

Well Health Care Limited - Fencible Manor Rest Home

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by 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:	Well Health Care Limited	
Premises audited:	Fencible Manor Rest Home	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 22 October 2020	End date: 23 October 2020
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	19	

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Fencible Manor is owned and operated by two owners including the owner/manager who is also a registered nurse. The service can provide care for up to 19 residents. On the day of audit there were 19 rest home residents including one resident using respite. The residents and family members interviewed commented positively on the care and services provided.

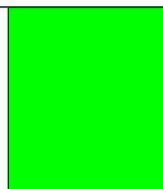
This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, general practitioner, and staff.

The corrective action identified at the previous audit around resident meetings has been addressed.

This audit identified improvements required around completion of interRAI assessments and access doors to the external environment.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.

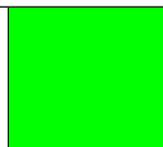


Standards applicable to this service fully attained.

There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Residents and family report that communication with management and staff is open and transparent.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.



Standards applicable to this service fully attained.

Services are planned and coordinated to meet the needs of the residents. An owner/manager with support from a second owner and a registered nurse are responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. Key components of the quality and risk management programme are documented and include management of complaints, an internal audit schedule, completion of satisfaction surveys, analysis of incidents and accidents, and an implemented health and safety programme.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice as per documented policies. An orientation programme is in place for new staff. Ongoing education and training includes in-service education and competency assessments.

Registered nursing cover is provided by the owner/manager and a registered nurse who provides an extra 20 hours a week. Rosters and interviews with staff, residents and family indicate that there are sufficient staff that are appropriately skilled, with flexibility of staffing around clients' needs.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The owner/manager with support from the registered nurse is responsible for the provision of care and documentation at every stage of service delivery. Residents/relatives are involved in planning and evaluating care. The activity coordinator implements the activity programme that meets the individual needs, preferences, and abilities of the residents. Community links are maintained.

Medications are managed appropriately in line with accepted guidelines. Staff who administer medications have an annual competency assessment and receive annual education. Medication charts are reviewed three-monthly and as required by the general practitioner. All baking and meals are prepared and cooked on-site. Residents' food preferences are identified at admission. This includes consideration of any dietary preferences or needs with special meals cooked for Chinese residents.

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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The building holds a current warrant of fitness. There is a preventative and planned maintenance schedule in place. Chemicals are stored safely throughout the facility. The bedrooms, hallways and communal areas are accessible. There are outdoor areas with shade and seating.

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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The service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. The service had no residents assessed as requiring either the use of restraint or the use of an enabler. Staff receive ongoing education and training in restraint minimisation and managing challenging behaviours.

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.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Information obtained through surveillance is used to determine infection control activities, resources and education needs within the facility. This includes audits of the facility, hand hygiene and surveillance of infection control events and infections. There have not been any outbreaks since the last audit. All Covid-19 precautions have been fully implemented.

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	14	1	1	0	0	0
Criteria	0	39	1	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
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available at the entrance to the facility. Information about complaints is provided on admission.</p> <p>Interviews with five residents and two relatives confirmed their understanding of the complaints process. Staff interviewed were able to describe the process around reporting complaints</p> <p>There is a complaint register that would include complaints received, dates and actions taken. The owner/manager would sign off each complaint when it was closed. There have not been any complaints since the last audit. Residents and family stated that the owner/manager and other owner were extremely responsive and open to suggestions and stated that this was a highlight of the service for them. There were no complaints since the last audit from any external agency.</p> <p>The complaints process is linked to the quality and risk management system.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively</p>	FA	<p>There is an accident/incident reporting policy to guide staff in their responsibility around open disclosure. Staff are required to record family notification when an incident occurs. A review of ten incident forms indicates that family are informed of an incident. Two family members interviewed commented that they are notified following a change of health status of their family member or if there had been an incident.</p>

<p>with consumers and provide an environment conducive to effective communication.</p>		<p>Family/resident meetings provide a venue where issues can be addressed. These are held at least twice a year with newsletters, emails and phone calls also made to family at frequent intervals. The corrective action identified at the certification audit has been addressed.</p> <p>There is an interpreter policy in place and contact details of interpreters were available. At the time of the audit, there were some residents who were limited in their ability to understand English. Staff and family are used as interpreters in the first instance. Interpreting services through the DHB are also available if needed. Management promote an open-door policy. This was observed on the day of audit.</p> <p>Residents and family are informed prior to entry of the scope of services and any items they must pay for that is not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Fencible Manor is owned and operated by the owner/manager (registered nurse) and second owner who provides support for the service e.g. maintenance, taking residents to appointments etc. The service can provide care for up to 19 residents. On the day of audit there were 19 rest home residents with one using respite level of care. All residents were under the Age Related Residential Care (ARRC) agreement.</p> <p>The service quality and business plans have been reviewed by the owner annually, and outline the purpose, values, scope and direction and goals of the organisation. The documents described short and long-term objectives and the associated operational plans.</p> <p>The owner/manager is a registered nurse with a current practicing certificate who has co-owned the facility since 2015. They have eight years' experience in aged care and are supported by a second registered nurse who has extensive experience in aged care (over 40 years) and in management of facilities. The second registered nurse also works in another aged care facility as well as providing 20 hours a week at Fencible Manor. The owner/manager and registered nurse have maintained more than eight hours annually of professional development related to their roles. An external consultant who has considerable experience in aged care provides support for the owner/manager one day a month.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous</p>	<p>FA</p>	<p>The service has a quality risk management plan in place that is reviewed annually. The service has a range of policies and procedures in place to support service delivery that have been reviewed regularly by the service and external contractor. Staff are informed of any new/reviewed policies through handovers and meetings.</p> <p>There are monthly staff meetings. Meeting minutes evidence discussion around a wide range of quality data. Trends are identified and analysed for areas of improvement. Caregivers confirmed that they are kept informed on quality data including corrective actions and quality initiatives. Internal audits are completed as scheduled, including environmental and clinical audits. Corrective action plans are raised, completed, and</p>

<p>quality improvement principles.</p>		<p>signed off for any corrective actions required.</p> <p>The second owner is the health and safety coordinator and they have completed level 1 training in health and safety. When interviewed, the health and safety coordinator was able to describe their role. Health and safety is documented as discussed at monthly staff meetings. An up-to-date hazard register is documented and reviewed each month.</p> <p>Falls prevention strategies are in place, that include the analysis of falls and the identification of interventions on a case-by-case basis to minimise future falls. A falls analysis tool is used to trend time and location of falls.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>There is an incident reporting policy that includes definitions, and outlines responsibilities including immediate action, reporting, monitoring and corrective actions to minimise. Individual incident reports are completed for each incident/accident with immediate action(s) and any follow-up action required evidenced. The service collects incident and accident data monthly and provides reports to monthly staff meetings. Accident/incident data, trends and corrective actions are documented in meeting minutes sighted.</p> <p>Ten incident forms were reviewed from March to October 2020. All incident forms reviewed identified a timely RN assessment of the resident, corrective actions, or recommendations and all had been completed and signed off by the RN or owner/manager. The next of kin had been notified for all incidents/accidents. The caregivers interviewed could discuss the incident reporting process. The owner/manager could identify situations which would be reported to statutory authorities. There have not been any incidents that should have been reported to an external authority since the last audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs) where required. All staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation booklets.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. The owner/manager is interRAI trained. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. There has been low staff turnover, with stable long term staff and very little use of bureau staff as existing staff pick up cover.</p> <p>The roster includes the owner/manager on duty Monday to Friday (40 hours), with a casual RN providing leave cover and currently working 20 hours a week. The owner/manager has recently returned from a short period of leave that included 14 days isolation (in a managed isolation facility) and a further week's isolation at home to ensure that they were safe prior to coming back to work (self-imposed). The casual registered nurse has provided cover for the owner manager including the provision of on call.</p> <p>There is a caregiver on each shift (morning, afternoon, and nights) with a second caregiver available at any time if required. An activities coordinator is on site from 9AM to 12PM.</p> <p>An after-hours on-call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. At least one staff member on duty has a current first aid certificate.</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>The service has policies and procedures in place for ensuring that all medicines-related recording and documentation meet acceptable good practice standards. Ten medication charts were reviewed on the paper-based medication system. All medication charts had photo identification and an allergy status. The GP reviews the medication charts at least three-monthly. The administration records reviewed, identified medications had been administered as prescribed.</p> <p>Fencible Manor uses roll packaging for regular medication. Medications are checked on arrival by the owner/manager or RN and any pharmacy errors are recorded and fed back to the supplying pharmacy.</p> <p>Medication administration is completed by the RN and medicine competent caregivers. Medications are stored securely in the locked cupboard. Expired medications are returned to the supplying pharmacy. Medication competencies have been completed for staff. There were no residents self-medicating on the day of audit. There was documented evidence confirming medication reconciliation following entry to the service. No vaccines are kept on site, and refrigerator and room temperatures are monitored.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	<p>FA</p>	<p>Fencible Manor employs two cooks, who between them cover each day. The kitchen staff have completed food safety certificates. There is a four-weekly seasonal menu which has been reviewed by a dietitian in November 2018, changes had been made and it was further reviewed in December 2018. Food, fridge, and</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>freezer temperatures are monitored and documented daily. The resident satisfaction survey includes food services, and the cook asks for feedback from the residents after their meal. 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 are communicated to the kitchen.</p> <p>Special diets are being catered for. Five residents interviewed stated that they were happy with the food service. Two relatives also were complimentary of the food provided and staff commented that as there was a number of Asian residents, their likes were catered for with a number of Asian meals provided for them. The second owner and owner/manager are currently developing the Chinese menu further with this including documentation of the menu in Mandarin/Cantonese and input from the Chinese residents who are able to contribute. The cooks are also being trained to cook Chinese style food and receive feedback and encouragement from the Chinese residents who can offer this.</p> <p>Observation at mealtime (lunch) evidenced staff assisting residents as required. All perishable goods are date-labelled. A cleaning schedule is maintained. The food control plan is verified until December 2021.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Interviews with staff, residents and relatives identified that the care being provided is consistent with the needs of residents. Individual cares and interventions were particularly well described in the five resident files reviewed that included management of weight loss, weight gain, wound management, activities of daily living for one resident using respite care, and frail elderly, The caregivers interviewed, stated that they have all required equipment referred in care plans and necessary to provide care. All staff reported that there are adequate continence supplies and dressing supplies. On the day of the audit plentiful supplies of these products were sighted.</p> <p>Five residents and two families interviewed were complimentary of care received at the facility.</p> <p>Monitoring charts were sighted in files sampled. These included monitoring of weight, behaviour, pain, wound management (for one ulcer and one skin tear), and vital signs. Interviews with the owner/manager confirmed that this information is used in care plan reviews and short-term care planning. The owner/manager interviewed described the referral process, should they require assistance from a wound specialist or other specialists from the district health board.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan</p>	<p>FA</p>	<p>There is one activities coordinator who is also a qualified carer. Three hours a day are dedicated to delivering activities to residents, Monday to Friday. There is a wide range of activities offered that reflect the resident needs with participation being voluntary. The programme includes fortnightly visits from entertainers and a tai chi instructor (temporarily unable to visit because of Covid 19 restrictions). A bus is hired monthly for outings.</p>

<p>for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>		<p>On the day of the audit, residents were observed being actively involved with a variety of activities including one resident playing the piano. The second owner was in the middle of adding activities to an upstairs lounge that would allow residents who were cognitive to have time and space to participate in small group activities or individual quiet activities such as watching television, reading etc.</p> <p>The programme is displayed in large print in communal areas and resident bedrooms. Residents and families interviewed voiced their satisfaction for the activities programme and felt that recreational needs were being met.</p> <p>Residents have an activities assessment completed on entry to the service, including a complete history of past and present interests, career, family etc. On interview, the activities coordinator was able to confirm their involvement in care planning with the owner/manager and relevant family members and/or residents.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans are evaluated by the owner/manager within three weeks of admission. Five files were reviewed. In three files for long term residents, the long-term care plans were evaluated at least six-monthly or earlier if there was a change in health status. Evaluations documented progress toward goals or expected outcomes. In two files, the six-monthly care plan evaluations were not yet due (one new resident and one was a resident using respite care).</p> <p>There is at least a three-monthly review by the GP. Changes in health status are documented and followed up. Short-term care plans are utilised for acute changes in the residents' condition. These were reviewed and signed off when resolved.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>PA Low</p>	<p>The building has a current building warrant of fitness that expires 22 March 2021. There is an upstairs area that includes a lounge and some resident bedrooms. There is a lift and stairs to the downstairs floor. All residents congregated mostly in the downstairs lounge area during the day. Both floors are safe for residents including those who use mobility aids.</p> <p>There is sufficient space for residents to safely mobilise using mobility aids and communal areas are easily accessible. There is safe access to the outside areas which includes seating and shade.</p> <p>Interviews with caregivers confirmed there was adequate equipment. The owner/manager and second owner oversee the maintenance and repairs. The property maintenance schedule is in place and external contractors are used as required. Annual calibration of clinical equipment is completed. Electrical testing has been completed annually.</p> <p>The main front door and one other door to the driveway (not considered to be the main entrance) were not able to be easily and safely used by residents. An outdoor gate from the garden to the driveway was locked as it is</p>

		not considered to be an entrance or exit however there is a risk that residents in that area and in the event of an emergency will try to get out of the garden using that exit. All entries and exits are expected to come through the main front entrance.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	<p>There is a policy describing surveillance methodology for monitoring of infections. The infection control coordinator collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at both the monthly staff meetings. Trends are identified, and preventative measures put in place. Internal audits for infection control are included in the annual audit schedule.</p> <p>There is close liaison with the GP that advises and provides feedback/information to the service. Systems in place are appropriate to the size and complexity of the facility. Paper hand towels are in use, hand sanitizers are throughout the facility and staff training around hand washing has been carried out.</p> <p>There have been no outbreaks since the last audit. All Covid-19 precautions have been fully implemented with sufficient PPE in place for at least two weeks should that be required.</p>
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. On the day of the audit there were no residents with restraints in use and no residents with enablers (link 1.4.2.4).

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 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Negligible	The owner/manager is interRAI trained and completes all interRAI assessments. They have been away overseas when the last six monthly interRAI were due and these have not been completed. The relieving registered nurse is not interRAI trained. Three of the three long term residents had not had interRAI assessments completed in a timely manner, however each of the three had a current interRAI in place and each had an interRAI completed a year ago. The owner/manager had planned to support the registered nurse to complete interRAI training however this had not been able to be achieved during Covid 19.	Three of three interRAI assessments had not been completed for long term residents in a timely manner.	Ensure that interRAI assessments are completed for long term residents in a timely manner. 180 days

<p>Criterion 1.4.2.4</p> <p>The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group.</p>	<p>PA Low</p>	<p>The main front door is able to be opened from the inside and out by pushing a button. The door has a gas soft door close on it that is designed so that the door closes when the person is through. The door was very heavy to open on the day of audit and closed quickly. Residents were seen to struggle to hold the door open long enough to get in with mobility aids and while they could ring a bell for assistance when on the outside, often tried to get in by themselves. There is a second door to the exterior driveway that had a pin code lock. This second door was not considered to be a main entrance. Residents who did use the second door were aware of the number to punch in however there was an extremely short time between putting the pin code in and being able to open the door. It was also reasonably high up for some residents who might have tried to use it. There is a combination lock on the gate from the garden to the driveway. Staff were very prompt in going to the door to help residents to get in</p>	<p>The external doors to the driveway were difficult to use and one gate was locked with a combination lock. Noting, these are not main entrances or exits.</p>	<p>Ensure that any resident using rest home level of care is able to get in and out of the service easily and safely with independence encouraged.</p> <p>180 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.