

Anthony Wilding Retirement Village Limited

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Anthony Wilding Retirement Village Limited
Premises audited:	Anthony Wilding Retirement Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 18 May 2016 End date: 19 May 2016
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:	148

Executive summary of the audit

Introduction

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

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Anthony Wilding is part of the Ryman Group of retirement villages and aged care facilities. They provide rest home, hospital and dementia level care for up to 178 residents. On the days of the audit there were 148 residents including seven residents receiving rest home level of care in serviced apartments. An experienced non-clinical village manager manages the service. She is supported by an assistant manager and experienced clinical manager. The residents and relatives interviewed spoke positively about the care and support provided.

This unannounced surveillance audit was conducted against a sub-set of the relevant Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents' and staff files, observations, and interviews with residents, relatives, general practitioner, management and staff.

The service has addressed three of four previous audit findings around clinical progress notes, interventions and self-medication competencies. An improvement continues to be required around medicine management in regards to respite care medications.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Communication with residents and families is appropriately managed and documented. The complaints process is provided to residents and families as part of the admission process. A complaints register is in place that includes all complaints, dates and actions taken. Complaints are being managed in an appropriate manner and meet the requirements set forth by the Health and Disability Commissioner.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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Ryman Anthony Wilding continues to implement the Team Ryman Programme that provides the framework for quality and risk management and the provision of clinical care. The service has policies and procedures to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards. Key components of the quality and risk management system include monitoring all adverse events. Data that is collected, analysed and evaluated.

The orientation programme provides new staff with relevant information for safe work practice and is developed specifically to worker type. An annual education schedule is being implemented. In addition, opportunistic education is provided. Aged Care Education is in place for the caregivers. There is adequate staff at the facility. Registered nursing cover is provided 24 hours a day, seven days a week.

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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The registered nurses complete InterRAI assessments, risk assessments, care plans and evaluations within the required timeframes. Care plans demonstrate service integration. Resident and family interviewed confirmed they were involved in the care plan process and review. Care plans were updated for changes in health status. The general practitioner completes an admission, visits and reviews the residents at least three monthly.

The activity team provides an activities 'Engage programme' in each unit that meets the abilities and recreational needs of the groups of residents. Residents are encouraged to maintain community links. There were 24-hour activity plans for residents in the dementia care unit that were individualised for their needs.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed medication education. The service uses an electronic medication system. The general practitioner reviews medications three monthly.

The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Nutritional snacks are available 24 hours for residents in the dementia care unit. Residents interviewed responded favourably to the food provided.

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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The building has a current warrant of fitness.

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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There were comprehensive policies and procedures that meet the restraint standards. There is a restraint coordinator with delegated responsibilities. Enabler and/or restraint use is discussed at quality and clinical meetings. There was ongoing restraint and challenging behaviour education evident. There were two residents requiring enablers and two residents with restraint at the time of audit.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.



Standards applicable to this service fully attained.

A monthly infection control report is completed and forwarded to head office for analysis and benchmarking. A six monthly comparative summary is completed. Surveillance data is used to determine infection control activities and education needs at the facility. The service has had one outbreak since the previous audit.

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	15	0	0	1	0	0
Criteria	0	38	0	0	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 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and relatives at entry to the service. The village manager has the overall responsibility for ensuring all complaints (verbal or written), are fully documented and thoroughly investigated. The number of complaints received each month is reported to staff via the various meetings. A complaints register has been maintained and includes relevant information regarding each complaint. Discussions with eleven residents (six rest home and five hospital) and relatives, confirmed they were provided with information on the complaints process. Complaints information is provided on admission.</p> <p>Three complaints had been received in 2016 (year to date) with evidence of appropriate and timely follow-up actions taken. Documentation including follow-up letters and resolution demonstrates that complaints were well managed.</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>There is an incident reporting policy, and reporting forms that guide staff around their responsibility to notify family of any resident accident/incident that occurs. Incident forms reviewed identified that family were notified following a resident incident. Five relatives interviewed (three of dementia care residents, one from the rest home and one from the hospital) stated that they are informed when their family members health status changes.</p>

		<p>An interpreter policy and contact details of interpreters are available. Non-Subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The information pack is available in large print and this can be read to residents.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Anthony Wilding Retirement Village is a Ryman Healthcare facility. The service currently provides care for up to 148 residents at hospital, rest home, and dementia level care. On the day of audit there were 38 rest home residents (including one on respite care), 71 hospital level residents (including four on respite care, two on palliative care (medical) contracts and two on long-term chronic condition contracts), and 32 dementia level residents (including two on respite care) in the special care units.</p> <p>The rest home and dementia unit are in a separate building (rest home ground floor and dementia unit on the first floor). The 80 hospital beds are dual purpose with three current beds in the hospital wings (two 40 bed wings) occupied by rest home level residents. There are 30 serviced apartments certified for rest home level of care. There were seven rest home level of care residents in serviced apartments.</p> <p>Ryman Healthcare has an organisational total quality management plan and a key operations quality initiatives document. Quality objectives and initiatives are set annually. The organisation-wide objectives are translated at each Ryman service. Ryman Healthcare also has operations team objectives that include a number of interventions/actions. Each service also has their own specific team Ryman objectives 2016 and progress towards objectives has been updated as part of the team Ryman schedule. The organisation completes annual planning and has a suite of policies/procedures to provide rest home care, hospital care and dementia care.</p> <p>The village manager at Anthony Wilding is non-clinical and has been in the role for two years and two months. A clinical manager who has been in the role for one year supports her. The village manager has attended a two-day managers training day. The Ryman management team, including a regional manager, supports the management team.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement</p>	FA	<p>A quality and risk management system is being maintained. The service has policies and procedures to provide a good level of assurance that it is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. Any new policies or changes to policy are communicated to staff as evidenced in meeting minutes. Policies include</p>

<p>principles.</p>		<p>InterRAI requirements.</p> <p>Key components of the quality management system include (but are not limited to) monitoring falls, medication errors, restraint use, pressure injuries, infections, wounds and resident satisfaction. Weekly reports by the village manager to the regional manager provide a coordinated process between service level and the organisation. Regular meetings are held throughout the service. There are monthly accident/incident reports that break down the data collected across the rest home, hospital, dementia unit and staff incidents/accidents. Falls prevention strategies are in place that includes the analyses of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The internal audit programme monitors key components of the service. If a target is not met or an area of non-compliance is identified a quality improvement plan (QIP) is developed and implemented.</p> <p>There is a comprehensive health and safety, and risk management programme in place. There are policies to guide practice.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual incident reports are documented electronically for each incident/accident. Significant events were documented in the residents' progress notes. Accident/incident forms reviewed had documented corrective actions taken and any follow-up action required. The data is linked to the organisation's quality and risk management programme and is used for comparative purposes. Eleven incident forms were reviewed; all reviewed reflected timely clinical assessment and follow-up by a registered nurse.</p> <p>Discussions with the village manager and clinical manager confirm their awareness of the requirement to notify relevant authorities in relation to essential notifications. Appropriate section 31 notifications have been made and an outbreak in October 2014 was reported.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Relevant documentation was seen in nine staff files reviewed (two registered nurses, a unit coordinator (RN), an activities coordinator, a kitchen assistant, a member of housekeeping staff and three caregivers). A register of practising certificates is maintained. Training requirements are directed by Ryman head office and are reviewed as part of the team Ryman reporting. A staff member oversees staff induction, and the ACE programme and a clinical manager who facilitates the in-service calendar. Ryman ensures registered nurses are supported to maintain their</p>

		<p>professional competency.</p> <p>There are currently 26 caregivers employed in the dementia unit. Eighteen have completed dementia standards. Eight staff have commenced employment in the dementia unit in the past six months.</p> <p>Ryman provide a comprehensive induction programme at Foundations Level 2 compliance and qualification to all care staff. Completion of induction programme and required ACE dementia standards are required to be monitored and reported monthly to head office as part of the team Ryman programme.</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>	FA	<p>Ryman policy supports the requirements of skill mix, staffing ratios and rostering. There is a registered nurse and first aid trained member of staff on every shift. Caregiver's interviewed stated that management are supportive and approachable. Staff interviewed across the three areas (seven caregivers – one rest home, one dementia, one serviced apartment and four hospital, two registered nurses, three unit coordinators and three activities staff) advised that there are sufficient staff on duty at all times. Interviews with residents and relatives confirm that there are sufficient staff on duty. The village manager advised they are currently recruiting more casual staff to assist when staff are sick. There were no identified gaps in the staff roster.</p> <p>There are at least two registered nurses on duty on the hospital am and pm shifts and one at night. In the dementia unit, there is a RN at least daily across seven days. In the rest home there is a rostered RN at least daily across seven days. The serviced apartments have an enrolled nurse working in the unit from 8.00 am until 4.30 pm daily. Registered nurse cover is provided by the registered nurses in the hospital (on the same level), and the hospital unit coordinator or another hospital registered nurse signs off all care plans.</p> <p>The caregivers cover a mix of full and half shifts. There are designated cleaners, laundry staff, activities staff, gardeners, and administration staff. The clinical manager works 40 hours per week and oversees the clinical care of all residents. The village manager also works 40 hours per week.</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 Moderate	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medicine management complies with Ministry of Health medication requirements. An RN completes medication reconciliation on delivery and any errors fed back to pharmacy. Qualified nurses and care staff interviewed were able to describe their role about medicine administration. Medications were stored safely. Medication fridges were monitored weekly. Eye drops are dated on</p>

		<p>opening. There were no expired medications.</p> <p>Standing orders are no longer used therefore the previous finding around standing orders has been addressed. The GP and RN had assessed two self-medicating residents in the rest home as competent to self-administer. The previous finding around self-medication competencies has been addressed.</p> <p>Sixteen medication charts were reviewed. Thirteen medication charts (seven hospital, three rest home and three dementia care) of long-term residents were viewed on the electronic medication system. The medication charts and signing charts met legislative requirements. The previous finding around medication charts and signing charts have been addressed however, the three medication charts for respite care residents did not meet the legislative requirements. This previous finding around medicine management remains.</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>The service employs a qualified head chef who is supported by cooks and kitchen assistants. All staff have been trained in food safety and chemical safety. A four weekly seasonal menu has been designed in consultation with company chefs and the dietitian at organisational level. All meals are prepared and cooked on-site.</p> <p>The chef (interviewed) receives a resident dietary profile for all new admissions and is notified of any dietary changes such as residents with weight loss/weight gain or swallowing difficulties. Resident likes, dislikes and dietary preferences were known. Alternative foods are offered. Cultural, religious and food allergies are accommodated. Special diets such pureed/soft, diabetic desserts and gluten free are provided. Food is delivered in hot boxes and served from bain-maries in each of the unit kitchenettes. Freezer and chiller temperatures and end-cooked temperatures are taken and recorded twice daily. Serving temperatures are taken. Chilled goods temperature is checked on delivery. All foods were date labelled. A cleaning schedule is maintained. Feedback on the service is received from resident meetings, surveys and audits. The head chef maintains regular contact with residents. Nutritious snacks (food on the run) platters are delivered to the dementia care unit daily and as requested.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Residents interviewed reported their needs were being met. Relatives interviewed also stated their relative's needs were being appropriately met. When a resident's condition alters, the registered nurse initiates a review and if required, a GP visit or nurse specialist consultant review. Care plans are updated to reflect the resident's current health status. Care plans reviewed in the resident files sampled reflected the resident's current supports and needs. The previous finding around documented</p>

		<p>interventions has been addressed. Short-term care plans are used for infections.</p> <p>Wound assessments and ongoing evaluations were in place on the VCare system for all current minor wounds, chronic ulcer and three pressure injuries (one community acquired and two facility acquired). Adequate dressing supplies were sighted in the treatment rooms. An RN is the service wound champion. Additional wound care advice and support can be sought from the district nursing service and wound product representative. The previous finding around wound management has been addressed.</p> <p>Continence products are available and resident files include a three-day urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed and this could be described by the RNs interviewed.</p> <p>Monitoring forms in place include (but not limited to); monthly weight, blood pressure and pulse, food and fluid charts, restraint monitoring, pain monitoring, blood sugar levels and behaviour charts.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>Four activity coordinators implement separate activity 'Engage' programmes for the rest home, two hospital units and the dementia care unit. Activity coordinators have current first aid certificates. The activity coordinators in the dementia care unit have completed dementia related qualifications.</p> <p>The Ryman 'Engage' programme is currently delivered Monday to Friday in the rest home and seven days a week in the hospital and dementia units.</p> <p>The 'Engage' programme has set activities with the flexibility for each service level to add activities that are meaningful and relevant for all cognitive and physical abilities of the resident group. Activities were observed being delivered simultaneously in the rest home, hospital and dementia unit focusing around the Ryman Wizard of Oz production. Rest home residents in the serviced apartment may choose to attend either the serviced apartment or rest home programme. Daily contact is made and one-on-one time spent with residents who are unable to participate in group-activities or choose not to be involved in the activity programme. Residents in the dementia care unit were observed to be involved in facility activities under supervision. Supervised daily walks outside (weather permitting) or within the facility occurs.</p> <p>There are regular outings/drives for all residents (as appropriate), weekly entertainment and involvement in community events and charities. Regular church services are held in the on-site chapel.</p>

		Activity assessments are completed for residents on admission. The activity plan in the files reviewed had been evaluated at least six monthly with the care plan review. The resident/family/whānau as appropriate, are involved in the development of the activity plan. Residents/relatives have the opportunity to feedback on the programme through the resident meetings and satisfaction surveys.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Care plans reviewed had been evaluated by registered nurses' six monthly or when changes to care occurred. Written evaluations describe the residents progress against the residents (as appropriate) identified goals. The multidisciplinary review involves the RN, GP, activities staff and resident/family. Family are notified of the outcome of the review if unable to attend. There is at least a three monthly review by the medical practitioner. The family members interviewed confirmed they are invited to attend the multidisciplinary care plan reviews and GP visits.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The two buildings have a current building warrant of fitness that expires 1 December 2016.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The surveillance policy describes the purpose and methodology for the surveillance of infections. Definitions of infections are in place and appropriate to the complexity of the service provided. Individual infection reports are electronically recorded. Monthly data is reported to the combined infection prevention and control, and the health and safety meetings. Staff are informed through facility meetings held at the facility. The infection prevention and control programme is linked with the team Ryman programme. The infection prevention and control officer uses the information obtained through surveillance to determine infection prevention and control activities, resources, and education needs within the facility. There is close liaison with the GPs that advise and provide feedback to the service. Systems in place are appropriate to the size and complexity of the facility. There has been one outbreak since the previous audit. Documentation sighted demonstrated the outbreak had been contained and managed well.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes comprehensive restraint procedures. The policy identifies that restraint is used as a last resort. There were two residents with restraint and two residents with enablers on the day of audit. Two resident files reviewed demonstrated that enabler use is voluntary. The restraint

		coordinator is the clinical manager. The use of enablers/restraint is discussed at clinical meetings and team Ryman meetings. Challenging behaviour and restraint minimisation and safe practice education has been provided.
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</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 Moderate</p>	<p>Thirteen medication charts and signing charts on the electronic medication system met legislative requirements. Three further medication charts for respite residents did not comply with medication requirements.</p>	<p>Three respite medication charts reviewed (one hospital, one rest home and one dementia care) did not have allergy status documented on the medication chart. One hospital respite chart did not have a GP signature or date for a change in analgesia on the medication chart. One rest home respite care resident did not have a signing sheet in place for the past five days.</p>	<p>Ensure all respite care medication charts meet the legislative requirements. Ensure medications as prescribed are documented as administered.</p> <p>30 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.