

Bupa Care Services NZ Limited - Glenburn 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:

Legal entity: Bupa Care Services NZ Limited

Premises audited: Glenburn Rest Home & Hospital

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

Dates of audit: Start date: 19 September 2017 End date: 20 September 2017

Proposed changes to current services (if any):

Total beds occupied across all premises included in the audit on the first day of the audit: 102

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
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

Bupa Glenburn Rest Home & Hospital is certified to provide psychogeriatric level care; hospital (geriatric and medical), dementia and rest home level care for up to 103 residents. During the audit, there were 102 residents.

This unannounced surveillance audit was conducted against a subset of the 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 resident's and staff files, observations and interviews with residents, relatives, staff and management.

The care home manager and clinical manager are appropriately qualified and experienced. Interviews with residents and relatives confirmed overall satisfaction with the care and service provided.

The one shortfall identified at their previous audit has been addressed. This was around ensuring resuscitation plan discussion with EPOA/family.

There were no further improvements identified at this unannounced surveillance 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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Residents and family are well informed including of changes in resident's health. The care home manager and clinical manager have an open-door policy. Complaints processes are implemented and complaints and concerns are managed and documented and learning's from complaints shared with all staff.

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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Bupa Glenburn Rest Home & Hospital has a 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

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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The registered nurses are responsible for each stage of service provision. The registered nurse assesses and reviews each resident's needs, outcomes and goals at least six-monthly. Care plans demonstrated service integration and included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurses, enrolled nurses and senior caregivers responsible for administration of medication complete annual education and medication competencies. The electronic medicine charts had been reviewed by the general practitioner at least three-monthly.

An activity plan is coordinated and implemented for the residents across seven days of the week. The programme includes community visitors, outings and activities that meet the individual and group recreational preferences for the residents. Residents' food preferences and dietary requirements are identified at admission. All meals and baking are cooked on-site. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines. Dislikes are accommodated.

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

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.

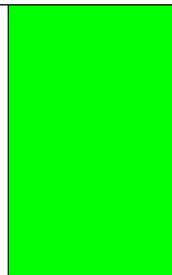


Standards applicable to this service fully attained.

There is a documented definition of restraint and enablers that aligns with the definition in the standards. At the time of the audit there were four hospital residents using restraints and no residents requiring the use of an enabler.

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.

The infection prevention and control programme includes policies and procedures to guide staff. A monthly infection control meeting is held, trends identified and acted upon. Benchmarking occurs and a six-monthly comparative summary is completed.

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	17	0	0	0	0	0
Criteria	0	40	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>All resuscitation plans with a clinically not indicated resuscitation status had evidence of discussion/involvement with the EPOA/family documented. The previous finding has been addressed around ensuring resuscitation plan discussion with EPOA/family. All seven files reviewed (two hospital including one young person on YPD contract, two rest home, one dementia level and two psychogeriatric including one long-term support chronic health condition) included general consents and resuscitation consents. Residents and family interviewed confirmed that consents were discussed with them on admission.</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>There is a complaints procedure to guide practice. The care home manager has overall responsibility for managing the complaints process at Glenburn. A complaint management record has been completed for the two complaints received in 2016 and one written complaint made in 2017 year-to-date. A record of all complaints (verbal and written) per month had been recorded on the register. The register included relevant information regarding the complaint including date of resolution. Verbal complaints are included and actions and response are documented. Complaints are reported to head office monthly. The complaints procedure is provided to resident/relatives at entry and also around the facility on noticeboards. Discussion with residents and relatives confirmed they were provided with</p>

		information on the complaint process. Complaint forms were visible for residents/relatives in various places around the facility.
<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>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Evidence of communication with family/whānau is recorded on the communication record, which is held in each resident's file. Twelve accident/incident forms reviewed identified family are kept informed. Three relatives (one hospital, one rest home and one psychogeriatric level) interviewed, stated that they were kept informed when their family member's health status changes. Eight residents (three hospital and five rest home level) interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. An introduction to the psychogeriatric and dementia unit booklet provides information for family, friends and visitors visiting the facility. This booklet is included in the enquiry pack along with a new resident's handbook providing practical information for residents and their families. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</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>Glenburn is a Bupa facility, which provides hospital, rest home, dementia and psychogeriatric level care for up to 103 residents. There has been one bed decommissioned since previous audit. Occupancy at the time of the audit was 102 residents. The facility is divided into five units. There were 26 of 26 residents in the Manuka rest home unit, 27 of 27 residents in the Kowhai hospital unit, including three on young persons with disabilities (YPD) contracts, 24 of 25 residents in the Rata hospital unit (including one resident on a YPD contract), 13 of 13 residents in the Koru psychogeriatric unit including one resident on a long-term chronic conditions contract and 12 of 12 residents in the Koru dementia care unit. There were no residents on respite during the audit. All other residents were on the aged related residential care (ARRC) contract.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Glenburn is part of the Northern One group. The operations manager teleconferences with the managers from the region fortnightly to discuss the organisational goals and their progress towards these. A monthly report is prepared by the care home manager and sent to the operations manager and the Bupa continuous service improvements (CSI) team on the progress and actions that have been taken to achieve the Glenburn quality goals. The operations manager completes a report to the director of</p>

		<p>care homes and rehabilitation.</p> <p>The care home manager at Glenburn is an experienced manager and social worker who has managed the facility for the past ten years. She is supported by a clinical manager who oversees clinical care and has also been in the role for nine years. The management team is supported by the wider Bupa management team that includes an operations manager. Care home managers and clinical managers attend annual forums and regional forums six-monthly. The care home manager and clinical manager have maintained at least eight hours annually of professional development activities related to managing a hospital.</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>Health and safety goals are established and regularly reviewed. Risk management, hazard control and emergency policies and procedures are being implemented and are monitored by the health and safety committee. 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. An employee health and safety programme (Smile) is in place, which is linked to the overarching Bupa National Health and Safety Plan. Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls.</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. Twelve accident/incident forms were reviewed. 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 and risk management system. The care home manager and clinical manager are aware of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required since the last audit.</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, one RN, two caregivers, one activities coordinator and one-unit coordinator) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained.</p>

		<p>The care home manager reported that a number of experienced RNs had left the facility this year due to relocation or for career advancement. The RNs employed have been provided with extra education sessions provided by the Bupa education officer to ensure a robust orientation and clinical competence. The orientation programme provides new staff with relevant information for safe work practice. 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.</p> <p>Fourteen caregivers are employed to work in the psychogeriatric unit and dementia unit with thirteen having completed their national dementia qualification. One caregiver is in the process of completing their qualification. Registered nurses are supported to maintain their professional competency. Twenty RNs are employed and eleven have completed their interRAI training. The clinical manager is also interRAI trained. Core competencies are completed annually and a record of completion is maintained (signed competency questionnaires sighted in reviewed files). There are a number of implemented competencies for RNs including insulin administration, moving & handling, nebuliser, oxygen administration, PEG tube care/feeds, restraint, wound management, syringe driver and medication competencies.</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>The staffing levels meet contractual requirements. The care home manager and clinical manager work full-time and are available during weekdays. They are supported by two-unit coordinators. The care home manager and the clinical manager share the on-call after-hour's duties. Adequate RN cover is provided 24 hours a day, seven days a week. Sufficient numbers of caregivers support the RNs. Registered nurses have sufficient time available to complete interRAI assessments and care planning evaluations within contractual timeframes and meet best practice. A model of nursing care and caregiver roster was introduced to ensure staff have a greater level of security of hours whilst allowing the roster to be responsive to occupancy.</p> <p>The facility is divided into five units. In the Manuka unit there are 26 of 26 rest home residents, one RN, EN or Senior Caregiver is on duty on the morning and afternoon shifts. There are two caregivers on duty in the morning and one on the afternoon shifts and night shift. In the Kowhai unit there are 27 of 27 hospital residents, one RN is on duty in the morning and afternoon shifts, and one on the night shift. There are five caregivers on duty in the morning, four in the afternoon and one on the night shift. In the Rata unit there are 24 of 25 hospital residents, one RN is on duty in the morning and afternoon shifts, and one on the night shift. There are five caregivers on</p>

		<p>duty in the morning, four in the afternoon and one on the night shift.</p> <p>In the Koru psychogeriatric unit there are 13 of 13 residents, one RN is on duty in the morning and afternoon shifts, and one on the night shift. There are three caregivers on duty in the morning and two in the afternoon. In the Koru dementia care unit there are 12 of 12 residents, there are two caregivers on duty in the morning and in the afternoon. There is one caregiver on the night shift who is located in the dementia unit and also covers the psychogeriatric care unit. The RN from the PG unit provides support. Interviews with residents and family members identify that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The RNs, enrolled nurses and senior caregivers who administer medications complete annual medication competencies and education. The RNs have completed syringe driver, PEG feed and in-dwelling catheter competencies. Medications (fortnightly robotic rolls) are checked on delivery against the medication chart and any discrepancies are fed back to the pharmacy. All medications are stored safely. The service has an implemented electronic medication management system.</p> <p>Standing orders are in use and meet standing order legislation and guidelines. There were no self-medicating residents on the day of audit. RNs described the process for three monthly self-medication competencies. The medication fridge is monitored weekly. Fourteen medication charts were reviewed. All medication charts had photo identification and allergy status documented. The GP reviews the medication charts at least three-monthly. The administration signing sheets reviewed identified medications had been administered as prescribed.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All food and baking is prepared and cooked on-site. The kitchen manager/cook is supported by two cooks and four kitchen assistants. Staff have been trained in food safety and chemical safety. There is an organisational four weekly seasonal menu that had been designed in consultation with the dietitian at an organisational level. Meals are delivered via hot box (purees) and bain-maries (main meals) to each of the four areas.</p> <p>The kitchen manager/cook receives a resident dietary profile for all new admissions and is notified of any dietary changes. Resident likes, dislikes and dietary preferences were known. Alternative foods are offered. Cultural, religious and food allergies are accommodated. The kitchen manager interviewed stated they provide meals daily that cater to Indian, Asian and Pacific Island residents currently. Special</p>

		<p>diets such gluten free, dairy free, diabetic desserts and pureed/soft diets are provided. Nutritious snacks are available 24 hours in the dementia and psychogeriatric unit.</p> <p>Freezer, chiller temperatures and end cooked temperatures are taken and recorded daily. Corrective actions are in place and sighted for any issues. Chilled goods temperature is checked on delivery. Twice daily food temperatures are monitored and recorded. All foods were date labelled. A cleaning schedule is maintained. Kitchen staff were observed to be wearing appropriate personal protective clothing.</p> <p>Residents have the opportunity to provide feedback on the meals through resident meetings, survey and direct contact with the kitchen manager or cooks. Residents and families interviewed were overall happy with the meals provided.</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>	FA	<p>When a resident's condition alters, the RN initiates a review and if required, GP or nurse specialist consultation. There is documented evidence that family members were notified of any changes to their relative's health including (but not limited to): accident/incidents, infections, health professional visits, changes in medications and referrals/appointments. Residents interviewed state their expectations are being met. Interventions and monitoring requirements have been documented to meet the resident's needs. Caregivers and RNs interviewed state there is adequate equipment provided, including continence and wound care supplies.</p> <p>Wound assessment, wound management and evaluation forms are in place. Wound management and monitoring occurred as planned. All have appropriate care documented and provided, including pressure relieving equipment. Access to specialist advice and support is available as needed. Care plans document allied health input. There were four wound registers in the facility. A sample of wounds reviewed in detail included a link to STCPs and LTCPs. There is wound care specialist input where needed. Physiotherapy and dietitian input is provided for residents. The residents' files include a urinary continence assessment, bowel management plan and continence products used.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>There is one activities coordinator (30hrs) and activities assistant (40hrs) employed who oversee the activities programme provided across seven days per week. A second activity assistant (18hrs) provides support across six days. A physiotherapy assistant assists with walking and exercise groups.</p> <p>There is a monthly programme with a range of activities offered that are age appropriate. There is separate rest home, hospital, dementia and psychogeriatric</p>

		<p>weekly programmes (4 -6 hrs per day in each area) with activities that meet the needs and preferences of the four resident groups. Residents may choose to attend any activities offered such as entertainment. Variations to the group programme are made known to the residents. Individual programmes are delivered to residents in their rooms when they are unable to or choose not to participate in the group programme. There is a specific programme for the dementia and psychogeriatric residents. Younger persons can join any activities on offer and are assisted and encouraged to access community groups (of interest) and events.</p> <p>The group programme covers physical, cognitive, social and spiritual needs. There are regular visiting entertainers and community groups. Activities provided are meaningful and include (but are not limited to): newspaper reading, current affairs, reminiscing, crafts and quizzes. There are weekly van outings into the community areas of interest (trips to the Museum) for residents (two trips per week for residents in dementia and PG). There is a monthly 'therapy box' session (box and its contents supplied by head office for staff to advertise and celebrate with residents and families) that has now become part of the monthly programme. Community people visit and provide but not limited to; pet therapy, church services. There are two cats residing in the home.</p> <p>A resident activity assessment is completed on admission. Each resident has an individual activity plan which is reviewed six-monthly. Recreational preferences are age appropriate and meet the individual needs for aged care.</p> <p>The service receives feedback on activities through one-on-one feedback, resident's meetings and surveys.</p> <p>Residents and relatives interviewed were satisfied with the activities programmes on offer.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>All initial care plans for long-term residents were evaluated by the RN within three weeks of admission and a long-term care plan developed. Care plans reviewed were evaluated by the registered nurses six monthly or when changes to care occurs. Short term care plans for short term needs were evaluated and either resolved or added to the long-term care plan as an on-going problem. The GP reviews the residents at least three-monthly or earlier if required. The multidisciplinary review involves the RN, GP, activities staff, resident/family and clinical manager. The family are notified of the review by email and if unable to attend they receive a copy of the reviewed plans. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews.</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>The building has a current building warrant of fitness that expires 23 September 2017 and reactive and preventative maintenance is completed.</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>There is a policy describing surveillance methodology for monitoring of infections. The infection control nurse/clinical manager collates information obtained through surveillance to determine infection control activities and education needs in the facility. Infection control data is discussed at the quality/staff meetings and data is available to all staff including graphs. The service completes monthly and annual comparisons of infection rates for types of infections. Systems in place are appropriate to the size and complexity of the facility. An outbreak (vomiting and diarrhoea) was notified June 2017 and was managed appropriately. Since the outbreak, staff debrief and education had been provided for all staff.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. Interviews with the care staff confirm their understanding of restraints and enablers. At the time of the audit there were four hospital residents requiring the use of bed rails as restraint. There were no residents requiring the use of an enabler. Enablers are assessed as required for maintaining safety and independence and there are procedures to ensure these are only used voluntarily by the residents.</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.