

Aria Bay Senior Living Limited

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 The DAA Group 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:	Aria Bay Senior Living Limited	
Premises audited:	Aria Bay Retirement Village	
Services audited:	Rest home care (excluding dementia care)	
Dates of audit:	Start date: 6 November 2014	End date: 6 November 2014
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:	58	

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

Aria Bay Retirement Village is governed by the Aria Group Limited. The service provides rest home level care for 60 residents. On the day of this surveillance audit there were 58 residents.

There have been no changes to the facility since the last audit.

The two improvements from the previous audit have been effectively managed and there were no areas identified as requiring improvement from this audit.

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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Managers ensure the environment is conducive to effective communication and residents reported that they can safely express concerns. The nurse manager and the clinical manager have developed effective relationships with residents and family/whanau.

Residents are well supported to maintain links with their family and the community. Interpreter services are accessible if and when required.

The complaints process has been communicated to all staff, family and residents. A complaints register was maintained. Complaints reviewed were managed and used as opportunities for improvement. Complaints reviewed were managed in an open manner with apologies made to residents/family if and when required.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The purpose, values, scope, direction and goals of the organisation have been approved by the governing body. The owner directors monitor organisational performance. Strategic and business plans were documented. Adequate succession planning ensures there is a suitably experienced and qualified staff member who can perform the management role during a temporary absence.

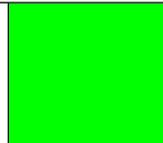
The organisation has a documented quality and risk management system. The required policies and procedures are in place and were accessible to staff. All new policies have been reviewed and signed off by the executive director. Key quality goals have been defined and achievement towards the goals is being monitored for effectiveness and efficiency. Benchmarking of clinical indicators is conducted locally and at national level with any trends in data monitored.

Aria Bay Retirement Village has an effective quality improvement and internal monitoring programme. Any risks were seen to be managed appropriately based on the level of risk identified. Essential notifications are made when required and incidents reviewed were managed in an open and transparent manner.

The human resources management system was conducted in line with good employment practice. All professional qualifications are validated annually. The training programme was robust and the training schedule was available for 2014 to 2015.

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.

Services are provided by suitably qualified and trained staff to meet the needs of residents. Residents have had an initial nursing assessment and care plan developed by the registered nurse (RN) on admission to the service. The service meets the contractual times frames for the development of the long term care plan. When there are changes in the resident's needs, a short term care plan is implemented to reflect these changes. The care plan evaluations reviewed were conducted at least six monthly on all aspects of the care plan.

Residents have been reviewed by a GP on admission to the service and at least three monthly, or more frequently to respond to any changing needs of the resident. The provision of services was provided to meet the individual needs of the residents. A team approach to care was provided ensuring continuity of services. Referrals to other health and disability services was planned and coordinated as required based on the individual needs of the resident. The families interviewed reported that interventions are consistently implemented and that the service manages the residents' care needs.

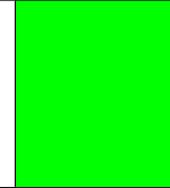
The service has a planned activities programme to meet the recreational needs of the residents with a focus on resident's individual needs. Residents are encouraged to maintain links with family and the community.

A safe medicine administration system was observed at the time of audit. The service has documented evidence that staff responsible for medicine management have been assessed as competent.

Residents' nutritional requirements were met by the service. Resident's likes, dislikes and special diets were catered for, with food available 24 hours a day. The service has a four week, summer/winter rotating menu which was approved by a registered dietitian. Resident surveys show satisfaction with the meal service.

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.

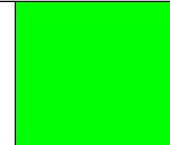


Standards applicable to this service fully attained.

All residents at Aria Bay Retirement Village are provided with a safe and appropriate environment. The facility was purpose built for the provision of rest home services. The facility had a current building warrant of fitness. Furniture, fixtures and fittings are equipped and chosen with the special needs of the residents in mind. Environmental hazards are identified and monitored. There was an approved evacuation plan and the fire drills are conducted six monthly.

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.

The service is maintaining its policy and practice of no restraint. On the day of audit there are no residents requiring restraint or enablers.

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 clinical manager who is the infection prevention and control co-ordinator has participated in relevant ongoing education. Relevant education is also provided to staff. Surveillance for residents who develop infections was occurring. The surveillance method and definitions of infection were detailed and the surveillance appropriate to the service setting. All residents with suspected infections were discussed with the general practitioner, registered nurses and caregivers in a timely manner. Overall infection rates and trends are discussed at the infection prevention and control and monthly staff meetings.

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	16	0	0	0	0	0
Criteria	0	39	0	0	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>	<p>FA</p>	<p>Systems were in place to ensure residents are advised on entry to the facility of the complaints process. The complaints policies and procedures reviewed were compliant with Right 10 of the Code. Staff interviewed were well informed and able to direct residents/family or staff to the complaints forms which were accessible in different locations around the rest home. Residents interviewed demonstrated a good understanding of this process.</p> <p>The nurse manager had an appropriate system in place to manage the complaints process and a complaints register was maintained. Timeframes were appropriately met. The nurse manager who was interviewed reports to the executive director through monthly reports and three monthly management meetings. Minutes were available and were reviewed.</p> <p>As required the complaints procedures are included in the admission agreement. There were no complaints requiring closure.</p> <p>The DHB Contract requirements are met.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Policy confirms residents have a right to full and frank information as sighted in the guidelines for open disclosure policy. Interpreter service contact details are shown. There is a health and disability advocate available for the service. The advocate visits on a regular basis and participates in staff education on the Code of Health and Disability Services Consumers` Rights. This was evident on the staff training schedule reviewed for 2014.</p> <p>All residents have their own rooms. Staff interviewed stated they are able to communicate effectively and privately any information with residents. The residents interviewed verified that communication was managed effectively by staff. The doctor visits residents in their own individual room. Privacy was maintained.</p> <p>The DHB requirements are met.</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>The service strategic plan reviewed identifies the purpose and goals/objectives set. There has been a full review of the plan undertaken, as part of the quality improvement risk and management action plan developed and implemented. This plan provides the framework for monitoring and evaluation annually. The 1 January 2014 – 2016 plan was sighted. The vision and philosophy involves a commitment to providing quality care, support and services. The service aims to provide rest home level care where the environment enhances and maximises independence and where there is respect for the resident`s cultural, spiritual, emotional, intellectual and physical wellbeing.</p> <p>The nurse manager interviewed attends the three monthly management meetings which is a forum for discussing issues related to quality and risk management. The standing agenda included matters arising from the previous minutes, follow up of all outstanding issues, non-conformities (supplier problems-internal failures), complaints/compliments, quality improvement measures implemented, incident/accident analysis (covering falls, skin tears, fractures, drug errors and infection control analysis for the month). The executive director individually evaluates the progress for each of the three Aria facilities.</p> <p>The nurse manager of Aria Bay Retirement Village has been in the management role for three years. The nurse manager has at least 15 years of experience working in the aged care sector and palliative care experience. There was evidence of ongoing education and professional development completed by the nurse manager as sighted in the personal record reviewed. The nurse manager is a registered nurse with a</p>

		<p>current annual practising certificate which is valid to 30 June 2015.</p> <p>The DHB Contract requirements are met.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>The quality improvement risk and management action plan for 1 January 2014 to 2016 identifies objectives, action planning and support to reach identified goals and objectives. The overall objective is to meet the needs of the residents and enhance satisfaction with support/care provided. The quality action plan covers all aspects of service delivery, which includes a resident focus, provision of effective programmes, certification and contractual requirements, quality and risk and continuous improvements. Identified goals and objectives have management controls documented. The actions documented showed who was responsible for the controls and the timeframe for completion. The plan has been updated monthly.</p> <p>The facility team heads of department meeting (a new initiative) on the first and third Mondays of the month has a meeting schedule for 2014. Twice yearly an Enduring Power of Attorney (EPOA) and family meeting is held and any areas of concern are discussed; the meeting is facilitated by the manager. The residents' meetings are held two monthly, or one monthly if required.</p> <p>The quality and risk management system is closely linked with the health and safety and infection control programmes. The risk register was maintained for all areas of service delivery, including the kitchen, laundry, chemical hazards and for any contractors on site at the facility. A flow chart demonstrated the hazard management process which was documented on red paper for each area displayed.</p> <p>The nurse manager interviewed understood the quality and risk systems implemented for the service and the responsibilities involved. Corrective actions are documented with timeframes and the designated person allocated to ensure actions are followed up appropriately to close out effectively.</p> <p>Policies sighted reflect good practice. All policies, once reviewed, were signed off by the executive director. Management and the staff interviewed stated they are encouraged to have input when policies and procedures are reviewed. The document control policy has been reviewed. An archive room is available and archives can be retrieved if and when required. The contents page for the quality manual is updated regularly and policy references are updated. The Aria Villages audit compliance calendar from July 2013 to May 2015 was reviewed and this detailed all scheduled audits to be undertaken and by whom.</p>

		The DHB Contract requirements are met.
<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>	FA	<p>Forms, policy and procedures reviewed were up to date and covered all required aspects of adverse event reporting. The nurse manager and the clinical manager interviewed had a good understanding of the statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority to contact if and when required.</p> <p>The nurse manager reported one recent serious harm notification online to Work Safe New Zealand Limited this year. There is evidence of receipt of the document and this is filed in the incident accident system. The service has tertiary level compliance for the Accident Compensation Corporation (ACC) Workplace Safety Management Programme.</p> <p>The nurse manager and clinical manager gather information each month on the monthly incident/accident analysis form with the date, name of the resident, staff member or visitor, place, time, sort of injury (if sustained), injury site and cause, if known. The accident/incident analysis for 2014 is reviewed. The total number of falls, skin tears sustained, fractures, medication errors, near misses, work related injuries, complaints and compliments were clearly documented. Graphs are printed out for staff to visualise why the information is obtained. Staff interviewed provided evidence that staff were fully informed about the system in place. Any hazards identified were documented and the appropriate action taken.</p> <p>A quality improvement report is completed by the nurse manager and the corrective actions reviewed and discussed at the monthly quality meetings. Any trends have been identified and other relevant improvements made have been fed back to the staff accordingly. Benchmarking occurs over the three Aria sites.</p> <p>The DHB Contract requirements are met.</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>The human resources documents and policies sighted meet contractual requirements. Eight individual staff records were randomly selected, inclusive of one manager, one clinical manager, one auxiliary staff, three registered nurses and two caregivers. Job descriptions were sighted for all staff and have been signed off by the staff member and the nurse manager. All files were integrated and easy to follow through. Performance appraisals and education completed was evidenced in each</p>

		<p>record reviewed.</p> <p>The orientation programme for new staff is comprehensive and included an orientation checklist which has been completed as required.</p> <p>The professional qualifications for the manager and the current annual practising certificates for the two registered nurses were available and validated. There is a system in place for verifying the professional qualifications of the registered nurses annually and that of all health professionals contracted to the service, such as the general practitioner and the podiatrist. Scopes of practice were also verified.</p> <p>For staff responsible for medication management (three registered nurses and eight senior caregivers), there was evidence that medication competencies have been completed. Other competencies specific to Aria included manual handling, fire questionnaire, hand hygiene, quality meeting attendees (two per year), health and safety and infection control which are compulsory for all staff to complete.</p> <p>A system was available for identifying, planning facilitating and recording ongoing education. An individual record was recorded in each individual staff file reviewed. The training schedule for 2014 was reviewed and staff interviewed verified education is provided on a regular basis as planned.</p> <p>The DHB Contract requirements are met.</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>Policy clearly sets out the process to determine service provider levels and skill mix to ensure safe service delivery. The nurse manager interviewed ensures that at all times adequate numbers of staff are on duty to provide safe support and care and to achieve care outcomes. The daily staff mix observed to be on duty at the time of audit included the registered nurse, caregivers, activities co-ordinator, cook, household staff, and the maintenance manager.</p> <p>The rosters are completed by the nurse manager and were reviewed. Factors taken into consideration when developing the roster include the ability to meet the facility's goals and objectives, the acuity and assessed needs of the residents, resident support and care levels, clinical indicators, safety and security of staff and residents, agreement/contract obligations and the residents' cultural values and beliefs. There was an after-hours emergency contact.</p> <p>The DHB Contract requirements are met.</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>Medicines for residents are received from the pharmacy in the blister pack delivery system monthly. The signing sheet that records the packs are checked for accuracy against the resident's medicine chart. A medicine reconciliation process occurs with new admissions and when the resident has been to a specialist or hospital admission. A safe system for medicine management was observed on the day of audit.</p> <p>Medicines were stored in locked medicine trolleys that are secured to a wall. There was a monthly stock rotation recorded for the medicines that are not packed in the blister packs. The controlled drugs were stored in a locked safe, two staff have signed the register at each administration, and a weekly stock count has been undertaken. There was also evidence sighted of an additional six monthly stock count.</p> <p>The ten medicine charts reviewed have been reviewed by the GP in the last three months, and this has been recorded on the medicine charts. All prescriptions sighted contained the date, medicine name, dose and time of administration. All medicine charts reviewed had each medicine individually prescribed. All signing sheets were fully completed on the administration of medicines chart for the past four weeks.</p> <p>There were documented competencies sighted for the staff designated as responsible for medicine management.</p> <p>The manager (RN) reported that there were no residents self-administering their medicines at the time of audit. The service has a self-administration competency for residents who are able to self-administer their medicines, should this be required.</p> <p>The DHB contract requirements are met.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The menu has been reviewed and approved by a registered dietitian as suitable for aged care residents. A nutritional profile was completed for each resident by the CM/RN upon entry and this information has been shared with the kitchen staff to ensure all needs, wants, dislikes and special diets are catered for. For example, the service provides diabetic meals and food for a resident with an allergy.</p> <p>The service is managed by a full time cook and part time kitchen hands. Evidence was seen of all kitchen staff having completed safe food handling certificates and ongoing in house education.</p> <p>All aspects of food procurement, production, preparation, storage, delivery and</p>

		<p>disposal complied with current legislation and guidelines. Fridge and freezer recordings were undertaken daily and meet requirements. All foods sighted in the freezer were in their original packaging or labelled and dated if not in the original packaging.</p> <p>Residents' satisfaction surveys are completed six monthly and any concerns are follow up and reported at residents' meetings, as was sighted.</p> <p>The DHB contract requirements are met.</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>	FA	<p>The service has adequate dressing and continence supplies to meet the needs of the residents. The five care plans reviewed, recorded interventions that were consistent with the residents' assessed needs and desired goals. Observations on the day of audit indicated residents were receiving care that was consistent with their needs. The six residents and two family/whanau interviewed reported that the service meets their, or their relatives, needs.</p> <p>The staff reported on interview they were aware of residents' specific needs and are notified of changes at handover.</p> <p>The DHB contract requirements are met.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activity coordinator/mobility therapist oversees the activities programme and an assistant activity coordinator. The service provides an activities programme six days a week. The activity coordinator interviewed reported activities plans are individualised to the resident's individual needs. The five residents' files reviewed had activities assessments and diversional therapy plans that were updated and evaluated in each resident's file at least six monthly (mostly monthly reviews were sighted) with care plan reviews and multidisciplinary reviews.</p> <p>The service provides rest home care only and has some residents that are independent and participate in community activities. The planned activities have been developed from residents' input and are individualised to their needs, hobbies and special interests. The activities assessments and plans were incorporated in to the long term care plan, as sighted in the five residents' files reviewed; they were up to date and reflected individualised needs of the residents. The activities assessment included social pursuits, intellectual interests, creative pursuits, physical activity, and outdoor interests. Where possible residents' independence was encouraged along</p>

		<p>with links with family and community groups. Residents have been provided with outings on a routine basis. One to one activities were planned to meet the resident's interests.</p> <p>The six residents and two family members interviewed reported they enjoyed the range and variety of planned activities.</p> <p>The DHB contract requirements are met.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>The five residents' care plans reviewed evidenced evaluations that were recorded at least six monthly by the manager (RN), with input from the GP, the resident, the family and the activities coordinator. The documented evaluations indicated the resident's progress in meeting goals, and care plans were also updated to reflect progress towards meeting goals.</p> <p>Where progress was different from expected the service either updated the long term care plan or used short term care plans for temporary changes. The six residents and two family/whanau interviewed reported involvement in the evaluation process and were satisfied with the care provided.</p> <p>The DHB contract requirements are met.</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>	FA	<p>There have been no changes to the building since the last audit. The building warrant of fitness expires on 17 March 2015. All building, plant and equipment comply with legislation.</p> <p>The DHB Contract requirements are met.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection control data has been collected on urinary tract infections, chest infections, wound infections, eye and ear infections and multi-resistant organisms. The monthly report of collected data is provided to management and presented at quality and staff meetings. Infection control data is included in the quality audit programme and the data is benchmarked within the group. There is a regular quality management meeting where the data has been reviewed and analysed.</p> <p>All care staff members reported on interview they are responsible for the reporting of suspected infections to the infection control co-ordinator. The infection control co-</p>

		<p>ordinator/CM reported on interview she is responsible for ensuring appropriate action, notification and follow-up is undertaken.</p> <p>Evidence was seen of a scabies and norovirus outbreak in 2015 and that these were correctly managed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service actively tries to minimise any restraint use. All residents are independently mobile with the use of a walker as required. Currently there are no restraints or enablers in use. An in-service staff education session on restraint and challenging behaviour was held in July 2014. Staff interviewed (NM, caregivers) demonstrate knowledge and understanding about the requirements of restraint minimisation.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

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.