

Metlifecare Limited - Crestwood

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: Metlifecare Limited

Premises audited: Metlifecare Crestwood

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 2 July 2015 End date: 2 July 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: 37

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

Metlifecare Crestwood is one of 26 facilities owned and operated by the Metlifecare group. It is one of eight facilities with a village and care facility on the same site and provides rest home level care for up to 46 residents. Five of the 46 rest home beds are located in the village apartment area and to date these have not been used.

This surveillance audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, the review of staff files, observations, and interviews with residents, family/whānau, management, one GP and staff.

Feedback from residents and family/whānau members was positive about the care and services provided.

There are no areas for improvement identified for 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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Staff communicate with residents and family/whanau members following any incident in a manner that is reflective of open and honest communication.

The service implements policy and procedures to ensure all complaints are documented, reviewed, followed up and fully addressed. At the time of audit there are no open complaints.

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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Metlifecare governing body ensure that business and strategic planning are in place, covering all aspects of service delivery and to show how services are planned and coordinated. Metlifecare Crestwood personalise aspects of the annual plan and report against them to head office quarterly to show how goals are being met and to ensure residents' needs are being met. Service delivery is overseen by a nurse manager who is qualified for the role she undertakes. The village manager looks after all village matters and the employment of kitchen and maintenance staff.

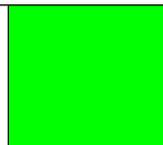
The service has quality and risk management systems which are understood by staff. Quality management reviews include an internal audit process, complaints management, resident and family/whānau satisfaction surveys and incident/accident and infection control data collection. Quality and risk management activities and results are shared among staff and residents as appropriate.

The day to day operation of the facility is undertaken by staff that are appropriately experienced, educated and qualified. As confirmed during resident and family/whānau interviews and in the satisfaction survey results, residents' needs are met.

The service implements documented staffing levels to ensure contractual requirements are met and to meet residents' needs.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.



Standards applicable to this service fully attained.

All residents have a comprehensive assessment on admission and the care plan is developed by the senior registered nurse. The service meets the contractual requirements and timeframes for the development of the long term care plan. When there are changes in a resident's needs, a short term care plan is utilised to reflect these changes. The senior registered nurse is responsible for ensuring the care plan evaluations are conducted six monthly or more often if required.

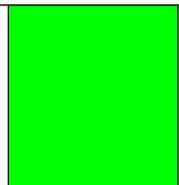
Residents are reviewed by the general practitioner on admission to the service and reviews are ongoing. Referrals to other health professionals are arranged by the GP based on the individual needs of the resident. The care plans are fully documented and any interventions are changed as required. The families interviewed reported that the care plans are consistently implemented and family have input in the review process.

The service has a planned activities programme. Residents are encouraged to attend and/or participate. Links with family and the community are encouraged.

Safe medication administration was observed during the audit. The service has documented evidence that staff responsible for medication management are assessed as competent to do so. Education is provided and is ongoing.

The residents' dietary requirements are assessed on admission to the service. Any personal likes, dislikes and special diets are catered for. The service has six weekly menu plans which have been approved by a contracted dietitian.

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.
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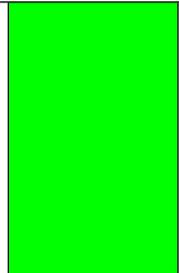
The building has a current building warrant of fitness

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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There are no restraints or enablers in use at Metlifecare Crestwood at the time of audit. Policies and procedures reflect current good practice and meet legislative and Health and Disability Services Standard requirements. Enablers are described as voluntary. Staff education related to restraint minimisation occurs during orientation and is included in the annual education plan to maintain safe restraint processes.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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There is a monthly surveillance programme, where infections are collated, analysed and trended with previous data against other facilities in the organisation in the form of benchmarking. If any trends are identified actions are implemented to reduce infections. The infection surveillance results are reported at the staff meetings held monthly.

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>	FA	<p>Complaints management is implemented to meet policy requirements. The service has a complaints register which clearly identifies the issue, the dates received, dates reviewed and closed and the actions taken to resolve the complaint. All complaints are reported to head office. There are no outstanding complaints at the time of audit. Complaints management information is used as an opportunity to improve services via corrective action planning as confirmed in documentation sighted.</p> <p>Management, resident and family/whānau interviews, confirmed that complaints management was explained during the admission process. Staff verbalised their understanding of the complaints procedures and confirmed that they implemented the complaints process for written and verbal complaints that occur. Complaints are a standing agenda item for both management and staff meetings as confirmed by meeting minutes sighted.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an</p>	FA	<p>Residents and family/whanau interviewed confirmed they are communicated with in an open and honest manner. Staff interviewed confirmed they understand and implement policy to ensure communication reflects the principles of disclosure. Residents and their family/whanau members are consulted, included and involved in care provision changes and reviews undertaken by nursing staff. Communication with family/whanau documentation was sighted in all residents` records reviewed on the designated communication form. Incident/accident forms identify family/whanau are informed when an incident occurs</p>

<p>environment conducive to effective communication.</p>		<p>and this is also documented for all incidents where this was sampled.</p> <p>The facility nurse manager confirms that the service would use interpreters if and when required. Staff confirm they would be guided by policy to implement this process. A number of staff speak other languages and are able to communicate with residents in their own language during direct service delivery.</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>Metlifecare Crestwood has an up to date business plan which is reflective of organisational goals and direction. Each goal is reported against quarterly to head office to show how goals are being met to ensure services are coordinated and meet residents' needs. At organisational level quarterly reporting information is presented to the board.</p> <p>On the day of audit there were 37 rest home level care residents at the facility.</p> <p>The nurse manager is a registered nurse and has been in her role for four years. She maintains her education to a level required for the role she undertakes. The nurse manager's job description identifies her authority, accountability and responsibility for the provision of services. The organisation's clinical quality and risk manager represented the organisation on the days of audit.</p> <p>Interviews with residents and family/whānau confirmed that their needs were met by the service. This is supported by the 100% overall satisfaction rating gained from the last three years satisfaction survey as noted in results sighted.</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 and risk management system documented is understood and implemented by service providers. This includes the development and update of policies and procedures at organisational level which identify interRAI requirements, regular internal audits, incident and accident reporting with detailed falls data, health and safety reporting, infection control data collection and complaints management. If an issue or deficit is found a corrective action is put in place to address the situation. Information is shared with all staff as confirmed in meeting minutes sighted and verified by staff interviewed.</p> <p>All reporting is linked to management processes via an electronic system which is analysed at facility and board level. At facility level this information is used to inform ongoing planning of services to ensure residents' needs are met.</p> <p>Corrective actions sighted are well documented and signed off by the nurse manager following implementation and evaluation processes.</p> <p>Actual and potential risks are identified and documented in the hazard register. The health and safety committee oversee all newly found hazards and they ensure they are communicated to staff and residents as appropriate. This is shown in the meeting minutes sighted. Staff confirmed that they understood and</p>

		<p>implemented documented hazard identification processes.</p> <p>Resident and family/whānau interviews confirmed they are happy with the services provided. Staff are able to verbalise quality improvements and how they have been embedded into everyday practice, such as the new wound assessment tool.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Policy is implemented related to accidents, incidents and near misses which are recorded and reported to management accurately, in a timely manner. Staff interviewed stated they report and record all incidents and accidents and that this information was shared at all levels of the organisation, including any follow up actions required. Documentation confirms that information gathered from incident and accidents is used as an opportunity to improve services where indicated. One example relates to a resident who had poorly fitting footwear. This was followed up with family/whānau and a referral was sent for orthotics. No further falls have been recorded for the resident since they have had shoes made to manage their gait.</p> <p>Falls are reviewed at each staff meeting and information is detailed to show if injuries are or are not sustained and if there are any common trends, such as time of day, related to falls. All events are fully investigated and reviewed to ensure corrective actions required are in place to assist a positive outcome.</p> <p>The nurse manager and the operations manager fully understood the obligations in relation to essential notification.</p> <p>Family/whānau interviewed confirmed they are kept well informed of any concerns the staff may have or of any adverse events related to their relatives. This is supported during a review of resident incident and accident forms and by the results of the satisfaction survey results.</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>Policies and procedures identify human resources management that reflects good employment practice and meet the requirements of legislation. Upon employment, referees are checked and job descriptions clearly describe staff responsibilities and best practice standards. Staff have completed an orientation programme with specific competencies for their roles, which are repeated annually, as confirmed during staff files reviewed.</p> <p>Staff undertake training and education related to their appointed roles. Annual appraisals are up to date.</p> <p>The education calendar is set at organisational level with additions related to the local service provision. Staff education includes regular on site education with guest speakers, off-site seminars and training days and on line topics to ensure all aspects of service provision are met. This was confirmed in the education records sighted for 2014-2015.</p> <p>Staff that require professional qualifications have them validated as part of the employment process and</p>

		<p>annually, as confirmed in documentation sighted. Caregivers are required to hold an aged care qualification or be working towards one within six months of employment.</p> <p>Resident and family/whānau members interviewed, along with the 2014 satisfaction survey results, identified that residents' needs are met by the service.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Organisational policy identifies that at all times adequate numbers of suitably qualified staff are on duty to provide safe quality care. Rosters are analysed at head office to ensure staffing numbers match residents' level of care needs. Metlifecare Crestwood is the trial site for the introduction of the Eden philosophy and staffing levels have been increased to meet the Eden requirements.</p> <p>A review of four weeks rosters shows that staff are replaced when on annual leave or sick leave. Staff interviewed confirmed there are adequate staff on each shift and that they have time to complete all tasks to meet residents' needs. Residents interviewed stated all their needs have been met in a timely manner.</p> <p>There is a registered nurse on duty for eight hours every day and on call at all times. All shifts are covered by a staff member who holds a current first aid certificate.</p> <p>There are dedicated activities, kitchen, laundry and cleaning staff.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The organisation has documented medication policies and procedures which clearly describe the processes to ensure safe administration of all medications. This includes competency requirements, prescribing by the GPs, recordings, processes when an error occurs as well as standing orders (reviewed annually) and signed off by the one contracted GP. Only two residents have other GPs of their choice (neither of whom have any standing orders) in place.</p> <p>The senior registered nurse described the process for medicine management at this facility. Medicines are received from the contracted pharmacy of choice in a pre-packed delivery system. A safe system for medicine management is observed in the rest home during the lunchtime medications round. Medicines are stored in locked medicine trolleys stored in the medication room when not in use. The drug record sheets of residents on controlled drug medication are checked weekly by two staff and this check/balance is documented in red pen for each individual resident and the balance is recorded accurately.</p> <p>The medication records sighted are reviewed by the GP three monthly or more often if required. The review dates are recorded on the reverse of the medication record sheet. All prescriptions sighted contained the date, medicine name, dose and time of administration. Each medication is individually prescribed by the GPs. There is a specimen signature list available of all staff and on each individual medication record staff sign if administering a medication to the individual resident. All medication records reviewed have photo</p>

		<p>identification of the resident on the medication record and on the records sighted. Medicine signing record sheets are generated from the pharmacy. Any alerts/allergies and/or sensitivities are documented in red ink or 'nil known' is documented.</p> <p>No residents currently self-administrate medications. A policy for self-administration of medications is in place should this be authorised by the GP. The senior registered nurse, the enrolled nurse and senior care givers have completed medication competencies and ongoing education is provided.</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>	FA	<p>The kitchen manger interviewed discussed the role. Regular monitoring and surveillance of the food preparation and hygiene is carried out effectively and complies with current legislative requirements and guidelines. Guidelines are available to guide staff for cleaning in the kitchen, temperature monitoring requirements, hygiene standards for staff, checking, storage and waste handling and management.</p> <p>The kitchen manger is responsible for the ordering of all food and supplies, checking the deliveries and storage of the food in the pantry, fridges and or freezers. The fridge temperatures are monitored daily and records sighted verified this does occur. Fresh baking is done on a daily basis. The food prepared on the day of audit was for the mid-winter Christmas lunch. Family have been invited to attend.</p> <p>All staff working in the kitchen have completed appropriate training inclusive of food hygiene courses. The cook is fully trained and completed three years hospitality and food management. The kitchen manager is employed Monday to Friday and the second in charge cook works four days a week inclusive of the weekend.</p> <p>The same menu plans are utilised in all the organisation's facilities and have been reviewed by a contracted dietitian. The latest changes were made in 2014. The menus are documented and managed on a six week cycle and are planned appropriately for summer and winter.</p> <p>On admission an individual nutritional dietary requirement assessment is completed by the senior registered nurse as part of the admission process. Information is shared with the kitchen staff to ensure all needs, wants, dislikes and likes and special diets are catered for.</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</p>	FA	<p>Clinical management policies and procedures includes assessment on admission, weight and bowel management, clinical records and referral information. As observed on the day of the audit and from review of the care plans, support and care was flexible, individualised and focused on the promotion of quality of life.</p> <p>The senior registered nurse, enrolled nurse and caregivers interviewed demonstrated appropriate skills and had good knowledge of the individual needs of the residents in this rest home.</p> <p>The resident`s individual records showed evidence of consultation with and involvement of the</p>

<p>desired outcomes.</p>		<p>family/whanau. The residents and family members interviewed reported satisfaction with the care and the services provided.</p> <p>There is evidence of short term care plans for any event that is not part of the long term care plan. The short term care plans sighted in the resident's records are for falls, infections, weight loss.</p> <p>There are adequate dressing and continence supplies to meet the needs of the residents.</p> <p>The care plans reviewed recorded interventions that are consistent with the resident's assessed needs and desired goals set. The senior registered nurse, enrolled nurse and caregivers interviewed reported that the care plans are accurate and kept up to date to reflect the resident's needs with ongoing interRAI assessments occurring.</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>	<p>FA</p>	<p>One activities coordinator interviewed reported on the activities programme provided for the residents at this facility. Another activities coordinator has recently been employed to cover the full time coordinator for leave and sickness and/or to assist with activities events as required.</p> <p>The planned activities programme reviewed provided some shared activities, outings, individual and group sessions. The programme sighted ensured the resident's individual cultural needs were recognised. The residents have opportunities to maintain interests and to develop friendships in a caring environment. On the day of this audit a mid-winter Christmas lunch is planned and family and friends were in attendance.</p> <p>The activities observed in action give residents a sense of purpose, belonging and meaningful activities, reflective of normal life interests. The activities coordinator interviewed reported flexibility to meet the needs and choices of residents. The weekly activities programme is displayed in all residents' rooms and in all service areas of the service and is based on resident's needs, interests, skills and strengths.</p> <p>Pets are evident, inclusive of cats, budgies and parrots and dogs are involved in the activities programme. A family member interviewed brings her dog into the home on a regular basis. A library was available with large print books.</p> <p>There is outside courtyards and grounds around the facility for residents to enjoy in the warmer weather.</p> <p>The activities coordinator maintains an activities register and attendance records are maintained and reviewed regularly to assess the enjoyment and interests of the residents. The goals are updated and evaluated six monthly and discussed with the residents multidisciplinary review annually. Residents are encouraged to maintain links with family and the community. Activities are planned with other rest homes in the community with inter-rest home games and sports events. Family are encouraged to be involved and family interviewed appreciated being invited to events and special activities.</p> <p>The family/whanau reported that their relative enjoys the range and variety of planned activities. The family</p>

		member of the resident reviewed using tracer methodology was delighted in the content of the programme and the range and flexibility of activities offered.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	<p>The residents' records reviewed had a documented evaluation conducted in the last six months. More recently this has been implemented electronically (and in hard copy) with the interRAI assessment process now implemented as from 1 July 2015. Evaluations are resident focused and indicate the degree of achievement or response to supports/interventions and progress towards meeting the desired outcomes. If a resident is not responding to the services/interventions being delivered, or the health status of the resident changes, then this is discussed with the general practitioner (GP). The GP interviewed by phone stated that staff contact is appropriate and timely when changes occurred.</p> <p>There are short term care plans in place for wound care, pain, infections, skin care, mobility and changes in fluid and food requirements. These processes are clearly documented on the short term care plan and updated until they are effectively closed out. The contracted dietitian interviewed was visiting the facility on the day of the audit, to review several residents and to assist and plan appropriate supplements as required to meet their individual nutritional needs.</p> <p>The care givers interviewed reported they notify the senior registered nurse if any concerns or changes are observed in a resident's condition.</p>
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	Documentation identifies all processes are maintained for the facility's current building warrant of fitness. There have been no changes made to the footprint since the previous audit.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	All staff are required to take responsibilities for surveillance activities. The infection prevention and control surveillance undertaken at this facility is appropriate for the size and nature of this service as shown in the infection control programme. Monitoring of infections is clearly described by the infection control nurse interviewed. Minutes of the quality and management meetings are available. Safety of residents, families and staff is paramount. The infection prevention and control programme is managed by the senior registered nurse. Staff interviewed have a good understanding of what to report related to infection prevention and control. Education is provided at orientation and is ongoing. Hand hygiene is paramount and the use of anti-

		<p>bacterial gel is now standard practice.</p> <p>There is a monthly infection surveillance report. The monthly statistics are collated and sent through to a contracted service for managing rest home infection control statistics. Benchmarking occurs with other like organisations based on per 1000 occupied bed days. A graph for each individual type of infection identified is evident.</p> <p>Feedback in the form of graphs and any trends identified is provided to the staff at the staff meetings.</p> <p>There is adequate stocks of personal protective equipment and an outbreak management box is available should this be needed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint minimisation policy identifies that the use of enablers are voluntary and the least restrictive option to meet the needs of the resident.</p> <p>Metlifecare Crestwood have no enablers or restraints in use at the time of audit. Staff confirmed during interview they understand the requirements for both restraint and enablers.</p> <p>Staff education is undertaken as part of the orientation and annually thereafter to ensure staff knowledge is up to date should restraint be put in place.</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.