# Vincentian Home For The Elderly Berhampore 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 Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Vincentian Home For The Elderly Limited

**Premises audited:** Vincentian Home for the Elderly Berhampore

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

**Dates of audit:** Start date: 12 January 2015 End date: 12 January 2015

**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:** 44

# 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 |
|  | 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

Vincentian Home for the Elderly is a not for profit registered charity. The facility provides rest home and hospital level care for up to 52 residents. There were 16 rest home residents and 28 hospital residents on the day of audit. The service has implemented a quality and risk management system appropriate to the size of the service. The Vincentian management team comprises a manager, clinical manager and a part time quality manager. There is a comprehensive orientation and in-service training programme being implemented providing staff with appropriate skills to deliver resident care.

The service has addressed the three findings from the certification audit around short term care planning, medication documentation and restraint assessment documentation.

This audit has identified areas for improvement around documentation, care plan interventions and medication management.

## Consumer rights

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| 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 an open disclosure policy. Interviews with residents and relatives confirmed family are being kept informed of their family member’s current health status including following any adverse events. A complaints process was being appropriately implemented.

## Organisational management

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| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Some standards applicable to this service partially attained and of low risk. |

The strategic direction has been developed by the board of directors. The manager reports on operational matters to the board monthly. The manager and clinical manager are appropriately qualified for their roles and have been in their respective positions over ten years. The quality and risk management programme is being implemented and monitored. Key components of the quality management system link to two monthly quality meetings and regular staff meetings. The service is active in analysing data. This is demonstrated through recent falls and pressure injury projects. Resident and family satisfaction surveys are completed and regular resident/relative meetings are held. There is an active health and safety committee and a current hazard register. There is a comprehensive orientation programme in place and an in-service education programme that covers relevant aspects of care and support. Human resource policies are in place including a documented rationale for determining staffing levels and skill mix. Resident files contain relevant clinical information to support care; however progress notes did not record the time of entry.

## Continuum of service delivery

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| 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. |

Registered nurses are responsible for each stage of service provision. The sample of residents’ records reviewed provides evidence that the provider has implemented systems to assess, plan and evaluate care needs of the residents. The residents ability, objectives and interventions are identified and these were reviewed at least six monthly with the resident and/or family/whanau input. There were short term care plans in place for short term needs. Improvement is required around documentation of pressure area interventions. Nursing care plans demonstrate service integration. Resident files include notes by the GP and allied health professionals. The activities programme is co-ordinated by an occupational therapist and recreational assistant. The activities programme provides varied options and activities that meet the needs of residents. Education and medicines competencies are completed by all staff responsible for administration of medicines. Medication charts are reviewed three monthly by the general practitioner. The previous practice of transcribing has been addressed. Improvement is required around the prescribing of as required medications. A dietician reviews the menu and is available for dietary advice and education. Resident likes and dislikes are known and alternatives offered. All food is cooked on site and kitchen staff have attained safe food handling certificates.

## Safe and appropriate environment

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| 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. |

The building has a current warrant of fitness.

## Restraint minimisation and safe practice

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| 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. |

Vincentian Home has a comprehensive restraint minimisation policy. There are four residents with enablers (bedrails) in use and three residents requiring the use of bed rails as a restraint. Staff receive training on restraint minimisation and managing residents' behaviours that can be challenging. The previous finding around documentation of frequency of monitoring has been addressed.

## Infection prevention and control

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| 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 is appropriate for the size and complexity of the service. The infection prevention and control officer is a registered nurse. The infection prevention and control nurse uses the information obtained through surveillance 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.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | 3 | 0 | 0 | 0 |
| **Criteria** | 0 | 42 | 0 | 3 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.  | FA | The service is implementing their complaints policy. The manager has overall responsibility for managing the complaints process including ensuring an appropriate investigation is undertaken. There is a complaints register that records the number and type of complaint/s and the date of resolution. The 2014 complaints were reviewed and all documentation including follow up letters and resolution was available. The number of complaints received each month is reported to staff via the various meetings – e.g. staff, quality meeting. Complaints are reported monthly to the board via the managers’ report. Discussion with four residents and two relatives confirmed they were provided with information on the complaints process. |
| Standard 1.1.9: CommunicationService providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is an open disclosure and interpreter policy to guide staff in their responsibility around open disclosure. Staff are required to record family notification on the incident form and this had been completed on twelve forms reviewed. Two family members (hospital level residents) confirmed they had been notified following a change of health status of their relative. The information pack is available in large print and this can be read to residents. The residents and family are informed prior to entry of the scope of services and any items they have to pay that are not covered by the agreement. |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Vincentian Home for the Elderly is a not for profit registered charity, the goals and strategic direction are developed by the board of directors and included in the five year business plan which is due for review in 2018. The manager of the service has been in post for over 10 years and the clinical manager for 20 years. The quality manager works 16 hours per week and has been at the service for over two years. The facility provides hospital - medical, geriatric and rest home level care for up to 52 residents. There were 28 hospital residents and 16 rest home residents in the service at the time of audit. A monthly quality report is provided to the manager who then reports through to the board. Meeting minutes reviewed from the staff meetings, health and safety and two monthly quality meetings included discussion on going progress towards meeting identified goals. The manager has maintained at least eight hours annually of professional development activities related to managing a rest home and hospital. |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The service has a business plan and quality and risk management programme that is being implemented. The quality committee are responsible for monitoring the various aspects of the quality programme. Quality outcomes are reported to staff via the staff meetings, the health and safety meetings and infection control meetings. Outcomes from the health and safety committee and infection control committee meetings are also discussed at the various meetings. The health and safety programme monitors hazards, staff incidents and maintained the hazard register. The hazard register is current. Meeting minutes from all meetings are maintained and available to staff. The service has a suite of policies and procedures that support practice. Policies are reviewed every two years as outlined in the document control policy. Documents no longer relevant to the service are archived. There is an internal audit schedule that is being implemented and includes key aspects of service delivery. Clinical indicator data is collated from resident and staff incidents/accidents. Analysis and trending is undertaken by the quality manager. There are falls prevention strategies implemented. A falls project was run across 2014, with the project being in abeyance at the time of audit until data analysis is completed. While resident outcomes have not been formulated (and therefore a continuous improvement has not been awarded), the project demonstrates the service is committed to continuous improvement as highlighted in the previous certification audit. Following data analysis the working group will reconvene to further develop and implement recommendations/findings.Resident/relative meetings are run regularly by an independent advocate and an annual survey is undertaken. Feedback from the resident/relative survey was discussed at the various staff meetings, and reported through to the board. Interview with staff (six care givers, one registered nurse and the clinical nurse manager) demonstrated an understanding of the quality programme. |
| Standard 1.2.4: Adverse Event Reporting 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.  | FA | There is an incident reporting policy that includes definitions and responsibilities. Incidents and accidents were seen to have been reported on the relevant form, investigated and collated for ongoing trending. Actions to minimise recurrence have been undertaken such as the falls project (refer evidence 1.2.3) and an improvement project around the occurrence of pressure injuries. There is ongoing discussion of incidents/accidents at clinical staff and staff meetings. An annual summary of incidents has been completed for the 2014 year that considers trends and/or environmental factors that impact on the occurrence of incidents. Discussions with the manager and clinical nurse manager confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications.  |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | There are appropriate recruitment and staff selection processes being implemented. A copy of practising certificates including registered nurses and general practitioners is kept. Seven staff files were reviewed and all relevant information was on file. Performance appraisals were current in files reviewed. The manager has a tracking sheet to ensure staff competences and appraisals are completed in a timely manner. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. One care giver interviewed who had recently commenced employment was able to describe the orientation process and stated they believed they have been adequately orientated to the service. There is an 18 month training schedule that is being implemented. The schedule covers relevant aspects of care. Care givers interviewed have either completed the national certificate in support of the older person or have commenced the Aged Care Education programme. The registered nurses attend external training including conferences, seminars and sessions provided by the local district health board (DHB). All registered nurses are first aid trained. Discussion with the manager, quality manager, clinical manager, one registered nurse and six caregivers confirmed that a comprehensive in-service training programme was in place that covered relevant aspects of care and support and met requirements.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a staffing policy determining staffing ratios and skill mix. The manager and clinical manager work 40 hours per week and a quality manager works two days per week. There is at least one registered nurse on duty at all times, and all registered nurses are first aid trained. The manager is on call 24/7 and the clinical nurse manager provides on call cover for any clinical concerns/emergencies. Interviews with relatives and residents confirmed staffing numbers are sufficient to meet resident need. Caregivers and registered nurses interviewed stated there was sufficient staffing on duty. The manager informed agency staff are used if required to cover unexplained absences.  |
| Standard 1.2.9: Consumer Information Management Systems Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | PA Low | The resident files are appropriate to the service type. Residents entering the service have relevant initial information recorded within 24 hours of entry into the resident’s file. An initial care plan is also developed in this time. Residents' files are protected from unauthorised access. While entries in the resident’s files were legible, dated and signed by the relevant caregiver or registered nurse, the time of entry is not recorded. Individual resident files demonstrate service integration. This includes medical care interventions and records of the occupational therapist (who is the recreation officer).  |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | All medication is managed appropriately in line with required guidelines and legislation. The service uses regular and as required medications in robotic rolls. Medications are checked on delivery against the medication chart. Pharmacy errors recorded are fed back to the supplying pharmacy. RNs only administer medications and complete annual medication competencies. Caregivers complete competencies for the checking of medications. There were no self-medicating residents. Verbal orders were sighted and signed off by the GP. Medication fridge temperatures are recorded weekly. A midday medication round was observed to be compliant with medication practice. Ten medication charts sampled (four rest home and six hospital) had photo identification and allergies/adverse reactions noted. As required medication administered records the date and time of administration on the signing sheet however did not consistently record indications for use. There was no evidence of transcribing and the previous shortfall has been addressed. D16.5.e.i.2; Ten of 10 medication charts reviewed identified that the GP had seen the resident three monthly and the medication chart was reviewed and signed. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | The service employs a cook daily who is supported by two morning kitchen hands and one afternoon kitchen hand. The six week rolling menu has been reviewed by the dietitian. Resident likes and dislikes are known and alternative choices are offered. Dietary requirements include diabetic meals, pureed and gluten free meals. Meals are served from bain maries in the rest home and hospital. Hot food temperatures are taken daily on cooked meats. All food fridges and freezers are monitored weekly. Perishable foods sighted in the fridges were date labelled. Equipment has been serviced annually. A cleaning schedule is maintained. Residents and relatives interviewed were positive about the meals provided. D19.2 Staff have attended food safety and hygiene and chemical safety training. |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Short term care plans were evidenced to be in use for short term needs. The short term care plans describe the interventions required to support the resident. Short term care plans sighted were for unexplained weight loss, skin tear, weight gain and respiratory tract infection. The previous finding around short term care plans has been addressed.  |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | PA Low | Nursing care plans are completed by the RN keyworker for the resident. Care delivery and any changes in residents condition is documented and reported (evidenced in residents’ progress notes sighted). When a residents health status changes the RN initiates a clinical assessment and GP consultation. Care plans are updated to reflect the resident’s health and medical status with the exception of one plan reviewed. AD18.3 and 4: Dressing supplies are available and treatment rooms are well stocked for use. The RN interviewed described the referral process to a wound specialist or continence nurse. There are adequate continence products available and individual allocations of products according to continence assessments.  |
| Standard 1.3.7: Planned ActivitiesWhere 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. | FA | A qualified occupational therapist (OT) is employed full-time to co-ordinate and implement the activity programme for Vincentian rest home and hospital. A recreational assistant provides activities on a Saturday. She has a current first aid certificate.The activity programme is integrated for rest home and hospital residents. The weekly programme is developed in consultation with the residents, family and staff to ensure the abilities of both consumer groups were met. Volunteers and visiting nuns spend one on one time with residents who are unable to participate or choose not to be involved in group activities. Community visits include pet therapy, visiting children, entertainers, monthly beauty therapist and twice weekly reflexologist. Outings are planned weekly and a taxi van is hired which has wheelchair seating. Church services are offered. Specific spiritual visitors for residents are arranged on a one on one basis.An appointed resident advocate chairs the three monthly resident meeting that is open to families to attend. Feedback on the activity programme was evidenced through meeting minutes and surveys. Residents and families interviewed were positive about the activities, entertainment and outings offered.An OT assessment and resident life history was completed in all resident files reviewed. An activity plan is developed in consultation with the resident and their family/whanau as appropriate. The activity plan is reviewed at the same time as the care plan.  |
| Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Nursing care plans are reviewed and evaluated by the RNs six monthly or earlier when there are changes to health care status. The InterRAI assessment tool is in use. There is an annual multidisciplinary review that includes input from the RN, keyworker, GP, occupational therapist, clinical manager, resident and their family/whanau as appropriate. Short term care plans that were in place evidenced regular evaluations. Medical notes evidenced a GP examination and medication review at least three monthly. ARC: D16.3c: All initial care plans are evaluated by the RN within three weeks of admission.  |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | The building has a current warrant of fitness that expires 21 March 2015. There is a planned maintenance schedule in place. Clinical equipment has been serviced/calibrated February 2014. The chair scales are a new purchase. The annual electrical equipment check was being completed on the day of audit. The staff interviewed confirm there is adequate equipment to safely deliver care.  |
| Standard 3.5: SurveillanceSurveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | Infection surveillance is part of the infection control programme and described in the infection control and surveillance policy. Monthly infection data is collected for infections. Surveillance of all infections are entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at the infection control meetings, quality and staff meetings. If there is an emergent issue, it is acted upon in a timely manner. The service experienced Influenza A outbreak September 2014. Public health was notified.  |
| Standard 2.1.1: Restraint minimisationServices demonstrate that the use of restraint is actively minimised.  | FA | Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. Documented systems are in place to ensure the use of restraint is actively minimized. There were three residents with restraints (bedrails) and four residents with enablers (bedrails). Consents, assessments and reviews were sighted for residents on restraints and enablers. Staff receive restraint/enabler education on orientation and ongoing |
| Standard 2.2.1: Restraint approval and processesServices maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.  | FA | The previous audit identified that enabler files and restraint files reviewed did not all reflect the frequency of monitoring documented in clinical risk assessments completed transferred into the residents' care plans. Files reviewed for this audit indicated that the previous shortfall has been addressed. |

# Specific results for criterion where corrective actions are required

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.9.9All records are legible and the name and designation of the service provider is identifiable. | PA Low | Registered nurses and care givers report resident progress in files. All relevant aspects of care are recorded and entries are dated and signed including staff designation. | In five files reviewed clinical staff have not entered the time progress notes were being recorded. | Ensure the time is recorded when making entries into progress notes.90 days |
| Criterion 1.3.12.1A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines. | PA Low | Medication charts are pharmacy generated. The prescribing of regular medications meets legislative prescribing requirements.  | There are no indications for use documented for as required medications on four out of 10 medication charts sampled. | Ensure as required medications have an indication for use prescribed on the medication chart.90 days |
| Criterion 1.3.6.1The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes. | PA Low | Short term care plans for wound care and dressing changes were in place for two minor wounds. One chronic wound (non-healing chronic sacral ulcer) has been transferred to long term wound management and evaluation form. The GP was notified.  | Pressure area risk, interventions and pressure area resources had not been identified in the care plan for one hospital resident. | Ensure pressure area risk and interventions are documented in the care plan. 90 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

|  |
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| No data to display |

End of the report.