p>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's application, qualifications and experience. A copy of registered nurses practising certificates are kept on file. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development.</p> <p>There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection control officer, restraint coordinator, health and safety officer and fire officer. All newly employed staff complete a role-specific orientation programme that includes the layout of the facility, emergency procedures, call bell system, civil defence, fire evacuation and infection control.</p> <p>There are human resource policies and procedures, which includes the requirements of skill mix, staffing ratios, and rostering.</p> <p>There are four registered nurses currently employed, two of who are interRAI competent. Two of the current four registered nurses have been recently employed in preparation to provide hospital level care. Additional staff are being recruited to meet the needs of hospital level residents.</p> <p>There is an annual education plan that covers all the mandatory requirements. Other relevant education has included nutrition, pain management, and falls management, end of life care, restraint minimisation and safe use, manual handling and pressure injury prevention. The 2017 training calendar includes continence management including catheter care. Staff complete competencies specific to their role. All staff have recently completed a restraint and a manual handling competency. The clinical nurse manager has a syringe driver 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>	<p>FA</p>	<p>Human resource policies include documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters have been developed and are adjustable depending on resident numbers. Draft rosters were sighted for various resident numbers and levels.</p> <p>The service has developed an initial draft roster, which includes one registered nurse rostered on each shift and five caregivers on morning shift, four on afternoon shift and two on night shift in the rest home/hospital area. This will be adjusted as hospital residents are admitted with general ratios of 1:5 for hospital level residents and 1:10 for rest home residents or a combination as resident needs dictate. The roster is designed for an increase in resident's level of care.</p> <p>There is a physiotherapist who is contracted to provide services on an 'as required' basis and to assess all residents at the time of admission.</p> <p>The GP currently visits weekly and has agreed to increase visits as acuity increases.</p> <p>The clinical nurse manager works 40 hours per week, Monday to Friday and is available on call after hours.</p> <p>There are dedicated cleaners and laundry staff.</p> <p>Two activity coordinators are currently employed to deliver the activity programme (one in dementia and one in the rest home). The service intends to employ a further part time activities coordinator as the ratio of hospital to rest home residents increases.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>Policies and procedures reflect medication legislation and reference the medicines care guides for residential aged care. The service uses a four weekly pre-packed sachet medication system, with a contract in place from a local pharmacy, for the provision of this service. There is a medication room where medications are stored, including medication trolleys. The service has purchased medical equipment in preparation for providing hospital level care including (but not limited to): a medical suction unit, two oxygen concentrators, intravenous delivery sets, catheter bags and insertion sets and normal saline. Medication trolleys are available and a medication fridge is in the secure medication room. Medication was stored safely and appropriately and all</p>

		<p>eyedrops had been dated when they were opened. The previous shortfall has been addressed. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident, and captured as part of the incident management system and medication error analysis is completed. Medication training and competencies are to be completed at orientation.</p> <p>Advised that only registered nurses and caregivers deemed competent, will be responsible for administration of medications to hospital residents. Medication competent caregivers and registered nurses administer medication to rest home and dementia residents. A competency policy and competency assessment is available and has been completed for all registered nurses and caregivers that administer medications. The clinical nurse manger has successfully completed syringe driver competency training at the hospice.</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>	<p>FA</p>	<p>The service employs one chef and one kitchenhand Monday to Friday and one cook and one kitchenhand at the weekend. There is also an evening kitchenhand. All have current food safety certificates. The week day chef oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen and all meals are cooked on-site. Meals are served directly from a bain marie in the kitchen to the rest home dining room and from a bain marie in the dementia unit. The service has two lunch sittings with residents that require more assistance than others, which would include hospital level residents having the first sitting. Special equipment such as lipped plates is available. On the day of audit, meals were observed to be hot and well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen staff were observed wearing hats when preparing food. This is an improvement since the previous audit for meal preparation. Food satisfaction is included in a general satisfaction survey. Kitchen fridge and freezer temperatures were monitored and recorded weekly. Food temperatures are checked before food is served. These were all within safe limits. The residents have a nutritional profile developed on admission which identifies dietary requirements and likes and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted on a kitchen whiteboard. The kitchen staff have had training, with further training scheduled around preparing altered texture and high calorie or high protein</p>

		meals. The menus have been audited and approved by an external dietitian. There was evidence that there are additional nutritious snacks available over 24 hours.
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>In May 2017 when the service was purchased, interRAI assessments were not present or not current. All resident files sampled had an interRAI assessment completed in May or June 2017 and two had been reviewed in August 2017 as part of the process to coordinate interRAI assessments with the care plan reviews. The one resident admitted since the new providers took over the facility had an interRAI assessment completed within 21 days of admission.</p> <p>Care plans had not always been updated where required following interRAI assessments (link 1.3.5.2). The previous shortfall has been addressed.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	PA Moderate	<p>Four of six resident files sampled (all rest home) did not have interventions documented in the care plan to address all identified needs. Resident A: Interventions related to a hearing impairment did not reflect the needs identified in the interRAI assessment and the need for a fluid balance chart was not in the care plan; Resident B: Challenging behaviour including aggression and resisting cares were not documented in the care plan; Resident C: The care plan did not include the requirement for two hourly monitoring to address falls risk; Resident D: The management of ongoing seizures was not included in the care plan.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>There are two activities coordinators, one that works 7.30am to 4.00pm five days per week providing activities in the rest home and the other that works 9.00am to 3.00pm providing activities in the dementia unit. Caregivers provide activities in the dementia unit when the activities coordinator is not on duty and a wide variety of resources are available in the dementia unit to enable this. The clinical nurse manager is also a trained diversional therapist and oversees the activities programmes.</p> <p>On the day of audit, residents in both the rest home and the dementia unit were observed being actively and enthusiastically involved with a variety of activities including exercises, singing and playing bowls. Those residents who prefer to stay in their room have one-on-one visits to check if there is anything they need.</p>

		<p>The local library visits monthly.</p> <p>In the rest home, there are van outings twice weekly and in the dementia unit once weekly. There are regular entertainers visiting the facility. Special events like birthdays, Easter, Mothers' Day and Anzac Day are celebrated.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present activity plan that covers the 24-hour period. Activity plans are evaluated six-monthly. The previous shortfall around activities in the dementia unit has been addressed.</p> <p>The clinical nurse manager (also a diversional therapist) has developed a folder with a wide range of potential activities including one-to-one activities to meet the need of hospital level residents. Each activity has documented the activity, the purpose, the methodology and resources required. Much of the equipment required to provide these activities has already been purchased.</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>PA Low</p>	<p>There are clear policies regarding chemical safety and waste disposal. Management of waste and hazardous substances is covered during orientation and staff have attended chemical safety training. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas, in all areas. Safety datasheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. There is a sluice in the dementia unit for the disposal of body waste products but no system for this is available in the rest home area, which is to be used for hospital level residents. Gloves, aprons and goggles are available for staff.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building holds a current warrant of fitness, which expires 16 October 2017. The process is underway for the issuing of a new warrant of fitness.</p> <p>There is a planned maintenance programme in place. Reactive and preventative maintenance occurs. Issues that require maintenance are written in the maintenance book and signed off when completed. There were no issues outstanding at the time of the audit. This is an improvement since the previous</p>

		<p>audit.</p> <p>Electrical equipment has been tested and tagged. The sling hoist has been checked and tagged. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges are carpeted. The hallways and utility areas such as the kitchen, laundry and sluice rooms have vinyl flooring. Residents' rooms, ensuites and communal showers and toilets have non-slip vinyl flooring. All halls have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. There are outdoor areas with seating and shade. The dementia unit has a secure outdoor area. There is safe access to all communal areas.</p> <p>The service has purchased equipment required to provide hospital level care, including (but not limited to): platform scales, standing hoist (there was already a sling hoist), 32 hospital beds, wheelchairs, five fall out chairs, lifting belts and sliding sheets, six alternating air mattresses, pressure cushions, booties and raised toilet seats. A tilted shower chair has been purchased but not yet delivered.</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>There are 12 rooms with ensuites in the rest home. The rooms are suitable for hospital level residents, but not the ensuites (hospital level residents in these rooms would use the communal facilities). Those without share communal showers and toilets. There is a large 'wet room' shower and toilet in each wing and additional large toilets able to cater for hospital level residents (there are other smaller bathrooms for other residents). Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. There is ample space in all, at least two toilets and one shower in each wing accommodate shower chairs and hoists if required.</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>Residents' rooms are spacious and those in the rest home area allow care to be provided and for the safe use of mobility aids including hoists and lazy boy or fall out chairs and for carers required by hospital level residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</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>Activities occur in the rest home in the spacious communal lounges. All lounges are large enough to not impact on other residents who are not involved in activities and have space to cater for the additional equipment required by hospital level residents. Seating and space is arranged to allow both individual and group activities to occur. There are areas where residents who prefer quieter activities or visitors may sit. The dining rooms are also spacious and the décor is attractive and homely.</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>All laundry is undertaken on-site. The laundry is small but well organised and is divided into a “dirty” and “clean” area. There is a comprehensive laundry and cleaning manual. Cleaning and laundry services are monitored through the internal auditing system. The cleaners’ equipment is attended at all times or locked away in a room off the laundry. Cleaning is done by an on-site cleaner with assistance from extra cleaning staff every Friday. The service intends to increase staffing in the laundry and cleaning areas as occupancy increases.</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>	FA	<p>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills occur every six months at a minimum. The orientation programme and mandatory education and training programme include fire and security training. There is an evacuation scheme approved by the New Zealand Fire Service. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes.</p> <p>There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. A gas barbeque is available.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. Residents interviewed advised that their call bells are answered promptly.</p> <p>There is a minimum of one staff available 24 hours a day, 7 days a week with a current first aid/CPR certificate.</p> <p>The staff are responsible for checking the facility for security purposes on the afternoon and night shifts. A surveillance camera is set up internally throughout</p>

		the facility.
<p>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.</p>	FA	The facility has ample natural light and ventilation. There is heating in the roof area throughout the facility. The facility is smoke-free.
<p>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.</p>	FA	Edmonton Meadows Rest Home has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. A registered nurse is the designated infection control coordinator with support from the infection control team and all other staff. Spot audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The service has not yet been under the current ownership for a full year so the infection control programme has not yet been reviewed.

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	The service has appropriate human resource practices. Two additional registered nurses have been employed to compliment the current two RNs. The transition plan includes the employment of further registered nurses, additional cleaning staff, kitchenhands and an activities coordinator and additional caregivers. Some currently casual caregivers will transition to full time.	The service has not yet employed all additional staff required to provide hospital level care including providing RN cover across 24/7.	<p>Ensure all staff required to safely meet the needs of hospital level residents are employed.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the</p>	PA Moderate	In the five months since the current owners commenced operating Edmonton Meadows, there has been a focus on updating documentation to meet contractual requirements and reflect resident’s needs. Four of six care plans sampled did not address all identified needs for the residents.	Four of six resident files sampled (all rest home) did not have interventions documented in the care plan to address all identified needs. Resident A: Interventions related to a hearing impairment did not reflect the needs identified in the	Ensure all care plans contain documented interventions to address all identified needs.

ongoing assessment process.			interRAI assessment and the need for a fluid balance chart was not in the care plan; Resident B: Challenging behaviour including aggression and resisting cares were not documented in the care plan; Resident C: The care plan did not include the requirement for two hourly monitoring to address falls risk; Resident D: The management of ongoing seizures was not included in the care plan.	60 days
<p>Criterion 1.4.1.1</p> <p>Service providers follow a documented process for the safe and appropriate storage and disposal of waste, infectious or hazardous substances that complies with current legislation and territorial authority requirements.</p>	PA Low	There is a sluice room in the dementia unit that provides safe management of human waste for those residents. The service intends using disposable bed pans and urine bottles. There is not yet a system to safely dispose of soiled/infectious/contaminated waste for hospital level residents.	The rest home area (which is to become dual-purpose) does not have an area/system to safely dispose of human waste, as required for hospital level residents.	<p>Develop and implement a system to safely manage waste from hospital level residents.</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.