

# Wyndham and Districts Community Rest Home Incorporated - Wyndham and District Community Rest Home

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## 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 Q-Audit 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:** Wyndham and Districts Community Rest Home Incorporated

**Premises audited:** Wyndham and Districts Community Rest Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 11 July 2019 End date: 11 July 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:** 23



# Executive summary of the audit

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## 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

This unannounced (spot) surveillance audit was conducted against the Health and Disability Standards and the organisations contract with the district health board to supply aged related residential services The Wyndham District and Community Rest Home provides rest home services for up to 23 residents. The service is operated by a board of trustees and managed by a nurse manager. Residents and families spoke positively about the care provided.

The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family, management, staff, and a general practitioner.

Changes since the last audit include the appointment of two new trustees after the resignation of the two previous board trustees.

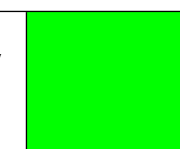
## Consumer rights

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 staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

A complaints register is managed in line with the requirements of the Code of Rights.

## 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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Business and quality and risk management plans include the (scope, direction, goals, values and mission statement) of the organisation. Monitoring of the services provided to the trust is regular and effective. An experienced and suitably qualified person manages the facility.

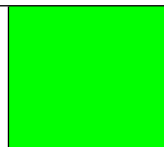
The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and are current and reviewed regularly.

The appointment, orientation and management of staff is 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.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

## 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.

The registered nurses are responsible for each stage of service provision. A registered nurse completes initial assessments, risk assessments, interRAI assessments and long-term care plans within the required timeframes. Care plans are evaluated at least six monthly and meet the resident's current needs and supports.

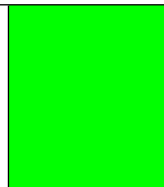
Medication policies reflect legislative requirements and guidelines. Registered nurses, enrolled nurses and medication competent caregivers are responsible for administration of medicines and complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three monthly.

An activities coordinator plans activity that are appropriate to the resident's assessed needs. The programme includes community visitors and outings, entertainment and activities that meet the individual and group preferences and abilities for the resident group. Residents and families report satisfaction with the activities programme.

Residents' food preferences and dietary requirements are identified at admission. The meals are prepared on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

## 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.

The facility meets the needs of residents and is clean and well maintained. There is a current building warrant of fitness. Electrical equipment is tested as required. Communal and individual spaces are maintained at a comfortable temperature. External areas are accessible, safe and provide shade and seating.

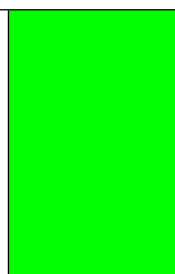
Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are regularly practised. Residents reported a timely staff response to call bells. Security is maintained.

## 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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Wyndham and Districts Community Rest Home actively minimises the use of restraint. All staff receive training on restraint minimisation and management of behaviours that challenge. There are no residents using enablers and no residents using restraint.

## Infection prevention and control

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

<b>Attainment Rating</b>	<b>Continuous Improvement (CI)</b>	<b>Fully Attained (FA)</b>	<b>Partially Attained Negligible Risk (PA Negligible)</b>	<b>Partially Attained Low Risk (PA Low)</b>	<b>Partially Attained Moderate Risk (PA Moderate)</b>	<b>Partially Attained High Risk (PA High)</b>	<b>Partially Attained Critical Risk (PA Critical)</b>
<b>Standards</b>	0	17	0	0	0	0	0
<b>Criteria</b>	0	46	0	0	0	0	0

<b>Attainment Rating</b>	<b>Unattained Negligible Risk (UA Negligible)</b>	<b>Unattained Low Risk (UA Low)</b>	<b>Unattained Moderate Risk (UA Moderate)</b>	<b>Unattained High Risk (UA High)</b>	<b>Unattained Critical Risk (UA Critical)</b>
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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 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.</p> <p>The complaints register reviewed showed that one verbal complaint has been received over the past year and that actions taken, through to an agreed resolution, are documented and completed within the timeframes. Action plans show any required follow up and improvements have been made where possible. The nurse manager is 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.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective</p>	FA	<p>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. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code.</p> <p>Staff know how to access interpreter services, although reported this was rarely required due to all residents being able to speak English.</p>

communication.		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents describe annual and longer-term objectives and the associated operational plans. A sample of monthly reports to the trustees includes financial performance, emerging risks and issues.</p> <p>The service is managed by a nurse manager who holds relevant qualifications and has been in the role since March 2015. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The nurse manager confirms knowledge of the sector, regulatory and reporting requirements and maintains currency through attendance at national conferences and regular meetings with local aged care providers.</p> <p>The service holds contracts with DHB, ACC and carer support services. There were 21 residents receiving services under the contract (18 rest home, one ACC and two carer support) 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>	FA	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular resident and staff satisfaction survey, monitoring of outcomes, clinical incidents including infections and an internal programme of continuous improvement. The continuous improvement programme was presented at the New Zealand Aged Care Association conference. Resulting in the facility winning both the 2018 New Zealand Aged Care Association small operator industry award and the EBOS overall excellence in aged care award.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at the staff and trustee meetings. Staff reported their involvement in quality and risk management activities through audit activities and speaking up at staff meetings. Relevant corrective actions are developed and implemented to address any shortfalls. Resident and family satisfaction surveys are completed annually. The most recent survey showed all residents and family are happy with the service provided.</p> <p>Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and are current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents.</p> <p>The NM described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The nurse manager is familiar with the Health and Safety at Work Act (2015) and acts as the H&amp;S officer and has implemented requirements.</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 incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported at both staff and trustee monthly meetings.</p> <p>The nurse manager described essential notification reporting requirements, including for pressure injuries. They advised there have been no notifications of significant events made to the Ministry of Health 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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. 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 role. Documentation in the files sampled confirmed the completion of annual competencies such as medication management, syringe driver pump and first aid certificates where required. Staff reported that the orientation process prepared them well for their role. Staff records reviewed show documentation of completed orientation.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have completed a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB.</p> <p>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 by the nurse manager. The nurse manager performance appraisal is completed by the trustees and one RN for nursing council competencies.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and</p>	FA	<p>There is a 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). The facility adjusts staffing levels to meet the changing needs of residents. An after-hours 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 interviewed supported this. Observations and review of the roster</p>

<p>safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>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 hour/seven days a week (24/7).</p> <p>There are dedicated kitchen staff seven days a week, a diversional therapist five days a week, dedicated cleaning hours and RN coverage are identified on the roster.</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>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet current guidelines and legislative requirements. Staff who administer medications (RNs, enrolled nurse and medication competent caregivers) have been assessed for competency on an annual basis. Registered nurses have completed syringe driver training. Education around safe medication administration has been provided annually. Medication reconciliation occurs on delivery of medications. All medications are stored safely in the medication room. The expiry dates of medications were checked regularly. The medication fridge temperature is checked daily and within acceptable limits. There were no residents who self-administer their medicines on the day of audit. Policies and procedures are in place should a resident meet the criteria to self-administer medications.</p> <p>Medication chart prescribing meets legislative requirements. Medication charts reviewed (ten on the electronic medication system) had photo identification and allergy status documented. The administration sheets corresponded with the medication charts. All medications charts reviewed evidenced three-monthly GP review.</p> <p>The facility uses an electronic system for medication administration. The staff administering medications complied with the medication administration policies. Procedures were evidenced in the observed medication round. Electronic reports were viewed for 10 residents. All eye drops were dated on opening.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>The food service is managed by a principal cook. She is supported by two cooks, four kitchenhands and at times other staff may be called on to provide support. Food services staff are progressively attending food safety training. The food control plan has been verified and expires 27 March 2020. All meals and baking are prepared and cooked on-site in a kitchen located within the facility. A dietitian reviews the four to five weekly rotating seasonal menu.</p> <p>The principal cook receives a resident dietary profile and is notified of any dietary changes. Resident dislikes are accommodated. Texture modified meals are provided. Meals are served within the kitchen and taken to residents in the dining room and in their rooms.</p> <p>Fridge, freezer, chiller and cooked temperatures are taken and recorded daily. Perishable foods sighted in the kitchen and facility kitchenette fridges were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A cleaning schedule and task list is maintained.</p> <p>Resident meetings and direct input from residents provide resident feedback on the meals and food services</p>

		generally. Residents and family members interviewed were happy with the food and confirmed alternative food choices were offered for dislikes.
<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>The registered nurse reviews a client's care needs when there is a change in the resident's condition. The registered nurse arranges a GP or nurse specialist visit if required. There is evidence of three-monthly medical reviews, or the GP will visit earlier if there is a change in health status. Residents and relatives interviewed confirm care delivery and support by staff is consistent with their expectations. Families confirmed they were kept informed of any changes to resident's health status. Resident files sampled recorded communication with family.</p> <p>Staff report there are adequate continence supplies and dressing supplies. On the day of the audit supplies of these products were sighted.</p> <p>There was one wound being treated on the day of the audit. Wound assessments had been completed. There was evidence the GP and wound specialist nurse were involved. Pressure injury prevention interventions were documented in the care plans for residents identified at risk of pressure injury.</p> <p>Behaviour management plans are developed with multi-disciplinary input. The GP initiates specialist referrals to the mental health services.</p> <p>Resident care plans (short-term and long-term) document appropriate interventions to manage clinical risk such as poor mobility, falls, skin integrity and nutrition. Caregivers interviewed confirmed they are updated of any changes in resident's care or treatment during handover sessions. The active short-term care plans and long-term care plans are in the resident files.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	FA	<p>The service employs an activity coordinator to implement the Monday to Friday activity programme. There are up to ten volunteers who assist with housie, crafts, bowls and gardening. The activity programme includes housie, exercise, piano sing along, boccia bowls and interdenominational church services. There is a men's shed area and tunnel houses where vegetables are grown. There is a weekly van outing, and at times these outings are men's or women's only or combined van trips. The resident's expertise is utilised at times on these van trips as they share their local knowledge. Trips include visits to beaches, and other rest homes. Weekly activities are displayed on a poster.</p> <p>School students regularly come to assist with activities. Pre-schoolers regularly come in for activities with the residents. A mid-winter Christmas lunch was recently held. Entertainers from the community provide entertainment throughout the month.</p> <p>A resident activity assessment is completed on admission and six monthly thereafter. Activities attendance is</p>

		<p>recorded in the residents file. The activities plan is integrated into the long-term care plan. The activity coordinator is involved in the six-monthly review. There was evidence in the file of a resident under 65 years of age that activities assessment had occurred, a plan developed, and occupational therapy input was also occurring</p> <p>The service receives feedback and suggestions for the programme through surveys and resident meetings. Residents interviewed stated they were happy with the activity programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans reviewed were evaluated by the registered nurse within three weeks of admission. Care plans included input from the RN, care staff, GP, physiotherapist and any other allied health professionals involved in the resident's care. Family are invited to be involved in care plan review and informed of any changes if unable to attend as appropriate. The GP reviews the residents at least three-monthly or earlier if required. Long-term care plans are evaluated six monthly. Ongoing nursing evaluations occur as indicated and are documented within the progress notes. Short-term care plans are used to document needs and supports for short-term care plans and are evaluated as required. Carer support residents and ACC residents have a short stay nursing assessment on admission.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>A current building warrant of fitness (18th July 2019) is publicly displayed. The facility had completed the new warrant of fitness and was awaiting the new certificate.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed, interviews with maintenance personnel and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents are safe and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>Residents confirmed they know the processes they should follow if any repairs or maintenance is required, a maintenance request register is maintained (sighted). Residents spoken to confirm any requests are appropriately actioned and that they are happy with the environment.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p>	FA	<p>Policies and guidelines for emergency planning, preparation and response are displayed in the office and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being February 2019. The</p>

<p>Consumers receive an appropriate and timely response during emergency and security situations.</p>		<p>orientation programme includes fire and security training. Staff interviewed confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the number of residents. Water storage tanks are located around the complex, and there is a generator on site. Emergency lighting is regularly tested.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</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 is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. The infection prevention and control coordinator reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs.</p> <p>Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported to at staff and trustee meetings. Benchmarking has provided assurance that infection rates in the facility are below average for the sector.</p> <p>There is close liaison with the GP that advises and provides feedback/information to the service.</p> <p>There have been no outbreaks recorded since the last audit.</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>There are appropriate policies and procedures for the minimisation and use of restraints and enablers. The policy defines enabler use as voluntary. There is no reported restraint or enabler use. Staff interviewed demonstrated knowledge that an enabler is used at the voluntary request of the resident to maintain their independence or safety. Education on the management of behaviours of concern is provided as part of the in-service programme.</p>

## Specific results for criterion where corrective actions are required

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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.

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.