

Inglewood Welfare Society Incorporated - Marinoto 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: Inglewood Welfare Society Incorporated

Premises audited: Marinoto Rest Home

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 19 November 2018 End date: 19 November 2018

Proposed changes to current services (if any): A new 12-bed wing has been added to the existing rest home building. A partial provisional audit was completed to assess the preparedness of the provider to open the new wing for rest home level of care.

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.

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
	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
	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

Marinoto rest home is a charitable trust governed by Inglewood Welfare Society which is an incorporated society. Marinoto provides rest home level care. A new 12-bed wing has been added to the existing home. The number of rest home beds available at the end of the first stage has been increased to 27 beds.

This partial provisional audit was conducted to assess the providers preparedness to open the new wing and provide rest home level of care for up to 27 residents.

The rest home is managed by an experienced manager who has been in the role for 22 months. She is supported by a trust board, two registered nurses and long serving staff.

This audit closed out the previous shortfall in service delivery around interventions.

This partial provisional audit identified improvements required around the completion of the building including; staff orientation to the new build, fire drill and fire evacuation scheme approval, operational call bell system and ensuring the external construction area is safely cordoned off.

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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Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Marinoto Rest Home is a not for profit organisation. There is a business plan and transition plan for the new 12 bed wing and recruitment of staff. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice in the new wing. There is an education programme covering relevant aspects of care and external training is supported. The staffing roster aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care including the increase in resident beds.

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.		Standards applicable to this service fully attained.
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Medication education and competencies are completed annually for the registered nurses and healthcare assistants responsible for administration of medicines. Medication policies reflect legislative requirements and guidelines. All medications will be stored and administered from the new medication room in the new wing.

All meals are prepared on-site. There is dietitian review of the four-weekly menu. The cooks are trained in food safety and hygiene. Meals will be transported and served from a bain marie in the new wing dining area, which has a kitchenette with fridge, tea making facilities and microwave.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Some standards applicable to this service partially attained and of low risk.
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A certificate for public use has been issued for the new wing. The majority of resident rooms are fully ensuited with a communal toilet/shower facility available. The rooms are single and spacious. There is a communal lounge and dining area in the new wing. Cleaning and laundry services will be completed by existing staff in the main laundry. There are adequate supplies (food, water and power) available in the event of an emergency/civil defence event. There is a first aid trained staff member on duty at all times.

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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Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The registered nurse has responsibility for infection control across the service. The infection control programme is reviewed annually. There are sanitisers appropriately placed throughout the facility.

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	13	0	3	0	0	0
Criteria	0	32	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>Marinoto Rest Home currently provides rest home level care for up to 20 residents. The service has a dispensation for one hospital level of care resident which is reviewed three monthly. Marinoto Rest Home is owned by the Inglewood Welfare Society Incorporated (committee of trust board member). The chairperson and executive committee member of the Inglewood Welfare Society (interviewed) confirmed the committee have been actively involved in the development of the two-stage building project and attend fortnightly site meetings with the manager and site manager.</p> <p>Stage one, a 12-bed wing has been completed and planned to open on 10 December 2018. There have been three rest home beds removed to make way for the corridor link between the rest home and new build. This audit included verifying stage one of the build.</p> <p>During stage two (yet to commence), three resident rooms will be temporarily out of commission, one lounge will be converted into a resident room, one existing room will become a clinic room and another resident room will be converted into an equipment store room.</p> <p>The total number of rest home beds available at the end of stage one is 27 (15 in the rest home and 12 in the new wing) and at the end of stage two there will be 31 beds (19 beds in the rest home and 12 beds in the new wing). The business plan includes the stage one and stage two building project and there is a transition plan that includes an overview of the project, roles and responsibilities, risks, stakeholder support, including information to the community residents and relatives, change management, product delivery, maintenance development,</p>

		<p>information technology, training and governance/management approach. There is a separate staff recruitment strategy for each stage of the project. Stage two is planned for completion March/April 2019.</p> <p>The service is managed by a facility manager, who is a registered nurse (RN) with a current practising certificate. She has been in the role for 22 months and is supported by an experienced non-clinical assistant manager who has been in the position for three years and has worked in aged care for 35 years. The registered nurse (RN) has been in the role for two years is employed four day a week. A second part-time RN has commenced 16 November 2018 two days a week.</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home including attendance at the NZNO conference covering leadership, delirium and emergency planning.</p> <p>There are three local general practitioners who have been kept informed on the building progress. They have confirmed their availability to enrol new patients.</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 facility manager reported that in the event of her temporary absence the assistant manager fills the role, with support from the two RNs and other care staff.</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</p>	PA Low	<p>There are human resources policies to support recruitment practices. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Staff complete an orientation on employment relevant to their roles. All staff (existing and new) will be required to complete an orientation to the new facility prior to occupancy. Registered nurses have current practising certificates. The RNs and HCAs complete competencies relevant to their role such as medications. There are current policies and procedures developed by an aged care consultant to guide staff in the safe delivery of care. The service is supported by allied health professionals such as the district nursing service, hospice and DHB clinical nurse specialist. One RN and the facility manager are interRAI trained and the new RN is booked for InterRAI training in January 2019.</p>

<p>requirements of legislation.</p>		<p>There is an education planner in place that covers compulsory education requirements over a two-year period. New care staff are being registered with AVATAR learning centre. One HCA has almost completed Careerforce assessor training.</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>Staff rostering, and skill mix policy is in place. There is a staff recruitment transition plan for the increase of caregiver hours to meet the increased rest home resident numbers. Currently, existing HCAs can cover the 24 hours roster for up to 31 rest home residents. There is an RN and two HCAs on full morning shift. The assistant manager is a fully qualified HCA and available to assist when required. There are two HCAs on afternoon shift and one on night shift with one HCA and an RN on call. Two registered nurses cover six days of the week on morning shifts. There is a dedicated cleaner on seven days a week and kitchen staff (split shift for morning and afternoon). There is a cook on duty seven days. The activities coordinator is on duty from 9.00 am to 3.30 pm Monday to Friday.</p> <p>There are three casual HCAs available to work additional hours as required and there have been expressions of interest from students interested in enrolling with Careerforce to become HCAs. Another HCA currently on maternity leave returns April 2019.</p> <p>Recent advertising has brought expressions of interest from two RNs in preparation for the completion of stage two.</p> <p>The facility manager and RNs share the 24/7 on call duty.</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>There are policies and procedures in place for safe medicine management that meet legislative requirements. There is a contract with the supplying pharmacy who delivers the regular and 'as required' medication in medico blister packs. All medications are checked on delivery by the RN and caregiver against the medication chart. Senior healthcare assistants and RNs who administer medications have been assessed for competency on an annual basis. Medications are stored safely in the rest home medication room. There is a locked medication room with controlled drug safe (double-locked) in the new 12-bed wing. There is adequate storage and locked cupboards within the medication room. Sensor lighting comes on when the room is entered proving good light. The existing rest home medication room will become disused for medications.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual</p>	<p>FA</p>	<p>Food service policies and procedures are appropriate to the service setting with a seasonal four-weekly menu. The menu was last reviewed by a dietitian in November 2016. The food control plan has been submitted 25 June 2018 and yet to be verified. All baking and meals are cooked on-site by qualified cooks. The service provides meals on wheels in the community. The kitchen is adjacent to the dining room. The meals are served from a bain</p>

<p>food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>maire on warmed plates to residents in the dining room. There is an open plan dining room with tea/coffee making facilities, fridge for fluids and microwave in the new wing. Meals will be transported in the bain maire to the new dining room for serving. The cook receives a resident dietary profile and is notified if there are any dietary changes. Special diets such as diabetic desserts and modified/pureed meals can be accommodated. Alternative choices for dislikes are provided. Lip plates are available. The kitchen staff can manage the increase in meals.</p> <p>The qualified cook (interviewed) has completed a food safety course. A daily food control plan of chiller, freezer and end cooked meat temperatures is completed. Food stored in the fridge and chillers is covered and dated.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>An initial support plan is completed within 24 hours in consultation with the resident/relative or support person. The initial support plan and input from care staff helps to inform the long-term care plans. Care plans identify the resident goals and nursing interventions to provide required supports. Care plans reflect the outcomes of the interRAI assessment and relevant risk assessment tools. Short-term care plans were used to document short-term changes in health needs, evaluated regularly and either resolved or if an ongoing problem, added to the long-term care plan. Five rest home interRAI assessments and care plans were reviewed and included medium falls risk, behaviours of concern, stage one pressure injury, insulin dependent diabetes and pain management. All long-term care plans reviewed reflected the resident current needs/supports to meet the resident goals. The previous finding around care plan interventions has been addressed. There was documented evidence of resident/family/whānau involvement in the care planning process.</p> <p>Long-term care plans include allied health professional input into the resident care as applicable.</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>The service has waste management policies and procedures for the safe disposal of waste and hazardous substances. There is an incident reporting system that includes investigation of incidents. All chemicals were stored safely throughout the facility. There is a main locked chemical room in the rest home. Safety datasheets are readily accessible to staff. The new wing has a sluice room with a sanitiser and a locked cupboard for chemical bottles. There was appropriate protective equipment and clothing for staff. Staff have attended chemical safety training.</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 existing building has a current building warrant of fitness that expires 8 April 2019. The site manager and district council inspector were on site on the day of audit. A certificate for public use has been issued for stage one – 12-bed wing valid until 31 May 2019. Responsibility for maintenance concerns in the new build will be under the building warranty. All resident related (platform scales, six electric beds) and electrical building equipment (sanitiser) have been purchased new. Other maintenance concerns and planned maintenance is shared between the facility manager and assistant manager. Staff record requests for repairs in a maintenance request booked that is checked daily and actioned. There is a planned maintenance schedule in place that includes electrical testing and calibrations of existing clinical equipment. Essential contractors are available 24 hours.</p> <p>Hot water temperatures in the new build have been checked as part of the CPU.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids, and communal areas are easily accessible.</p> <p>The landscaping in the external space between the two buildings will be used for the construction team offices until stage two is completed. Landscaping will then be completed March/April 2019.</p> <p>The new build is located to the right of the main entrance with a wide corridor link to the new lounge/dining area. A new administration office and nurses' station is located within the new build. The car parking area is being reformed.</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>	<p>FA</p>	<p>There are 12 resident rooms in the new wing. Ten of the twelve resident rooms have full ensuites. One resident room has a toilet and hand basin ensuite and one resident room is a standard room with a hand basin. All resident rooms have hand basins in the room. The standard room is located next to a communal toilet/shower and hand basin and has a privacy lock. There are privacy curtains in all showers. The resident room with a toilet ensuite only is within a reasonable walking/wheelchair distance to the communal shower/toilet room. The communal shower/toilet room is large enough to accommodate a tilting shower chair (purchased) and a trolley shower bed when required. There is safe flooring, seating and hand rails appropriately placed in the shower rooms.</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>	<p>FA</p>	<p>There are 12 large single rooms. The rooms are spacious enough to accommodate an electric bed/standard bed, lounge or lazy boy chair. The bedroom doors are wide and double hinged to allow ambulance trolley access. The room are spacious enough for residents to move safely around the room with the use of mobility aids and for staff to provide care safely.</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>	<p>FA</p>	<p>There is an open plan lounge and dining area each side of the corridor that follows on to the nurses' station, utility areas and resident rooms. The lounge and dining area are easily accessible for all residents and large enough for increase in resident numbers. There is a family room centrally located with access to the tea/coffee making area in the dining room. The family room and lounge have sliding doors that open to a deck area.</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>	<p>FA</p>	<p>There is a dedicated housekeeper, three hours a day Monday to Friday and weekends to complete cleaning duties. The cleaner's trolley is stored in a locked area in the existing rest home when not in use. The laundry has a defined clean and dirty area with entry and exit door. All personal clothing and linen are laundered on-site by a home assistant, seven days a week. Care staff complete laundry duties such as ironing, as time permits on night shift. Personal protective equipment is available for cleaning and laundry duties. The chemical provider monitors the chemical supply and effectiveness of cleaning and laundry processes. New linen skips with lids have been purchased for the new wing.</p>
<p>Standard 1.4.7:</p>	<p>PA Low</p>	<p>An application has been made to the fire service for approval of the fire evacuation scheme but not yet received.</p>

<p>Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Staff attend six monthly fire drills in the rest home. There are sufficient civil defence and pandemic/outbreak supplies available in the facility for up to 27 residents (bed numbers at the end of stage one). There is sufficient food for up to three days, held in the kitchen and second pantry and alternate gas cooking (BBQ and gas hobs in the kitchen). A power supply protection system has been installed to ensure there is uninterrupted power supply until the on-site generator is running. There is a 3,000-litre water tank installed under the new build. Bottled water is also available.</p> <p>There is at least one person on duty at all times with a current first aid certificate. The two-night staff have completed first aid certificates which were sighted. The previous finding around staff trained in first aid on night shift has been addressed. A new modern call bell system has been installed in the new build with a standard and emergency call system. Calls bells were seen and heard outside the bedroom and on corridor enunciation lights, however the call bells cannot be heard or seen in the existing rest home. There are call bells in the residents' rooms, ensuites and communal areas in the new build. Entry to the new wing is through the main entrance to the facility. There is a call bell access afterhours. There is external lighting around the new wing and cameras in the corridors and lounge that can be viewed in the administration office.</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>There is adequate natural light in all resident rooms and communal rooms. Bedrooms have an external window and the communal dining room and family room have doors that open to allow for ventilation. There is a gas fire in the lounge. Central heating is sensor monitored and adjusted to maintain a comfortable environment. There is night lighting in the corridors.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and</p>	FA	<p>The RN has responsibility for infection control which is described in the job description. The infection control coordinator oversees infection control for the service and is responsible for the collation of infection events. The infection control programme is reviewed annually as part of the annual infection control meeting due 20 November 2018. Infection control surveillance data, trends and corrective actions are discussed at the monthly staff meeting. The facility manager/RN has been involved in the infection control resources for the new build which includes hand basins in all rooms with lever taps and paper towel dispensers. Hand soaps and hand sanitiser dispensers have arrived, to be installed throughout the new build.</p>

visitors. This shall be appropriate to the size and scope of the service.		Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the existing facility including the front entrance. Residents and staff are offered the influenza vaccine.
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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)
Criterion 1.2.7.4 New service providers receive an orientation/induction programme that covers the essential components of the service provided.	PA Low	Staff receive an orientation on employment including competencies relevant to their roles to safely deliver care and services required, however all staff will be required to complete an orientation to the new wing.	A specific orientation checklist has been developed for orientation to the new building including the layout of the new 12 bed wing, fire evacuation, fire drill, infection control and health and safety including hazard management, emergency preparedness and the call bell system.	All staff (existing and new), volunteers and board members will be required to complete the orientation checklist to the new wing. Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	There are safe external areas available with seating and shade. The external area off the new wing will be used by the construction team until the end of stage two.	The construction team are to ensure the ramp access to the evacuation assembly point and access to the deck areas from the new wing is safely cordoned off prior to occupancy	Ensure the construction areas for stage two are safely cordoned off and there is safe access to the deck area and ramp to the evacuation

				assembly point for residents in the 12-bed wing Prior to occupancy days
<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>	PA Low	Six monthly fire evacuation drills are completed in the existing rest home but has not yet been held in the new build	The orientation checklist for the new wing includes attending a fire drill prior to occupancy. A date is to be set for this to occur for all staff, volunteers and trust board members.	<p>Ensure a fire drill is completed prior to occupancy</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.3</p> <p>Where required by legislation there is an approved evacuation plan.</p>	PA Low	The service has amended their current fire evacuation procedure and has forwarded to the fire service for approval.	An application has been made to the fire service for approval of the fire evacuation scheme but not yet received	<p>Ensure approval of the fire evacuation scheme</p> <p>90 days</p>
<p>Criterion 1.4.7.5</p> <p>An appropriate 'call system' is available to summon assistance when required.</p>	PA Low	A new modern call bell system has been installed in the new build with a standard and emergency call system. Calls bells were seen and heard outside the bedroom and on corridor enunciation lights, however the call bells cannot be heard or seen in the existing rest home. There are call bells in the residents' rooms, ensuites and communal areas in the new build.	The installation of the new call bell system has not yet been completed in the existing rest home Complete installation of the new call bell system in the rest home to ensure calls bells from the new wing can be heard and seen by all staff in all areas	<p>Complete installation of the new call bell system in the rest home to ensure calls bells from the new wing can be heard and seen by all staff in all areas</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.