

Springvale Manor Limited - Springvale Manor Rest Home

Introduction

This report records the results of a Certification 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:	Springvale Manor Limited
Premises audited:	Springvale Manor Rest Home
Services audited:	Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 30 July 2015 End date: 31 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:	21

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

Springvale Manor provides care for up to 28 residents across two service levels (rest home and dementia). The owner/manager (non-clinical) works full time. Clinical oversight is provided by a registered nurse who is competent to undertake this role. She is supported by a team of experienced care staff and the contracted general practitioner.

This certification audit was conducted against the relevant 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, interviews with families, management and staff.

An induction and in-service training programme is being implemented that provides staff with appropriate knowledge and skills to deliver care. Residents and family interviewed praised the service for the support provided.

Improvements are required around open disclosure, resuscitation orders, complaint management documentation, professional development for management, staff meetings, management of adverse events, reassessment of residents, staff training, admission agreements, aspects of care planning, and fridge and freezer temperature 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.		Some standards applicable to this service partially attained and of low risk.
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Springvale Manor has information on the Code of Health and Disability Services Consumers' Rights (Code). The Code was evident in the entrance foyer of the service and posters are on the wall. On both of the audit days, auditors observed the staff to be incorporating their knowledge of consumer rights and obligations as they carried out their duties. Annual staff training reinforces a sound understanding of consumer rights and resident's ability to make choices. Care plans accommodate the choices of residents, family members or enduring power of authority.

There is adequate access to resources and documented protocols to ensure recognition of Māori values and beliefs for residents who identify as Māori. There are policies and procedures around complaint management and resident and family interviews confirmed that they are aware of how to make a complaint.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Springvale Manor’s mission, values and goals are clearly defined and the business plan is most recently updated. The quality and risk management system is developed by an external consultant and is appropriate for a residential aged care service and reflects continuous quality improvement principles. There is an implemented internal audit programme to monitor outcomes. The registered nurse provides clinical oversight during weekdays and is on call afterhours. Human resource management policies are implemented and staff access internal and external training. The service has sufficient staff allocated to enable the delivery of care. There is reporting and investigation of adverse

events. There are implemented risk management, health and safety policies and procedures including incident, accident and hazard management. The hazard register is reviewed and updated as hazards are identified.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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There is an admission package. A registered nurse assesses and reviews residents’ needs, outcomes and goals with the resident and/or family input. Care plans are developed by the registered nurse and care plan evaluations are completed at least six monthly. Resident files include notes by the GP and allied health professionals. Medication policies reflect legislative medicine requirements and guidelines. All staff responsible for administration of medicines complete education and medicine competencies. An activities programme is in place. The programme includes outings, entertainment and activities that meet the recreational preferences and abilities of the residents. All food is prepared on-site. All residents’ nutritional needs are identified and documented. Choices are available. Meals are well presented and a dietitian has reviewed the menu plan. Nutritious snacks are always available.

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.

Springvale Manor rest home and dementia unit has a current building warrant of fitness. Reactive and preventative maintenance is carried out. Chemicals are stored safely and staff are provided with personal protective equipment. Hot water temperatures are monitored and recorded. Medical equipment and electrical appliances have been calibrated by an authorised technician. Residents' rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the facility including lounge and dining areas. There is a laundry and sluice room. The service has implemented procedures for civil defence and other emergencies and six monthly fire drills are conducted. External garden areas are accessible with suitable pathways, seating and shade provided.

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.

Springvale has policies and procedures on restraint minimisation and safe practice. The registered nurse is the restraint coordinator and the service promotes a restraint-free environment. Policy states that enablers are voluntary. There were no residents using enablers or restraint on the day audit.

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 control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is the registered nurse. The infection control coordinator attends mandatory training. Staff attend annual infection control education. There is a suite of infection control policies and guidelines that meet infection control standards.

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	35	0	7	3	0	0
Criteria	0	82	0	7	4	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 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Springvale Manor has information available on the Code of Health and Disability Services Consumers' Rights, (the Code). There is a code of rights policy, which describes the code and the responsibilities of staff. Information in relation to the service is in a format that suits the needs of residents.</p> <p>Two home assistants and one enrolled nurse (EN) interviewed, were familiar with the policy and indicated their awareness and knowledge of resident rights. Code of Rights poster is displayed around the facility.</p> <p>A review of care plans, meeting minutes and discussion with three family members (one rest home and two dementia) and five rest home residents confirmed that the service functions in a way that complies with the code of rights. Observation during the audit confirmed this in practice. Training has been provided on the code of rights and advocacy services in 2015.</p>
<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</p>	PA Low	<p>The service is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. There are signed general consents, which include health information, photos, treatment, transport and outings and information to family on seven of seven files sampled (two rest home, five dementia unit). The resuscitation consent was not signed appropriately in six files reviewed. Discussion with the RN and two health care assistants confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms. The RN stated that staff</p>

<p>informed choices and give informed consent.</p>		<p>are not familiar with the fact that only the resident (deemed competent) could sign a resuscitation consent.</p> <p>Discussion with family members identifies that the service actively involves them in decisions that affect their relative's lives. Seven admission agreements sighted were signed within the required timeframe.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>Discussion with five residents and three family members identified that Springvale Manor provides opportunities for the resident and family (where appropriate) to be involved in decisions. There is a documented advocacy policy that details Health and Disability Commission and Age Concern advocacy contact information. Advocacy information is provided on entry to the service. The service has information and contact details on the Nationwide Advocacy services, which is available at reception and in the rest home lounge. The RN stated that they will facilitate independent advocacy if requested or identified.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Discussion with five residents shows that they are encouraged to be involved with the service and in their care. Links with community resources are supported and facilitated. Family interview confirmed that community groups visit and entertain. They stated that they are welcome to all activities in the home and are encouraged to take their resident out if physically able. Discussion with the RN, home assistants and the diversional therapist (DT) showed that residents are supported and encouraged to remain involved in the community and external groups visit. The resident's activity plan identifies their community connection and present and past interests.</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>	<p>PA Low</p>	<p>There are complaints policy and procedures, and residents and their family/whānau are provided with information on admission. Complaint forms are available at the entrance of the service. Staff are aware of the complaints process and to whom they should direct complaints.</p> <p>Residents and family members interviewed stated that they are aware of the complaints procedure and how to access forms.</p> <p>The complaints folder does not include all documentation around the management of all complaints.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p>	<p>FA</p>	<p>There is a welcome pack that includes information about the Code. There is also the opportunity to discuss aspects of the Code during the admission process. Discussions with staff and observation of staff on both of the audit days confirmed that the Code of Health and Disability Services Consumers'</p>

<p>Consumers are informed of their rights.</p>		<p>Rights were understood and met in everyday practice. Information about the Code of Rights, advocacy services and the complaints process is provided in the admission pack. Family members confirmed that the service discussed the code of rights with them on admission.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	<p>FA</p>	<p>The service has a philosophy that promotes quality of life, involves residents in decisions about their care, respects their rights and maintains privacy and individuality. There are clear instructions provided to residents on entry regarding responsibilities of personal belonging in their admission agreement. The staff were observed to maintain resident's dignity and privacy by closing doors when carrying out personal cares.</p> <p>Resident files reviewed identified that cultural and/or spiritual values and individual preferences were identified. Discussions with owner/manager, the RN, the EN and two home assistants identified that there were no incidents of abuse or neglect. Family members interviewed were very positive about the quality of care and support provided.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	<p>FA</p>	<p>The service has policies for the provision of culturally safe services for Māori residents. Barriers to Māori are minimised by identifying and meeting residents' individual needs. Care plans identify cultural needs and specific cultural interventions as they relate to the individual resident and their family. On the day of audit, there were no residents who identified as Māori.</p> <p>The owner/manager confirmed connections with local Māori providers. The importance of whānau and their involvement with the resident is recognised and supported by the service in their policies. The service welcomes family with their knowledge of the resident during any service delivery.</p> <p>Service polices include Māori plan and a description of how they will achieve the requirements outlined in the local district health board (DHB) contract.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and</p>	<p>FA</p>	<p>Policies include recognition of individual values and beliefs. Resident files reviewed showed discussion and consultation with residents and their families to identify residents' individual values and beliefs, and likes and dislikes. The service ensures that residents who are unable to represent themselves have input from their enduring power of authority or family members, so their values and beliefs can be maintained. Residents and family members interviewed felt that the service responded sensitively to the belief and value systems.</p>

beliefs.		
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>The service has policies and procedures in place to ensure that ethics and professional boundaries are maintained. There are job descriptions for each position. Human resource management policies are implemented.</p> <p>Home assistants could describe their role and the need to behave in a professional manner with residents, and work under the direction and supervision of the RN and owner/manager.</p> <p>Staff interviewed described their role in the detection and reporting of any incidences of unprofessional behaviour.</p> <p>Resident and family interviews provided positive feedback about staff professionalism and openness. All staff interviewed have a good understanding of professional boundaries. Residents and family members report that staff are always professional.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The quality programme is supported by an external consultant. There is a suite of documented procedures and guidelines that are suitable for the level and complexity of aged care services provided. The quality programme is designed to monitor contractual and standards compliance and the quality of service delivery. The service monitors its performance through resident/relatives satisfaction surveys, staff meetings, staff appraisals, staff training programme, staff competencies, complaints, incident management, health and safety, restraint minimisation and infection control programme. Annual audits and staff training programme are implemented. Infection control surveillance programme is maintained. The service supports a restraint free environment. Residents and relatives interviewed spoke very positively about the care provided, and were well informed and supported</p> <p>The RN and the EN maintains competent level professional development and recognition programme. The RN stated that she is supported by the local DHB and the team at contracted general practitioner's practice. She is able to access the internet for current research.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	PA Low	<p>The owner/manager and the RN welcome residents and families on entry and explain about services and procedures. Residents and relatives interviewed confirmed the admission process and agreement was discussed with them and they were provided with adequate information on entry.</p> <p>There is an open disclosure policy in place, information on which is included at the time of admission. Incident and accident forms are completed by home assistants and other staff members, and clinical follow up is completed by the RN and signed off by the owner/manager. Incident forms reviewed showed that family notification is not always completed or a reason for this is not recorded, however, three</p>

		<p>relatives interviewed stated that they were informed when their family member's health status changed.</p> <p>The service has policies and procedures available for access to interpreter services and residents (and their family/whānau). The RN stated that if residents or family/whānau have difficulty with written or spoken English that the interpreter services are made available. Staff were able to discuss and give an example of how they communicate successfully with a resident in the rest home who does not speak English.</p> <p>Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The Ministry of Health "Long-term Residential Care in a Rest Home or Hospital – what you need to know" is provided to residents on entry. The residents and families are informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. The information pack is available in large print and this can be read to residents.</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>PA Low</p>	<p>Springvale Manor is governed by three directors, including the wife and husband owner/operators who own Springvale Manor Limited. The directors meet three monthly.</p> <p>Springvale Manor provides care for up to 28 residents across two service levels (eight rest home and 20 dementia beds). On the day of audit, there were five rest home residents and 16 dementia level care residents. There are relevant care and support policies including relevant clinical procedures for the management of rest home and dementia care residents. The owner/manager (non-clinical) works full time and she is supported by a RN who works 30 hours/week. The RN maintains a competent level of professional recognition and development programme and she stated that she is supported by the local DHB and the team at the GP's clinic. There is a team of experienced care staff.</p> <p>The quality programme is supported by an external consultant. There is an internal audit schedule that includes audits on clinical services, support services, environmental and recreation. The DHB contractual requirement around professional development activities for the manager is not met.</p>
<p>Standard 1.2.2: Service Management</p> <p>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</p>	<p>FA</p>	<p>During a temporary absence of the owner/manager, the RN provides oversight. The RN works 30 hours a week from Monday to Friday and provides on call. The RN is supported by an EN and a team of experienced home assistants. Interviews with the RN confirmed understanding of her responsibilities and authority when deputising.</p>

services to consumers.		
<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>	PA Low	<p>The quality manual and the business, quality and risk management planning describe Springvale Manor's quality improvement processes. Policies and procedures are developed by an external consultant and the manuals are updated when policies have been reviewed.</p> <p>Springvale Manor continues to implement an internal audit programme that includes clinical and non-clinical aspects of the services. Issues arising from internal audits are documented as corrective actions. Review of documents and staff interviews confirmed this. Discussions with the RN, EN, the DT and two home assistants confirmed their involvement in implementation of the quality programme. Resident and relatives survey 2015 was completed, and shows satisfaction with services provided.</p> <p>Springvale Manor has a health and safety management system. There are implemented risk management, health and safety policies and procedures including accident and hazard management. Policies and procedures align with resident's care plans.</p> <p>Monthly accident/incident reports and infection control surveillance data were completed. The service has linked the complaints/compliments process with its quality management system, and communicates relevant information to staff, however, review of meeting minutes showed lack of details around discussion of the quality data and follow ups.</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>	PA Moderate	<p>Springvale Manor documents and analyses incidents/accidents, unplanned or untoward events, and provides feedback to staff so that improvements are made. Adverse events are reported at the staff meetings.</p> <p>A sample of 15 incident reports from May to July 2015 were reviewed. Incident and accidents were reported to the RN and the owner/manager for action if required. Appropriate clinical care was provided for 13 of 15 forms reviewed. Incidents/accident forms were all signed off by the RN and the owner/manager. Staff interview (two home assistants, the RN and the DT) confirmed active involvement in management of risks.</p> <p>Discussion with the owner/manager and the RN confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications; however, two residents in the dementia unit were noted to have higher level care needs than their current assessment. The service has not initiated a referral or reassessment.</p>
<p>Standard 1.2.7: Human</p>	PA	<p>Human resource management policies are implemented. Professional qualifications are validated as part of the employment process. Copies of professional practicing certificates are held on site for the RN, the</p>

<p>Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>Moderate</p>	<p>EN, the GP and the pharmacist. Seven staff files were reviewed (the RN, the diversional therapist (DT), the enrolled nurse (EN), and four home assistants). All files had employment records, completed orientation and annual performance appraisals.</p> <p>The owner/manager and the RN described staffing turnover as low. Staff receive an orientation and onsite support with a senior staff member. There is an orientation programme that provides new staff with relevant information for safe work practice. The RN and the EN maintain competent level professional development recognition programme. The RN confirmed access to external training and on line training. The RN has completed InterRAI training and has commenced using the tool.</p> <p>There is a two yearly education plan, which is implemented, however, not all educational requirements have been provided. Staff completed competencies after training. Medication competencies are completed annually and these are current. Eleven of 13 staff members have completed the required dementia standards and two staff members (the DT and a senior home assistant) have undertaken specific dementia training provided by the local DHB. Eight hours of staff development or in-service education has been provided annually.</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. There is a roster that provides coverage across both areas. Staffing cover is appropriate to the layout of the facility and the scope of the service delivery. A buddy system is available at the commencement of employment. Two home assistants, the RN and the EN interviewed confirm they have appropriate staffing numbers and skill mix on their shifts. Family interviews confirmed adequate staffing.</p> <p>Staffing hours have increased since the previous audit. There are three staff members on duty on each shift including weekends. The RN and EN each work 32 hours per week. A qualified DT works 40 hours per week. The owner/manager works full time. Both the owner/manager and the RN are on call afterhours. There are dedicated kitchen, cleaning and laundry staff.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	<p>FA</p>	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded into the resident's individual record within required timeframes. An initial care plan is also developed in this time. Information containing personal resident information is kept in a locked office and resident files are protected from unauthorised access. Care plans and notes are legible. All resident records contain the name of the resident and the person completing. Individual resident files demonstrate service integration including records from allied health professionals and specialists involved in the care of the resident.</p> <p>Entries are legible, dated and signed by the relevant home assistant, DT, EN or RN including</p>

		designation. Time of the entry is recorded.
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	PA Low	<p>Entry to the service is facilitated by the owner/manager and the RN. Resident and relative interviews confirmed that entry to the service is facilitated in a respectful manner. Prospective residents receive a 'welcome pack' which includes information relating to requirements for entry, sighted the pack.</p> <p>There is written information on the service philosophy and practices particular to the dementia unit included in the information pack. These include but not limited to: a) the need for a safe environment for self and others; b) how behaviours different from other residents, are managed and c) specifically designed and flexible programmes, with emphasis on minimising restraint, behaviour management and complaint policy.</p> <p>The five dementia resident files reviewed all included a needs assessment as requiring specialist dementia care. The admission agreement does not include the amendments as from 1 July 2015.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	FA	<p>There are guidelines for death, discharge, transfer and follow up. When transferring, all relevant information is documented and transferred with the resident, including a copy of the resident admission form, most recent GP consultation notes and medication information. Resident transfer information is communicated to the receiving health provider or service. There is documented evidence of family notification of appointments and transfers in the progress notes.</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>Medications are managed appropriately in line with accepted guidelines. Home assistants or the EN administers all medications. All staff administering medications have completed an annual medication competency. Annual medication education is provided for all staff administering medications.</p> <p>The service currently uses a medico system for medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. All controlled drugs are checked weekly. The medication fridge temperature is checked weekly.</p> <p>The GP and the RN deem self-medication residents competent to do so and they sign a consent form for self-administration. There are currently no residents self-medicating.</p> <p>The 14 medication charts sampled (three rest home and 11 dementia), included photo ID and allergies. The charts were clear and charted correctly. The signing sheets corresponded to the medication chart. There were no standing orders.</p>

<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>PA Moderate</p>	<p>All food is cooked on site in the main kitchen. The food is transported to the dining rooms by a trolley. The temperature of the food is checked before leaving the kitchen. There are food covers available. There is one cook on duty daily, supported by a kitchen hand. The cook has not completed the food safety and hygiene standards (link #1.2.7.5). There is a kitchen manual and a cleaning schedule. Personal protective equipment is worn as appropriate. There is a four weekly menu cycle, which has been checked by a dietitian. Nutritious snacks are available. The cook receives dietary information for new residents and is notified of any dietary changes, weight loss or other dietary requirements. Special diets and allergies are written up in a notebook. Moulid meals are available. Fridge and freezer temperatures are only recorded monthly. All food in the chiller, fridges and freezers are dated. There is a supply of food for an emergency. Stock is rotated by date. The kitchen is well equipped, clean and tidy. All but one resident interviewed spoke positively about the food provided. Family interviewed were all positive.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	<p>FA</p>	<p>The service would record the reason for declining service entry (no bed availability or unable to meet the acuity/level of care), if this occurred. Potential residents would be referred back to the referring agency if entry is declined.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	<p>FA</p>	<p>The service is using the required InterRAI assessment tool and this is completed within the 21 day time frame. Six out of seven files sampled (two rest home, four dementia unit) had completed InterRAI assessments. The seventh (a new admission) is almost completed. Additional risk assessments are also completed on admission.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Low</p>	<p>Care plans completed prior to the use of the InterRAI tool are comprehensive and integrated. Residents interviewed are satisfied with care delivery and support from staff. Residents and family interviewed stated that they were involved in the care planning and care plan evaluation process. There is documented evidence on the care plan and in the progress notes of family involvement in the care plan process. Care plans reviewed did not evidence that InterRAI assessments link to the care plan.</p>

		Short-term care plan forms are in place for short-term needs and changes in health.
<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>Care plans are easily accessible for health care assistants. When a resident's health status changes the RN will generally review the resident and if required, refer to the GP for a consultation. There is documented evidence in the progress notes of family notification when a resident's health status changes. Family members interviewed stated that staff are approachable if they needed to discuss their relative's health at any time.</p> <p>Dressing supplies are available and were sighted in the treatment room and on the well-stocked dressing trolley. Continence products are available and were sighted and it is recorded in the care plan which product is needed and when. There is a comprehensive wound assessment form available. At the time of audit, there were three minor skin tears and a lesion with wound care plans in place.</p> <p>Short-term care plans are in place. Monitoring form is in use by the RN. Forms sighted included monthly blood pressure and weighs, nutritional and food monitoring. Behaviour monitoring forms were available. Relatives and the GP interviewed expressed confidence in the RN and the team at Springvale Manor.</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 a diversional therapist (DT) and an activities assistant who provides activities at Springvale Manor from Monday to Friday. The activity team hold weekly meetings to discuss the programme. The DT is currently completing specific dementia training provided by the local DHB.</p> <p>The weekly activity programme is displayed on noticeboards in both the rest home and dementia unit. There is a range of activities to meet the needs of the residents, including seasonal celebrations. Group exercises are held in the dementia unit lounge daily. The activities staff have one on one time with residents who are unable or who choose not to participate in the programme. There are also van outings.</p> <p>The dementia unit has a serenity room which offers a private, calming environment for residents in challenging situations or when they are stressed. Staff interviewed confirmed that this room is frequently utilised and residents respond positively.</p> <p>Combined activities are also provided. There is a church service once a month and residents are able to attend their own church services as well.</p> <p>The DT completes an activities assessment on admission. The DT stated that care needs of residents with dementia changes rapidly, therefore the activities plan is reviewed monthly. One of these reviews coincides with the six monthly care plan review.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>There are short-term care plans to focus on acute and short term issues. These are evaluated to identify that goals are being met.</p> <p>Long-term care plans are evaluated six monthly to identify that goals are being met. There is evidence of registered nurse, home assistants, diversional therapist and family input.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the sample group of files.</p> <p>The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Examples of referrals sighted were to podiatry, dietitian, mental health services and plastic surgeons.</p> <p>Discussion with the registered nurse identified that the service has access to GP's, ambulance/emergency services, allied health, dietitian, wound specialists and social workers.</p> <p>There are two residents in the dementia unit, who are no longer mobile. No referral has been made for reassessment (link #1.2.4.2).</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There is a waste and hazardous substance safety policy. Management of waste and hazardous substances is covered during orientation of new staff and chemical safety education has been conducted annually. All chemicals are stored in locked cupboards. Safety data sheets and product wall charts are available in the sluice and laundry. Approved sharps containers are used. Gloves, aprons and goggles are available for staff use and staff were observed wearing appropriate protective equipment when carrying out their duties.</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>	FA	<p>The building holds a warrant of fitness, which is current until 22 June 2016. Reactive and preventative maintenance occurs. Two people provide the maintenance programme. Outside contractors check medical equipment annually and hoists are checked six monthly. Hot water temperatures are monitored and maintained between 43-45 degrees Celsius. There are contractors available 24/7 for essential services. Electrical testing and tagging has been completed.</p> <p>The living areas are carpeted and vinyl surfaces exist in bathrooms/toilets, kitchens and corridors. The</p>

		<p>corridors are wide and there are handrails in all corridors, which promotes safe mobility. Residents were observed moving freely around the areas with mobility aids where required. The rest home rooms are carpeted. The dementia unit rooms have corkboard flooring. There are external areas and gardens, which are easily accessible (including wheelchairs). There is outdoor furniture and seating and shaded areas. The dementia unit outdoor areas are safely fenced.</p> <p>The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers 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.</p>	FA	<p>There are six rest home rooms with ensuites. The twenty dementia unit rooms share toilets, hand basins and showers. There are adequate numbers of all. There is appropriate signage, easy-clean flooring and fixtures and handrails are appropriately placed. Privacy is maintained at all times (observed).</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Bedrooms are single. All rooms are of sufficient size to easily manoeuvre transferring and mobility equipment to safely deliver care. Residents are encouraged to personalise their rooms if desired.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There is a lounge and dining room in the rest home and a large lounge and dining room in the dementia unit. There is adequate room to enable residents in each area to sit alone or in small groups. Each area has a dining room. Food is transported from the main kitchen by a trolley. All lounge/dining areas are accessible and accommodate the equipment required for residents. Residents are able to move freely and safely and furniture is arranged to facilitate this. There is adequate space to allow for individual and group activities to occur.</p>

<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There is a cleaning policy and cleaning schedules in place. All cleaning chemicals are clearly labelled. Personal protective equipment is available in the sluice and treatment rooms. The cleaning trolleys are stored safely when not in use. Safety data sheets are in the sluice room. Cleaners were observed to be wearing appropriate protective wear when carrying out their duties.</p> <p>There is a laundry policy. There is a defined clean/dirty area within the laundry. Laundry chemicals are stored in a locked cupboard. Safety data sheets are on the wall. There is personal protective equipment in the laundry. The laundry staff were observed to be wearing appropriate protective wear when carrying out their duties. There are adequate linen supplies – sighted. Laundry and cleaning staff have attended chemical safety training.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Staff are trained for emergency and security situations. Fire drills are held six monthly. Chemical training has been completed annually. There are sufficient staff with current first aid certificates to cover every shift. There is a first aid kit. There is appropriate personal protective equipment available. There are fire alarms and fire extinguishers and fire blankets are available. There is an approved evacuation plan. The kitchen has gas and electricity. There are sufficient food supplies to last three days. There is an emergency box with blankets, torches, lanterns, black bags, and large water bottles. If required the facility would hire a generator. There is an appropriate call bell system that works throughout the facility. There are keypads on appropriate doors (including outside doors) in the dementia unit. In the rest home outside doors are kept locked after dusk.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All bedrooms and communal areas are well ventilated and light. The temperature of the facility was very comfortable, heated by under floor heating. All bedrooms have external windows, which let in natural light.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to</p>	FA	<p>The infection control policies and procedures are appropriate to the size of the facility. The RN is the infection control coordinator. The Infection control coordinator has completed training online through the DHB. Assistance is available from the DHB at any time. The owner/manager is responsible for surveillance. The owner/manager and the infection control coordinator meet monthly. The RN reviews the infection control programme annually. There is adequate personal protective equipment available and there is a small emergency supply for outbreaks. Hand sanitiser is available. Visitors who have</p>

consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.		been unwell are asked not to visit.
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	The infection control coordinator and the owner/manager manage infection control. The infection control coordinator has mandatory training online through the DHB. There is access to a DHB infection control specialist, public health and GP and laboratory personnel. There is an outbreak kit readily available. There have been no recent outbreaks.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	The infection control policies and procedures meet current standards and are appropriate for the type and size of the facility.
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	All staff receives annual infection control education from the infection control coordinator. Hand washing audits are completed regularly. Infection control is part of the staff orientation package. Staff have been provided with infection control training in 2015. The content of the training was recorded and staff completed competencies around infection prevention and control. Resident education is expected to occur as part of providing daily cares and discussed with residents as appropriate.

<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>All infections that meet infection control criteria are recorded. At the end of the month, these are collated by the owner/manager and discussed with the infection control coordinator. Any trends are noted. The infection control data is kept in a folder. The infection control coordinator reports back to staff at monthly meetings which includes surveillance data. Staff meeting minutes now include discussions around infection prevention and control issues.</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>Springvale has policies and procedures on restraint minimisation and safe practice. The RN is the restraint coordinator and she stated that the service promotes a restraint-free environment. Policy states that enablers are voluntary. There were no residents using enablers or restraint on the day audit. There is one resident assessed as requiring restraint (lap belt) however, this restraint has not been used for several months. Restraint assessment and consent procedure was completed by the RN for this resident. Restraint is included in the monthly staff meeting. Restraint education has been provided.</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 1.1.10.4</p> <p>The service is able to demonstrate that written consent is obtained where required.</p>	PA Low	There are signed general consents on seven of seven files sampled. One of seven resuscitation consents were signed appropriately.	Resuscitation consents were signed by enduring power of attorneys in six of seven files reviewed (rest home and dementia).	<p>Ensure resuscitation consents are signed appropriately.</p> <p>60 days</p>
<p>Criterion 1.1.13.1</p> <p>The service has an easily accessed, responsive, and fair complaints</p>	PA Low	The complaint policy includes reference to Right 10 of the Health and Disability Commissioners Code of Consumer Rights. The owner/manager is responsible for complaint investigations and responds to complaints. Staff interviewed confirmed that complaints are discussed with them. Resident and family confirmed on interview that	A complaint was received on 14 April 2015, which had not been acknowledged or recorded in the complaint register in a timely manner. There was no documented evidence of acknowledgment letter to the complainant. The complaint was forwarded to the local DHB and the MOH Health Cert team. The complaint was	Ensure that complaint management policies and procedures are implemented, complaints are

process, which is documented and complies with Right 10 of the Code.		they were aware of how to make a complaint.	investigated by the owner/manager and a letter dated 22 June 2015 was sent to the complainant which detailed the outcome of the investigation. The resolution of the complaint was not documented in the register.	acknowledged and resolution of the complaint is recorded in the register. 180 days
Criterion 1.1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.	PA Low	There are appropriate policies and procedures to ensure that staff adequately communicate with residents and families. Open disclosure training was provided in 2014. Residents and family satisfaction surveys were completed in 2015 and showed satisfaction with services provided. Incidents and accidents were reported and follow up was completed by the RN and the owner/manager. Resident and family interviews confirmed that open disclosure principles are implemented. The sample of incident reports did not support that family had been notified.	Fifteen incident and accident forms were reviewed. One form evidenced that family had not been notified as per the request from the resident. Three forms had family notification included on them. Eleven of the 15 forms and corresponding resident files did not support that family had been notified of the resident's incident.	Ensure that family is notified of incidents and accidents in a timely manner. 90 days
Criterion 1.2.1.3 The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the	PA Low	The owner/manager has had considerable experience owning and managing aged care facilities including/prior to purchasing Springvale Manor.	The owner/manager did not have documented evidence of at least eight hours of professional development activities annually related to managing a rest home.	Provide evidence that the manager of Springvale Manor has completed at least eight hours of professional development activity related to managing a rest home.

provision of services.				180 days
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	Quality data related incident and accidents, infection control, hazard management, environmental safety, restraint minimisation, complaints and training, and audit outcomes were collected. Staff meeting template includes headings relating to these items however these have not been routinely discussed and communicated to staff.	<p>Since the previous audit, the staff meeting minute's template has been changed and the new template includes all quality activities and a space for follow up actions and date. Following a review of the January to June 2015 meeting minutes, it revealed that meeting minutes did not include discussion around quality data or what actions were required by staff for the quality improvement. Staff interviewed confirmed that the RN and the owner/manager proactively manage any risk related to the residents, families, staff and visitors, and staff gave examples of quality improvements that have been made over the last six months.</p>	<p>Ensure that meeting minutes include discussion of quality data and actions required, if any.</p> <p>180 days</p>
<p>Criterion 1.2.4.2</p> <p>The service provider understands their statutory and/or regulatory obligations in relation to essential notification reporting and the correct authority is notified where required.</p>	PA Moderate	Referral to other health and disability services is evident in the sample group of files. The service refers residents to other medical and non-medical services. Referral documentation is kept on the resident files	Two residents in the dementia unit were observed to be immobile and requiring a higher level of care. On discussion with the registered nurse, it was noted that no reassessment has been conducted or referral made for alternative level of care.	<p>Ensure residents are referred for reassessment when required.</p> <p>30 days</p>

<p>Criterion 1.2.4.3</p> <p>The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	<p>PA Moderate</p>	<p>In the sample of incident forms reviewed, the registered nurse has completed follow up and monitoring for 13 of 15 incidents. Review of one of the incident forms showed that the RN was notified after hours following a fall incident with injury. The RN assessed the resident and completed appropriate follow ups.</p>	<p>i) One of 15 incident forms evidence that the resident had sustained a potential head injury following a fall. There was no record of follow up after the incident and no neurological observations were completed or documented; ii) One of 15 forms did not evidence that follow up was conducted of an incident where a resident hit another resident.</p>	<p>i) Ensure that all clinical care is provided to residents following incidents and injury including neurological observations; ii) ensure that appropriate nursing assessment and monitoring is conducted for residents following behaviour related incidents.</p> <p>30 days</p>
<p>Criterion 1.2.7.5</p> <p>A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.</p>	<p>PA Moderate</p>	<p>Staff access internal and external training. Eleven of 13 home assistants who work in the dementia unit have completed the required dementia unit standards within the appropriate time frames.</p>	<p>i) Two of 13 home assistants who work in the dementia unit have not completed required dementia training after a year of their employment; ii) the cook has not completed food safety and hygiene standards training.</p>	<p>i) Provide evidence that all home assistants who work in the dementia unit have completed the required unit standards within one year of employment; and ii) provide evidence that the cook has completed safe food handling</p>

				training. 90 days
<p>Criterion 1.3.1.4</p> <p>Entry criteria, assessment, and entry screening processes are documented and clearly communicated to consumers, their family/whānau of choice where appropriate, local communities, and referral agencies.</p>	PA Low	<p>There is an admission policy and an admission procedure. The service has information available for potential residents. There is an admission pack, which includes all relevant aspects of service and family/whānau are provided with associated information such as the Health and Disability Code of Rights and how to access advocacy. There is written information on the service philosophy and practices in the information pack. All potential admissions are screened to check they have a completed needs assessment and the service can provide the level of care. The RN interviewed stated that there is liaison with the needs assessors, social worker, mental health team and GPs.</p>	<p>The seven admission agreements sighted had all been signed within the required timeframe. Exclusions from the service are included in the admission agreement but the current contract does not include the required addition to the contract as of 1 July 2015. One resident admission after 1 July 2015 did not include the amendments to the DHB contract.</p>	<p>Ensure that the admission agreement aligns with the DHB contract.</p> <p>90 days</p>
<p>Criterion 1.3.13.5</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with</p>	PA Moderate	<p>All food in the fridges and freezers is dated. Stock is rotated by date. The kitchen is clean and tidy. Personal protective equipment is worn as appropriate. The fridge and freezer temperatures are checked and recorded monthly.</p>	<p>Fridge and freezer temperatures are only recorded monthly. There are insufficient records to evidence that safe food storage has been maintained.</p>	<p>Ensure fridge and freezer temperatures are checked and recorded at least weekly.</p> <p>30 days</p>

current legislation, and guidelines.				
<p>Criterion 1.3.5.2</p> <p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	PA Low	<p>Resident files reviewed showed that InterRAI assessments were not linked to the care plan interventions in all of the files sampled. Home assistants interviewed were knowledgeable about residents' current health and care needs, including management of challenging behaviour and monitoring of a resident with suspected head injury. Assessment summary forms were not printed out with the triggers, which should inform the care plan, and the information has not been used to develop care plans. Care plans completed before InterRAI were comprehensive and integrated.</p>	<p>InterRAI assessments are not informing the care plans in six of seven care plans reviewed (two rest home and four dementia). One new resident is currently being assessed with the InterRAI tool and has yet to have a long-term care plan developed.</p>	<p>Ensure InterRAI assessments are utilised and include all outcomes in the development of the long-term care plan.</p> <p>60 days</p>

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.

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End of the report.