

Oceania Care Company Limited - Duart Lifestyle Care

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 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](#).

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Duart Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 March 2017 End date: 28 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:	59

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

Duart Rest Home provides rest home and hospital level care for up to 66 residents. There were 59 residents at the facility on the days of audit.

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

There were no areas requiring improvement at the last certification audit and none were identified at this audit.

Consumer rights

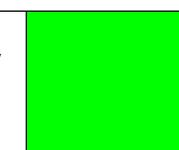
Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Information regarding the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code), the complaints process and the nationwide Health and Disability Advocacy Service is accessible. This information is brought

to the attention of residents and their families on admission to the facility. Residents confirmed their rights are being met, staff are respectful of their needs and communication is appropriate.

The business and care manager is responsible for the management of complaints, and a complaints register is maintained and up to date.

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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Oceania Care Company Limited is the governing body and is responsible for the services provided at this facility. A business plan and quality and risk management systems document the scope, direction, goals, values and mission statement of the facility.

The facility has an incident and accident management system that records and reports all adverse, unplanned or untoward events, including appropriate statutory and regulatory reporting.

The quality and risk management system supports the provision of clinical care at the service. Systems are in place for monitoring adverse events and the quality of services provided. Quality and risk performance is reported through meetings at the facility and monitored by the organisation's management team through the business status and clinical indicator reports. Corrective action plans are documented with evidence of resolution of identified issues.

The service is managed by a business and care manager who is supported in their role by a clinical manager. The clinical manager is responsible for the oversight of the clinical service provision in the facility. Staffing levels are adequate across the service. Human resource policies are current and implemented. Registered nurses are on duty 24 hours a day and are supported by adequate levels of care and allied health staff. On-call arrangements for support from senior staff are in place.

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.
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Residents' needs are assessed by the multidisciplinary team on admission within the required timeframes. Shift handovers guide continuity of care.

Person centred care plans are individualised, based on a comprehensive and integrated range of clinical information. Short-term care plans are developed to manage any new problems. All residents' records reviewed demonstrate that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that care provided is of a high standard.

The planned activity programme is managed by a qualified diversional therapist. The programme provides residents with a variety of individual and group activities and maintains their links with the community. A facility bus is available for outings in the community.

Medicines are managed according to policies and procedure, in alignment with legislative requirements and consistently implemented using an electronic system. Medications are administered by registered nurses and senior healthcare assistants, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. A food safety plan and policies guide food service delivery, supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified satisfaction with meals.

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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There is a current building warrant of fitness is in place. There have been no building modifications since the last audit.

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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The organisation has implemented policies and procedures that support the minimisation of restraint. One enabler and six restraints were in use at the time of audit. Restraint is only used as a last resort when all other options have been explored. Enabler use is voluntary for the safety of residents in response to individual requests. Staff receive training at orientation/induction and annually on all required aspects of restraint and enabler use, alternatives to restraint and dealing with difficult behaviours. Staff demonstrated an understanding of the restraint and enabler processes.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

Aged care specific infection surveillance is undertaken, analysed, trended and benchmarked. Results are reported through all levels of the organisation. Follow-up action is taken as and when required. Staff demonstrated good principles and practice around infection control, which is guided by relevant policies and is supported with regular education.

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
<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 organisation's complaints policy and procedures are in line with the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) and include timeframes for responding to a complaint. Complaint forms were observed to be available in the facility and family and residents interviewed confirmed that they know how to obtain a form.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Information is provided to residents and their families as part of the information admission pack. The resident admission agreement, signed by residents or their representative on entry to the service, details the services that are included in service provision and those that are paid for by the resident.</p> <p>Family meetings inform family members of facility activities and provide an opportunity for family members to discuss issues/concerns with management. Minutes of family meetings were sighted. The last residents' meeting was held in January 2017 and discussions relating to laundry, food, housekeeping, activities and the refurbishment were included. Review of residents' clinical files evidenced timely and open communication with residents and family members. Communication with family members is recorded in the progress notes and on the family communication sheets.</p> <p>Staff, management and families, confirmed family members are kept informed about any change in a resident's</p>

		<p>condition and if any adverse event occurs and this was evidenced in the clinical files reviewed.</p> <p>Information cards, available in multiple languages, advise that interpreter services can be accessed from the district health board (DHB), if required. There were no residents at the facility requiring interpreter services on audit days.</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>	FA	<p>Duart Rest Home is part of the Oceania Care Company Limited (Oceania) with the company's executive management team providing support to the facility.</p> <p>Communication between the facility and the managers takes place on at least a monthly basis. The clinical and quality manager and the operations manager provided support during the audit. The monthly business status report provides the executive management team with progress against identified indicators.</p> <p>The company has a documented mission statement, values and goals. These are communicated to residents, staff and family through posters on the wall, information in booklets and in staff training.</p> <p>The facility can provide care for up to 66 residents with 59 beds occupied at the audit. This included 25 residents requiring rest home level care and 29 residents requiring hospital level care. In addition two residents were identified as being under the young people with disability contract two residents were identified as being under the mental health and addictions contract, and one resident was identified as under the long term chronic conditions contract.</p> <p>The clinical care service is overseen by the clinical manager (CM) who is a RN. The CM has been acting in this position for approximately four months and was recently appointed permanently to the position. The CM has past experience in clinical management at another aged care facility.</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</p>	FA	<p>The service uses the Oceania Care Company Limited's documented quality and risk management framework to guide practice.</p> <p>Oceania Care Company Limited has processes in place for the facility to implement the quality and risk management system and monitor the key components of service delivery. There are reporting systems that demonstrate the collection, collation, and identification of trends and analysis of data. An internal audit schedule is implemented and results are communicated to staff. The 2016 family and resident satisfaction survey shows satisfaction with services provided and this was confirmed through resident interviews. The satisfaction survey results record the current and previous survey results for comparison of data, which evidenced improvement in the results of satisfaction surveys.</p>

improvement principles.		<p>The facility has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There is evidence that hazard identification forms are completed when a hazard is identified and that hazards are addressed and risks minimised or isolated. Health and safety is audited monthly with a facility health check completed by the clinical and quality manager</p> <p>The facility has a risk management programme in place. Health and safety policies and procedures are documented along with a hazard management programme. There is evidence that hazard identification forms are completed when a hazard is identified and that hazards are addressed and risks minimised or isolated. Health and safety is audited monthly with a facility health check completed by the clinical and quality manager.</p> <p>The service implements organisational policies and procedures to support service delivery. All policies have evidence of timely review and are current. Policies are linked to the Health and Disability Sector Standards, current and applicable legislation, and evidenced-based best practice guidelines. Policies are available to staff and staff are informed of new and revised policies, through staff meetings.</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>The BCM and CM confirmed an understanding and awareness of the circumstances and events that require the facility to report to and notify statutory authorities, including police attending the facility, unexpected deaths, critical incidents and infectious disease outbreaks. Where an authority has been notified, this is documented and retained in the relevant file. This includes the recent notification of the new CM to HealthCERT.</p> <p>Interviews confirmed that the facility provides an environment that encourages and facilitates staff to recognise and report errors or mistakes. Staff records reviewed demonstrates that staff receive education during orientation on the incident and accident reporting process. Staff interviewed confirmed understanding of the adverse event reporting process and their obligation to documenting all untoward events.</p> <p>Incident reports selected for review had corresponding notes in the clinical record to inform staff of the incident. There is evidence of open disclosure for each recorded event. Information gathered is regularly shared at monthly meetings with incidents graphed, trends analysed and benchmarking of data occurring with other Oceania facilities.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in</p>	FA	<p>Human resource policy and processes are in place. All RNs hold current annual practising certificates (APC). The current visiting practitioners' practising certificates reviewed, including: general practitioners; pharmacists; dietitian; podiatrist; and physiotherapist, are current. Staff files include employment documentation. An annual appraisal process is in place with all applicable staff having a current performance appraisal.</p> <p>A comprehensive orientation programme is available for staff. Staff state that there is improved satisfaction with</p>

<p>accordance with good employment practice and meet the requirements of legislation.</p>		<p>the revised orientation process. Staff files show completion of orientation. Staff interviews described the buddy system in place and that the competency sign off process is completed.</p> <p>Mandatory training is identified on an Oceania wide training schedule. A training and competency file is held for all staff, with folders of attendance records and training with electronic documentation of all training held. The service has a varied approach to ensuring that staff receive annual training that includes attendance at training sessions and annual individualised training around core topics. Registered nurses have an hour of training at clinical staff meetings. The training register and training attendance sheets show staff completion of annual competencies, including medication. Four RNs have fully completed the interRAI training, one RN has completed the theory and one RN is enrolled in the next course available.</p> <p>Education and training hours exceed eight hours a year for all staff reviewed. Healthcare assistants (HCA) have completed level three or four training around aged care. The HCAs stated they value the training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Staffing levels are reviewed for current and anticipated workloads, identified numbers and appropriate skill mix of staff and the number of residents, as well as the levels required due to changes in the services provided.</p> <p>Rosters reviewed reflected staffing levels that meet resident acuity, bed occupancy and the staffing requirements as per contract in relation to the level of care required. There is a process in place to source additional staff in periods of unplanned absences. Residents requiring rest home level of care are encouraged to be as independent as possible.</p> <p>The BCM and CM share on call on a week by week basis.</p> <p>Residents and families interviewed confirm that there is sufficient staff to meet the residents' needs.</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>The medication management policies and procedures reviewed are current and identify all aspects of medicine management in line with the medicines care guide for residential aged care and legislative requirements. Oceania Care Company Limited has adopted the medi-map system for administration and this is working effectively and safely for this service.</p> <p>A safe system for medicine management using this electronic system was observed on the day of the audit. The staff observed demonstrated knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. There are separate competency requirements for the registered nurses and senior healthcare assistants. The clinical manager has a system in place for these competencies to be completed annually.</p> <p>Medication is supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications</p>

		<p>are checked by a registered nurse against the prescriptions. All stock medications sighted were within current use by dates. Clinical pharmacist input is provided by the contracted pharmacist and the DHB community clinical pharmacist completes rounds with the residents' GP weekly. The community clinical pharmacist and the GP were interviewed on the day of the audit. The contracted clinical pharmacist completes a medication reconciliation for all residents on admission to this service and a copy is placed in each individual resident record reviewed.</p> <p>Medication is stored and managed in accordance with legislative requirements.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices were observed. The required three monthly reviews dates are recorded electronically. Allergies/sensitivities are electronically recorded on the individual medication records and on the medical records in the individual records reviewed.</p> <p>There were no residents who self-administer medications at the time of the audit. Appropriate processes are in place to ensure this is managed in a safe manner.</p> <p>Any medication errors are reported to the clinical manager and recorded on an incident form. The resident and/or the designated representative would be notified. There is a process for comprehensive analysis of any medication errors, and compliance with this process is able to be verified. There are no standing orders.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is provided on site by an experienced qualified chef and kitchen hand and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by the Oceania qualified dietitian within the last two years. Recommendations made at the time have been implemented.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately and recorded daily. The kitchen manager has undertaken a safe food handling qualification, and the kitchen hands have completed relevant food handling and infection control training.</p> <p>A nutritional assessment is undertaken for each resident on admission to this facility by the registered nurse. The dietary profile is developed and a copy is provided to the kitchen manager. Any food preferences, likes and dislikes, any special diets and/or modified textures required are made known to the kitchen staff and accommodated in the daily meal planning. Special equipment can be arranged to meet the residents' nutritional needs.</p> <p>Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There is sufficient staff on duty in the dining rooms at meal times to ensure</p>

		appropriate assistance is available to residents as needed. Residents and family interviewed stated they were satisfied with the meals provided.
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	Documentation, interviews and observations verified the provision of care provided to residents was consistent with their needs, goals as per the person centred care plans (PCCP) reviewed. The attention to meeting a diverse range of residents' individualised needs was evident in all areas of service provision. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high level. Care staff confirmed that care was provided as outlined in documentation. A range of equipment and resources is readily available, suited to the level of care provided and in accordance with the residents' needs.
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The activities programme is provided by a registered diversional therapist. Four volunteers with current bus licences are rostered to drive the facility bus for external outings in the community. An assistant is employed to support the activities programme for two hours on Monday and Friday afternoons and two hours in the weekend.</p> <p>A recreational assessment and history is undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. The activities assessments are used to develop the individual activities plans reviewed. The programme reviewed is developed monthly and a weekly programme is displayed with activities and times for residents and families to participate. The activities programme reviewed provides lots of variety in the content and activities that are meaningful to the residents. The residents' activity needs are evaluated six monthly and are part of the formal six monthly multiple disciplinary review process.</p> <p>The planned activities observed matched the skills, likes, dislikes and interests identified in assessment data. Activities reflect residents' goals, ordinary patterns of life and include normal community activities. Individual, group and regular events are offered. The activities are discussed at the residents' meetings which are held separately for the rest home and the hospital. Meeting minutes indicated residents' input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction with the programme and that information is used to improve the range of activities offered. Residents interviewed confirmed they find the programme interesting and fun.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are</p>	FA	<p>The progress notes reviewed are evaluated on each shift. If any change is noted, it is reported to the registered nurse or the clinical manager.</p> <p>Formal care plan evaluations, occur every six months in conjunction with the six monthly interRAI</p>

<p>evaluated in a comprehensive and timely manner.</p>		<p>reassessment or as residents' needs change. Evaluations are documented by the registered nurse. The clinical manager has a schedule, which was sighted, of when reviews are due to be completed with accurate records maintained. Where progress is different from that expected, the service responds by initiating changes to the PCCP. Examples of short-term care plans were consistently reviewed to assess progress as clinically indicated and according to the degree of risk noted during the assessment process. Other plans such as wound care plans were evaluated each time the dressing is reviewed and/or changed. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>There is a current building warrant of fitness displayed in the entrance of the facility. The BCM stated there have not been any alterations to the building since the last audit.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance is appropriate to that recommended for long-term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. When an infection is identified, a record of this is documented on the infection record sighted. The clinical manager is the infection control coordinator and reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. All information is forwarded by the clinical manager to Oceania head office. Graphs are produced that identify trends for and comparisons from previous months. Data is benchmarked externally within the organisation. Benchmarking has provided assurance that infection rates in the facility are very low for the sector.</p> <p>Any new infections and any required management plan is discussed at handover to ensure early intervention occurs. Surveillance results are shared with staff at the general staff meetings, as confirmed in meeting minutes sighted and interviews with staff.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The restraint coordinator provides support and oversight for enabler and restraint management in the facility. The restraint coordinator was not available at the time of the audit. The clinical manager interviewed demonstrated a sound understanding of the organisation's policies, procedures and practice. The job description for the restraint coordinator was reviewed.</p>

<p>actively minimised.</p>		<p>On the day of the audit one resident was using an enabler which was the least restrictive and used voluntarily at their request. Six residents were using restraints. A similar process is followed for restraint use, minimisation and safe practice. This provides for a robust process which ensures the ongoing safety and wellbeing of the resident.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident on review of the restraint approval group meeting minutes, records reviewed of those residents who have approved restraints and from staff interviewed.</p>
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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.