

Bupa Care Services NZ Limited - Eventhorpe Rest Home & Hospital

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](#).

The specifics of this audit included:

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| Legal entity: | Bupa Care Services NZ Limited |
| Premises audited: | Eventhorpe Rest Home & Hospital |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 23 March 2017 End date: 23 March 2017 |
| 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: | 89 |

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

General overview of the audit

Eventhorpe Rest Home and Hospital is part of the Bupa group. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 90 residents. On the day of the audit, there were 89 residents.

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

The facility manager is a non-practising registered nurse with many years' experience in the health sector. The facility manager is supported by a clinical manager/registered nurse and an operations manager. The residents and relatives interviewed spoke positively about the care and supports provided at the service.

The service has addressed all three shortfalls identified at their previous certification audit around medication management, reporting of allergies and outstanding maintenance.

This audit identified no further areas for improvement.

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. |
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Residents and family are well informed, including of changes in resident's health. The facility manager and clinical manager have an open-door policy. Complaints processes are implemented and complaints and concerns are managed and documented. Learnings from complaints are shared with all staff.

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. | | Standards applicable to this service fully attained. |
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Bupa Eventhorpe has an established quality and risk management system that supports the provision of clinical care and support. An annual resident/relative satisfaction survey is completed and there are regular resident/relative meetings. The facility is benchmarked against other Bupa facilities. Incidents documented demonstrated immediate follow up from a registered nurse. There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The organisational staffing policy aligns with contractual requirements and includes skill mixes.

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. | | Standards applicable to this service fully attained. |
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There is a comprehensive admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were reviewed at least six-monthly. Resident files included medical notes by the contracted GP, nurse practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses responsible for administration of medicines complete education and medication competencies.

A diversional therapist oversees the activity team who deliver and coordinate the activity programme on-site for the residents. The programme includes: community visitors and outings, entertainment and activities that meet the individual recreational, physical and cognitive abilities and preferences for each consumer group. Residents and families report satisfaction with the activities programme.

All meals are prepared on-site.

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. |
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A current building warrant of fitness is posted in a visible location.

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. |
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There is a Bupa restraint policy that includes comprehensive restraint procedures including restraint minimisation. There is a documented definition of restraint and enablers that aligns with the definition in the standards. There were eight restraints and three enablers being used.

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. |
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The infection control surveillance programme is appropriate to the size and complexity of the service. Results of surveillance are acted upon, evaluated and reported to relevant personnel.

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 | 41 | 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 |
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| <p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p> | FA | <p>The complaints procedure is provided to residents and relatives on entry to the service. A record of all complaints received is maintained by the facility manager using a complaints' register. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set forth by the Health and Disability Commissioner (HDC). Discussions with residents and relatives confirmed they were provided with information on complaints. Complaints forms and a suggestion box are placed at reception. Four complaints were received in 2016 and one made in 2017 year to date. All complaints reviewed reflected evidence of responding to complaints in a timely manner with appropriate follow-up actions taken.</p> |
| <p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p> | FA | <p>Policies alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Accident/incident forms have a section to indicate if family/whānau have been informed (or not) of an accident/incident. Fourteen accident/incident forms reviewed identified family are kept informed. Five relatives (two rest home and three hospital) interviewed confirmed that they are kept informed when their family member's health status changes. Twelve residents (eight rest home and four hospital) interviewed stated that they were welcomed on entry and were given time and explanation about the services and procedures. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> |

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| communication. | | |
| <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> | FA | <p>Eventhorpe is a Bupa residential care facility. The service provides care for up to 90 residents at hospital (geriatric and medical) and rest home level care. All beds are dual purpose. On the day of the audit, there were fifty-three hospital level residents, including one respite resident, two residents under a long term chronic conditions (LTCC) contract and three residents admitted under a young person with a disability contract (YPD). There were thirty-six rest home residents, including one respite resident and one resident under a long term chronic conditions (LTCC) contract. All other residents were under the aged related residential care (ARRC).</p> <p>Bupa has a quality and risk framework that is being implemented at Eventhorpe. There is an overarching business plan and risk management plan for the organisation. Each facility then develops quality goals for the year. Eventhorpe goals for 2017 include reducing falls, skin tears and resident behaviours. As part of the process they develop strategies, evaluate their effectiveness and update them as needed, as they evaluate the outcome. Progress towards these goals is minuted in the various meetings held at the service.</p> <p>The facility manager is a non-practising registered nurse (RN) who has many years of experience in the health sector. She has been in the facility manager role for four years. She is supported by a clinical manager/RN, who has been in the role for six months and eight years at Bupa Eventhorpe. Managers and clinical managers attend annual organisational forums and regional forums six-monthly.</p> <p>The facility manager has maintained over eight hours annually of professional development activities related to managing an aged care service.</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> | FA | <p>An established quality and risk management system is embedded into practice. Quality and risk performance is reported across facility meetings. Discussions with the managers and staff reflected staff involvement in quality and risk management processes. The service has policies and procedures and associated implementation systems to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed and new policies or changes to policy are communicated to staff.</p> <p>The monthly monitoring, collation and evaluation of quality and risk data is comprehensive. Quality and risk data, including trends in data and benchmarked results are discussed in the quality and applicable staff meetings. An annual internal audit schedule was sighted for the service with evidence of internal audits occurring as per the audit schedule. Corrective actions are established, implemented and are signed off when completed. Caregivers and RNs interviewed were aware of the corrective actions and described receiving toolbox education sessions on falls prevention, moving and handling and skin care.</p> |

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| | | <p>Health and safety goals are established and regularly reviewed. Health and safety policies are implemented and monitored by the Health and Safety Committee. A health and safety representative (financial administrator) was interviewed about the health and safety programme. Risk management, hazard control and emergency policies and procedures are being implemented. Hazard identification forms and a hazard register are in place. There are procedures to guide staff in managing clinical and non-clinical emergencies. All new staff and contractors undergo a health and safety orientation programme. The resident satisfaction survey for 2016 improved to 97% overall satisfaction from 85% overall satisfaction in 2015.</p> <p>Falls prevention strategies include the analysis of falls events and the identification of interventions on a case-by-case basis to minimise future falls. Falls prevention equipment includes sensor mats and chair alarms.</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>Individual reports are completed for each incident/accident with immediate action noted and any follow-up action(s) required. Fourteen accident/incident forms were reviewed for March 2017. Each event involving a resident reflected a clinical assessment and follow up by a RN. Neurological observations are conducted for unwitnessed falls. Data collected on incident and accident forms are linked to the quality management system. The facility manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications.</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>Human resources policies include recruitment, selection, orientation and staff training and development. Six staff files reviewed (one clinical manager, two RNs, two caregivers and one financial administrator- health and safety representative) all documented a recruitment process, signed employment contracts, job descriptions, appraisals and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained. The orientation programme provides new staff with relevant information for safe work practice.</p> <p>There is an implemented annual education and training plan that exceeds eight hours annually. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction. Registered nurses are supported to maintain their professional competency. Fourteen RNs are employed and five have completed their interRAI training. There are implemented competencies for RNs including (but not limited to) medication competencies.</p> |

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| <p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p> | <p>FA</p> | <p>There is an organisational staffing policy that aligns with contractual requirements and includes skill mixes. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There is a full-time facility manager and clinical manager/RN who work from Monday to Friday. Registered nurse cover is provided 24 hours a day, 7 days a week. There is always one RN on duty at night in the hospital, also covering the rest home. Registered nurses are supported by sufficient numbers of caregivers. Separate laundry and cleaning staff are employed seven days a week. Interviews with the residents and relatives confirmed staffing overall was satisfactory. Interviews with eight caregivers (across morning and afternoon shifts) confirmed that staffing numbers were satisfactory.</p> |
| <p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | <p>FA</p> | <p>Twelve medication charts were reviewed (four rest home- including one long term chronic and one respite and eight hospital- including one young person with disability). There are policies and procedures in place for safe medicine management that meet legislative requirements. Medicines are appropriately stored in accordance with relevant guidelines and legislation. The service uses an electronic medication system. The prescribing of medication meets legislative prescribing requirements. In the files sampled all medication have a route charted. The previous finding related to the prescribing of medication has been met. The medication charts reviewed identify that the GP has seen and reviewed the resident three-monthly.</p> <p>All clinical staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided. Staff were observed to be safely administering medications.</p> <p>Registered nurses interviewed could describe their role in regard to medicine administration. Standing orders are not in use. There were two residents self-medicating on the day of audit and all self-medication assessments, consents and reviews have been completed.</p> <p>The GP reviews the use of anti-psychotic medication and if required, makes a referral to the psychogeriatrician.</p> <p>The medication fridge temperatures are recorded regularly and these are within acceptable ranges. The previous finding related to fridge temperature recording has been met.</p> |
| <p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional</p> | <p>FA</p> | <p>All meals at Bupa Eventhorpe are prepared and cooked on-site. There is a four-weekly seasonal menu, which has been reviewed by a dietitian. Meals are plated in the main kitchen and served directly to the residents in the dining areas adjacent to the kitchen. Special dietary needs and food allergies are required to be communicated to the kitchen. The kitchen manager interviewed is aware of the residents with known food allergies. The previous audit finding related to the communication of food allergies to the kitchen has been</p> |

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| <p>needs are met where this service is a component of service delivery.</p> | | <p>met. Pureed, gluten free and diabetic desserts are provided. Cultural and religious food preferences are met.</p> <p>Staff were observed assisting residents with their meals and drinks in the dining rooms. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services. Residents and family members interviewed are satisfied with the food and confirm that alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures are recorded on each meal. The chemical supplier checks the dishwasher regularly.</p> <p>All food services staff have or are currently completing their training in food safety and hygiene.</p> |
| <p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p> | <p>FA</p> | <p>Registered nurses (RNs) and caregivers follow the care plan and report progress against the care plan each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, to the district nurse- hospice nurse or the mental health nurses). If external medical advice is required, this will be actioned by the GP or nurse practitioner.</p> <p>Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessment, monitoring and wound management plans are in place for residents with wounds. Fourteen wound care files were sampled and all wound care documentation has been fully completed. All wounds have been reviewed in appropriate timeframes. The clinical manager described how to access specialist wound care advice.</p> <p>Care plan interventions are documented for all identified care needs in the files sampled. Interviews with registered nurses and caregivers demonstrate an understanding of the individualised needs of residents. The care plan sampled for the resident admitted under a young person with disability contract is person centred and documents interventions to meet the physical, emotional and recreational needs of the resident.</p> <p>In the residents' files reviewed, short-term care plans have been commenced with a change in health condition and link to the long-term care plan. Long-term care plans are reviewed six-monthly.</p> <p>There is evidence of pressure injury prevention interventions such as two-hourly turning charts, food and fluid charts, regular monitoring of bowels and regular (monthly or more frequently if required) weight management.</p> |
| <p>Standard 1.3.7: Planned Activities</p> | <p>FA</p> | <p>The service employs four activities assistants to deliver the activity programme over seven days. Currently the service is recruiting to fill the vacant activities coordinator position. Three of the four activity coordinators have</p> |

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| <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>current first aid certificates. There is always at least one staff member with a current first aid certificate that accompanies residents on outings.</p> <p>Bupa has set activities on the programme calendar with the flexibility to add site-specific activities, entertainers and outings. The integrated programme for all service levels takes place in the large lounge/dining area. The programme is developed monthly and displayed in large print.</p> <p>There is a range of activities offered that reflect the resident needs at Bupa Eventhorpe Rest Home and Hospital and participation is voluntary. The programme includes (but not limited to): walking groups, gardening, pet visits, church services, art and crafts and music. Young persons at the service are able to participate in activities and leisure activities that are consistent with their interests and needs. There are regular entertainers to the home and residents go on regular outings and drives. One-on-one time is spent with residents who are unable to or choose not to join in the group activities. There are resources available for staff to use for one-on-one time with the residents and for group activities.</p> <p>A map of life and individualised activity plan is developed within three weeks of admission and is reviewed as part of the care plan review. Activity participation sheets are maintained in files sampled. The service receives feedback and suggestions for the programme through surveys and one-on-one feedback from residents (as appropriate) and families. Relatives and residents interviewed advised they are satisfied with the activities provided.</p> <p>Residents/family have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys.</p> |
| <p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p> | <p>FA</p> | <p>The registered nurses evaluate all initial care plans within three weeks of admission. Files sampled demonstrate that the long-term care plans are evaluated at least six-monthly or earlier if there is a change in health status. There is at least a three-monthly review by the GP. All changes in health status are documented and followed up. Reassessments have been completed using the interRAI assessment for all residents who have had a significant change in health condition. Short-term care plans sighted have been evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.</p> |
| <p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate,</p> | <p>FA</p> | <p>A current building warrant of fitness is posted in a visible location (expiry 1 December 2017). There is a maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using</p> |

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| <p>accessible physical environment and facilities that are fit for their purpose.</p> | | <p>mobility aids. There have been a number of new resident garden areas developed since the last audit. The residents have access to these areas which provide seating and shaded areas. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p> <p>The service has completely renovated a number of shower and bathroom areas across the site and repainted the doors and corridors. The previous audit finding related to maintenance have been addressed.</p> |
| <p>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.</p> | <p>FA</p> | <p>Policies and procedures document infection prevention and control surveillance methods. The surveillance data is collected and analysed monthly to identify areas for improvement or corrective action requirements. Infection control internal audits have been completed. Infection rates have been low. Trends are identified and quality initiatives are discussed at staff meetings. There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place appropriate to the complexity of service provided.</p> <p>There have been no outbreaks since the previous audit. Systems are in place that are appropriate to the size and complexity of the facility</p> |
| <p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p> | <p>FA</p> | <p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. There are seven hospital residents requiring the use of eight restraints (three lap belts and five low beds). There are three hospital residents requiring the use of an enabler (bedrails). Use of an enabler is voluntary. An assessment for restraint/enabler use and consent forms are completed in three restraint and two enabler files reviewed. The care plans reviewed document the use of enabler or restraint and contain appropriate interventions. Restraint education and audits have been completed.</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.

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| No data to display |
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.