

St Albans Retirement Home Limited - St Albans Retirement Village

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 BSI Group New Zealand Ltd, 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: St Albans Retirement Home Limited

Premises audited: St Albans Lifecare

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

Dates of audit: Start date: 25 January 2021 End date: 25 January 2021

Proposed changes to current services (if any): This partial provisional included verifying a newly purpose-built extension to the current care facility. This included a new 19 -bed dual-purpose wing attached to the current care centre wing on the ground floor. This will increase the care centre beds to 38 dual-purpose beds. A further eight serviced apartments (providing rest home level care) have been built on the first floor. These are suitable for couples. This will increase serviced apartments certified for rest

home level care to 68. The building is complete, and the service is planning to open beds from the 25 February 2021. The total number of certified beds will be 106.

Total beds occupied across all premises included in the audit on the first day of the audit: 32

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

St Albans Lifecare is owned and operated by the Arvida Group. The service currently provides rest home level care for up to 71 residents (19 dual-purpose beds in the care centre and rest home level care across 52 serviced apartments). On the day of the audit, there were 32 residents including 14 residents in serviced apartments.

This partial provisional included verifying a newly purpose-built extension to the current care facility. This included a new 19 -bed dual-purpose wing attached to the current care centre wing on the ground floor. This will increase the care centre beds to 38 dual-purpose beds. A further eight serviced apartments (providing rest home level care) have been built on the first floor. These are suitable for couples. This will increase serviced apartments certified for rest home level care to 68. The building is complete, and the service is planning to open beds from the 25 February 2021. The total number of certified beds will be 106.

The village manager (non-clinical) is experienced in village management and has been in the role for seven years. The village manager is supported by an experienced aged care clinical manager and quality coordinator (EN).

The audit identified the design of the new wings, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home, and hospital (medical and geriatric) level care.

The previous audit shortfall around care plan interventions has been addressed. This audit identified an improvement related to completion of the furnishings and obtaining a code of compliance.

Consumer rights

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Organisational management

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care.

St Albans has a current business plan and a quality and risk management programme that outlines goals for the year. Meetings are held to discuss quality and risk management processes.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities, and authorities. Organisational human resource policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme, which includes packages specifically tailored to the position such as Wellness Partner (caregiver), registered nurse (RN), and so on.

There is a documented rationale for determining staffing levels and skill mixes for safe service delivery. The draft staffing roster also allows for assessed service type and acuity of residents.

Continuum of service delivery

Five resident electronic care plans were reviewed. All were individualised and included specific care interventions required to meet all current assessed needs.

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accord with the guideline. There is a new purpose-built treatment room in the new wing.

The facility has a large workable kitchen in the service area on ground floor. There is a walk-in chiller and freezer. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in bain maries to the unit satellite kitchens. Nutritional profiles are to be completed on admission and provided to the cook.

Safe and appropriate environment

There are documented processes for waste management. There is a sluice in the current care centre.

The building has two levels with the care centre including a new wing of 19 dual purpose beds and apartments on the ground floor and further apartments on the first floor including the new wing of eight apartments. There are stairs and two lifts available between the floors. New equipment has been purchased for the new care centre wing.

There is safe access to the outdoor areas. Seating and shade is provided. Rooms off the new care centre wing have sliding doors that open out to landscaped paths/gardens. Serviced apartments have sliding doors to balconies. All rooms have full ensuites.

Residents rooms in the care centre wing and serviced apartments are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids.

The new care centre wing has a spacious open plan dining room and lounge at the end of the wing. The centrally located nurse's desk is against the wall of the open plan lounge area. The open plan lounge is large enough for individual or group activities.

There are also another two lounges and a large dining room on the ground floor of the facility. There is a communal lounge, separate dining room and satellite kitchen on the first floor of the apartment block.

There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There is a dedicated laundry and cleaners on duty seven days a week.

An updated fire evacuation procedure has been approved by the New Zealand Fire Service 21/1/21. There are emergency management plans in place to ensure health, civil defence and other emergencies are included.

The new rooms have adequate natural light and safe ventilation.

Restraint minimisation and safe practice

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Infection prevention and control

Infection prevention and control (IPC) is currently the responsibility of the enrolled nurse (quality coordinator). There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues. There is a reporting and notification to Support Office in place. Infections are benchmarked across the organisation.

Covid-19 was managed and well documented. Policies, procedures, and the pandemic plan have been updated to include Covid-19. There are adequate supplies of outbreak management equipment.

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 | 0 | 0 | 0 |
| Criteria | 0 | 36 | 0 | 1 | 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 |
|--|-------------------|--|
| Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | <p>St Albans Lifecare is owned and operated by the Arvida Group. The service currently provides rest home level care for up to 71 residents (19 dual-purpose beds in the care centre and rest home level care across 52 serviced apartments). On the day of the audit, there were 32 residents (18 residents in the care centre including seven rest home and 11 hospital and 14 residents in serviced apartments).</p> <p>This partial provisional included verifying a newly purpose-built extension to the current care facility. This included a new 19-bed dual-purpose wing attached to the current care centre wing on the ground floor. This will increase the care centre beds to 38 dual-purpose beds. A further 18 serviced apartments (providing rest home level care) have been built on the first floor. This will increase serviced apartments certified for rest home level care to 60. The building is complete, and the service is planning to open beds from the 25 February 2021.</p> <p>The village manager (non-clinical) is experienced in village management and has been in the role for seven years. The village manager is supported by an experienced aged care clinical manager and quality coordinator (EN).</p> |

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| | | <p>The audit identified the design of the new wings, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home and hospital (medical and geriatric) level care.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, and hospital, (medical and geriatric) level care.</p> <p>The village manager provides a monthly report to the Arvida CEO on a variety of operational issues. Arvida has an overall business/strategic plan. The organisation has a philosophy of care, which includes a mission statement. St Albans has a business plan 2020/2021 and a quality and risk management programme. The service has developed a transition plan around opening the new wings.</p> <p>The village clinical manager has completed in excess of eight hours of professional development in the past twelve months</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>In the absence of the village manager, the clinical manager is in charge. Support is provided by the clinical team leader, head of wellness operations and the general manager wellness and 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> | FA | <p>There are human resource management policies in place. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Five staff files were reviewed (one RN, two caregivers (wellness partners), kitchen assistant and kitchen manager). There is evidence that reference checks were completed before employment was offered. Annual staff appraisals were evident. A copy of practising certificates is kept. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Completed orientation, competencies and training were on files.</p> <p>The in-service education programme for 2020 has been completed and the plan for 2021 has been developed.</p> <p>More than eight hours of staff development or in-service education has been provided annually. Staff complete online training, and this is monitored by the</p> |

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| | | <p>management team and monthly training reports are provided. The service is sitting at 94% of their staff having completed the required online training modules for 2020 (in comparison to the wider company with 78%). Competencies completed by staff included medication, insulin, wound care, manual handling, hand hygiene, syringe driver and restraint.</p> <p>The service has employed (to date) three caregivers, FTE registered nurse and a cleaner with the opening of the new care centre wing. There are sufficient caregivers and registered nurses currently employed to cover the initial increase in beds. Further staff will be employed as resident numbers increase. Orientation days have been set for the new staff before opening of the new wings.</p> <p>There are 25 wellness partners (caregivers) including four nursing students, (seventeen have currently completed either level three or four careerforce. All staff complete level two foundations at induction.</p> <p>There are currently three enrolled nurses and eight RNs (six RNs are interRAI trained including the clinical nurse manager).</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>There is a specific staffing policy which provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. St Albans have developed a draft roster which includes staffing to match increase in resident numbers across the care centre. There is a specific apartment roster for the new and current wings.</p> <p>Sufficient staff are rostered on to manage the care requirements of the residents. The service has a total of 60 staff in various roles. Draft staffing rosters were sighted and there is staff on duty to match needs of different shifts. The village manager and clinical manager are full time. The village manager and clinical manager are available on call after hours. The RN on each shift is aware that extra staff can be called on for increased resident requirements.</p> <p>Staffing is as follows; in the current care centre (11 hospital residents and seven rest home residents). There is one RN on duty on the morning and afternoon shifts, and one RN on the night shift. They are supported by four caregivers on the morning shift, three caregivers on the afternoon shift including one floater and one caregiver on the night shift.</p> <p>For the 14 rest home level residents in the apartments there is one enrolled</p> |

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| | | <p>nurse and two caregivers on the morning. There are two caregivers on the afternoon shift and one caregiver on the night shift.</p> <p>The RN from the care centre provides emergency oversight for the serviced apartments on the afternoon and night shifts.</p> <p>The draft roster developed for the new 19 bed dual-purpose wing includes a roster from the day of admission, after six residents and after 11 residents. The RN from the current care centre wing will oversee the morning shift. A further RN is rostered on the afternoon and night shift. As resident numbers increase caregiver roster increases from one- three caregivers on a morning shift and the afternoon shift, A further caregiver is rostered on the night shift.</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>There are policies and procedures in place for safe medicine management. There is a new secure medication room in the new care centre wing with handbasin, fridge and secure cupboards and safe. The room will be the medication management hub for all the care centre. The current secure medication room off the nurses office will continue to be the hub for the serviced apartment residents and will also manage the medication for rest home residents in the new serviced apartment wing on the first floor.</p> <p>Individual medications are to be stored safely in locked drawers in the resident rooms. Clinical staff who administer medications (RNs, enrolled nurses, and caregivers) have been assessed for competency on an annual basis and attend annual medication education. Registered nurses have completed syringe driver training. All medication (blister packs) is checked on delivery against the electronic medication charts. Procedures are documented around self-medicating.</p> <p>The service has a house GP that currently visits weekly and is on-call as needed. This will continue with the increase in resident numbers. Internal audits of medication system continue to be completed quarterly at St Albans. Last completed November 2020.</p> |
| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional</p> | FA | <p>All meals at St Albans are prepared and cooked on-site. Food is prepared in a refurbished kitchen that is spacious. The kitchen is attached to a café.</p> <p>The kitchen manager, cook, and eight kitchen assistants have all completed food</p> |

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| needs are met where this service is a component of service delivery. | | safety certificates. There is a verified food control plan. There are four weekly summer and winter menus with dietitian review. The kitchen is adjacent to one large dining room that is shared by resident's ion the care centre and some apartments. There is also another satellite kitchen and dining room in the new care centre wing and new serviced apartment wing. There is also another small dining area in the current apartments upstairs. Food is to be transported to the new kitchens in bain maries and served to residents. Advised there is food available for residents outside of mealtimes. Special eating aids are available to promote independence. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen via the RN. A dietitian visits the service as required. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. |
| <p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p> | FA | <p>Five resident electronic care plans were reviewed. The sample included three hospital and two rest home residents. The sample included a resident with incontinence issues, pressure injuries, insulin dependent resident, increased falls, and a resident with acute health status. All were individualised and included specific care interventions required to meet all current assessed needs. Acute changes in health status were updated in care plans and evaluated on a regular basis. There was evidence of service integration with documented input from a range of specialists. There was no evidence of transcribing and care plans reflected current assessed needs. This is an improvement on previous audit.</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> | FA | <p>There are documented processes for waste management. There is a secure sluice in the entrance to the laundry in the current care centre. There is easy access for staff in the new care centre wing to this sluice. There are cupboards within the sluice for storage of chemicals. There are secure cleaning cupboards on each floor.</p> <p>Waste management audits are part of the internal audit programme.</p> <p>Gloves, aprons, and goggles are available in the sluice and cleaners' cupboards. MSDS for chemical products are available. Infection control policies state</p> |

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| | | specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the induction programme. Staff have completed chemical safety training. |
| <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> | PA Low | <p>The facility has been renovating and building in stages. There is a current Code of compliance for the current care centre and serviced apartments dated 19 October 2020. The Code of compliance is yet to be updated to include the new wings. There are large sliding doors off the communal lounge at the end of the new care centre wing. Decals have yet to be installed for safety. Mobility showers in serviced apartment ensembles do not have handrails. The building has two levels with the care centre including a new wing of 19 dual purpose beds and apartments on the ground floor and further apartments on the first floor including the new wing of eight apartments. There are stairs and two lifts available between the floors. The lifts are able to manage a stretcher if needed. New equipment has been purchased for the new care centre wing including (but not limited to) hoist, pressure relieving mattresses, hilo beds.</p> <p>The service employs a full-time maintenance person. The maintenance person ensures daily maintenance requests are addressed and a planned maintenance schedule is maintained. Essential contractors are available 24 hours. Electrical testing is completed annually. Annual calibration and functional checks of medical equipment is completed by an external contractor. The maintenance person carries out regular checks of transferring equipment, beds, and call bells. There are two vans available to take residents on outings.</p> <p>Hot water temperatures have been monitored to the new areas and remain within 45 degrees.</p> <p>The facility has wide corridors with rails and sufficient space for residents to safely mobilise using mobility aids or for the use of hoists and hospital recliners on wheels.</p> <p>There is safe access to the outdoor areas. Seating and shade are provided. Rooms off the new care centre wing have sliding doors that open out to landscaped paths/gardens. Serviced apartments have sliding doors to balconies.</p> |

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| <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>In the care centre wing, every resident's room has an ensuite with an accessible shower, toilet, and hand basin, with under floor heating. Handrails are situated by the toilet and in the shower. There is a communal toilet near the open plan communal lounge and dining room at the end of the wing. There is a separate toilet for staff and visitors. Every serviced apartment has a spacious ensuite. Handrails are in place beside the toilet but yet to be installed in the shower (link 1.4.2.1).</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 in the care centre wing and serviced apartments are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. All eight serviced apartments are large enough for couples.</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>The new care centre wing has a spacious open plan dining room and lounge at the end of the wing. The centrally located nurse's desk is against the wall of the open plan lounge area. The open plan lounge is large enough for individual or group activities. There are also another two lounges and a large dining room on the ground floor of the facility. There is a communal lounge, separate dining room and satellite kitchen on the first floor of the apartment block. This is easily accessible for rest home residents in the apartments or they can access ground floor lounges/dining room. All apartments have their own lounge and kitchenette.</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>There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There is a dedicated laundry and cleaners on duty seven days a week. Sheets are outsourced. Interview with the laundry person confirmed they could manage an increase of laundry. The laundry and cleaning staff have completed chemical safety training. The laundry is located off the current care centre wing and has a sluice area with appropriate personal protective clothing readily available. There is an entry and exit door with defined areas for clean and dirty laundry. The cleaner's trolleys are stored in a locked area when not in use. Internal audits monitor the effectiveness of the cleaning and laundry processes. The chemical supplier conducts quality checks</p> |

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| | | on the effectiveness of washing and cleaning processes. |
| <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>An updated fire evacuation procedure has been approved by the New Zealand Fire Service 21/1/21. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. A fire drill has occurred that includes the new wings (20/1/21). Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, and gas cooking. There is a large water tank available. Short-term back up power for emergency lighting is in place.</p> <p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times.</p> <p>There are call bells in the residents' rooms, ensuites and lounge/dining room areas. The call bells connect to staff cell phones. Care staff can send messages to other staff when further assistance is required. Call bell pendants are available as needed for residents in apartments.</p> <p>Security procedures are in place to ensure residents and staff are safe.</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>The new rooms have adequate natural light and safe ventilation. The environment is maintained at a safe and comfortable temperature. Resident room temperatures can be adjusted in all rooms. There is overhead cooling and heating system in communal areas and underfloor heating in resident rooms.</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 visitors. This shall be appropriate to the size and scope of the service.</p> | FA | <p>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 quality management system. The quality coordinator (enrolled nurse) is the designated infection control coordinator with support from the organisation and other members of the infection control team, who are representative of the facility. The IC team meets bimonthly and minutes are available for staff to read.</p> |

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| | | <p>Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The Arvida infection control programme has been reviewed annually.</p> <p>Hand sanitiser is available at the main entrance and throughout the facility. Adequate supplies of personal protective equipment have been increased and are available and have been increased. The organisation has a comprehensive pandemic plan.</p> |
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Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
|---|-------------------|--|---|---|
| Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation. | PA Low | There is a current Code of compliance for the current care centre and serviced apartments dated 19 October 2020. The Code of compliance is yet to be updated to include the new wings. There are large sliding doors off the communal lounge at the end of the new care centre wing. Decals have yet to be installed for safety. Mobility showers in serviced apartment ensembles do not have handrails. | (i). The Code of compliance is yet to be updated to include the new wings. (ii). There are large sliding doors off the communal lounge at the end of the new wing. Decals have yet to be installed on the glass for safety. (iii). Mobility showers in serviced apartment ensembles do not have handrails | (i). Ensure a code of compliance is completed for the new wings. (ii). Ensure decals are installed on the glass door. (iii). Ensure handrails are installed in showers Prior to occupancy days |

Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.