# Radius Residential Care Limited - Radius Millstream

## Introduction

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

The audit has been conducted by 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Radius Residential Care Limited

**Premises audited:** Radius Millstream

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

**Dates of audit:** Start date: 17 May 2016 End date: 17 May 2016

**Proposed changes to current services (if any):** The partial provisional was completed for a new facility based in Ashburton. Millstream Care Home is to be part of the Radius group of facilities. The facility is a new purpose-built facility applying to provide three levels of care (hospital – geriatric/medical, rest home and dementia) for up to 80 residents. The facility is all one level and divided into three self-contained units. One larger unit includes 40 dual-purpose rest home/hospital rooms. There is another smaller unit made up of 20 dual-purpose rest home/hospital rooms. The third unit is a secure 20-bed dementia unit. The service is planning to open the larger 40-bed rest home/hospital unit and the secure dementia unit initially.

The service has applied to HealthCERT for hospital – geriatric and rest home level care (including dementia). This audit also included verifying the appropriateness of adding ‘medical’ to the hospital level certification.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 0

# 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.

## General overview of the audit

Millstream Care Home is to be part of the Radius group of facilities. The facility is a new purpose-built facility applying to provide three levels of care (hospital/medical, rest home and dementia) for up to 80 residents. The facility is all one level and divided into three self-contained units. One larger unit includes 40 dual purpose rest home/hospital rooms. There is another smaller unit made up of 20 dual purpose rest home/hospital rooms. The third unit is a secure, 20-bed dementia unit. The service is planning to open the larger rest home/hospital unit and the secure dementia unit initially.

Millstream Care Home has set a number of quality goals around the opening of the facility and these also link to the organisations strategic goals.

Standardised policy and procedure, annual education programme, core competency assessments and orientation programmes are implemented at all Radius sites. Radius has robust quality and risk management systems implemented across its facilities. There is a project management plan around opening of the new facility. The opening of the service is intended for 17 June 2016. An interim facility manager is in place to manage the smooth transition and opening of the service. The manager (RN) has many years aged care and management experience within Radius in facility management and regional management roles.

This audit identified improvements required around completing the required CPU, landscaping and opening of the facility.

## 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.

## Organisational management

The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require geriatric hospital (medical), rest home and dementia level care. A business plan April 2016- March 2019 has been developed and includes business plan targets for 2016/17.

There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies.

An annual education schedule is to be commenced on opening. A draft staffing roster is in place for all areas of the facility.

## Continuum of service delivery

The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice.

The service is planning to use blister packs. There is a secure treatment room in each unit. New medication trolleys have been purchased for each unit. Staff will complete medication competencies at induction.

The new kitchen is spacious and includes two areas; one for cooking and one for clearing up. The large spacious kitchen included freezers, a chiller and walk-in pantry. The food service is to be provided by an external contractor.

Each unit has an open kitchenette with a servery out to the dining areas. Bain-maries have been purchased to transport the food from the main kitchen to the kitchenettes in each area.

## Safe and appropriate environment

The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for Millstream.

There are centrally located nurse stations with windows/doors opening out into each of the lounge areas. This ensures that staff are in close contact with residents even when attending to paper work or meetings.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each unit for storage of mobility equipment.

There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility. All rooms and ensuites have been designed for hospital level care. There is a mobility bathroom with a shower in each unit. The dementia unit is spacious and includes an external garden/courtyard.

Each resident room has an ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. There is a large, open plan lounge/dining area in each unit with another smaller quiet lounge.

Appropriate training, information and equipment for responding to emergencies is provided at induction and as part of the annual training programme. The call bell system is available in all areas with visual display panels.

The facility is appropriately heated and ventilated. There is underfloor heating in resident rooms and ceiling heat pumps in hallways and lounge areas.

## 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.

## Infection prevention and control

The infection control (IC) programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. There is a job description for the IC coordinator and clearly defined guidelines. The IC programme is designed to link to the quality and risk management system. The programme is reviewed annually at an organisational level.

## Summary of attainment

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

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| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 0 | 11 | 0 | 4 | 0 | 0 | 0 |
| **Criteria** | 0 | 29 | 0 | 6 | 0 | 0 | 0 |

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

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

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

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Millstream Care Home is to be part of the Radius group of facilities. The facility is a new purpose-built facility providing three levels of care (hospital – geriatric/medical, rest home and dementia) for up to 80 residents. The facility is all one level and divided into three self-contained units. One larger unit includes 40 dual-purpose rest home/hospital rooms. There is another smaller unit made up of 20 dual-purpose rest home/hospital rooms. The third unit is a secure 20-bed dementia unit. The service is planning to open the larger 40-bed rest home/hospital unit and the secure dementia unit initially.  The service has applied to HealthCERT for hospital – geriatric and rest home level care. This audit also included verifying the appropriateness of adding ‘medical’ to the hospital level certification.  Millstream Care Home has set a number of quality goals around the opening of the facility and these also link to the organisations strategic goals.  Standardised policy and procedure, annual education programme, core competency assessments and orientation programmes are implemented at all sites. Radius has robust quality and risk management systems implemented across its facilities. There is a project management plan around opening of the new facility. A business plan April 2016- March 2019 has been developed and includes business plan targets for 2016/17.  The opening of the service is intended for 17 June 2016. An interim facility manager is in place to manage the smooth transition and opening of the service. The manager (RN) has many years aged care and management experience within Radius in facility management and regional management roles. She is supported by the SI regional manager.  There are job descriptions for all management positions that include responsibilities and accountabilities.  Radius provides a comprehensive orientation and training/support programme for their managers and clinical managers and regular forums for both occur across the year. The interim manager has maintained at least eight hours annually of professional development activities related to managing a hospital/rest home. A clinical manager position has not yet been appointed. |
| 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 | The clinical manager or senior RN covers during the temporary absence of the facility manager. The regional manager or facility managers of other Radius facilities are also available. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | PA Low | There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development.  The organisation has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (e.g., RN, support staff) and includes documented competencies.  Orientation of currently employed staff commences two weeks before opening. A training programme in regards to policies/procedures has been developed across two weeks in preparation for opening.  Interviews with the manager identified that currently there are sixteen HCAs, five RNs, one EN, an office administrator and three cleaners employed. Further interviews are in the process of being completed. One of the RN’s has completed interRAI training and four are on the waiting list to complete ASAP. Advised that on opening, RNs from other Radius facilities will be utilised to assist with the admission documentation of new residents to ensure timeframes are met.  An annual education schedule is to be commenced on opening. In addition, opportunistic education is to be provided by way of toolbox talks. A competency programme is to be implemented for all staff with different requirements according to work type (e.g., HCAs, registered nurse). Core competencies are required to be completed annually and a record of completion is to be maintained.  ACE training is to be established for HCAs including supporting those HCAs rostered for the dementia unit to complete the required dementia standards. Currently 14 of the 16 HCAs come with an aged care qualification. Eight of the sixteen HCAs have already completed dementia standards and these HCAs will be rostered for the dementia unit.  A register of registered nursing staff and other health practitioner practising certificates is maintained.  Registered nurses are supported to maintain their professional competency. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. There is a draft roster for each of the three areas and is adjusted as resident numbers and needs increase. There are currently enough employed RNs to cover 24/7 in the large hospital/ rest home unit opening initially. The roster for the dementia unit includes staff for up to 10 residents and for up to 20 residents. There is an RN/EN rostered Mon- Fri.  The food service is contracted to ACE foods service and they are responsible for staffing the kitchen. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | PA Low | The organisations medication policy and procedures follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline: Safe Management of Medicines.  The service is planning to use four weekly blister packs and has negotiated a contract with a local pharmacy. There is a secure treatment room in each unit. New medication trolleys have been purchased for each area. There is a controlled drug (CD) safe to be installed in a locked cupboard in the hospital treatment rooms. Each treatment room will have a medication fridge.  There are procedures for safe management of self-medicating residents. This process is well established throughout Radius services.  Radius policies identify that medication errors are treated as an incident and captured as part of the incident management system, including benchmarking.  Advised that only those deemed competent, will be responsible for administration of medicines. All new senior staff will complete medication competencies as part of the induction programme planned.  A contract with a local GP is in the process of being confirmed and in the interim all residents will be admitted under their current GP. The medication system is to be fully established at Millstream. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | The new kitchen is designed in two parts, one for cooking and one for clearing up. The service has a contract with ACE food services to provide the food service. They are responsible for staffing and menus. Advised that choices will be offered. A contract has been established with a dietitian to provide oversight to residents.  Each unit has an open kitchenette off the dining areas.  Each kitchenette includes a servery area, fridge and dishwasher. Bain-maries have been purchased to transport the food from the main kitchen to each kitchenette.  The residents are to have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is to be reviewed six monthly as part of the care plan review. Changes to residents’ dietary needs are to be communicated to the kitchen as per Radius policy.  Special equipment such as 'lipped plates' and built up spoons are available as needs required. Equipment has been purchased for the new dining rooms/kitchenettes in each area. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are policies in place to guide staff in waste management. Gloves, aprons and goggles are ordered for each sluice. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. The service has a contract with Ecolab to provide chemicals. Safety data sheets are to be available in the laundry and the sluices in each unit. Each sluice has a sanitiser. There are locks to be installed on sluice rooms and cleaners cupboards for the safe storage of chemicals.  Advised that a sharps container will be kept in the treatment room in each unit. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. The building is all on one level and divided into three units. Two dual purpose hospital/rest home units and one secure dementia unit. The organisation has purchased all new equipment.  There are two centrally located nurse stations that have windows out into each of the lounge areas. There is a combined nurse’s station between the smaller hospital/rest home unit and the dementia unit.  The centrally located nurse stations look out on the open plan dining and lounge areas, which ensures that staff are in close contact with residents even when attending to paper work or meetings.  Residents are able to bring their own possessions into the home and are able to adorn their room as desired. The maintenance schedule includes checking of equipment. All electrical equipment and other machinery are to be checked as part of the annual maintenance and verification checks. Hi-lo/electric beds have been purchased for all areas.  There are handrails in ensuites, communal bathrooms and hallways. All rooms and communal areas allow for the safe use of mobility equipment. The facility is carpeted throughout with vinyl surfaces in some of the resident rooms, bathrooms/toilets and kitchen areas. There is adequate space in each new unit for storage of mobility equipment.  The building is near completion and the service is currently waiting on a copy of the certificate for public use.  There is a chattel list developed and approved by head office for all new equipment (including medical equipment) for the new facility (sighted).  All rooms have been designed for hospital level care. There is a mobility bathroom with a shower bed in the two hospital/rest home units.  There is an internal courtyard for the residents in the dementia unit. This includes well-designed paths for residents to wander. The outdoor landscaping is in the process of being completed. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | The three units have a mobility toilet near the lounges. Each resident room has a single ensuite except two rooms in the larger hospital unit that have a shared ensuite. All ensuites throughout the facility have been designed for hospital level care and allows for the use of mobility equipment. The shared ensuites have locks and curtains to allow for privacy.  There is a mobility bathroom with a shower bed in the two hospital units. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | Resident’s rooms in the two rest home/hospital units are spacious and designed for hospital level. The dementia unit rooms are large with good space. Each room allows for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites and communal toilets/bathrooms in all areas. The open plan lounge areas are spacious. Residents requiring transportation between rooms or services are able to be moved from their room either by trolley, bed, lazy-boy or wheelchair. The dementia unit has wide hallways and is in an L-shape. The courtyard in the centre allows for an opportunity to wander inside and outside in a circle. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | There is a large, open plan lounge/dining area in each of the three units (two hospital/rest homes and dementia unit) plus another smaller lounge in each unit. There is a whānau room in the facility and a quiet room in the dementia unit. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | The new laundry is large and includes two entrances/exits. There is a clear dirty to clean flow and areas available for the sorting and storage of clean linen. The manager advised that laundry will be contracted off-site and only personals will be completed at Millstream.  There are dedicated cleaning staff appointed and locked cleaning cupboards in each area. The standard of cleanliness is to be monitored through the internal audit programme. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | There are emergency and disaster manuals to guide staff in managing emergencies and disasters. Of the staff currently employed, there is a minimum of one first aid trained staff member to cover each shift. The facility has a fire evacuation plan that has been approved in principal by the fire service (email sited 27/4/16), but will not be formally approved until the CPU is completed. A fire drill is planned as part of induction. Smoke alarms, sprinkler system and exit signs are in place. A generator, gas barbeque and torches are available in the event of a power failure. Emergency lighting is in place. A civil defence kit is to be in place. Supplies of stored water are in tanks. Electronic call bells are evident in resident’s rooms, lounge areas and toilets/bathrooms. A keypad is to be installed for the dementia unit. Staff areas have swipe cards.  There are security policies around locking of the facility from dusk to dawn. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | General living areas and all resident rooms are appropriately heated and ventilated. There are heat pumps in hallways and lounges. Resident rooms have underfloor heating that can be controlled by the residents. All rooms have external windows that open allowing plenty of natural sunlight. |
| Standard 3.1: Infection control management  There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service. | FA | The IC programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The scope of the IC programme policy and IC programme description are available. There is a job description for the IC coordinator and clearly defined guidelines. The infection control programme is designed to link to the quality and risk management system. The programme is reviewed annually at organisational level. The role of IC coordinator will be assigned to an experienced RN. |

# Specific results for criterion where corrective actions are required

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

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

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

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| --- | --- | --- | --- | --- |
| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.7.3  The appointment of appropriate service providers to safely meet the needs of consumers. | PA Low | There are currently sixteen HCAs, five RNs, one EN, an office administrator and three cleaners employed. Further interviews are in the process of being completed. One of the RN’s has completed interRAI training and four are on the waiting list to complete ASAP. Interviews are currently underway for all other positions. An activities coordinator and a maintenance person are yet to be appointed. The intention is to employ two activity staff as numbers increase. | Interviews are currently underway for all positions. An activities coordinator and a maintenance person are yet to be appointed. | Ensure activity and maintenance positions are in place.  Prior to occupancy days |
| Criterion 1.3.12.3  Service providers responsible for medicine management are competent to perform the function for each stage they manage. | PA Low | All new RN/EN/senior caregivers that will be responsible for administering medication will complete a medication competency. This is to be completed annually. Only those staff deemed competent administers medication. | The service has newly employed staff and advised that medication competencies will be completed during induction prior to opening. | For new staff commencing who will have medication administration responsibilities, ensure all have completed medication competencies.  Prior to occupancy days |
| Criterion 1.4.2.1  All buildings, plant, and equipment comply with legislation. | PA Low | The facility is purpose-built and is spacious. All building and plant have been built to comply with legislation. Each of the three units have been designed to be stand-alone with nurse’s station and combined lounge/dining. The organisation has purchased all new equipment. There are handrails located around the hallways and ensuites. There is an administration area and reception at the entrance. All key areas have swipe card access.  There are centrally located nurse stations on each floor that have windows out into each of the lounge areas. | The building certificate for public use is yet to be signed off. | A Certificate of Public Use (CPU) must be sighted by DHB/HealthCert prior to opening.  Prior to occupancy days |
| Criterion 1.4.2.6  Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | Landscaping is in the process of being completed. Many of the resident rooms have doors that open into outdoor areas. There is a covered courtyard area off the large hospital lounge. The dementia unit opens into a spacious courtyard with paths and raised gardens. There is a waterway to the right of the hospital unit and due to current landscaping, this area is not yet fenced off. | (i)Landscaping is in the process of being completed; (ii) There is a waterway to the right of the hospital unit and this area is not yet fenced off. | (i)Ensure landscaping is completed; (ii) Ensure the side of the building is fenced off.  Prior to occupancy days |
| Criterion 1.4.7.1  Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures. | PA Low | Appropriate training, information and equipment for responding to emergencies are provided at induction and as part of the annual training programme. Staff training in fire safety and fire drills is to be completed for new staff in the induction prior to opening. | Staff training in fire safety and fire drills is to be completed for new staff during the induction prior to opening. | Ensure staff training in fire safety is to be completed for new staff prior to opening.  Prior to occupancy days |
| Criterion 1.4.7.6  The organisation identifies and implements appropriate security arrangements relevant to the consumer group and the setting. | PA Low | There are security policies around locking of the facility from dusk to dawn. A keypad is to be installed for the dementia unit. Staff areas have swipe cards. | The keypad panel to the dementia unit and the swipe card system to staff only areas are yet to be activated. | Ensure the keypad security system and swipe card system is in place/activated.  Prior to occupancy days |

# Specific results for criterion where a continuous improvement has been recorded

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

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

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

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End of the report.