

Summerset Care Limited - Summerset Falls

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:	Summerset Care Limited
Premises audited:	Summerset Falls
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 July 2015 End date: 8 July 2015
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:	43

Executive summary of the audit

Introduction


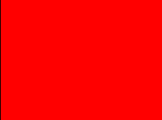
This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- 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

Summerset Falls provides rest home and hospital level care for up to 43 residents with full occupancy on the day of the audit. The service is managed by a village manager and a nurse manager. The residents and relatives interviewed spoke positively about the care and support provided. The village manager is appropriately qualified and experienced and is supported by a nurse manager (registered nurse). There are quality systems and processes being implemented. An induction and in-service training programme is in place to provide staff with appropriate knowledge and skills to deliver care. Suitable staff are available to meet the needs of the residents.

This 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 the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff and a general practitioner.

The service has addressed eight of ten shortfalls identified at previous audit around corrective action plans, meeting minutes, care planning and interventions, medication documentation, the external environment, and restraint assessment and register. Further improvements are required in medication competencies, and restraint monitoring.

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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There is evidence that residents and family are kept informed. A system for managing complaints is in place. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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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Services are planned, coordinated, and are appropriate to the needs of the residents. A village manager and nurse manager/registered nurse are responsible for the day-to-day operations of the facility. Quality and risk management processes are maintained, reflecting the principals of continuous quality improvement. Strategic plans and quality goals are documented and regularly reviewed. Corrective action plans are implemented where opportunities for improvement are identified. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes. Adverse, unplanned and untoward events are documented by staff. Human resources are managed in accordance with good employment practice, meeting legislative requirements. An orientation programme is in place for new staff. An education and training programme for staff is embedded into practice. Registered nursing cover is provided twenty four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe.

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.		Some standards applicable to this service partially attained and of low risk.
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Entry to the service is managed primarily by the village manager and the nurse manager. Residents are required to sign an admission agreement. Initial assessments and care plans, subsequent assessments and long term care plans are completed by a registered nurse. All care plans are written in a way that enables staff to clearly follow their instructions.

A recreational therapist plans and implements an integrated activity programme. The activities meet the individual recreational needs and preferences of the residents. Each resident has access to an individual and group activities programme. There are outings into the community and visiting entertainers.

The medicines management system is managed by the registered nurses. The majority of residents receive their medical care from a general practitioner who visits the site at least weekly. Each resident has their care reviewed in a timely manner. There is a system of regular six monthly multidisciplinary evaluations in place.

Residents and relatives interviewed were complimentary about the food service.

The food service is contracted to an external provider. Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are able to be provided. The menus are regularly reviewed by a qualified dietitian. Staff have attended food safety and hygiene training.

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.		Some standards applicable to this service partially attained and of low risk.
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Restraint minimisation is practiced. The service has alternative systems available so that staff can use restraint as a last resort strategy. Care plans include reference to the use of restraint or enablers. There were two residents using restraint on the day of audit and one resident voluntarily using 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 the surveillance programme, which is managed by a registered nurse onsite with corporate support and oversight. There are established systems in place, which are appropriate to the needs of residents.

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 Standards applicable to this service 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	2	0	0	0
Criteria	0	43	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are available in locations accessible to residents and family. Information about complaints is provided on admission. Interviews with six residents (three hospital level and three rest home level) and family members confirmed their understanding of the complaints process. Care staff interviewed (two caregivers, one registered nurse, one recreational therapist) were able to describe the process around reporting complaints.</p> <p>There is a hard copy and electronic complaints register that includes verbal and written complaints and evidence to confirm that complaints are being managed in a timely manner including acknowledgement, investigation, time lines, and corrective actions when required and resolutions.</p> <p>Two complaints received in 2015 (year to date) were managed within the required time frames with evidence of comprehensive investigations undertaken by the village manager. Both complaints are resolved.</p>
<p>Standard 1.1.9: Communication</p>	FA	<p>An open disclosure policy describes ways that information is provided to residents</p>

<p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>and families. The admission pack contains a comprehensive range of information regarding the scope of service provided to the resident and their family on entry to the service and any items they have to pay that is not covered by the agreement. Regular contact is maintained with family including if an incident or care/health issues arises. Three hospital family members interviewed stated they were well informed. Ten incident/accident forms were reviewed and all identified that the next of kin were contacted. Residents' meetings are held three monthly.</p> <p>The service can access interpreter services through Waitemata District Health Board. The information pack is available in large print and can be read to residents. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</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>	<p>FA</p>	<p>Summerset Falls provides rest home and hospital level care for up to 43 residents. This includes two serviced apartments assessed as suitable for rest home level care. On the day of the audit there were 43 residents - 21 rest home level, 21 hospital level and one resident who refused a NASC assessment and is living in a serviced apartment under the 'comprehensive care' contract through Summerset. There is a retirement village attached as part of the care complex with overall management of the village provided by the village manager.</p> <p>A strategic plan is in place for the organisation. An annual quality plan for the service is linked to the strategic plan and includes annual goals and objectives. Quality is overseen by the Summerset clinical quality manager and is managed by the village manager and nurse manager.</p> <p>The village manager has been in the role since October 2012. Prior to this he was a facility manager for an aged care facility for two years. He has also been employed as a rest home team leader, health care assistant and administrator. He oversees the quality and risk management programmes for the care facility. The nurse manager is a registered nurse, employed to oversee clinical operations for the care facility. She has been working at this facility for eight months. Previous to this she was a nurse manager in an aged care facility for six years. She has 18 years of clinical experience with Counties Manukau District Health Board (CMDHB).</p> <p>The village manager and nurse manager have maintained more than eight hours of professional development activities related to managing an aged care facility.</p>

<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>A quality management plan policy is in place that is reviewed annually. It is based on Summerset's values and strategic plan. Policies and procedures reflect evidence of regular reviews as per the document control schedule. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes. Policies and procedures have been updated to reflect the implemented InterRAI procedures.</p> <p>The monthly collating of quality and risk data includes (but is not limited to) residents' falls, infection rates, and pressure areas. Data is collated and benchmarked against other Summerset facilities to identify trends. A resident satisfaction survey is conducted each year. Results for 2014 reflect 94% resident satisfaction with the services received. An annual internal audit schedule confirmed audits are being completed as per the schedule. Corrective actions are developed where opportunities for improvements are identified and are signed off when completed. The service has addressed this previous finding.</p> <p>RNs are kept informed of quality and risk management activities, evidenced in the RN meeting minutes. The quality committee meets monthly.</p> <p>A falls reduction strategic plan was sighted for the service. Sensor mats and physiotherapy services are utilised. Residents are checked regularly. Trending reflects a slight decrease in the number of falls over the past year.</p> <p>A health and safety representative has been identified for the service. Processes are in place for accident and incident reporting, injury prevention and management, workplace inspections, and hazard management.</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 service collects a comprehensive set of data relating to adverse, unplanned and untoward events. This includes the collection of incident and accident information. The reporting system is integrated into the quality and risk management programme. Once incidents and accidents are reported, the immediate actions taken are documented on incident forms. The incidents forms are then reviewed and investigated by the nurse manager. If risks are identified these are processed as hazards.</p> <p>Discussions with the village manager and nurse manager have confirmed their awareness of statutory requirements in relation to essential notification.</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>There are job descriptions available for all relevant positions that describe staff roles, responsibilities and accountabilities. The practising certificates of nurses are current. The service also maintains copies of other visiting practitioners practising certificates. Five staff files were reviewed (three caregivers, one registered nurse and one recreational therapist). Evidence of signed employment contracts, job descriptions, orientation, and training were available for sighting. Annual performance appraisals for staff were completed. Newly appointed staff complete an orientation that is specific to their job duties. Interviews with care staff described the orientation programme that includes a period of supervision.</p> <p>The service has a training policy and schedule for in-service education. The in service schedule is implemented and attendance is recorded. All staff complete a range of competency assessments. Two registered nurses have completed their InterRAI training and five nurses are scheduled to attend. This is adequate to meet contractual requirements.</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 service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. An RN is scheduled 24 hours a day, seven days a week for the care facility on the first level and two serviced apartments located on the ground floor. A total of seven RNs are employed. Four caregivers are scheduled for the AM and PM shifts and two caregivers are scheduled for the night shift. There are two full time and two part time caregiver vacancies. The nurse manager reports that these vacancies are currently being filled by RNs.</p> <p>Caregivers working the night shift are responsible for laundry services. There is separate cleaning staff.</p> <p>Staff reported that staffing levels and the skill mix was appropriate and safe. All families interviewed advised that they felt there was sufficient staffing. The roster is able to be changed in response to resident acuity.</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>PA Low</p>	<p>The medication management policies comply with medication legislation and guidelines. Medicines are appropriately stored and managed. Medication administration practice complies with the guidelines with the exception of competency re-assessments for three of six registered nurses. Six registered nurses administer medicines. The facility uses a packaged medication</p>

		<p>management system for the packaging of most tablets. The RNs reconcile the delivery of medicines. Medication charts are written correctly by the medical practitioner and there was evidence of three monthly reviews by the GP. Medicine administration charts sampled were correctly completed by staff. No residents were self-administering medicines.</p> <p>Non-regular medicines are charted correctly by the GP and administration charts are signed correctly by staff who administered the medicines. There is evidence that weekly stocktakes of controlled drug medicines are occurring. The service has addressed these previous findings.</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>Medirest is contracted for the provision of meals on-site. There is an eight week rotating menu approved by a registered dietitian. There are alternative meal options available and resident likes/dislikes and preferences are known and accommodated. Special diets provided include vegetarian and mouli meals. The cook receives a dietary profile for each resident. Specialised crockery and utensils are available to promote independence with meals.</p> <p>The kitchen equipment items have been tested and tagged. The fridge, freezer and dishwasher have daily temperatures recorded. End cooked food temperatures are recorded twice daily. Cleaning schedules are being maintained. Staff were observed wearing correct personal protective clothing. Staff working in the kitchen have food handling certificates and have undergone chemical safety training.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The previous certification audit identified that clinical records reviewed did not include interventions for all identified areas of need. All five clinical records reviewed during this audit confirmed that interventions were identified for all areas of need. The service has addressed this previous finding.</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>Registered nurses (RN) and caregivers follow the resident's plan of care and report progress against the plan each shift. Short term care plans are in place. The care being provided is consistent with the residents assessed needs. Interventions in care plans are detailed and align with the assessments. Weight management and falls prevention and management is documented in the sample of files reviewed. If external nursing or allied health advice is required the RNs will initiate a referral</p>

		<p>which is coordinated with the resident's GP as appropriate. If external medical advice is required this will be actioned by the GP. RNs have access to sufficient medical supplies including dressings. Sufficient continence products are available and resident files include a continence assessment and plan. Specialist nursing advice is available as needed and this could be described.</p> <p>Wound assessment, monitoring and wound management plans were in place for nine residents which were being appropriately managed. There were four pressure injuries being treated – two of which were acquired from acute care. The RNs have access to specialist nursing wound care management advice.</p> <p>Wounds are being reviewed in a timely manner and documentation in the residents' files reviewed was completed, signed and dated appropriately. The service has addressed this previous finding.</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>	<p>FA</p>	<p>There is a recreational therapist who has been with the service for three months. She worked as a caregiver previous to this role.</p> <p>The activities programme is provided five days a week. The service is intending to employ another activities person to provide activities over the weekend.</p> <p>The programme is integrated for rest home and hospital residents. The programme is planned a month in advance and includes activities such as entertainers, themes, cultural days, community events, outings and van drives. Weekly activities are posted in each resident room and on a display board in a communal area. One-on-one contact is made with residents who are unable or choose not to participate in group activities. Activity records and regular progress notes are being maintained.</p> <p>The activity assessment is completed in consultation with the family within the first week after admission and is reviewed six monthly, in consultation with the resident, family and nursing staff.</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 are evaluated by the registered nurse (RN) within three weeks of admission. The long term care plan is evaluated at least six monthly or earlier if there is a change in health status. The nurse manager maintains a list of all residents due for review to ensure reviews occur in a timely manner. There is a three monthly review by the GP. Six monthly multidisciplinary reviews occur. All changes in health status are documented and followed up. Care plan reviews are</p>

		signed by a RN. Short term care plans are evaluated and resolved or added to the long term care plan if the problem is on-going as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.
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 building warrant of fitness is posted in a visible location (expiry date 1 February 2016). The Waitemata DHB has approved the exclusion of fencing surrounding the river. The village manager reports that this area does not pose a risk to residents. The previous certification audit finding has been addressed.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The infection control policy includes a surveillance policy and definitions for infections. A monthly data base of infections are summarised and graphed. The infection control coordinator provides reports to the head office, quality meetings and staff meetings. Infection control data entered on line is reviewed by the Summerset clinical quality manager monthly and any areas for improvement are highlighted for follow up and corrective action. Infection control audits were completed as scheduled. There is evidence of general practitioner involvement and laboratory reporting. The facility is benchmarked against other Summerset facilities of similar size and results are fed back to the infection control coordinator to identify areas for improvement. The surveillance programme is appropriate to the acuity, risk and needs of the residents.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Restraint minimisation is practiced. The service has alternative systems available so that staff can use restraint as a last resort strategy. Care plans include reference to the use of restraint or enablers. There were two residents using restraint on the day of audit and one resident voluntarily using bedrails as an enabler.
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	The previous audit identified that a full assessment of restraint and alternatives had not been documented. The restraint assessment form includes consideration of alternatives, assessment of risks related to the restraint, and whether the resident has used restraint in the past.

<p>Standard 2.2.3: Safe Restraint Use Services use restraint safely</p>	<p>PA Low</p>	<p>The restraint register clearly identifies whether the resident is using a restraint or an enabler. There are now two registers in use (one for restraint and one for enablers). The registers were used correctly. The service has addressed this aspect of the previous finding. Monitoring forms were incomplete.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.3</p> <p>Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	PA Low	Medicines are administered primarily by six registered nurses.	Three of six registered nurses are administering medicines to residents and have not been re-assessed within the last 12 months as competent to perform this function. All six nurses had been assessed within the last two years as competent to administer medicines by a competent RN. Three of the six nurses had not had their competency reassessed within the last 12 months. These assessments were overdue by two to three months.	<p>Ensure that medication competencies are conducted annually for all staff with responsibilities for administering medications.</p> <p>60 days</p>
<p>Criterion 2.2.3.4</p> <p>Each episode of restraint is documented in sufficient detail to provide an accurate account of the indication for use, intervention, duration, its</p>	PA Low	A review of the restraint monitoring procedure confirmed that practice does not meet policy requirements. Staff are required to document the use of restraint	Restraint monitoring forms were incorrectly completed for both residents using restraints. The time restraint was applied and removed was inaccurately documented for both residents on restraint. Records for one resident were not recorded for two whole	Ensure each episode of applied restraint is accurately recorded by staff.

<p>outcome, and shall include but is not limited to:</p> <ul style="list-style-type: none"> (a) Details of the reasons for initiating the restraint, including the desired outcome; (b) Details of alternative interventions (including de-escalation techniques where applicable) that were attempted or considered prior to the use of restraint; (c) Details of any advocacy/support offered, provided or facilitated; (d) The outcome of the restraint; (e) Any injury to any person as a result of the use of restraint; (f) Observations and monitoring of the consumer during the restraint; (g) Comments resulting from the evaluation of the restraint. 		<p>on a restraint monitoring form.</p>	<p>days yet the resident was receiving care. The other resident had their restraint applied and removed, however, there was an instance where this was not recorded for a period of two days.</p>	<p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.