

Oceania Care Company Limited - Victoria Place 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 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:	Victoria Place Rest Home/Hospital and Dementia Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 19 July 2017 End date: 20 July 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:	45



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

Victoria Place Rest Home/Hospital and Dementia Care can provide care for up to 51 residents. There were 45 residents at the facility on the first day of the audit.

This surveillance audit was conducted against the relevant Health and Disability Service Standards and the service contract with the district health board. The audit process included the review of policies, procedures and resident and staff files, observations and interviews with residents, family, management, staff and a medical officer.

The business and care manager is responsible for the overall management of the facility including clinical care and is supported by a clinical manager, and the regional and executive management teams. Service delivery is monitored.

Requirements identified for improvement from the previous audit relating to informed consent, human resource assessment, medicine management and physical environment have been implemented. There are no areas requiring improvement from 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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Family are updated if any changes occur in a resident's condition in a timely manner. Resident and family meetings are held every two months. Interpreter services are accessed when required and a multicultural staff mix enables interpretation by staff where appropriate.

Open communication between staff, residents and families is promoted and confirmed.

A complaints register is maintained and up to date. Complaints are investigated within the required timeframes and documentation is maintained.

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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Victoria Place Rest Home/Hospital and Dementia Care implements the Oceania Healthcare Limited quality and risk management system that supports the provision of clinical care and support. Policies are reviewed and business status reports facilitate the monitoring of service delivery. Benchmarking reports are produced that include clinical indicators, incidents/accidents, infections and complaints.

There are human resource policies implemented, including recruitment, selection and orientation. Staff receive education at orientation and as part of the ongoing training programme. Rosters are adjusted to meet numbers of residents in the facility and

acuity levels. Staff are allocated to support residents as per their individual needs. Staff, residents and family confirmed staffing levels are adequate and residents and relatives have access to staff when needed.

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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Long-term care plans and interventions for residents are detailed to address their specific care needs. Care plans are evaluated when a resident's condition alters or six monthly. The short-term care plans are developed for short-term problems and evaluated in a timely manner.

Planned activities are appropriate to the needs, age and culture of the residents. Residents reported activities are enjoyable and meaningful to them.

The medicine management system is documented, implemented and staff medication competencies are maintained. There were no residents self-administering medications at the facility during the on-site audit days.

Food services meet food safety guidelines and legislation. The individual food, fluids and nutritional needs of the residents are met.

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. There have been no building modifications since the last audit.

Restraint minimisation and safe practice

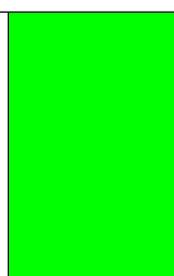
Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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The restraint minimisation and safe practice policies and procedures record the safe use of restraints and enablers. Restraint minimisation and safe practice processes comply with this standard.

There were two residents using restraints and one resident who had requested the use of an enabler at the facility during the on-site audit.

Staff interviewed demonstrated an understanding of restraint and enabler use and receive ongoing restraint education.

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.
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The infection control surveillance activities are appropriate to the size and scope of the services provided.

Infection control management systems are in place to minimise the risk of infection to residents, visitors and staff. Infection data is collated monthly, analysed and reported to Oceania Healthcare Limited support office, management and staff. Results of the surveillance are acted upon, evaluated, reported and benchmarked.

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	18	0	0	0	0	0
Criteria	0	43	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 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>The informed consent policy and procedure includes guidelines for consent for resuscitation/advance directives. Resident files identified that informed consent is obtained and resuscitation orders are completed for residents when applicable. There was evidence of advance directives signed by the resident where appropriate.</p> <p>The previous requirement for improvement relating to not for resuscitation consent being signed by family or enduring power of attorneys has been implemented.</p>
<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 Code and include periods for responding to a complaint. Complaint forms are available at the entrance of the facility.</p> <p>A complaints register is in place and the register includes: the date the complaint is received; the source of the complaint; a description of the complaint; the outcome and agreed action. The complaints register includes documentation of verbal complaints. Evidence relating to each complaint lodged is held in the complaints folder. Complaints reviewed in 2017 indicated complaints are investigated promptly with the issues resolved in a timely manner.</p>

		<p>The business and care manager is responsible for managing complaints. Residents and family confirmed complaints are dealt with as soon as they are identified.</p> <p>Residents and their families can raise any issues they have during resident meetings, as confirmed during interviews. Projects have been completed as a result of identifying shortfalls through review of complaints, adverse events monitoring and suggestions from residents.</p> <p>The business and care manager stated that there has been one compliant from the Waikato District Health Board which has been closed since the last audit. There have been no complaints with the Health and Disability Commission since the previous audit or with other external authorities.</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 in regard to the Health and Disability Commission Code of Health and Disability Services Consumers' Rights (the Code), advocacy services, interpreter services, complaints process and the fee structure is provided to residents and their families as part of the admission pack. The resident admission agreement, signed by residents or their representative on entry to the service, details information about the services that are included in service provision, including details of services that will incur cost outside the subsidy agreement.</p> <p>Family members stated they are kept informed of any change in the resident's condition and incidents/accidents that occur. Communication with family members is recorded in the residents' progress notes and on family communication forms. Open disclosure policy and procedures are in place to ensure staff maintain open, transparent communication with residents and families. There was evidence of resident/family input into the care planning process. Staff interviewed demonstrated understanding of the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. Two monthly residents' meetings provide a forum for discussion.</p> <p>Interpreter services are available through the district health board (DHB), if required. Staff know how to access this service if needed and reported this was rarely required, as the facility has a multicultural staff mix, which enables staff to act as interpreters.</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</p>	FA	<p>Victoria Place Rest Home/Hospital and Dementia Care is part of Oceania Healthcare Limited (Oceania) with the executive management team including the chief executive, general manager, regional manager, operations manager and clinical and quality managers providing support to the service.</p> <p>There are values, goals and a philosophy documented in the strategic overview of the service. The strategic plan also includes a marketing plan and a strengths, weaknesses, opportunities, and threats analysis. These are communicated to residents, staff and family through information in booklets and in staff orientation and</p>

<p>consumers.</p>		<p>the web site.</p> <p>Communication between the service and managers takes place on at least a monthly basis. The operations manager, senior clinical and quality manager and the clinical and quality manager provided support during the audit.</p> <p>The facility can provide care for up to 51 residents. During the audit there were 45 residents living at the facility including 23 residents requiring rest home level of care, 17 residents requiring hospital level of care and 5 requiring dementia level of care, these numbers include 2 young people with disabilities (YPD) under a YPD contract. No other contracts were in place at the time of audit.</p> <p>The business and care manager is responsible for the overall management of the facility and had been in the role for nine months, with two years operational and business management experience as a business and care manager and as a clinical manager for six years in Oceania facilities.</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 facility has a documented quality risk management framework incorporated in the business plan to guide practice.</p> <p>The service has implemented organisational policies and procedures to support service delivery. All policies are subject to reviews as required with all policies current. Policies are linked to the Health and Disability Service Standards, current and applicable legislation, and evidenced-based best practice guidelines. Policies were noted to be readily available to staff in the staff room. New and revised policies are signed by staff to confirm they have read and understand them.</p> <p>There are staff; health and safety; and infection control monthly meetings. Quality activities and weekly management meetings also occur. Minutes of all these meetings are documented. All staff interviewed reported they are kept informed of quality improvements.</p> <p>The organisation has a risk management programme in place. Health and safety policies and procedures are in place for the service. This includes a documented hazard management programme and a hazard register for each part of the service. There is evidence that any hazards identified are signed off as addressed and risks minimised or isolated.</p> <p>Service delivery is monitored through complaints, review of incidents and accidents, surveillance of infections and implementation of an internal audit programme. Quality improvement data is analysed for opportunities to improve service delivery.</p> <p>Corrective action plans are documented. The business and care manager and the clinical manager can describe how issues have been addressed.</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>	<p>FA</p>	<p>The business and care manager and the clinical manager are aware of situations in which the service would need to report and notify statutory authorities including: police attending the facility; pressure injuries; unexpected deaths; critical incidents, infectious disease outbreaks and change of management.</p> <p>Staff receive education at orientation and as part of the ongoing training programme on the incident and accident reporting process. Staff understand elements of the adverse event reporting process and could describe the importance of recording near misses.</p> <p>Incident/accident reports reviewed had a corresponding note in the progress notes to inform staff of the incident/accident. Information gathered around incidents and accidents is analysed with evidence of improvements put in place. Incident/accident reports are signed off by the business and care manager.</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>	<p>FA</p>	<p>Human resource policies and processes are in place and implemented. All registered nurses (RN) hold current annual practising certificates and visiting practitioners' practising certificates reviewed were current. Visiting practitioners include general practitioners; pharmacists; dietitian and podiatrist. Staff files include employment documentation, such as job descriptions; contracts; and appointment documentation on file. Police and drug checks are completed and an annual appraisal process is in place with all applicable staff having a current performance appraisal.</p> <p>All staff have completed a comprehensive orientation programme. Staff could articulate the buddy system that is in place and confirmed the competency sign off process is completed.</p> <p>Mandatory training is identified on a training schedule which includes manual handling and proper use of hoists. A training and competency file is held for all staff, with folders of attendance records and training with electronic documentation of all training, including external training programmes maintained. 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. The training register and training attendance sheets demonstrated staff completion of annual medication and competencies. Staff working in the dementia unit have attended training sessions related to dementia management, for example, managing challenging behaviours.</p> <p>Five of the six registered nurses (including the business and care manager) have completed InterRAI training. Staff have completed training around pressure injuries in 2017.</p> <p>The previous requirement for improvement, to ensure signed evidence of registered nurses undertaking training, has been implemented</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 anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents. Rosters sighted reflected staffing levels meet resident acuity and bed occupancy. The staffing policy is the foundation for workforce planning.</p> <p>There are 42 staff, including clinical staff, staff who facilitate the activities programme and household staff. There is a RN on each shift. The business and care manager is on call. If the business and care manager is on leave, the clinical manager takes the on-call role.</p> <p>Evidence reviewed and observations confirmed residents requiring hospital level of care are well supported with a RN on duty at all times. Residents requiring rest home and dementia level of care are encouraged to be as independent as possible. Residents and families interviewed confirmed staffing is adequate 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 medicine management system is documented and implemented and complies with legislation, protocols and guidelines. The service uses pharmacy pre-packaged medicine that is checked by the RN on delivery. An electronic medication system is used. Weekly checks and six-monthly drug stocktakes are completed and drug registers are up to date. The medication refrigerator temperatures are monitored. The service has a system in place for returning expired or unwanted medications to the pharmacy. All medications are stored appropriately.</p> <p>The lunchtime medicines round was observed. The RN observed each resident to ensure they swallow medicines before moving on to administer medicines to another resident.</p> <p>The staff administering medication complied with the medicine administration policies and procedures. Current medication competencies were evident in staff files sampled.</p> <p>There were no residents who self-administered medications on audit days.</p> <p>The previous requirement for improvement relating to medicine reviews to be completed at three monthly intervals and the medicines management system to reflect evidence of this having occurred have been implemented.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual</p>	<p>FA</p>	<p>Meals are prepared on site. The seasonal menu has been reviewed by a dietitian. Kitchen staff have current food management handling/food safety certificates. Diets are reviewed and modified. The kitchen manager confirmed awareness of the dietary needs of residents.</p> <p>Residents' dietary profiles are developed on admission which identify the residents' daily dietary</p>

<p>food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>requirements and preferences. The dietary profiles are communicated to kitchen staff on the resident's admission to the facility. When a resident's dietary needs change, the kitchen is informed. Nutritional assessments are reviewed six monthly. Supplements are provided to residents with identified weight loss problems.</p> <p>The lunchtime meal service was observed. Staff assisted residents who are not able to feed themselves.</p> <p>Food containers are labelled and dated and decanted food had records of expiry dates recorded. Records of temperature monitoring of food, fridge refrigerators and freezers are maintained. Regular cleaning is undertaken. Food services comply with current legislation and guidelines. Interviews with residents and their families confirmed satisfaction with the food service.</p>
<p>Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>Continuity of care is facilitated through handovers at the end of every shift. Staff also use diaries to ensure the team have knowledge of additional needs of residents, for example; when residents are being picked up to attend specialist appointments, attend social events and have appointments in the community.</p> <p>The previous requirement for improvement relating to the needs, outcomes and goals of residents being identified and communicated to ensure continuity of care has been implemented.</p>
<p>Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>Residents' care plans are based on assessed needs, desired outcomes and goals of the residents. Person centred care plans are completed by registered nurses and include specific interventions for both long-term and the short-term problems.</p> <p>The GP documentation and records are current. Interviews with residents and families confirmed care and treatments meet their needs. Staff interviews confirmed they are familiar with the needs of individual residents. Family communication is recorded in the residents' files. The nursing progress notes and observation charts are maintained.</p>
<p>Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs,</p>	<p>FA</p>	<p>The activities programme is developed and implemented by the activities coordinator (AC) signed off by the diversional therapist (DT) of another Oceania facility. The residents' activities assessments are completed by the AC within the three weeks of the residents' admission to the facility. Residents' interests are recorded during an interview with the resident and their family. The AC records attendance to activities. Activities programmes are colourful, in large print and available to all residents. The activity care plan is part of the long-term care plan and reflects the residents' preferred activities. There was evidence the activities staff are part of the evaluation process. Activities are planned to develop and maintain strengths, skills and interests</p>

<p>age, culture, and the setting of the service.</p>		<p>that are meaningful to the residents.</p> <p>Activity plans in the dementia unit include a 24 hour diversional activities plan which guides staff interventions. This plan includes strategies for the management of behaviour as well as strategies for de-escalation of challenging behaviour. These strategies are specific to the needs and responses of the resident. The residents and their families reported satisfaction with the activities provided. During the on-site audit, the residents were observed engaging in a variety of activities and outings. Resident meetings are conducted bi-monthly. Past minutes of residents' meetings are displayed on the notice board for resident and family information.</p>
<p>Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Long-term and the short-term care plans are evaluated in a timely manner. The evaluations include the degree of achievement towards meeting desired goals and outcomes. Residents' responses to the treatment are documented. Changes in the interventions are initiated when the desired goals/outcomes are not achieved. Short-term care plans are developed when needed. The short-term care plans reviewed were signed, dated and closed out when the short-term problem had resolved. Short-term goals and required interventions are identified for short-term problems.</p>
<p>Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>A current building warrant of fitness is displayed in the facility. There have been no building modifications since the last audit, although there has been refurbishment of the facility as part of the Oceania's facilities upgrade programme.</p> <p>There is a planned and reactive maintenance schedule implemented. The service has an annual test and tag programme and this is up to date, with checking and calibrating of clinical equipment annually. Interviews with staff and observation of the facility confirmed there is adequate equipment.</p> <p>There are quiet areas throughout the facility for residents and visitors to meet and there are areas that provide privacy when required. There are internal courtyards and lawns, areas with shade and outdoor table and chairs.</p> <p>The secure unit for residents with dementia has two entrances with a key pad access internally and one exit into a secure courtyard. An electronic call bell system is in place. There are call bells in all resident rooms, resident toilets, and communal areas including the hallways and dining rooms. Call bell audits are routinely completed. Observation on the days of audit and interviews with residents and families confirmed there are prompt responses to call bells. Sensor mats are used where appropriate</p> <p>The improvement required from the previous audit to ensure the safety of residents in the dementia unit has been implemented.</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>	FA	<p>The infection control surveillance policy identifies the requirements for the surveillance of infections. The infection logs are maintained and collated monthly by the infection control nurse.</p> <p>A registered nurse is the infection prevention and control nurse. Collated infection control data is communicated as clinical indicators to the Oceania support office, management and staff. The GP interview confirmed infections are reported in a timely manner. Staff reported they are made aware of infections through feedback from the RNs, verbal handovers, short-term care plans and progress notes. There have been no outbreaks since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The Oceania restraint minimisation and safe practice handbook and policies comply with legislative requirements.</p> <p>The restraint coordinator is the clinical manager. A signed position description was sighted. There was one resident using an enabler and two residents using restraints during the on-site audit days. The restraint register is maintained and current. Required documentation relating to restraint is recorded. Staff receive restraint education via the Oceania study days and RN study days.</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.