

Oceania Care Company Limited - Middlepark Rest Home & Village

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 Central Region's Technical Advisory Services Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Middlepark Rest Home & Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 17 September 2015 End date: 18 September 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:	49

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

This certification audit was undertaken to monitor compliance with the Health and Disability Services Standards and the District Health Board contract. The facility is operated by Oceania Care Company Limited.

Middlepark can provide care for up to 61 residents and on the days of this audit there were 49 residents. The audit process included a review of policies and procedures, review of a sample of resident and staff files, observations, interviews with residents, family, management, staff and a general practitioner.

Four areas are identified as requiring improvement during this audit. The improvements required relate to the complaints register, adverse event records, medicines management and timeframes relating to assessments. Residents and family members interviewed were positive about the care provided.

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.	Yellow	Some standards applicable to this service partially attained and of low risk.
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The Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights information (the Code), the complaints process and the Nationwide Health and Disability Advocacy Service, was accessible. This information is brought to the attention of residents' and their families on admission to the facility. Residents and family members interviewed confirmed their rights were met, staff were respectful of their needs and communication was appropriate.

Residents and family interviewed confirmed consent forms are provided. Residents and family also advised that time is provided if any discussions and explanation are required.

The relief business and care manager is currently responsible for management of complaints.

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 low risk.
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Oceania Care Company Limited is the governing body and is responsible for the service provided at Middlepark. The relief business and care manager was appointed in August 2015 and also works as the regional clinical quality manager, and is appropriately qualified and experienced. The clinical manager is responsible for oversight of clinical care and has been with the service for the last six months. Registered nurse cover is provided 24 hours a day.

Quality improvement data is collected, collated, analysed and reported. The internal audit programme records planned internal audits. Corrective action plans are developed to address areas identified as requiring improvement. Risks are identified and the hazard register is up to date. Adverse events are documented on accident and incident forms and areas requiring improvement are identified.

There are policies and procedures relating to human resources management. Staff records reviewed provided evidence human resources processes are followed. Staff education records confirmed in-service education is provided. The validation of current annual practising certificates for health professionals who require them to practice occurs.

A documented rationale for determining staffing levels and skill mix was reviewed. The clinical manager is available after hours if required for clinical support. Care staff, residents and family reported there is adequate staff available.

Resident information is entered into a register in an accurate and timely manner.

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 evidence that each stage of service provision is developed with resident and/or family input and coordinated to promote continuity of service delivery. Residents and family interviewed confirm their input into assessment, care planning, review of care and access to a typical range of life experiences and choices.

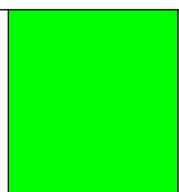
Residents' initial care plans are conducted on admission and the long term care plans are completed within three weeks of admission. Long term care plans are reviewed six monthly. Where resident's progress is different from expected, the service responds by initiating changes to the long term care plan or recording the changes on a short term care plan.

Planned activities are appropriate to the group setting. The residents and family interviewed confirm satisfaction with the activities programme. Individual activities are provided either within group settings or on a one-on-one basis.

The medication area, including controlled drug storage evidences an appropriate and secure medicine dispensing system. Staff responsible for medicine management attend medication management in-service education and have current medication competencies. The resident self-administering medicines does so according to policy.

Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are met. There is a central kitchen and on site staff that provide the food service. The kitchen staff have completed food safety training. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines.

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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All resident bedrooms provide single accommodation and the majority have full ensuite facilities, some of the residents share an ensuite with the room next door and there are residents sharing communal bathroom facilities. Residents' rooms are of varying sizes and adequate personal space. Lounges and dining areas are available for residents and external areas are available for sitting and shading is provided.

An appropriate call bell system is available and security systems are in place. Sluice facilities are provided and protective equipment and clothing was provided and used by staff. Chemicals, linen and equipment are safely stored. The service has a current building warrant of fitness. The preventative and reactive maintenance programme includes equipment and electrical checks.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation policy and procedures and the definitions of restraint and enabler are congruent with the restraint minimisation and safe practice standard. The approval process for enabler use is activated when a resident voluntarily requests an enabler to assist them to maintain independence and/or safety. There were no residents using restraint or enablers on audit days. Staff education in restraint, de-escalation and challenging behaviour is provided.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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The infection prevention and control policies and procedures include guidelines on prevention and minimisation of infection and cross infection, and contain all requirements of the standard. The infection control manual guides staff in all areas of infection control practice. New employees are provided with training in infection control practices and there is on-going infection control education available for all staff. Infection control is a standard agenda item at facility meetings. Staff are familiar with infection control measures at the facility.

The infection control surveillance data confirms that the surveillance programme is appropriate for the size and complexity of the services provided.

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	41	0	3	1	0	0
Criteria	0	89	0	3	1	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>Staff receive education on the Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code of Rights) during their induction to the service and through the annual mandatory education programme. All staff have had training on the Code. Interviews with the staff confirmed their understanding of the Code of Rights. Examples were provided on ways the Code of Rights is implemented in their everyday practice, including maintaining residents' privacy, giving them choices, encouraging independence and ensuring residents could continue to practice their own personal values and beliefs.</p> <p>The information pack provided to residents on entry includes how to make a complaint, code of rights pamphlet and advocacy information. Care staff were displaying respectful attitudes towards residents and family members.</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 informed choices</p>	FA	<p>The service has systems in place to ensure residents and where appropriate their family are being provided with information to assist them to make informed choices and give informed consent. Written information on informed consent is included in the admission agreements.</p>

and give informed consent.		<p>The clinical manager and relief business and care manager reported informed consent is discussed and recorded at the time the resident is admitted to the facility. Staff interviewed demonstrated a good understanding of informed consent processes.</p> <p>Residents and family interviewed confirmed they have been made aware of and understand the principles of informed consent. Residents / family are provided with various consent forms on admission for completion as appropriate and these were reviewed on resident's files. Copies of legal documents such as Enduring Power of Attorney (EPOA) for residents are retained at the facility where residents have named EPOAs and these were reviewed on resident's files.</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>	FA	<p>The service has appropriate policies regarding advocacy / support services in place that specify advocacy processes and how to access independent advocates. The relief business and care manager advised the independent advocate visits the service regularly.</p> <p>Care staff interviewed demonstrated an understanding of how residents can access advocacy and support persons. Residents and family interviewed confirmed that advocacy support is available to them if required. They also confirmed this information was included in the information package they received on admission, as sighted. Observations provided evidence that the nationwide advocate details are displayed along with advocacy information brochures. Admission information was reviewed and provided evidence advocacy, complaints and Code of Rights information is included.</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>	FA	<p>The activities programme includes access to community groups and the service has systems in place to ensure residents remain aware of current affairs. Residents and family members interviewed confirmed they can have access to visitors of their choice. The service has a 12-seater van available to take residents on community visits and outings. Some residents go out independently on a regular basis.</p> <p>Visitors' policy and guidelines are available to ensure resident safety and well-being is not compromised by visitors to the service. Residents' files reviewed demonstrated that progress notes and the content of care plans include regular outings and appointments.</p>
Standard 1.1.13: Complaints Management	PA Low	The relief business and care manager is responsible for complaints. The service has

<p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>		<p>appropriate systems in place to manage the complaints processes. The service records complaints, the investigation of complaints, the resolutions including acknowledgement of receiving the complaint and a closing letter addressed to the complainant with a closing-out date and sign-off.</p> <p>The relief business and care manager advised there has been no complaints to the Health and Disability Commissioner, the District Health Board (DHB), Accident Compensation Corporation (ACC), Coroner or HealthCERT since the previous audit at this facility.</p> <p>Complaints policies and procedures are compliant with Right 10 of the Code. Systems are in place to ensure residents and their family are advised on entry to the facility of the complaint processes and the Code. The complaint process was readily accessible and displayed, however the complaints register was not up-to-date.</p> <p>Residents and family interviewed confirmed having an understanding and awareness of these processes. Resident meetings are held monthly and residents are able to raise any issues they have during these meetings, confirmed during interviews.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	<p>FA</p>	<p>The Code of Rights and information on the advocacy service are available and displayed in English, Te Reo and sign language. The admission information packs were reviewed and contain, but were not limited to, information on the Code, advocacy and complaints processes. Residents and family members interviewed confirmed they were provided with information regarding the Code and the Nationwide Health and Disability Advocacy Service prior to the resident's admission.</p> <p>Residents and family interviewed received copies of the Oceania Handbook and confirmed explanations regarding their rights occurred on admission. Families and residents are informed of the scope of services and any liability for payment for items that are not included in the scope of services. This is included in the service agreement and admission agreements.</p> <p>Residents interviewed confirmed they had access to an advocate if needed. The relief business and care manager advised that an advocate visits the facility on a regular basis. The completed resident and family survey questionnaires indicated residents are aware of their rights and are satisfied with this aspect of service delivery.</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>Residents were observed being treated with respect by care staff during this audit. This was confirmed during review of the completed satisfaction survey questionnaires from March 2015.</p> <p>Staff receive training on abuse / neglect as part of the in-service education programme. All bedrooms provide single accommodation. Staff were observed knocking before entering residents' rooms and keeping doors closed while attending to residents. Care staff interviewed demonstrated an awareness of residents' rights and the maintenance of professional boundaries.</p> <p>Activities in the community are encouraged and the relief business and care manager advised some of the residents attend community events independently. Values, beliefs and cultural aspects of care were recorded in residents' clinical files reviewed.</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 organisation has a Māori Health Plan that includes the principals of the Treaty of Waitangi: Partnership, Participation and Protection. The Māori Health Plan describes that the holistic view of Māori health is to be incorporated into the delivery of services. The rights of the residents / family to practise their own beliefs are acknowledged in the Maori health plan. The service employs staff who identify as Māori when possible.</p> <p>Access to Māori support and advocacy services is available if required from a local provider of health and social services. Staff members also provide cultural advice and support for staff if required. A cultural assessment is completed as part of the care plan for all residents. Specific cultural needs are identified in the residents' care plans and this was sighted in files reviewed. Staff are aware of the importance of whanau in the delivery of care for the Maori residents. Whanau are able to be involved in the care of their family members.</p> <p>Care staff interviewed demonstrated an understanding of cultural safety in relation to care. Processes are in place to ensure that if there are residents who identify as Māori, that they have access to appropriate services. Cultural safety education is provided as part of the in-service education programme.</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</p>	<p>FA</p>	<p>Documentation provided evidence that appropriate culturally safe practices are implemented and maintained, including respect for residents' cultural and spiritual values and beliefs. Documentation lists the details on how to access appropriate</p>

<p>recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>expertise including cultural specialists and interpreters.</p> <p>Residents' files demonstrated that admission documentation identifies the ethnicity, cultural and spiritual requirements for the residents as well as family / whanau contact details. The service had one resident identifying as Māori.</p> <p>The service has a relationship with a neighbouring secondary school, where students, accompanied by the assistant principal, interact with residents through activities such as indoor bowls, carpet golf and quoits. The boys also performed an official welcoming ceremony on the first day of the audit.</p> <p>Residents interviewed confirmed their culture, values and beliefs are being respected, and their spiritual needs are met. During interview care staff demonstrated an understanding of cultural safety in relation to care and confirmed that processes are in place for residents to have access to appropriate services, ensuring their cultural and spiritual values and beliefs are respected.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	<p>FA</p>	<p>Policies and procedures outline processes to protect residents from abuse, including discrimination, coercion, harassment, and exploitation, along with actions to be taken if there is inappropriate or unlawful conduct. Policies and procedures and staff files reviewed included copies of code of conduct that all staff are required to adhere to.</p> <p>Conflict of interest issues including the accepting of gifts and personal transactions with residents are included in the staff training, policies and procedures. Expected staff practice is outlined in job descriptions and employment contracts, which were reviewed on staff files.</p> <p>Review of the adverse events reporting system, complaints register and interview of the business and care manager indicates there have been no allegations made by residents of unacceptable behaviour by staff members.</p> <p>Residents and family interviewed reported that staff maintain appropriate professional boundaries.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Documentation reviewed provided evidence that policies and procedures are based on evidence-based rationales. The service has systems in place to ensure staff receive a range of opportunities which promote good practice within the facility.</p> <p>Education is provided by specialist educators as part of the in-service education</p>

		<p>programme which is overseen by the clinical manager. The District Health Board (DHB) also provides education as part of the in-service education programme.</p> <p>The clinical quality manager, the relief business and care manager and the clinical manager / registered nurse described the process for ensuring service provision is based on best practice, including access to education by specialist educators. Staff interviewed confirmed an understanding of professional boundaries and practice.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Open disclosure policy and procedures are in place to ensure staff maintain open, transparent communication with residents and their families. The residents' files reviewed provided evidence that communication with family members was being documented in residents' records. There was evidence of communication with the general practitioner (GP) and family following adverse events, however this was not consistently recorded for all adverse events (see criterion 1.2.4.3).</p> <p>The relief business and care manager advised access to interpreter services is available if required via the District Health Board if required. They also advised there were no residents who required interpreter services. Residents interviewed confirmed that they are aware of the staff that are responsible for their care and staff communicate well with them.</p> <p>Admission agreements were reviewed.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The Oceania Care Company Limited's vision, values, mission statement and philosophy are displayed at the entrance to the facility. The organisation has systems in place recording the scope, direction and goals of the organisation. The relief business and care manager and the clinical manager provide monthly reports to the support office relating to governance through the Oceania intranet. Governance reports include quality and risk management issues, occupancy, human resource issues, quality improvements, internal audit outcomes, and clinical indicators, as sighted.</p> <p>The service has a relief business and care manager, who is also the regional clinical quality manager, as the previous business and care manager left at the end of August 2015. The relief business and care manager will be in the role until they appoint a new business and care manager. The service was in the process of employing a new business and care manager for the facility.</p> <p>The relief business and care manager has been in this position since August and is</p>

		supported in the role by a clinical manager / registered nurse (RN), the clinical and quality manager and the regional operations manager. The clinical manager / RN is employed in a full time position to work with the relief business and care manager and has responsibility for the management of compliance with all clinical matters. The clinical manager worked as the deputy director of nursing and midwifery in an operational, capacity in a general hospital in Australia, prior to taking the role at the service.
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.	FA	There are appropriate systems in place to ensure the day-to-day operation of the service continues should the relief business and care manager (BCM) and / or the clinical manager (CM) be absent. The CM or the clinical quality manager stands in when the business and care manager is absent. Support is also provided by the regional operations manager and the senior clinical quality manager from the support office. The CM confirmed their responsibility and authority for this role.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	<p>A quality improvement plan with quality objectives was reviewed. Also reviewed was a quality and risk management plan. Along with the business plan, these are used to guide the quality programme and include goals and objectives. Completed internal audits for 2015 were reviewed. Family, resident and staff satisfaction surveys are completed as part of the audit programme and collated results for both surveys were reviewed.</p> <p>Risks are identified, and there is a hazard register that identifies health and safety risks as well as risks associated with human resource management, legislative compliance, contractual risks and clinical risk. A health and safety manual is available that includes relevant policies and procedures. Monthly quality meetings are held. Resident meetings are held monthly. Meeting minutes reviewed provided evidence of reporting / feedback on completion of internal audits and various clinical indicators.</p> <p>Clinical indicators and quality improvement data is recorded on various registers and forms and were reviewed as part of this audit. There was documented evidence quality improvement data is being collected, collated, analysed, evaluated and reported. There was evidence this information is being reported to staff via staff meetings.</p> <p>Quality improvement data reviewed, including internal audits and meeting minutes provided evidence that corrective action plans are being developed, implemented,</p>

		<p>monitored and signed off as being completed.</p> <p>Relevant standards are identified and included in the policies and procedures manuals. Policies / procedures are available with systems in place for reviewing and updating the policies and procedures regularly including a policy for document update reviews and document control policy. Staff confirmed during interviews that they are advised of updated policies and they confirmed the policies and procedures provide appropriate guidance for the service delivery.</p> <p>A health and safety manual is available. There is a hazard reporting system available as well as a hazard register.</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 Low	<p>Staff document adverse, unplanned or untoward events on an accident / incident form. Improvements are required around recording of family being informed after adverse events.</p> <p>Accident and incident forms are reviewed and signed off by the manager. Corrective action plans address areas requiring improvement and were documented. There is an open disclosure policy.</p> <p>Staff confirmed during interview that they are made aware of their responsibilities for completion of adverse events through: job descriptions and policies and procedures. Policy and procedures comply with essential notification reporting for example; health and safety, human resources, infection control.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Written policies and procedures in relation to human resource management are available. The skills and knowledge required for each position is documented in job descriptions which outlines accountability, responsibilities and authority. These were reviewed on staff files along with employment agreements, reference checking, criminal vetting, completed orientations and competency assessments.</p> <p>Copies of annual practising certificates were reviewed for all staff that require them to practice and are current. The clinical manager is responsible for the in-service education programme. Competency assessment questionnaires were available and completed competencies were reviewed.</p> <p>All care staff have either completed or commenced the New Zealand Qualifications Authority approved aged care education modules. Staff are supported to complete</p>

		<p>education via external education providers. An appraisal schedule is in place and current staff appraisals were sighted on all staff files reviewed.</p> <p>An orientation / induction programme is available and new staff are required to complete this prior to their commencement of care to residents. The relief business and care manager advised that staff are orientated for at least five shifts at the beginning of their orientation. The entire orientation process, including completion of competencies, takes up to three months to complete and staff performance is reviewed at the end of this period. Orientation for staff covers the essential components of the service provided.</p> <p>Care staff interviewed confirmed they have completed an orientation, including competency assessments.</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>There is a documented rationale in place for determining service provider levels and skill mixes in order to provide safe service delivery. Registered nurse (RN) cover is provided 24 hours a day. On call after hours registered nurse support and advice is provided by the clinical manager. The minimum amount of staff on duty is during the night and consists of one registered nurse and three caregivers.</p> <p>Care staff interviewed reported there is adequate staff available and that they are able to get through their work. There is at least one staff member with a current first aid certificate on each shift. Residents and family interviewed reported staff provide them with adequate care.</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>Resident information was entered in an accurate and timely manner into a register on the day of admission. Resident files are integrated and recent resident information was located in residents' files. Resident files reviewed provided evidence that an entry into the residents' clinical record includes the time of entry, the date and entries are dated. Approved abbreviations are listed.</p> <p>Residents' information is stored securely in staff areas. Clinical notes are current and accessible to all clinical staff. Individual resident files demonstrated service integration. This included medical care interventions. Medication charts are in a separate folder with medication. The resident's national health index (NHI) number, name, date of birth and GP are used as the unique identifier.</p> <p>Clinical staff interviewed confirm they know how to maintain confidentiality of resident</p>

		information.
<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>	FA	<p>Entry and assessment processes are recorded and implemented. The facility information pack is available for residents and their family and contains all relevant information.</p> <p>The residents' admission agreements evidence resident and /or family and facility representative sign off. The admission agreement defines the scope of the service and includes all contractual requirements. The needs assessments are completed for rest home and hospital level of care. In interviews, residents and family confirmed the admission process is completed by staff in timely manner, all relevant admission information is provided and discussion held with staff in respect of resident care have been conducted.</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>Exit, discharge or transfer is managed in a planned and co-ordinated manner. There is open communication between all services, the resident and the family. At the time of transition appropriate information is supplied to the person/facility responsible for the ongoing management of the resident. All referrals are documented 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>	PA Low	<p>Medication area, including controlled drug storage evidences an appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in original dispensed packs. The controlled drug register is maintained and evidences weekly checks and six monthly physical stock takes. The medication fridge temperatures are conducted and recorded.</p> <p>All staff authorised to administer medicines have current competencies. Medication rounds were observed and evidenced the staff members are knowledgeable about the medicine administered and signed off, as the dose was administered. Administration records are maintained, as are specimen signatures. Staff education in medicine management is conducted.</p> <p>New medication system processes have been implemented and require review. Medicine charts evidence residents' photo identification, legibility, as required (PRN) medication is identified for individual residents and correctly prescribed, three monthly</p>

		<p>medicine reviews are conducted and discontinued medicines are dated and signed by the GPs. The residents' medicine charts record all medications a resident is taking (including name, dose, frequency and route to be given). There was one resident self-administering medicines at the facility and this was conducted according to policy.</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>A dietary assessment is undertaken for each resident on admission to the facility and a dietary profile is developed and reviewed regularly. There are current copies of the residents' dietary profiles in the kitchen. The kitchen staff are informed if resident's dietary requirements change.</p> <p>The food service policies and procedures are appropriate to the service setting with a seasonal menu reviewed by a dietitian.</p> <p>The residents' files demonstrate monthly monitoring of individual resident's weight. In interviews, residents stated they are satisfied with the food service, reported their individual preferences are met and adequate food and fluids are provided.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal complies with current legislation and guidelines. There is sufficient staff on duty in the dining room at meal times to ensure appropriate assistance is available to residents as needed.</p> <p>A review of the meal service at the facility was conducted by an independent dietitian in May 2015. The results of the review was provided to the Oceania national dietitian.</p> <p>A resident's menu survey was conducted in September 2015 and results are to be communicated to the residents at the next residents' meeting.</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>	FA	<p>There is a documented process for informing residents, their family/whanau and their referrers if entry is declined. The reason for declining entry is communicated to the referrer, resident and their family or advocate in a timely and compassionate format that is understood. Where requested, assistance is given to provide the resident and their family other options for alternative health care arrangements or residential services.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and</p>	FA	<p>On admission, residents have their needs identified through a variety of information sources that include: the needs assessment and service coordination (NASC) agency;</p>

preferences are gathered and recorded in a timely manner.		other service providers involved with the resident; the resident; family/whanau and on-site assessments using a range of assessment tools (refer to criterion 1.3.3.3). The RN undertakes an interRAI assessment, and other assessments as clinically indicated, which are reviewed six monthly or as needs, outcomes and goals of the resident change.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The residents' care plans are individualised, integrated and up to date. The care plan interventions reflect the risk assessments and the level of care required. Short term care plans are developed, when required and signed off by the RN when problems are resolved. In interviews, staff reported they receive adequate information for continuity of residents' care. The residents have input into their care planning and review. Regular GP care is implemented, sighted in current GP progress reports and confirmed at GP interviews.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	The residents' care plans evidence interventions based on assessed needs, desired outcomes or goals of the residents. The GP documentation and records are current. In interviews, residents and family confirm their and their relatives' current care and treatments meet their needs. Family communication is recorded in the residents' files. Nursing progress notes and observation charts are maintained. In interviews, staff confirm they are familiar with the current interventions of the resident they are allocated.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	Residents are assessed to ascertain their needs for appropriate recreational activity and social requirements. There is one activities programme for the rest home and hospital residents that reflects residents' goals, ordinary patterns of life and includes community activities. Family/whanau and friends are welcome to attend all activities. Group activities are developed according to the needs and preferences of the residents who choose to participate. Regular exercises and outings are provided for those residents able to partake. There are current, individualised activities care plans in residents' files. The residents' activities attendance records are maintained. The residents' meeting minutes evidence residents' involvement and consultation of the planned activities programme. Residents' interviews confirm satisfaction with the activities programme.

<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>Time frames in relation to care planning evaluations are documented. The residents' care plans are reviewed six monthly. There is evidence of resident, family, health care assistants, activities staff and GP input in care plan evaluations. In interviews, residents and family confirmed their participation in care plan evaluations and multidisciplinary reviews.</p> <p>The residents' progress records are entered on each shift. When resident's progress is different than expected, the RN contacts the GP, as required. Short term care plans are in some of the residents' files, used when required. The family are notified of any changes in resident's condition, as confirmed at family interviews.</p> <p>There is recorded evidence of additional input from professionals, specialists or multidisciplinary sources, if this is required.</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>	<p>FA</p>	<p>Residents are supported to access or seek referral to other health and/or disability service providers. If the need for other non-urgent services are indicated or requested, the GP or RN sends a referral to seek specialist service provider assistance from the DHB. Referrals are followed up on a regular basis by the clinical manager/ registered nurse or the GP. The resident and the family are kept informed of the referral process, as verified by documentation and interviews. Acute/urgent referrals are attended to immediately, sending the resident to accident and emergency in an ambulance if the circumstances dictate.</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>	<p>FA</p>	<p>Documented processes are in place for the management of waste and hazardous substances including specifying labelling requirements. Material safety data sheets provided by the chemical representative are available and accessible for staff. Education on chemical safety was provided as part of the staff in-service education programme.</p> <p>Observations provided evidence hazardous substances are correctly labelled, the container is appropriate for the contents including container type and strength. Sluice facilities are provided for the disposal of waste. Protective clothing and equipment that is appropriate to the risks associated with the waste or hazardous substances being handled are provided and are used by staff.</p>

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The maintenance person works four hours per day; Monday to Friday. They advised that external contractors are used for plumbing, electrical and other specialist areas. During interview the maintenance person confirmed there is a maintenance programme in place that ensures buildings; plant and equipment are maintained to an adequate standard.</p> <p>Planned and reactive maintenance systems are in place and documentation to support this was reviewed. Calibration reports for medical equipment were reviewed along with current electrical safety tags on electrical items. Documentation and observations evidenced a current Building Warrant of Fitness is displayed that expires 1 June 2016.</p> <p>Observations of the facility provided evidence of safe storage of medical equipment. Corridors are wide enough to allow residents to safely pass each other; safety rails are secure and are appropriately located.</p> <p>Multiple external areas are available for residents and these are maintained to an adequate standard and are appropriate to the resident group. Residents are protected from risks associated with being outside including provision of adequate and appropriate seating and shade; and ensuring a safe area is available for recreation or evacuation purposes. Residents confirmed they know the processes to follow if any repairs/maintenance are required and that requests are appropriately actioned.</p> <p>Care staff confirmed they have access to appropriate equipment; equipment is checked before use; and they are competent to use the equipment.</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>	<p>FA</p>	<p>All bedrooms have wash hand basins. All resident bedrooms provide single accommodation, most with full en-suites and the rest of the rooms shared en-suites with the room next door or shared communal shower and toilet facilities. There are an adequate number of accessible communal showers, toilets and wash hand basins for residents.</p> <p>Toilets and showers are of an appropriate design and number to meet the needs of the residents. The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. Hot water temperatures are monitored monthly and are maintained at a safe temperature.</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>	<p>FA</p>	<p>There is one double bedroom which is currently used by a single resident. Bedrooms are personalised to varying degrees. Bedrooms are of various sizes and adequate personal space is provided in bedrooms to allow residents and staff to move around safely.</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>	<p>FA</p>	<p>Adequate access is provided to the lounges, sitting areas, and dining rooms. Residents were observed moving freely within these areas. Residents confirmed there are alternate areas available to them if communal activities are being run and they do not want to participate in them.</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>	<p>FA</p>	<p>Cleaning and laundry policy and procedures are available. There are policies and procedures for the safe storage and use of chemicals.</p> <p>All linen is washed off-site except for towels and residents' personal laundry. The service has well sign-posted dirty / clean flow. The laundry person was interviewed and described the management of laundry including the transportation, sorting, storage, laundering, and the return of clean laundry to the residents. The effectiveness of the cleaning and laundry services is audited via the internal audit programme and completed audits for laundry and cleaning were reviewed. The cleaner is interviewed and described cleaning processes.</p> <p>Observations provided evidence that: safe and secure storage areas are available and staff have appropriate and adequate access to these areas as required; chemicals are labelled and stored safely within these areas; chemical safety data sheets or equivalent are available; appropriate facilities exist for the disposal of soiled water / waste for example sluice facilities, convenient hand washing facilities are available, and hygiene standards are maintained in storage areas.</p> <p>Residents and family interviewed stated they were satisfied with the cleaning and laundry service and this finding was confirmed during review of the satisfaction survey questionnaires.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p>	<p>FA</p>	<p>Documented systems are in place for essential, emergency and security services. Policy and procedures documenting service provider/contractor identification requirements along with policy/procedures for visitor identification are available. Policy</p>

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>/ procedures for the safe and appropriate management of unwanted and/or restricted visitors are available.</p> <p>A New Zealand Fire Service letter dated 13 February 1997. The service completes six-monthly trial evacuations and the last trial evacuation was held on 4 September 2015.</p> <p>There is at least one staff member on duty with a current first aid certificate. Emergency and security management education is provided as part of the in-service education programme. Processes are in place to meet the requirements for their emergency plan.</p> <p>Observations provided evidence that: information in relation to emergency and security situations is readily available / displayed for service providers and residents; emergency equipment is accessible, stored correctly, not expired, and stocked to a level appropriate to the service setting. Observations evidenced emergency generator, emergency lighting, torches, gas for cooking, extra food supplies, emergency water supplies, blankets, and cell phones.</p> <p>There is a call bell system in place that is used by the resident or staff member to summon assistance if required and is appropriate to the resident group and setting. Call bells are accessible / within reach, and are available in resident areas. Residents confirmed they have a call bell system in place which is accessible and staff respond to it in a timely manner.</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>	<p>FA</p>	<p>Procedures are in place to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents and family interviewed confirmed the facility is maintained at an appropriate temperature. The service provides under-floor heating in most of the building and is in the process of upgrading heaters through-out the service.</p> <p>Observations evidenced that the residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers,</p>	<p>FA</p>	<p>The infection control (IC) policy and procedures provide information and resources to inform staff on infection prevention and control.</p> <p>The delegation of infection control matters is documented in policies, along with an</p>

service providers, and visitors. This shall be appropriate to the size and scope of the service.		infection control nurses (ICN) job description. The infection control nurse is the clinical manager/ registered nurse. There is evidence of regular reports on infection related issues and these are communicated to staff and management. The IC programme is reviewed annually.
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	The ICN has access to relevant and current information which is appropriate to the size and complexity of the service, including but not limited to: IC manual; internet; access to experts; and education. The IC is an agenda item at the facility's meetings, evidenced during review of meeting minutes and interviews with staff.
Standard 3.3: Policies and procedures 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.	FA	The IC policies and procedures are relevant to the service and reflect current accepted good practice and relevant legislative requirements. They are written in a user friendly format and contain appropriate level of information and are readily accessible to all personnel, confirmed at staff interviews. The IC policies and procedures are developed and reviewed regularly in consultation and input from relevant staff, and external specialists. IC policies and procedures identify links to other documentation in the facility.
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	The infection control education is provided to all staff, as part of their orientation and as part of the on-going in-service education programme. In interviews, staff advised that clinical staff identify situations where IC education is required for a resident such as: hand hygiene; cough etiquette; and one on one education is conducted. The IC staff education is provided by the ICN, RNs and external specialists. Education sessions have evidence of staff attendance/ participation and content of the presentations. Staff are required to complete IC competencies, sighted in staff files and confirmed at staff interviews.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and	FA	The infection control nurse is responsible for the surveillance programme. Monthly surveillance analysis is completed and reported at facility's meetings. The type of surveillance undertaken is appropriate to the size and complexity of this

<p>methods that have been specified in the infection control programme.</p>		<p>service. Standardised definitions are used for the identification and classification of infection events, indicators or outcomes. Infection logs are maintained for infection events. Residents' files evidenced the residents' who are diagnosed with an infection have short term care plans.</p> <p>In interviews, staff reported they are made aware of any infections of individual residents by way of feedback from the RN's, verbal handovers, short term care plans and progress notes. This was evidenced during attendance at the staff handover and review of the residents' files.</p> <p>In interview, the ICN confirmed no outbreak occurred at the facility since last audit.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>The definition of restraint and enabler is congruent with the definition in the standard. The process of assessment, care planning, monitoring and evaluation of restraint and enabler use is recorded. There were no residents using enablers or restraint at the facility on audit days. The approval process for enabler use is activated when a resident voluntarily requests an enabler to assist them to maintain independence and/or safety, confirmed at staff and management interviews.</p> <p>In interviews with staff and in staff records there is evidence that restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation education and training is provided. The staff restraint competencies are current.</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 1.1.13.3</p> <p>An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.</p>	PA Low	The complaints register was reviewed for the management of complaints made during 2014 - 2015. There was only one complaint recorded for 2015 and nine recorded for 2014.	Three of the nine complaints recorded for 2014 did not have supporting documentation relating to the investigation, management and outcome of the complaints and a tenth complaint had investigations completed, with recorded communication addressed to the complainant, however it was not recorded in the complaints register.	<p>All complaints to be managed (i.e. recorded, the complainant to receive acknowledgement of the complaint, the complaint investigated, outcomes communicated to the complainant, and the complaint closed out), and all complaints to be recorded in the complaints register.</p> <p>90 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 Low</p>	<p>Twenty incident and accident records were reviewed. All incident / accident records were signed off by the manager. Five out of twenty records did not show evidence of family members having been informed regarding the event.</p>	<p>Five of 20 incident / accident records do not indicate the actions taken by staff with regards to informing family of adverse events.</p>	<p>Records to be completed appropriately prior to sign-off. Family to be informed of adverse events. Where family choose not to be informed the staff need to clearly indicate this choice on the incident / accident record.</p> <p>90 days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>PA Low</p>	<p>Twenty medicine charts were reviewed and evidenced three medication charts were not signed by the prescriber. An additional 19 medication charts were reviewed and evidenced out of 49 charts 9 were not signed by the GP. This was brought to the attention of the clinical manager who contacted the GP. The GP completed the authorisation of all the medication charts on the first day of audit. Interview with the clinical manager and the GP confirmed a new medication process was introduced one month prior to the audit. The pharmacy type the medication chart and provide this to the GP to sign, however this did not occur for the nine charts sighted.</p>	<p>Nine of the forty nine medication charts did not evidence GP signatures. This was corrected by the GP on audit day.</p>	<p>Provide evidence the new medication process ensures medication charts are signed by the GPs before medicines are administered.</p> <p>90 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review,</p>	<p>PA Moderate</p>	<p>Rest home and hospital methodology tracer residents' files evidenced not all risk assessments were completed according to required timeframes. Additional seven newly admitted residents' files (last three months) were reviewed regarding the completion of risk assessments according to specified timeframes. Six of the seven additional files</p>	<p>The risk assessments are not consistently completed according to the required timeframes.</p>	<p>Provide evidence the risk assessment are completed within the required timeframes</p>

and exit) is provided within time frames that safely meet the needs of the consumer.		reviewed evidenced inconsistencies in the completion of risk assessment within the required timeframes.		90 days
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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.