

Remuera Rise Limited - Remuera Rise

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:	Remuera Rise Limited
Premises audited:	Remuera Rise
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 September 2019 End date: 26 September 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:	12

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
Yellow	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
Red	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

Remuera Rise is owned by Remuera Rise Limited. Remuera Rise provides rest home and hospital level care for up to 12 residents. There are 12 hospital level residents receiving care at the time of this audit. The village manager oversees the care home with an acting clinical manager managing the care on a day to day basis.

This surveillance audit was conducted against the Health and Disability Services Standards and the provider's contract with the district health board. The audit process included the review of policies and procedures, a review of residents' and staff records, observations and interviews with residents, family members, the village manager, the acting clinical manager and the general practitioner. Feedback from residents and families was positive about the care and services provided.

The one area requiring improvement from the previous audit has been addressed and is now fully attained. There were no new areas identified for improvement from this 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.	Green	Standards applicable to this service fully attained.
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The service demonstrates residents' rights to full and frank information, and open disclosure principles are met. Independent interpreter services are accessible if and when required. Staff interviewed ensure good lines of communication are maintained with residents.

Complaints management is well documented. All processes are undertaken to meet standard requirements. There were no open complaints or external complaints at the time of the audit.

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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The organisation's philosophy statement was identified in the business and quality and risk management plan for 2019. The village manager oversees the care home. Strategies and service planning covers business strategies for all aspects of service delivery to meet residents' needs and to meet good practice standards.

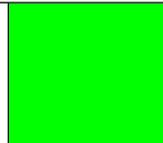
Policies are developed and reviewed by an external consultant. The quality and risk system and processes support effective, timely service delivery. The quality management system includes an internal audit programme, compliments, complaints management, incident/accident reporting, hazard identification, resident satisfaction surveys and restraint and infection control data collection. Quality and risk management activities and results are shared with the village manager, staff residents and families as appropriate. Corrective action planning is documented when issues and/or improvements are required.

New staff have orientation. Staff participate in relevant ongoing education. Applicable staff and contractors maintain current annual practising certificates. Residents and families confirmed during interview that all their needs and wants were met.

The service has a documented rationale for staffing. Staffing numbers including registered nurse hours align with contractual requirements.

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 multidisciplinary team including a registered nurse and general practitioner assess residents on admission. Care plans are individualised based on a comprehensive range of information and accommodate any new problems that might arise. Records reviewed demonstrated that the care provided and needs of residents are reviewed and evaluated on a regular basis. Residents are referred or transferred to other health services as required.

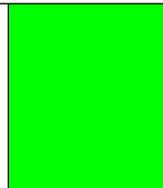
The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community.

Medicines are safely managed and administered by staff who are competent to do so.

The food service meets the nutritional needs of the residents with any special needs catered for. Food is safely managed. Residents verified 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.

The facility has a current building warrant of fitness which is displayed in the entrance to the village and care home.

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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The organisation has implemented policies and procedures that support the minimisation of restraint. No enablers and no restraints were in use at the time of the audit. 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

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 specific surveillance is undertaken, analysed and results reported and communicated to staff meetings. Follow-up action is taken 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	16	0	0	0	0	0
Criteria	0	39	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](#).

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 requirement of Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code). The information is provided to residents and family members on admission and there is complaints information and forms available in several areas of the facility.</p> <p>The complaints register reviewed showed two minor complaints had been received since the previous audit and that actions were taken through to an agreed solution. The documentation was followed through and all was completed within the timeframes specified in the Code. Action plans reviewed showed any required follow-up and improvements have been made where possible.</p> <p>The clinical 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 from external agencies received since the previous audit.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with</p>	FA	<p>Residents and family members stated they were kept well informed about any changes to their relative's health status and were advised in a timely manner about any incidents or accidents and/or 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. The open disclosure policy was reviewed on the 1 September 2019.</p>

<p>consumers and provide an environment conducive to effective communication.</p>		<p>Staff know how to access an interpreter although reported this was rarely required due to most residents being able to communicate effectively in English. There are communication strategies in place for residents with cognitive impairment or who have non-verbal means of communication.</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 Remuera Rise Business Plan for 2019 was reviewed. The plan clearly outlines the purpose, values, scope, direction and goals of the organisation for the year. The philosophy of care for the organisation is documented in the plan. A sample of reports and minutes of meetings received by the village manager showed that information was being reported as requested and was followed up at the manager's quality and staff meetings. The strengths, weaknesses, opportunities and threats are clearly documented.</p> <p>The service is managed by a clinical manager who will be leaving this role at the end of October 2019. A senior registered nurse has been appointed as the acting clinical manager and will officially take over the role when the clinical manager has left. The village manager interviewed is fully aware that HealthCERT will need to be informed when the change officially occurs. Responsibilities and accountabilities are defined in a job description and the individual employment agreement. The village manager oversees the care facility and confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency by attending related business courses. The senior RN/acting clinical manager is experienced in the aged care sector.</p> <p>The service holds rest home, respite and hospital (geriatric and medical) contracts with the Auckland District Health Board (ADHB) for up to 12 residents. On the day of the audit there were 12 hospital level care residents. There were no rest home level care or respite residents.</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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous improvement and is understood by the staff. This includes the management of incidents and complaints, audit activities, an annual resident/family survey, monitoring of outcomes, clinical incidents including restraint minimisation and safe practice. Infection control and health and safety are closely linked with the quality and risk programme. The administrator for the organisation is the health and safety representative and the senior RN/acting clinical manager is the infection control coordinator.</p> <p>Terms of reference and meeting minutes reviewed confirmed more than adequate reporting systems and discussion occurs on quality matters. Head of department (HOD) meetings occur weekly. Care home staff meet two monthly, health and safety quarterly, residents quarterly (plus an annual general meeting (AGM) is held in September) nursing staff fortnightly, clinical manager and food service manager fortnightly and the clinical manager and activities fortnightly. Minutes of meetings were sighted. Meetings have set agendas and provided evidence that all clinical indicators are discussed. Relevant corrective actions are developed and implemented to address any shortfall and demonstrated a continuous process of quality improvement is occurring. Staff interviewed reported</p>

		<p>their involvement in quality and risk management activities through the internal audit activities that they are involved with each month or as required.</p> <p>Remuera Rise Limited has reviewed and implemented all required policies and procedures. There is a registered care management consultant who is contracted and responsible for the quality management and assists with regular review of the organisation's processes in accordance with industry evidenced based practice. Any obsolete documents are stored on-site appropriately in a locked archive room. An archive system is currently being reviewed and records can be retrieved as needed.</p> <p>The village manager understood and provided evidence of the hazard register which is maintained and showed consistent review and updating of any risks, risk plans and addition of any new risks identified. The hazard register was reviewed in April 2019 and this will be reviewed again in March 2020. The hazard and risk register is maintained electronically. The health and safety representative understood the requirements of the Health and Safety at Work Act (2015) and has implemented the 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>	<p>FA</p>	<p>Staff document adverse events and near miss events on an accident/incident form. A sample of incident forms reviewed showed these were fully completed, incidents were investigated, action plans were developed, and actions were followed-up in a timely manner. Adverse event data is collated (adverse events log is maintained) analysed and reported to the village manager/staff. Meeting minutes showed discussion in relation to outcomes of any trends identified, action plans and improvements made. Comparisons with previous months and the previous year are used to identify any improvement. An auditable record was reviewed. This was an area of improvement from the previous audit which has been addressed. Graphs are developed to show comparisons from the previous year, events by type, events per day of the week and events per hour of the day. Infections are monitored in this way as well such as infections by type and infections per day of the week and graphs are used to highlight this.</p> <p>Policy and procedures clearly described essential notification reporting requirements. The village manager who assisted with the audit process stated that no Section 31 forms have been completed since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are</p>	<p>FA</p>	<p>Policies and procedures reviewed are in line with good employment practice and relevant legislation. The policies guide staff on all aspects of human resources management and processes. Position descriptions were current and defined key tasks and accountabilities for the various roles. The recruitment process includes reference checks, police vetting and validation for qualifications and practising certificates (APCs) where applicable and required. A sample of staff records reviewed confirmed the organisation policies are being consistently implemented and records are systematically maintained.</p>

<p>conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>Staff employee orientation handbook for general staff was reviewed and includes all necessary components relevant to each role. Staff reported that the orientation process prepared them well for their roles and included support from a 'buddy' through the initial orientation period. Staff records reviewed showed documentation of completed orientation and an annual appraisal system was set up by management. Staff were able to discuss their educational needs when their individual appraisal was completed.</p> <p>Ongoing education is planned two yearly for contractual obligations and annually for other topics. All mandatory training is included. All five healthcare assistants (HCAs) have completed level four of a New Zealand Qualifications Authority education programme to meet the requirements for the provider's agreement with the DHB. The activities coordinator was a registered nurse (without an APC) and a senior HCA prior to taking on the role of activities coordinator but has not completed Level 4 (diversional therapy) training (refer to 1.3.7).</p> <p>An orientation pack is available for when the service uses bureau staff. The service arranges with the bureau to have the same staff back when possible as they are familiar with the routines and the residents and this system works well. Currently two of four registered nurses, one of whom is the acting clinical manager, are interRAI competent. One registered nurse is enrolled to commence the interRAI training during the first week of October 2019. A further RN has recently been employed who will commence beginning of November who is already interRAI trained.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a policy on staffing levels and skill mix which describes the rationale for staffing this facility to provide safe service delivery. The facility adjusts staffing levels to meet the changing needs of residents. The minimum number is on the nightshift with one registered nurse and one healthcare assistant. The clinical manager is on call seven days a week. Staff reported access to advice is available when needed. Healthcare assistants interviewed stated that adequate staff were available and that they were able to complete the work allocated to them. This was further supported by residents and family interviewed. Observations and review of a six week roster cycle sample during the audit confirmed adequate cover has been provided. The clinical manager is able to increase staffing if the acuity of residents changes. Currently all 12 residents are hospital level care. There are seven RNs on the 'casual list' and two HCAs if needed. The service employs bureau staff if and when required. There is always a staff member on duty with a current first aid certificate.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner</p>	<p>FA</p>	<p>The medication management policy is 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 the 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 or check medicines are competent to perform the</p>

<p>that complies with current legislative requirements and safe practice guidelines.</p>		<p>function they manage.</p> <p>Medications are supplied fortnightly to the facility in a pre-packaged format from the contracted pharmacy. An RN checks the medications against the prescription on arrival. All medications sighted were within current use by dates. A small amount of impress medicines is available on site for hospital level care residents. All residents currently are hospital level care.</p> <p>Controlled drugs are stored securely and checks occur weekly by two staff for accuracy and balances. The controlled drug register is maintained. The contracted pharmacist completes a medication audit six monthly.</p> <p>The records of temperatures for the medicine fridge were reviewed within the normal range.</p> <p>Good prescribing practices noted included the dates recorded when medications are discontinued and the requirements for pro re nata (PRN) medicines were met for all 12 residents' medication records reviewed. The required three monthly GP medication review was consistently recorded on the electronic medication records reviewed.</p> <p>No residents were self-administering medications at the time of audit. Processes are in place should this occur.</p> <p>Documentation identified that residents and family members are informed of proposed or actual changes in medicines including the commencement of short course treatment for infections or other issues.</p> <p>There is an implemented process for reporting and analysis of any medication errors.</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 provided on site by a chef and kitchen assistants. The four weekly menu plans were sighted and menus are in line with recognised nutritional guidelines for older people. The food is delivered to the main dining room from the kitchen and served to the residents. The menu is discussed daily with the clinical manager in case any changes need to be made due to acuity of residents or any other changes in health status of individual residents.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service has recently been audited for the food control plan on the 15 August 2019 and the verification letter was available and reviewed. The service is awaiting the actual certificate to display. Food temperatures, including high risk items are monitored appropriately and recorded as part of the daily foodservices duties. The chef and kitchen assistants have completed relevant food handling training.</p> <p>A nutritional assessment is undertaken for each resident on admission to this facility and a dietary profile is developed. The personal preferences or any special diets or modified textures are recorded. These profiles are provided to the chef and accommodated in the daily menu planning. The plans are revisited as the care needs of the residents' change. A master list of all residents' food preferences (including dislikes) and dietary needs is displayed in the kitchen/café.</p>

		<p>Any nutritional supplements are recorded on the medicine records and signed when given</p> <p>Residents were observed being assisted by staff with their meals and beverages as required in an unhurried and respectful manner.</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 was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The GP interviewed verified that medical input is sought in a timely manner, that medical orders are followed, and that communication and care provided is 'excellent'. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and clinical resources was available for service provision.</p> <p>A physiotherapist visits regularly and is involved with developing rehabilitation plans for applicable residents.</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>An activities coordinator works three hours a day Monday to Friday and has worked permanently in this role for two years. Resources are provided for the weekends and care staff are able to provide some planned activities for residents over this time. The activities coordinator meets with other diversional therapists and coordinators in the region on a regular basis.</p> <p>A social assessment and history is 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 individually and as a group. The resident's activity needs are evaluated monthly and as part of the formal six-monthly care plan review. Records of participation are maintained daily.</p> <p>The activities provided reflected residents' goals, ordinary patterns of life and included normal community activities. Individual and group activities and regular events are offered. Residents and family are involved in evaluating and improving the programme through residents' meetings and day to day discussions. Village residents are invited to join in some of the activities if they wish. Residents interviewed confirmed they find the programme interactive and stimulating. Participation is voluntary. Activities included art work, craft, exercises, board games, quizzes, pet visits and music. 'Happy hour' occurs weekly and special days and birthdays are celebrated. Church services are held on site. The activities programme is displayed, and a copy is provided to all residents. Staff assisted residents to attend activities as necessary. All residents and family members interviewed were satisfied with the activities available.</p>
<p>Standard 1.3.8: Evaluation</p>	FA	<p>Residents' care is evaluated on each shift and reported in the progress notes. If a HCA notes any changes in a resident's condition it is reported to the RN.</p>

<p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>		<p>Formal care plan evaluations occur six monthly in conjunction with the six monthly interRAI re-assessments or as the needs of a resident change. Where progress is different from expected the service responds by initiating changes to the plan of care. Examples of short term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for infections, exacerbation of respiratory function, episodes of pain, weight loss, skin tears, or wounds. Neurological assessments are undertaken for at least 12 hours for residents following unwitnessed falls or where an injury to the head may have occurred. Bowel charts and fluid balance charts are maintained where indicated. When necessary and for unresolved problems, long term care plans are added to or updated. Resident and families 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 expires 31 July 2020. The building warrant of fitness is displayed in the entrance to the village and care home. There have been no changes to the physical environment and facility since the previous audit.</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 urinary tract infections, respiratory tract infection, skin, wound, eye, gastro-enteritis and other infections. The infection prevention and control (IPC) coordinator is the acting clinical manager who reviews all reported infections. The infection control nurse on duty is responsible for documenting the infections as they occur in the infections log maintained electronically. New infections and any required management is discussed at handover between the shifts to ensure early and appropriate interventions occurs. Short term care plans are developed and evaluated regularly until the infection has resolved.</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. The graphs are provided for staff to view. Comparisons with the previous year are available.</p> <p>No outbreaks of infection have occurred since the previous audit.</p>
<p>Standard 2.1.1: Restraint</p>	<p>FA</p>	<p>Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provided guidance on the safe use of both restraints and enablers. The restraint coordinator, a registered nurse,</p>

<p>minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>		<p>provides support and oversight for enabler and restraint management in the facility. The coordinator demonstrated a sound knowledge of the organisation's policies and procedures and responsibilities are known and understood for this role.</p> <p>On the day of audit, no enablers and no restraints were in use.</p> <p>Restraint is used as a last resort when all alternatives have been explored. The staff interviewed understood that an enabler is to be the least restrictive option and used voluntarily at the resident's request.</p>
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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.

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, 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.