# Metlifecare Limited - Metlifecare Somervale

## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Metlifecare Limited

**Premises audited:** Metlifecare Somervale

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

**Dates of audit:** Start date: 9 November 2017 End date: 9 November 2017

**Proposed changes to current services (if any):** This partial provisional audit is being undertaken to establish the level of preparedness of the organisation to provide services for 69 dual purpose beds. This is an increase of 29 beds. It involves the transfer of 40 residents from an existing building into a purpose-built facility on the same site.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 40

# 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.

## General overview of the audit

Metlifecare Somervale has built a new facility on the same site as the existing 40 bed care facility. Residents from the existing facility will be transferred to the new building. Over a six-month period, the existing facility will be fully decommissioned. There are 29 additional beds available in the new facility, giving the provider a total of 69 beds which will operate as dual purpose to cater for either rest home or hospital level care residents. The new building includes lounge, dining, recreational areas, and a fully serviced kitchen.

This partial provisional audit was undertaken to establish the provider’s preparedness to provide this new service.

There is a village on the same site which is not included in this audit. The village manager takes overall responsibility for the oversight of all services at Somervale. She is supported by the nurse manager who is experienced in aged care and holds a current practising certificate. The nurse manager will oversee the day to day management of the care facility. Proposed rosters sighted identify that each shift will be adequately staffed including 24 hour, seven day a week registered nurse cover. Appropriate equipment is available for the management of residents and all areas are furnished to a high standard.

Two areas which required improvement from the previous audit related to medication management and policies and procedures have been fully addressed by the service.

There were no areas requiring improvement.

## Consumer rights

Not applicable to this audit.

## Organisational management

Metlifecare Somervale work under the established Metlifecare organisational structure of governance which is well documented in policies, procedures, and business planning. The strategic and business plans are reviewed annually and they outline the purpose, values, scope, direction and goals of the organisation. The business plan in place for Somervale identified regular reporting to senior management and to the board related to the progress of the care facility. Documented quality and risk processes implemented by the existing service will be continued.

The village manager has been in the role for over 11 years and the nurse manager (RN) for 19 months. Both are experienced and suitably qualified for the roles they undertake.

The appointment, orientation and management of staff will follow the current process which is based on current good practice as per organisational requirements. The training calendar sighted identified a systematic approach to cover all areas of service delivery related to regular staff training. The existing staff of 47 will remain in place and this includes 14 registered nurses and 22 health care assistants. Policies and procedures to support service delivery are in place and up to date to reflect good practice standards.

The transition plan identifies staffing rationale and shows how, as the number of residents increase, safe staffing levels will be maintained. The transition plan for staffing covers both floors of the new facility and it indicates that both floors will have appropriate cover at all times. The proposed rosters sighted identify that safe staffing levels, as shown in the Indicator for Safe Age Care (Standard 8163:2005), are exceeded and that contractual requirements are met. There will be 24 hours, seven-day week coverage of registered nurses.

## Continuum of service delivery

Medicines are managed electronically and administered by staff who are competent to do so. Medication management policies and procedures reflected current good practice and meet legislative requirements.

The food service, which is in operation for existing services, has the capacity to cater for the additional number of residents. There is a new kitchen in the new facility which is fully equipped and staff education on the safe use of the equipment has already started. When the facility numbers increase an additional cook will be employed. The organisational wide menu has been approved by a registered dietitian within the last 12 months and meets the nutritional needs of residents in aged care.

## Safe and appropriate environment

The facility has been completed to meet the needs of residents and comply with building, contractual and legislative requirements. There is a current certificate for public use and approved fire evacuation plan. Some of the clinical equipment from the existing care facility along with new purchased equipment to cater for the additional number of residents is in place and it has all been safety checked.

Each of the two floors of the new facility has three wings which contain no more than 12 residents’ bedrooms. Each wing has lounge, dining and kitchen facilities. External areas are easily accessible and provide shade and seating. The lift which operates between floors is very spacious to allow a bed to be easily moved if required.

Documented processes are implemented for the management of waste and hazardous substances. Personal protective equipment and clothing are available. Areas where chemicals are kept are secure. Laundry and cleaning is undertaken by dedicated staff. The current laundry will be decommissioned and the newly built and fully equipped laundry will be used by staff. Laundry and cleaning services are monitored by internal audits and the off-site chemical provider.

The facility has electric heating with all residents’ bedrooms having a wall mounted thermostatically controlled heat pumps. All residents’ bedrooms have floor to ceiling windows with a ranch-slider to allow natural light and ventilation. Communal areas have opening doors and windows. Electronic blinds will be used as sun blocks as required.

## Restraint minimisation and safe practice

Not applicable to this audit.

## Infection prevention and control

There is a documented organisational infection control programme implemented which will be carried over to the new premises. This includes surveillance processes for recording and reporting processes at facility level which are reported at governance level. The infection prevention and control programme is led by an experienced and trained infection control coordinator aimed to prevent and manage infections. The programme is reviewed annually. Specialist infection prevention and control advice is accessed when needed. Benchmarking of data is carried out by an off-site agency and follow-up action is taken as and when required.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

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| **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 | 36 | 0 | 0 | 0 | 0 | 0 |

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| --- | --- | --- | --- | --- | --- |
| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Metlifecare strategic and business plans (2017-2021), are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. For Somervale, the goals and objectives have been personalised to the site and they described annual and longer term objectives and the associated operational plans. A sample of quarterly reports to the board of directors showed adequate information to monitor performance is reported including financial performance, quality data, emerging risks and issues. Achievement against the set goals are identified which include intended timelines for the movement of residents to the new build. The service would like to commence this on the 04 December 2017. The care service is managed by a registered nurse manager who holds relevant qualifications and has been in the role for 19 months and has many years’ experience in aged care management. Responsibilities and accountabilities are defined in a job description and individual employment agreement. Their direct report is to the village manager who has been in the role for 11 years. Management are supported by senior management from Metlifecare, and the clinical quality and risk manager attended this audit. The nurse manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through ongoing education and attendance at New Zealand Age Care Conferences, for which she is the secretary for the local branch, leadership forums, symposium clinics held by Metlifecare and clinical training which include two monthly ‘webinars’. The service holds contracts with the Bay of Plenty District Health Board (BoPDHB) for aged care hospital and rest home level care and this includes palliative care. There are 38 residents under the Age Related Residential Care contract, and two residents under the BoPDHB Transitional Active Care Bed contract, at the time of audit (16 rest home level care and 24 hospital level care residents on the day of audit). The Transitional Active Care Bed contract relates to orthopaedic rehabilitation beds which the BoPDHB have provided dedicated funding for two beds.  |
| Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.  | FA | When the village manager is absent, the operations manager and the nurse manager carry out all the required duties under delegated authority. When the nurse manager is absent, the senior registered nurses who are experienced in the sector and able to take responsibility for any clinical issues that arise, with input from members of Metlifecare senior management team, perform this role with oversight from the village manager. Staff reported the current arrangements work well and no changes will be made to the systems in place.  |
| Standard 1.2.3: Quality And Risk Management SystemsThe organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | All policies and procedures sighted are up to date. This was an area identfied for improvement in the previous audit and has been fully addressed by the service. |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation’s policies are being consistently implemented and records are maintained. All existing staff will remain in their current position and new staff are to be employed as the number of residents increase. The increase in staffing is clearly identified in the transition plan sighted. Staff orientation includes all necessary components relevant to the role. Staff records reviewed showed documentation of completed orientation and a performance review after a three-month period. Interviews with residents and family members confirmed they were very happy with the level of care received and this is reflected in the 2017 resident satisfaction survey results which showed that overall satisfaction for services at Somervale is 98%.Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider’s agreement with the DHB. This is reflected in the pay grades for the 22 health care assistants which are currently nine level four, eight level three and two level two health care workers. Two healthcare workers have yet to complete required qualifications. There are currently three sufficiently trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this. Observations and review of the four-week roster cycle and the projected transition roster cycle confirmed adequate staff cover has been and will be provided, with staff replaced in any unplanned absence. The service ensures that at least one staff member on duty has a current first aid certificate and there is 24//7 RN coverage. For the new build, the ground floor and first floor staffing will be a mirror image of RNs and caregivers with the nurse manager overseeing across all of the care unit. The new build will have 34 residents on the ground floor and 35 residents on the first floor. |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management (using an electronic system) was observed on the day of audit. The staff observed demonstrated good 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. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided six monthly and on request. The above described medication management will be maintained in the new facility. Currently, controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six monthly stock checks and accurate entries. The new facility has purpose built medication rooms (one on each floor) with appropriate provision of medication storage including for controlled drugs. The medication fridge temperatures will be monitored to ensure they remain within the recommended range. (No vaccines will be stored on site). Good prescribing practices noted include the prescriber’s signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three monthly GP review is consistently recorded on the medicine chart. This was an area identified for improvement in the previous audit and has been addressed by the service. For residents who self-administer medications there are appropriate processes are in place to ensure this is managed in a safe manner. In the new build, this includes every bedroom having a lockable drawer to ensure medications can be secure at all times. There is an implemented process for comprehensive analysis of any medication errors which will continue in the new facility. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | The food service is provided on site by the cook and kitchen team, and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last year. Recommendations made at that time have been implemented. Metlifecare employ a group food service manager to oversee all kitchen and food service compliance. During interview it was confirmed he will assist with the start-up of the new kitchen. A food service plan is being developed at the time of audit. 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. Kitchen staff have completed relevant food handling training.A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident’s nutritional needs, is available.Evidence of resident satisfaction with meals was verified by resident and family interviews and satisfaction surveys. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided. Kitchen staff confirmed they will be able to cater for the additional residents.All of the above will continue to be implemented in the new building. The newly built and equipped kitchen will commence operation the day the residents move into the new facility. Meals from the main kitchen will be delivered in containers which keep food warm as required and dished from each table to meet residents’ likes, dislikes and portion sizes. Crockery is colour coded for each wing. Each of the wings in the care facility have a kitchen area with bench top cooking, tea making facilities and a refrigerator. This can be used by residents supervised by staff or by visitors.  |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff. Material safety data sheets were available in all areas where chemicals are to be stored. Chemical spill kits are located on both floors of the new facility and management of an event is included in staff education.There is provision and availability of protective clothing and equipment throughout the new facility and in the existing facility staff were observed using this. |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | A current Certificate of Public Use, expiry date 29 November 2017 was sighted. The facility is aware that this must be updated to ensure continued use of the building. The new care facility has appropriate systems in place to ensure the residents’ physical environment and facilities are fit for their purpose. All equipment, including electrical appliances have been electrically tested along with medical equipment calibrations being undertaken. This was confirmed in documentation sighted and during interview with the maintenance personnel. Management have a process in place to ensure the testing and tagging of electrical equipment and calibration of biomedical equipment remains current. There are eight portable lifting hoists and seven ceiling mounted hoists in new bedrooms. There are chair and seat weigh scales. There are rooms for equipment storage throughout the new facility. The new care facility has a lift between the two floors which is large enough for a bed to be transported. Wide corridors and bedroom entry doors allow ease of movement for beds and equipment. External areas are easily accessible. The downstairs bedrooms have direct outdoor access. The outdoor areas have shaded areas for resident use. Appropriate systems are in place to ensure the residents’ physical environment and facilities are fit for their purpose and maintained. Existing residents and family interviewed confirmed they were very happy with the external environment. |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. This includes designated visitor and staff bathroom areas. All 69 bedrooms have full ensuites. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence. The solar powered hot water system has gained a level six rating for being environmentally friendly.  |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | FA | Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. All bedrooms provide single accommodation with entry doors which allow a bed to be moved as required and for portable lifting equipment to easily access all rooms. Seven bedrooms have been fitted with ceiling lifting hoists. Bedroom areas allow the storage of walking frames or electric scooters. (There is a purpose built centralised charging area for electric scooter within the facility). All beds are hospital level care beds.As the existing residents are moving across to the new building, all their personalised items in their bedrooms will be moved across with them. Management confirmed that all residents are encouraged to personalise their bedroom area.  |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Communal areas are available for residents to engage in activities. Each of the three wings on each floor of the new facility have adequate dining, lounge and recreation areas. The dining and lounge areas are spacious and enable easy access for residents and staff. There is a large multipurpose room on level one which will be used for staff training, church services, multidisciplinary meetings, family meetings and movie nights. All areas are fully furnished to a high standard and furnishings are appropriate to the setting and residents’ needs.  |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Laundry is currently undertaken on site by dedicated laundry staff. A newly built and equipped laundry is included in the new facility and the existing experienced laundry staff are to transfer across. Laundry process are implemented to meet policy requirements. The new laundry has a good dirty to clean flow. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner. Each resident will have their own named clothes return basket. There is a first aid kit in the laundry. Adequate linen bags with lids were sighted. All clinical staff have received training in the use of the new washing machines and dryers. There is a designated cleaning team who have received appropriate training. Staff have completed safe chemical handling training as confirmed in staff education records reviewed. Chemicals will be stored in secure areas and all chemical bottles sighted were appropriately labelled. Cleaning and laundry processes are monitored through the internal audit programme and by the chemical provider. The task list sighted for both laundry and cleaning identify good infection control processes.  |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. Fire and emergency training occurred on the 05 and 10 October 2017 for all existing staff. A six monthly trial fire evacuation occurs, with a copy sent to the New Zealand Fire Service. The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.The new building fire evacuation plan was approved by the New Zealand Fire Service on the 14 September 2017. Evacuation processes were discussed by management on the 08 November 2017 and then passed on to staff on the 09 November 2017 in readiness for the opening of the new building. Each resident’s bedroom door has a sign to show if the room has been evacuated or not. Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ’s were sighted and meet the requirements for the 69 residents. Emergency water usage has been included in the planning and building process of the new facility and can cater for all residents and staff. Emergency lighting and power lasts for up to four hours and will be regularly tested to meet legislative and warrant of fitness requirements. The new facility has civil defence supplies including personal items such as continence products, infection control outbreak kits, and emergency trolleys on each floor. These will be checked by senior staff at least six monthly. (Checking forms sighted.)The current monthly workplace inspections will continue to monitor any risk related issues that may arise.The call bell system in place is on an automatic system which rings after two minutes if the first call is not responded too. This then escalates if not responded too after a further two minutes. There is a ceiling light above the door of the room and an audible sound alerts staff the call bell has been activated. The system also allows the first response health care worker to remain with the resident and call for more staff assistance if required. All call bell response times can be monitored. There are invisible infrared lights each side of the beds should they be required to monitor a resident’s movement to help keep them safe. This system can be turned on if it is deemed that the resident is at a high risk of falling and attempts to get out of bed by themselves; it sets of the call bell system to alert staff. Call bells alert staff to residents requiring assistance. Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time and a night porter undertakes nightly checks. There is CCTV in common areas which all residents and family are aware of, as confirmed during interview.  |
| Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All residents’ rooms and communal areas are heated and ventilated appropriately via the use of opening doors and windows and heat pumps. Rooms have floor to ceiling windows which ensures there is enough natural light. Heating is provided by electric heat pumps in residents’ rooms with a wall mounted thermostat control so the resident can individualise the temperature they wish to have in their bedrooms.  |
| Standard 3.1: Infection control managementThere is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.  | FA | The service implements an infection prevention and control (IPC) programme to minimises the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from specialist infection control providers. The infection control programme and manual are reviewed annually. The clinical coordinator/registered nurse is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the nurse manager, and tabled at the quality/risk committee meeting, senior management meeting, and presented to the board at organisational level. The existing processes used to implement the infection control programme will remain. Policy confirmed that all staff must take responsibility for ensuring the programme is fully implemented. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities. |

# Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

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| No data to display |

# 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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| No data to display |

End of the report.