# Oceania Care Company Limited - Victoria Place Rest Home & Hospital

## Introduction

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

The audit has been conducted by Central Region's Technical Advisory Services 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:** Oceania Care Company Limited

**Premises audited:** Victoria Place Rest Home/Hospital and Dementia Care

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

**Dates of audit:** Start date: 28 May 2015 End date: 28 May 2015

**Proposed changes to current services (if any):** Reconfiguration of services. The service initially wished to reduce dementia beds from 13 to seven and increase the number of dual purpose beds from four to ten beds. Further discussion with the service confirmed that they wish to reduce the dementia beds from 13 to seven and to increase the dual purpose beds to 44.

A partial provisional audit has been requested from HealthCERT prior to utilisation of the reconfiguration of beds.

**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.

## General overview of the audit

This partial provisional audit has been undertaken to establish the level of preparedness of the provider to provide a reconfigured health and disability service that would decrease dementia beds from thirteen to seven and to increase the number of dual purpose beds to a total overall of 44 beds.

The audit process included the review of policies, procedures and residents and staff files, observations and interviews with residents, family, management, staff and a medical officer. The audit also reviewed three recommendations required at the previous audit to the complaints register, the activities programme and to medication management with no further actions required.

The business and care manager is responsible for the overall management of the facility and is supported by the clinical manager. Service delivery is monitored. Staffing levels are reviewed for anticipated workloads and acuity and there is a rationale documented to increase staffing as per the needs and acuity of residents.

There are no changes required to service delivery or the facility should the certification to reconfigure beds be approved because of this audit.

## Consumer rights

Information regarding the complaints process is available to residents and their family and complaints are investigated. The complaints register has been updated to include all complaints and the recommendation required at the previous audit has been completed.

## Organisational management

The business and care manager and clinical manager (both registered nurses) provide operational and clinical oversight of the service. They are supported by the operations and clinical and quality managers. The appropriate authorities have been notified of the recent appointment of the clinical manager.

Staffing levels are adequate and the policy describes how staffing will be increased if the reconfiguration of beds is approved. Interviews with residents and relatives demonstrated that they have adequate access to staff to support residents when needed. Staff in the dementia unit are trained in dementia care.

The current management team, training programme and staffing rationale are appropriate should the beds identified be reconfigured and no changes are required.

## Continuum of service delivery

There is a medicine management system to manage the safe and appropriate prescribing, administration, storage, disposal and medicines reconciliation to comply with legislation, protocols and guidelines. Visual inspection of the facility confirmed medicines are kept in a heat and moisture free, securely locked area. The service maintains controlled drug registers to ensure stock control. The entries to the registers comply with legislative requirements. The pharmacist completes six-monthly stock takes of the controlled drugs. Medicines management in-service training occurs. All staff members responsible for medicines administration have annual competencies completed. The service had no residents who self-administer medicines.

During the onsite audit the recreational activities were appropriate to the age, needs and culture of the residents and supported their interests and strengths. The residents and families interviewed expressed satisfaction with the activities provided by the activities coordinator. The previous requirement for improvement relating to diversional therapist oversight of activities programme is fully implemented.

Food, fluid and nutritional needs of residents are identified through assessment. The kitchen is located next to a large communal rest home and hospital dining room. Residents with special dietary are catered for. Food procurement, production, preparation, storage, transportation, delivery and disposal complies with current legislation and guidelines. This service is able to provide medicines and food services to the suggested changed areas within the service.

## Safe and appropriate environment

There is a current building warrant of fitness in place. There is a preventative and reactive maintenance programme including equipment and electrical checks. The facility is appropriate to the needs of residents with a secure unit for residents identified as requiring this. The facility including the outside courtyard for residents requiring dementia care has been significantly refurbished. There are doors that will be activated as secure doors should the dementia unit be approved to reduce the number of dementia beds. A second nurses station is set up ready to be used should residents requiring hospital care be admitted into the proposed reconfigured dual purpose beds.

## Restraint minimisation and safe practice

## Infection prevention and control

The infection control programme is reviewed annually for its continuing effectiveness and appropriateness. There is a managed environment, which minimises the risk of infection to residents, service providers, and visitors. This is appropriate to the size and scope of the service.

The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters.

Service providers and/or residents and visitors suffering from, or exposed to infectious diseases are prevented from exposing others while infectious. Staff members were able to explain how to break the chain of infection.

## 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 | 17 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 38 | 0 | 0 | 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 organisation’s complaints policy and procedures are in line with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and include periods for responding to a complaint. Complaint forms are available at the entrance of the rest home and hospital and in the dementia unit. There is also a ‘mail’ box and anyone can put a note in the box with follow up according to the complaints policy.  A complaints register is in place and the register includes: the date the complaint was received; the source of the complaint; a description of the complaint; and the date the complaint was resolved. Evidence relating to each lodged complaint is held in the complaint’s folder.  Two complaints lodged were selected for review. There is documented evidence of periods being met for responding to these complaints with documentation indicating that the complainants are happy with the outcome.  Residents and family member’s state that they would feel comfortable complaining. There were no verbal complaints identified by residents or family that should have been documented on the complaints register and the recommendation at the previous audit is addressed. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Victoria Place Rest Home, Hospital and Dementia Care is part of the Oceania group with the executive management team including the chief executive officer, general manager, regional operational manager and clinical and quality manager providing support to the service. Communication between the service and managers takes place on a monthly basis.  Oceania has a clear mission, values and goals and these are displayed in the facility and provided to family, residents and staff as part of an orientation to the facility.  Current occupancy. The facility can provide care for up to 51 residents requiring hospital, dementia or rest home level of care. During the audit there were 44 residents living at the facility including 20 residents at rest home level of care, seven requiring dementia level care and 17 residents at hospital level of care.  Reconfiguration of services. The service initially applied to HealthCERT to reduce the number of dementia beds from thirteen to seven and to increase the number of dual purpose beds from four to ten beds. Further discussion with the service on the day of the audit confirmed that they wish to reduce the dementia beds from thirteen to seven and to increase the dual purpose beds to all remaining being identified as dual purpose beds. This audit has confirmed the suitability of 44 dual purpose beds and seven beds for residents requiring dementia level care.  The business and care manager is responsible for the overall management of the facility. The business and care manager has been in the role for a year, is a registered nurse and has a background of over 20 years in aged care and in management roles. The business and care manager is supported by the clinical manager who has been in the service for four months. If the reconfiguration of beds is approved, then there would be no requirement to change the existing management structure. |
| Standard 1.2.2: Service Management  The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers. | FA | There are appropriate systems in place to ensure that the day-to-day operations of the service would continue should the business and care manager (BCM) be absent. The clinical manager relieves the BCM if they are absent and the BCM (registered nurse) is able to relieve for the clinical manager in their absence.  Additional support and assistance is provided by other personnel from Oceania support office as required. Services provided meet the specific needs of the resident group within the facility. Job descriptions and interviews of the BCM and the clinical manager confirmed their responsibility and authority for their roles.  If the reconfiguration of beds is approved, then there would be no requirement to change the existing management structure. |
| 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 | All registered nurses, the clinical manager and the business and care manager hold current annual practising certificates. Visiting practitioner’s practising certificates include the general practitioner, dietitian, podiatrist and physiotherapist.  Staff files randomly selected for audit include appointment documentation on file including signed contracts, job descriptions, reference checks and interviews. There is an annual appraisal process in place with all staff having a current performance appraisal. First aid certificates are held in staff files along with other training records and a list retained in the nurses station. Criminal vetting is completed – sighted in employee files reviewed.  All staff undergo a comprehensive orientation programme that meets the educational requirements of the Aged Residential Care (ARC) contract.  Health care assistants are paired with a senior health care assistant for shifts or until they demonstrate competency on a number of tasks including personal cares. Annual medication competencies are completed for all registered nursing staff and health care assistants who administer medicines to residents. Other competencies are completed including: hoist; oxygen use; hand washing; wound management; moving and handling; restraint; nebuliser; blood sugar and insulin; and assisting residents to shower.  Education and training hours exceed eight hours a year for all staff with relevant training according to each role.  Mandatory training is identified on an Oceania wide training schedule. There are folders of attendance records and training with a spreadsheet maintained by the business and care manager with all training included. All health care assistants working in the dementia unit have completed dementia training.  The existing orientation and training programme is relevant to any staff employed into the service. The programme would apply to any new recruits employed to support residents using dual purpose beds and there is no requirement to change the existing programme if the reconfiguration of beds is approved. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The staffing policy is the foundation for work force planning. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflect staffing levels that meet resident acuity and bed occupancy. Currently there is a registered nurse on 24-hours a day and the business and care manager and clinical manager work full-time Monday – Friday and share the on call component.  There is staff rostered to provide support to each resident according to their needs. Residents and family interviewed confirmed staffing was adequate to meet the residents’ needs.  There is currently 44 staff including the business and care manager, clinical manager and five registered nurses. There is a matrix for staffing developed for Oceania that details an increase in registered nurse hours as the acuity increases. There is also a focus on responding to resident needs and increasing the number of health care assistants and activity coordinator hours as required. The matrix appropriately addresses the staffing requirements for the proposed dual purpose beds. There is no proposed change to staffing of the dementia unit. The service has already advertised to increase hours of activity staff by eight hours a week to respond to needs of residents. |
| 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. | FA | There is a medicine management system to manage the safe and appropriate prescribing, administration, storage, disposal and medicines reconciliation to comply with legislation, protocols and guidelines.  The service has seven registered nurses and four health care assistants who are responsible for medicine management throughout the service. All staff responsible for medicine management have annual competencies completed, verified.  The service had no residents who self-administer medicines. Medicines are kept in heat and moisture free, securely locked areas. The service has controlled drug registers and the entries to the registers were legible, no white-out used, and all entries were signed and dated. Two registered nurses complete weekly checks of controlled drugs on a Friday, verified. The pharmacist completes six monthly stock takes of the controlled drugs. The service conducted medicines management in-service training as part of their annual training programme.  The previous requirement for improvement identified at last audit relating to the general practitioner’s name, contact detail and registration number to be recorded on scripts is fully implemented. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | Food, fluid and nutritional needs of residents are being provided in line with recognised nutritional guidelines. The registered nurses complete resident’s dietary assessment on admission and the cook receives a copy of the dietary assessment with identified special needs of the resident.  Residents with unexplained weight loss are referred to the dietician for assessment. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Additional snacks are available for residents when the kitchen is closed. Residents’ nutritional needs and interventions are identified and documented in the person centred care plan. Residents and family members interviewed were satisfied with the food service provided.  The cook completed food safety certification. Fridge and freezer temperatures are monitored daily. Food temperature monitoring is completed three times per day. A kitchen cleaning schedule was sighted. The service has emergency food stock. |
| Standard 1.3.7: Planned Activities  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. | FA | The facility employs an activities coordinator (AC) for the development, implementation and review of the activities programmes. All programmes are sent to one of the organisation’s diversional therapists for input and oversight of the activity programmes content; this was a previous requirement for improvement and has been addressed.  The programmes confirmed that independence was encouraged and choices were offered to residents. The AC provides different activities addressing the abilities and needs of residents in the hospital and rest home and the dementia unit, including additional activities for the resident who was younger than 65. Sufficient equipment is provided. Activities attendance records are maintained and resource materials are accessible for the staff to utilise.  Activities include: physical; mental; spiritual and social aspects of life to improve and maintain residents’ wellbeing. During the onsite visit, activities included residents going for an outing, music and one-on-one activities. Residents and family confirmed they were satisfied with the activities programme. Each resident has their own copy of the programme.  On admission the AC completes a recreation assessment for each resident. The recreation assessments are comprehensive. The AC provides the RNs with the recorded assessments to ensure it is included in the person centred long term care plans. Review of activity plans are completed every six months, as part of the multi-disciplinary review, or when the condition of the resident changes. All resident files reviewed during the onsite audit had current activity assessments in place. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are documented processes for the management of waste and hazardous substances in place. Policies and procedures specify labelling requirements including the requirement for labels to be clear, accessible to read and are free from damage. Material safety data sheets are available and are sighted in the two sluice rooms located within easy access of all rooms. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances.  There are colour coded laundry bags used by staff to transport waste and hazardous substances to the laundry and the laundry assistant articulated a sound understanding of the laundry process including access to the dementia unit to retrieve and replace linen. Protective clothing and equipment is appropriate to the risks associated with the waste or hazardous substance being handled e.g. gloves, aprons, footwear and masks.  If the reconfiguration of beds is approved, then there would be no requirement to change the existing management structure. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | A current building warrant of fitness is posted in a visible location at the entrance to the facility (expiry date 26 August 2015). There have been no building modifications since the last audit however there has been significant refurbishment of the facility that has included re-carpeting of the facility, painting of the interior of the building and renewal of equipment and furnishings. There is adequate equipment if the reconfiguration of beds from the current 22 hospital beds, 12 rest home beds, four dual purpose beds and 13 dementia beds to a total of 44 dual purpose beds and seven dementia beds is certified. This includes hoists, seated scales and hospital beds.  There is a planned maintenance schedule implemented.  The lounge areas are designed so that space and seating arrangements provide for individual and group activities with the activity programme offered in the lounges on the day of the audit. The dementia unit has a separate lounge and there are two lounges in the rest of the facility to cater for the 44 residents on either side of the building. The areas are suitable for residents with mobility aids and a secure unit for residents with dementia who require this.  The dementia unit has an outdoor circular garden/path with a garden and water feature that has been re-developed for use by residents.  There are internal courtyards and external areas for use by hospital and rest home residents with shade available.  There are two sets of doors currently that separate the dementia unit off from the other rest home/dual purpose beds. There is also an interior door in the dementia unit with a key pad (currently not activated) potentially separating seven of the dementia beds from the other six. This would be activated should the proposal to decrease the number of dementia beds from thirteen to seven be approved. The current door used to separate the beds at one end of the unit would then be deactivated.  The distance from the nursing station has been reviewed as part of the audit and it is established that the residents requiring rest home or hospital level of care are able to be monitored with the nursing station now located close to the beds that have been reconfigured.  All 44 bedrooms in the facility are large enough to cater for equipment that may be required for hospital level care and all can fit extra staff if required. The rooms all have one and a half doors making them accessible to emergency equipment, beds and other resources required. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | There are bedrooms with full ensuites throughout the hospital and rest home part of the facility and adequate showers and toilet facilities in the dementia unit and in other parts of the facility. The service also has a toilet allocated to visitors and staff.  Currently there are two showers and toilets allocated to the dementia unit. If the dementia unit is reconfigured, there will be one toilet and shower with access to another outside of the unit if there is an emergency. The other toilet and shower would cater for the needs of the six residents using six of the reconfigured beds.  If the reconfiguration of beds is approved, then there would be sufficient shower and toilet facilities for all residents. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | The service provides adequate space to allow residents and staff to move safely around their personal space and bed. All rooms are large enough for staff to comfortably use hoists and allow for personal mobility aids, additional chairs and furniture in the residents’ rooms. Doors to the rooms are wide enough for mobility aids, emergency equipment, extra staff when required and hoists to enter the rooms. Hallways are wide and residents using mobility aids, visitors and staff easily move pass one another.  Residents are encouraged to personalise their rooms.  If the reconfiguration of beds is approved, then there would be no change required to personal spaces. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The service provides adequate and appropriate access to lounge, activities and dining facilities. There is a separate lounge and dining area in the dementia unit and two large lounges/dining areas in the other part of the facility. Other smaller and quieter areas are available for people to meet.  If the reconfiguration of beds is approved, then there would be no requirement to alter existing communal areas. Furniture is already adequately placed and available for 44 residents who would use the rest home/hospital part of the facility if approved. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Cleaning and laundry policy and procedures are available as well as policies and procedures for the safe storage and use of chemicals.  All laundry is washed on site and there is an adequate dirty / clean flow available in the laundry. The laundry personnel described the management of laundry including transportation, sorting, storage, laundering and return to residents. Clean linen is stored in the linen rooms.  The effectiveness of the cleaning and laundry services is audited via the internal audit programme. Cleaning and laundry staff were observed to be using protective clothing. The facility is observed to be cleaned to a high standard.  There are safe and secure storage areas available for chemicals and staff have access to these areas as required. Chemicals are labelled and stored safely within these areas. Convenient hand washing facilities are available.  Residents and a family members state they are satisfied with the cleaning and laundry service.  If the reconfiguration of beds is approved, then there would be sufficient cleaning and laundry services for all residents. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | Documented systems are in place for essential, emergency and security services. Policy and procedures documenting service provider/contractor identification requirements appropriate to the resident group and setting along with policy/procedures for visitor identification are sighted There are also policies/procedures for the safe and appropriate management of unwanted and/or restricted visitors.  The fire evacuation scheme was approved in 2003 when the facility was opened and trial evacuations are held six monthly.  There is always at least one staff member on each shift with appropriate first aid training.  Health and safety including emergency and security training is provided to staff during their orientation phase and at appropriate intervals. Staff records confirm training. Information in relation to emergency and security situations is readily available / displayed for staff, emergency equipment is accessible, stored correctly, not expired, and stocked to a level appropriate to the service setting; and oxygen is maintained in a state of readiness for use in emergency situations.  There are civil defence supplies in the event of an emergency including other lighting, gas and BBQ for cooking, emergency food supplies and an emergency water supply.  A call bell system is in place with display monitors throughout the facility displaying all calls until answered.  If the reconfiguration of beds is approved, then there would be no further requirement to modify emergency or security systems of to change the call bell system. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All areas are ventilated and heated to provide a comfortable environment for residents and others. All rooms have external windows and can be opened to allow natural air flow and circulation. Showers have vents and extraction fans.  Residents and family confirm that the facility is warm in winter, cooled in summer and maintained at a safe and comfortable temperature.  If the reconfiguration of beds is approved, then there would be no requirement to change heating, lighting or ventilation. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | The infection control program is maintained and updated by the organisation. The ICC was interviewed and reported that their responsibilities include monitoring and surveillance of infections on a monthly basis, collating the information and reporting to management. The infection control coordinator has a defined role description identifying the responsibilities of the ICC role.  Policies and procedures for the prevention and control of infection comply with relevant legislation and current accepted good practice. The infection control policy and programme are reviewed annually. This was evident and confirmed during interview with the infection control coordinator. The service has access to microbiologists at the laboratory and the infection control nurse specialist at the Waikato District Health Board (WDHB), if required. |

# 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.

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| 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, 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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End of the report.