

Heritage Lifecare Limited - Karina Rest Home

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 The DAA Group 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:	Heritage Lifecare Limited
Premises audited:	Karina Lifecare
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 February 2019 End date: 21 February 2019
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:	34

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

Karina Lifecare provides rest home level care for up to 37 residents. The service is operated by Heritage Lifecare Limited and managed by a business manager and a facility/clinical services manager, who is a registered nurse new to this role since the last audit. Residents and families spoke positively about the care provided.

This surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, management, staff, and a general practitioner.

This audit has resulted in one area identified as requiring improvement relating to the quality system. There were no areas requiring improvement at the previous audit.

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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Open communication between Karina Lifecare staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required.

A complaints register is maintained with complaints resolved promptly and effectively.

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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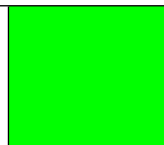
Heritage Lifecare Limited's business and quality and risk management plans include the vision and values of the organisation. Monitoring of the services provided to the governing body via the support office is regular and effective. Two experienced and suitably qualified people manage Karina Lifecare.

The Heritage Lifecare Limited quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Karina Lifecare managers collect and analyse quality data at facility level. Staff are involved and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Organisational policies and procedures support service delivery and were current and reviewed regularly.

The Heritage Lifecare Limited appointment, orientation and management of staff processes are used by Karina Lifecare and based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.



Standards applicable to this service fully attained.

Residents of Karina Lifecare have their needs assessed on admission within the required timeframes. Shift handovers, up to date care plans and handover documentation guides continuity of care.

Care plans are individualised, based on a comprehensive and integrated range of clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

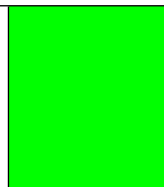
The planned activity programme is overseen by an activities officer and provides residents with a variety of individual and group activities and maintains their links with the community. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by care staff, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was well organised, clean and meets food safety standards. Residents verified overall satisfaction with meals.

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.

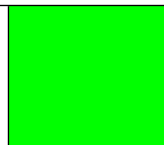


Standards applicable to this service fully attained.

There is a current building warrant of fitness. Electrical equipment is tested as required.

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.

The organisation has implemented policies and procedures that support the minimisation of restraint. One enabler was in use at the time of audit. No restraints were in use. A comprehensive assessment, approval and monitoring process with regular reviews occurs. Use of enablers is voluntary for the safety of residents in response to individual requests. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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Aged care specific infection surveillance is undertaken, data is analysed, trended, benchmarked and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	1	0	0	0
Criteria	0	40	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The Heritage Lifecare Limited complaints policy and associated forms meet the requirements of Right 10 of the Code. Information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. Boxes are available in the corridor in several places throughout the rest home for the confidential delivery of complaints and compliments.</p> <p>The Karina Lifecare complaints register reviewed showed that one verbal complaint had been received in 2018 and one has been received this year and that actions taken, through to an agreed resolution are documented and completed within the timeframes. Both complaints on the register although received verbally were responded to in writing. Action plans showed any required follow up and improvements have been made where possible. The business manager and facility manager/clinical service manager are responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit. There were two examples of complaints not being linked to the quality and risk system, see CAR 1.2.3.5.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers</p>	<p>FA</p>	<p>Karina Lifecare residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Managers and caregivers understood the principles of open disclosure, which is supported by Heritage Lifecare Limited</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>policies and procedures that meet the requirements of the Code of Rights.</p> <p>Staff know how to access interpreter services, although reported this was rarely required due to all residents being able to speak English. Reference was made by staff to a previous respite resident who used sign cards for communication and that these worked well.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The Heritage Lifecare Limited strategic and business plans, which are reviewed annually, outline the, values, and vision of the organisation. A sample of weekly operations reports to the regional operational manager, business analyst and General Manager Clinical and Quality showed adequate information to monitor performance is reported including health and safety issues financial performance, compliments and complaints, staffing, property issues, and general emerging risks and issues.</p> <p>The service is managed by a business manager and a facility manager/clinical services manager who hold relevant qualifications. The business manager has been in the role for five years and has been in the health and disability sector for 22 years. The facility manager/clinical services manager is a registered nurse and has been in the role for less than a year although they have had experience in the sector in New Zealand for several years. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The business manager and the facility manager/clinical services manager confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency through the local DHB aged care forum and the Heritage Lifecare organisation.</p> <p>Karina Lifecare holds contracts with MidCentral District Health Board (DHB) and the Ministry of Health (MOH) for Young Persons with Physical Disability (YPD), to provide rest home, respite, and day care. 30 residents were receiving services under the DHB age related contract and four residents under the YPD contract at the time of audit.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. At Karina Lifecare this includes but is not limited to; accident reporting, management of incidents, complaints and compliments, audit activities, a regular resident satisfaction survey, monitoring of outcomes such as weight loss, clinical incidents including infections, falls and medication errors.</p> <p>Karina Lifecare meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the quality and staff meetings. Staff reported their involvement in quality and risk management activities through meeting attendance, incident reporting and audit activities. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed annually.</p> <p>The organisation's policies are based on best practice and were current. The document control system ensures</p>

		<p>a systematic and regular review and approval process, with referencing of relevant sources. Specific Heritage Lifecare Limited support office staff are responsible for this. The local distribution and removal of obsolete documents is the responsibility of the Karina Lifecare managers. Hard copy policies are available for staff in the nurses' office and the RNs also have electronic access to policies.</p> <p>The business manager and facility/clinical services manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies.</p> <p>Not all non-compliance issues, incidents and complaints are being documented to ensure they are linked into the quality and risk system.</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>	FA	<p>Staff document adverse and near miss events on an accident/incident form and resident related incidents are documented within the electronic system. Staff reported they have received training in the new system and are able to directly report incidents into resident notes. A sample of incidents reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Both managers receive electronic alerts when actions are required to complete incident investigation and follow up actions. Adverse event data is collated and analysed by the facility manager/clinical services manager and reported through to the support office and operations manager.</p> <p>The business manager and facility manager/clinical services manager described essential notification reporting requirements, including for pressure injuries. The Heritage Lifecare process escalates the external reporting of these to the General Manager Clinical and Quality. Karina Lifecare managers advised there have been notifications of significant events made to the Ministry of Health, for a resident absconding, a resident having a scooter accident in town and unplanned power outages, since the previous audit.</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>Heritage Lifecare Limited human resources management policies and processes are based on good employment practice and relevant legislation. Karina Lifecare managers follow the recruitment process described in policy which includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. The business manager is responsible for ensuring all registered health care professionals providing contracted services to the residents have a current APC including the pharmacists, dietician, general practitioners and RNs. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the specific role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation workbooks and competencies and a performance review after a three-month period.</p> <p>Continuing education is planned on an annual basis at Heritage Lifecare Limited including mandatory training</p>

		requirements. There are sufficient trained and competent registered nurses who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.
<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>There is a Heritage Lifecare documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). Karina Lifecare staff adjust staffing levels to meet the changing needs of residents. An afterhours on call roster is in place, with staff reporting that good access to advice is available when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family members interviewed supported this. Observations and review of Karina Lifecare rosters confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. At least one staff member on duty has a current first aid certificate and there is 24/7 on-call RN coverage.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy was current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by an RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request.</p> <p>Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Good prescribing practices noted include the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review is consistently recorded on the electronic medicine chart.</p> <p>There were five residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner.</p>

		<p>Medication errors are reported to the RN and facility manager (FM) and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified.</p> <p>Standing orders are not used at Karina Lifecare.</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 food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and was planned by a qualified dietitian in November 2018.</p> <p>A food control plan has been registered with the Palmerston North City Council 23 August 2018. A verification audit of the plan was undertaken in 16 October 2018. The required corrective action requesting cooling temperatures to be documented once a week has not been attended to (refer criterion 1.2.3.5). This was verified by the cook and the business manager.</p> <p>Apart from cooling temperatures documentation, all other aspects of food procurement, production, preparation, storage, transportation, delivery and disposal complied with current legislation and guidelines. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews and satisfaction surveys. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided. There were enough staff on duty in the dining rooms at meal times to ensure appropriate assistance to residents as needed.</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>Documentation, observations and interviews verified the care provided to residents of Karina Lifecare was consistent with their needs, goals and the plan of care. The needs of resident were diverse, and attention to meeting the range of resident's individualised and often complex needs was evident. The GP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</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>The activities programme is provided by a recently appointed activities officer. Prior to this appointment, activities had been provided by several residents and care staff, to ensure residents activity needs were being met, while a new person was appointed.</p> <p>A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated regularly and as part of the formal six-monthly care plan review. Younger residents are supported to access community activities and outings if required</p> <p>The planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples included visiting entertainers, quiz sessions, art and crafts, knitting, kohanga reo visits and daily news updates. Van outings are held twice a week and included separate outings for men and woman.</p> <p>The activities programme is discussed at the minuted residents' meetings and minutes indicated residents' input is sought and responded to. Residents meetings have not been held since September 2018. Feedback during that time has been captured through one on one resident feedback and discussion. Residents meetings used to be convened by the residents' advocate, who has now left. The upcoming residents meeting to be held the week of the audit will be led by the activities officer. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents interviewed confirmed they find the programme meets their needs.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Residents' care is evaluated on each shift at Karina Lifecare and reported in the progress notes. If any change is noted, it is reported to the RN or senior caregiver.</p> <p>Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Examples of short-term care plans were sighted for infections, pain and weight loss. Progress was evaluated as clinically indicated and according to the degree of risk noted during the assessment process. Other plans, such a behaviour management plans and residents at risk of wandering and on a 'wander tracker', were evaluated as requested based on the level of risk each day. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.</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>A current building warrant of fitness which expires on 26 July 2019 is publicly displayed on the wall.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	<p>FA</p>	<p>Surveillance of infections at Karina Lifecare is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>The FM is the infection control nurse (ICN) at Karina Lifecare and reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Reports are sent to the organisation's operations manager and quality manager at the support office. Results of the surveillance programme are shared with staff via quality and staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers.</p> <p>An analysis of a Norovirus outbreak in the community that impacted on Karina Lifecare in October 2018, identified an area of cross infection that has since been addressed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Heritage Lifecare Limited policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance to Karina Lifecare staff on the safe use of both restraints and enablers. The restraint coordinator reported that she provides support and oversight for enabler and restraint management in Karina Lifecare and demonstrated a sound understanding of the organisation's policies, procedures and practice and her role and responsibilities. The facility/clinical services manager provides mentorship and support to the coordinator.</p> <p>On the day of audit, no residents were using restraints and one resident described his use of an enabler when he is in bed, which is the least restrictive and used voluntarily at his request. A similar process is followed for the use of enablers as is used for restraints.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident on review of the</p>

		restraint approval group minutes, files reviewed, and from interview with staff.
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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)
Criterion 1.2.3.5 Key components of service delivery shall be explicitly linked to the quality management system.	PA Low	Examples of service delivery issues were sighted and/or reported at the day of audit which had; in one instance not been recognised, in a second example a verbal complaint was not recorded as a complaint although some corrective actions were performed, in a third example a complaint was not recognised or recorded and in a fourth example an incident which resulted in a Section 31 notification was not included in the incident reporting system. These gaps resulted in; corrective actions required following the Food Plan verification relating to cooking temperatures not being addressed, family who complained verbally being dissatisfied with the management response to cigarette butts being discarded beside an entrance to the building (also evident on the day of audit), complaints made in the March 2018 residents meeting regarding food temperature not being addressed and corrective actions taken following a power outage not been linked into the quality and risk system.	Key components of service delivery have not been linked to the quality management system.	Ensure all aspects of non-compliance are linked to the quality and risk management system. 90 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, 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.