# Oceania Care Company Limited - Otumarama Home and Hospital

## Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health’s website by clicking [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Otumarama Home and Hospital

**Services audited:** Residential disability services - Intellectual; Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Residential disability services - Physical

**Dates of audit:** Start date: 16 July 2019 End date: 17 July 2019

**Proposed changes to current services (if any):** The reconfiguration and refurbishment of 11 dual purpose (hospital, rest home) service rooms, including 9 double and 2 single residential disability service (physical) beds, into 7 care suites/license to occupy rooms certified for dual purpose (hospital, rest home) services.

This reconfiguration will reduce overall bed numbers from 51 to 38.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 29

# Executive summary of the audit

## Introduction

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

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

## General overview of the audit

This partial provisional audit was undertaken to establish the level of preparedness to provide services in a reconfigured facility with a reduction in total beds from 51 to 38. This change consists of converting eleven rooms (nine double rooms and two single residential physical disability beds) into seven dual purpose occupational right agreement care suites. The care suites are fit for purpose.

The facility has enough available beds to accommodate all current residents. Residents have not been displaced throughout the reconfiguration. Occupancy on the day of the audit was 29.

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

The previous requirement relating to care planning has been implemented and there are no new requirements for improvement.

## Consumer rights

N/A

## Organisational management

The governing body responsible for the services provided at Otumarama Home and Hospital is Oceania Healthcare Limited. The scope, direction, goals, values and mission statement of the facility are documented. The business and care manager was on annual leave at the time of audit and the clinical manager, who is a registered nurse, was responsible for the overall management of the facility, with support from the regional and national managers when needed.

The staff files and training records reviewed confirmed policies and procedures are in place to guide and implement human resource management processes. Recruitment and employment practices are in line with legislative requirements. Registration with professional bodies is verified annually for all staff who require these. The training plan is implemented, and in-service education is provided for all staff, including mandatory training. Staff competency is routinely assessed. Orientation and induction occur at employment.

Staffing levels meet resident needs across the facility. Registered nurses are on duty 24 hours a day, 7 days a week and are supported by care and allied health staff. There are at least two staff on duty with a current first aid certificate at all times. Staffing numbers are unchanged. Staffing hours have been reduced as a result of the reduction in beds during the reconstruction and reconfiguration of rooms. Staff are available to increase hours as the seven care suites are occupied.

## Continuum of service delivery

Initial care plans, risk assessments, general practitioner and nurse practitioner instruction, specialist instruction and interRAI assessments inform the person-centred care plans for residents. The general practitioner or nurse practitioner completes the required medical assessments on admission and regularly thereafter. In all resident’s files reviewed evaluations were completed six-monthly, person-centred care plans were updated and relatives were notified regarding any changes in a resident’s health status.

There is an appropriate medication management system in place. Review of the electronic medication management system confirmed processes and practices are in line with the legislation and contractual requirements. Medications are administered by staff who are competent to do so. No changes in relation to the reconfiguration are required to the current treatment/medication rooms.

Meals are prepared on-site in a large commercial kitchen. The service has a current food control plan. The menu has been reviewed annually by the dietitian. The food service meets the nutritional needs of the residents with any special requirements catered for. Food is safely managed. The kitchen manager and their team are prepared for any future residents who will reside in the new care suites.

## Safe and appropriate environment

The service has a code of compliance certificate.

Policies and procedures are in place for cleaning and waste management. Staff receive training to ensure the safe handling of waste and hazardous substances.

The seven occupational right agreement care suites all have ensuites. The 31 other rooms which utilise communal shower and toilet facilities.

All residents’ rooms are spacious and allow for staff assistance, equipment and aids when required.

There are three lounges with three courtyards providing seating and shade. There is a monitored call bell system for residents to summon help, when needed.

There are appropriate sluice facilities, cleaning and safe storage of chemicals and equipment. Staff use protective equipment and clothing. Laundry services are undertaken off site. Cleaning and laundry services are monitored through the internal audit programme.

Security systems are in place to ensure resident safety. Six monthly trial evacuations are undertaken.

## Restraint minimisation and safe practice

N/A

## Infection prevention and control

There is an infection control programme that complies with current best practice. It’s content and detail are appropriate for the size, complexity and degree of risk associated with the service. There are adequate antibacterial gels and hand washing facilities for staff, visitors and residents. The clinical manager is the infection control nurse. The infection control programme is reviewed annually for its continuing effectiveness and appropriateness. Staff education in infection prevention and control is conducted according to the education and training programme and was recorded in staff files reviewed.

## 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 | 16 | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 36 | 0 | 0 | 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

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

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Otumarama Home and Hospital is part of the Oceania group with the executive management team providing support to the facility. The regional clinical and quality manager provided support during the onsite audit. The organisational values, goals and a mission statement are documented in the admission packs with service specific mission statements displayed in the facility. The interview with the clinical manager (CM) confirmed these values are communicated to residents, staff and family, and at resident and staff meetings. The service has a business and care manager (BCM) who is responsible for the overall management of the facility and at the time of the audit was on annual leave. The BCM is an registered nurse (RN) with a current practising certificate who has been in the position for two and a half years. The BCM has previous experience in aged care. The CM supports the BCM and was standing in for the BCM while they were away. The clinical care at the facility is overseen by the CM, who is a registered nurse (RN). The CM has been in this position for four years and previously worked in acute care. Otumarama is currently certified to provide aged related residential care rest home and hospital level care as well as residential physical and intellectual disability services. The facility holds additional contracts with the district health board (DHB) for residential non-aged care; age related residential respite and long-term support for chronic health conditions; and aged continuing and aged residential care. The residential non-aged care contract provides guidelines for the care of young people with physical and intellectual disabilities (YPD). There were 29 beds occupied at the time of the audit. Occupancy included 17 residents requiring rest home and 12 requiring hospital level care. Included in these numbers were five YPD residents, three residents receiving care at hospital level of care and two in the rest home. Of the five YPD residents there are two residents who have both physical and intellectual disabilities, one in the rest home and the other at hospital level of care. The other three YPD had physical disabilities, one rest home level care and two hospital level care. The facility has converted 11 rooms of which 9 were double rooms and 2 were single rooms, into 7 occupational right agreement (ORA) dual purpose care suites. One of the refurbished ORA dual-purpose care suites was occupied at the time of audit by a resident receiving rest home care. The resident had a signed ORA in place. All the other suites were vacant.Interviews with management and observation verified that the reconfiguration did not require a transition plan and will not impact on current residents. Key services such as food, activities and hospitality services have not required a change in capacity to meet the requirements of the Health and Disability Services Standards. With the reconfiguration, there are no changes in key personnel and review of rosters and interviews with management and staff confirmed there has been no restructure or need for employing more staff.  |
| Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.  | FA | There are appropriate systems in place to ensure the day-to-day operations of the service continues when either the BCM or the CM are absent. This was evidenced at the time of audit with the CM is standing in for the BCM who was away on annual leave. The regional clinical quality manager provides support to the facility management team.In the absence of the CM, a senior RN with the support and help of the regional clinical and quality manager, ensures continuity of clinical services. In the advent of a longer term of absence of either the BCM or the CM a temporary appointment may be sourced through Oceania. Support is also available from other Oceania facilities in the region. Oceania national support office provides additional assistance when needed. |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | FA | Human resource management policies and procedures are available and implemented guiding the human resources and staffing. The skills and knowledge required for each position is documented in job descriptions, with accountabilities, responsibilities and reporting lines clearly identified. Review of staff files evidenced; employment agreements, reference checks, police vetting, drug testing, and completed orientation and competencies. Current annual practising certificates were sighted for staff and allied health contractors that require them to practise. Staff appraisals reviewed were current.The organisation has a mandatory orientation, ongoing education and training programme. The annual training schedule is documented and available to staff. Staff are required to demonstrate competencies in emergency processes as well as clinical aspects of care. Health care assistants (HCA) confirmed their role in supporting and buddying new staff. Review of staff files and attendance records evidenced orientation and ongoing education, both mandatory and ad-hoc.Eight RNs, including the CM have completed interRAI assessment training and competencies. Annual clinical competencies completed by all staff, include hoist use; infection control; hand washing; wound management; medication management; and moving and handling. All staff have undertaken at least eight education and training hours per annum. Registered nurses are supported to attend external training as part of their professional development. |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The staffing policy forms the basis for workforce planning. Rosters are two weekly rollover rosters with evidence of skill mix, to provide the care required at this facility. The rosters reviewed confirmed staffing is appropriate to the needs of residents, including hospital or rest home residents who will reside in the care suites. Staffing levels are reviewed for anticipated workloads, identified numbers and appropriate skill mix, or as required due to changes in the services provided and the number of residents at that specific point in time. There are 50 staff, including the CM, administration staff, clinical staff, activities coordinator, maintenance and household staff. A review of rosters demonstrated that there is an RN on each shift. The BCM and CM are on call after hours, seven days a week.Resident needs are being met in a timely manner. Residents and family interviewed stated that staffing is adequate to meet the residents’ needs and staff confirmed that they have enough time to complete their scheduled tasks and resident cares. Management interviews and observation identified the existing nurses’ station will continue to be utilised and is located in close proximity to the new care suites. The ORA care suites are located within the existing building with 24-hour staffing. The resident who was receiving care in an ORA room, confirmed in interview they have their needs met.Due to current resident numbers, the BCM interviewed staff and there was agreement to reduce staff hours until occupancy numbers increase. Staff hours decreased approximately 1.48 hours per staff member, for those who agreed to do so. The reconfiguration of rooms to ORA dual purpose care suites does not require additional staff to be employed. Staffing numbers can accommodate fluctuating workloads and acuity of residents such as hospital level residents with the change in the number of dual-purpose beds at the facility.  |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | Oceania Healthcare Limited has policies and processes describing medication management that align with legislation and guidelines. Medications are checked against the resident’s medication profile on arrival from the pharmacy by an RN. Medicine reconciliation is completed by the GP on admission. All staff authorised to administer medicines had current competencies. Staff education in medicine management is provided.Review of the medication areas evidenced an appropriate and secure medicine dispensing system, free from heat, moisture and light, with medicines stored in original dispensed packs. The drug register is maintained and evidenced weekly checks and six-monthly physical stocktakes. An electronic medication management system is used at the facility and meets the current legislative requirements and safe practice guidelines. Electronic administration records are maintained, as are specimen signatures. The medication round was observed at lunch time and evidenced safe practice.The medication fridge is checked weekly and records evidenced temperatures within the recommended range. There a no vaccines stored on site.There were no standing orders or nurse-led orders in use at time of audit. There were three residents self-administering inhaler medicines at the time of audit. All three resident files reviewed evidenced current self-administration competencies completed. Observation and interviews with residents confirmed all self-administered medicines were stored safely and securely.The current implemented medication system is satisfactory to meet the needs of future residents in the new care suites. Interview with the CM and a tour of the new care suites confirmed the existing medication room will be utilised for the new suites. The existing medication room is located in close proximity to the new care suites.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | A full-time kitchen manager (KM) oversees food provision at Otumarama. The KM is supported by a part-time cook, three relief cooks and four part-time kitchen assistants across seven days. The service has a large commercial kitchen. There is a current four weekly seasonal menu reviewed by a dietitian at organisational level. Diets are modified as required. The kitchen can cater to specific requests if needed. The service encourages residents to express their likes and dislikes. The interview with the KM identified that the RN completes each resident’s nutritional profile on admission with the aid of the resident and family. The kitchen is notified daily of any changes. Meals are plated in the kitchen and delivered straight to the main dining room found adjacent to the kitchen or via hot box for residents who prefer to dine in their rooms. Residents requiring extra support to eat, and drink are assisted, as observed at lunch during the on-site audit.There is a current food control plan. The food verification completed on 13 June 2019 highlighted three corrective actions required relating to; recording end-cooked food temperatures consistently, cleaning under bench and staff wearing jewellery. Thermometers are calibrated. The three corrective actions obtained at the verification in June have now been implemented. The kitchen and the equipment meet food safety requirements. A kitchen manual is available in the kitchen. All staff working in the kitchen have completed food safety training. Food and fridge/freezer temperatures are checked and documented three times daily. Food in the chillers was observed to be covered and dated. Observation confirmed the kitchen was clean and all food is stored off the floor. A cleaning schedule is maintained. Chemicals are stored appropriately.Food audits are carried out as per the yearly audit schedule.The current food service is satisfactory to accommodate future residents in the new care suites. |
| Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | Registered nurses complete assessments and care plans which are reviewed by the CM. Initial care plans, interRAI assessments, any instruction by general practitioner (GP), nurse practitioner or specialists and evaluations inform the person centred care plans (PCCP). The five PCCPs reviewed were resident focused, integrated and promoted continuity of service delivery. The resident files reviewed had sections for the resident’s profile, details, observations, PCCP, monitoring and risk assessments. Goals set were realistic, achievable and clearly documented. Progress notes reviewed and handover observed confirmed continuity of service delivery.The area requiring improvement from the previous audit relating to PCCPs not consistently documenting the required support/interventions for specific health needs assessed, has been implemented. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | Policies and procedures provide guidelines for staff in the management of waste and hazardous substances. Policies and procedures specify labelling requirements in line with legislation, including the requirements for labels to be clear, legible and free from damage. The hazard register is available and current.Material safety data sheets are available and accessible for staff. Staff receive training and education in safe and appropriate handling of waste and hazardous substances such as the use of chemicals. There is the provision and availability of personal protective clothing and equipment. During a tour of the facility, use of protective clothing and equipment was observed where required. |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | FA | A current building warrant of fitness was displayed in the entrance to the facility. The facility is in the process of reconfiguration for 11 rooms, of which 9 were double rooms and 2 single disability rooms, into 7 ORA dual purpose care suites. Visual inspection confirmed that all rooms in the facility are appropriate for dual purpose use, including the seven new care suites.The service currently has a code of compliance dated 2 May 2019. The service provides mobility access throughout the facility, meeting requirements of residents including YPD. There are areas throughout the facility for residents and their visitors to meet, including YPD residents. There are three external courtyards and garden areas with seating and shade. Corridors are wide, providing space for residents, including resident using wheelchairs, to safely pass each another. The service has an annual test and tag programme, and this is up to date, with checking and calibrating of clinical equipment annually. Interviews with staff and observation of the facility confirmed there is adequate equipment. The YPD residents interviewed by the consumer auditor confirmed having equipment that meets their needs.Hot water temperatures are monitored monthly and were noted to be maintained within recommended temperature ranges. |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | All seven new ORA dual purpose care suites have ensuite bathrooms including toilets and showers. There are accessible toilets provided close to the communal areas and to the 31 residents who do not have access to ensuite facilities. Separate toilets are provided for visitors and staff. All the toilets have a system that indicates if it is engaged or vacant. Bathroom and showering facilities are provided throughout the facility and are accessible. Residents were observed being supported to access communal toilets and showers in a manner that was respectful and preserved resident dignity. |
| Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.  | FA | Residents have their own room of sufficient size to allow safe mobilisation around their personal space and bed area, with mobility aids and assistance. All resident bedrooms at Otumarama are spacious to allow for dual purpose care, including the seven new ORA care suites. Resident interviews confirmed there is enough space to accommodate furniture; equipment and staff as required. Residents and their families confirmed they are encouraged to personalise their rooms.There are designated areas to store equipment such as mobility aids, wheelchairs and walking frames safely and tidily. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The facility has three lounge areas and one large dining room. There are additional areas where residents and their family/friends, including YPDs, can meet privately if required.The lounge areas can be used for activities. Residents are encouraged to have meals in communal dining rooms and can choose to have their meals in their room if they wish. Interviews confirmed this include residents in the ORA dual purpose care suites. |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | All laundry is completed off-site. Processes are in place for daily collection, transportation and delivery of linen and residents’ personal clothing. The effectiveness of the cleaning and laundry services is audited as part of the internal audit programme. There are cleaners on site during the day, seven days a week. The cleaners have a trolley for storing chemicals in and are aware that the trolley must be with them at all times. The cleaner has specific guidelines, in the form of a flip-chart, to ensure appropriate cleaning processes. There are safe and secure storage areas for chemicals and cleaning products. Chemicals are labelled and stored safely within these areas. Sluice rooms are available for the disposal of soiled water/waste. Hand washing facilities are available throughout the facility. Residents and families stated they were satisfied with the cleaning service. |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | FA | The service has documented systems in place for essential, emergency and security services. Registered nurses, HCAs, the activities coordinator and the van driver are required to complete first aid training. There are at least two designated staff members on each shift with appropriate first aid training. Emergency and security management education is provided at orientation and at the in-service education programme. Staff records sampled provided evidence of current training regarding fire, emergency and security education. A New Zealand Fire Service letter was sighted advising the fire evacuation scheme has been approved and includes the reconfigured rooms. Interviews and documentation confirmed that fire drills are conducted at least six-monthly. The RNs on duty are the nominated fire wardens for the facility. Information in relation to emergency and security situations is readily available/displayed for staff and residents. Emergency equipment is accessible, current and stored appropriately with evidence of emergency lighting, torches, gas and barbeque for cooking, extra food supplies, emergency water and blankets. The services’ emergency plan considers the needs of YPD in an emergency.There is a new call bell system to summon assistance in all resident rooms, including the new ORA dual purpose care suites, toilets and communal areas. The call bell system alerts staff using a pager. There is an escalation system to alert management when call bells are not answered within a certain timeframe. Call bells are checked monthly by the maintenance person. Observation on the days of the audit and resident and family interviews confirmed that call bells are answered promptly. There are documented visitors' policy and guidelines available to ensure resident safety and well-being is not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors’ registers.Security includes a system to ensure all entrances are locked after dark. Staff complete security checks. Families and residents, including YPDs, know the process of alerting staff when in need of access to the facility after hours. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | Policies and procedures are in place to ensure the service is responsive to resident feedback in relation to heating and ventilation, wherever practicable. Residents are provided with adequate natural light, safe ventilation and heating. The seven new ORA dual purpose care suites all have heat pumps. All the other resident rooms have wall-mounted panel heaters. There is also a heat pump in one of the lounges. Families and residents confirmed that rooms are maintained at an appropriate temperature. Interviews with the maintenance person confirmed environmental temperatures are monitored.There are designated smoking areas for the staff and residents. |
| Standard 3.1: Infection control managementThere is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.  | FA | There is an implemented infection control programme in place at Otumarama. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. The CM is the designated infection control nurse. There is a signed job description in place. The infection control committee has representatives in each department. Interview with the CM confirmed this group meets monthly and infection control matters are discussed at the facility monthly quality meetings with all staff. Minutes are available for staff. The infection control programme is reviewed annually at organisational level. Infection control education is provided for all new staff in orientation, at annual study days and ad-hoc. There are adequate antibacterial gels and hand washing facilities for staff, visitors and residents. Infection control spot audits are conducted and include hand hygiene and infection control practices. The current infection control programme is suitable to meet the needs of future residents for the new care suites. |

# 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.

|  |
| --- |
| No data to display |

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

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

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

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

|  |
| --- |
| No data to display |

End of the report.