

Burlington Village Limited - Burlington Village

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

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

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

The specifics of this audit included:

Legal entity: Burlington Village Limited

Premises audited: Burlington Village

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 8 May 2020 End date: 8 May 2020

Proposed changes to current services (if any): Virtual Partial Provisional audit in respect of adding dementia level care to their current certification. The service has built a new secure 20 bed dementia wing adjacent to the current care centre. This will increase overall bed numbers to 84.

Total beds occupied across all premises included in the audit on the first day of the audit: 58



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

Burlington Village opened in April 2019 currently provides rest home and hospital level care for up to 64 residents. On the day of audit there were 58 residents.

A virtual partial provisional audit was completed in respect of adding dementia level care to their current certification. The service has built a new secure 20 bed dementia unit (Lakehouse) adjacent to the current care centre. The Lakehouse is connected to the current care centre by a covered walkway. This will increase overall bed numbers to 84. This audit was completed remotely with a live-streamed video tour of the environment, review of documentation and interview with the manager.

There is an experienced facility nurse manager. She is supported by a clinical nurse manager. A full-time registered nurse has been employed to oversee the dementia unit.

The audit identified the building (Lakehouse), staff roster, equipment requirements, established systems and processes are appropriate for providing dementia level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the facility. The building is fully completed and ready for handover 15 May 2020.

Consumer rights

[Click here to enter text](#)

Organisational management

There is a current quality plan and transition plan around the increase in bed numbers. The clinical manager oversees the service in the absence of the facility manager.

There are human resources policies including recruitment, selection, orientation and staff training and development. The service has in place an orientation programme that provides new staff with relevant information for safe work practice. An annual education schedule is being implemented and includes all required topics. Healthcare assistants are supported to complete the required dementia unit standards. A draft roster provides sufficient and appropriate coverage for the effective delivery of care and support and can be adjusted to support acuity level.

Continuum of service delivery

Medication policies reflect legislative requirements and guidelines. The service utilises an electronic medication system. There is a secure nurse's station. Registered nurses and senior healthcare assistants responsible for administration of medicines complete education and medication competencies.

All meals and baking are prepared and cooked on site. Food is to be transported in hot boxes from the main kitchen to the dementia unit kitchenette. Residents' food preferences and dietary requirements are identified at admission. Special dietary requirements and dislikes are accommodated.

A diversional therapist will oversee the activities in the dementia unit. The programme will be across seven days and include community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural and cognitive abilities and resident preferences.

Safe and appropriate environment

There is a code of compliance certificate dated 27.3.20 for the new dementia unit. There is a full-time maintenance person. All new equipment has been ordered for the dementia unit. The dementia unit is connected to the care centre by a covered external walkway. There is a visitor entrance into a secure foyer with keypad entrance. The dementia unit has a centrally located lounge/dining room with kitchenette. The communal area is spacious and allows for groups or individual activities. There are two wings off the communal area, each with 10 rooms in each. Rooms are personalised and all have ensembles.

There is a large secure garden area off the lounge with paths, seating and gardens with a high fence. All resident rooms have sliding doors leading out onto either a path that leads around to the garden area or sliding doors that open directly to the garden area.

Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Emergency systems are in place in the event of a fire or natural disaster. There is always a staff member on duty with a current first aid certificate. There is an approved fire evacuation scheme.

There is a nurse call bell system available in each resident room that links to staff phones. The dementia unit is secure with a double door foyer entrance. There is underfloor or overhead heating and heat pumps throughout the unit.

Restraint minimisation and safe practice

Restraint minimisation and safe practice policies and procedures are in place. Staff receives training in restraint minimisation and challenging behaviour management. On the day of audit, the service had no residents using restraint and 15 residents in the care centre using enablers.

Infection prevention and control

The infection control coordinator (IC) is the clinical nurse manager with a defined job description that outlines the role and responsibilities. The infection control team which includes representatives from each area of the service meet three monthly. The IC programme is appropriate for the size and complexity of the service. The programme was developed was last reviewed April 2020. Meeting minutes are available to all staff and infection control is an agenda topic at monthly quality/staff meetings. There are adequate hand sanitisers placed throughout the facility. Procedures have been implemented around preventing a Covid-19 outbreak.

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	17	0	0	0	0	0
Criteria	0	37	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 1.2.1: 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>Burlington Village provides rest home and hospital (medical and geriatric) level care for up to 64 residents. All rooms have been approved as dual purpose. Sixteen of the rooms are occupied LTO units. One wing of 14 is certified as suitable to be used as double rooms for couples. However, the service advised they will only have four couples at one given time.</p> <p>On the day of audit, there were 58 residents. Thirty-one rest home residents and 27 hospital level residents including three YPD. other residents were under the ARC contract.</p> <p>This virtual partial provisional audit was completed in respect of verifying a new purpose build 20-bed secure dementia (The lakehouse). This audit was completed remotely with a live-streamed video tour of the environment, review of documentation and interview with the manager. This audit verified The lakehouse as suitable to provide dementia level care.</p> <p>The lakehouse is fully completed and connects to the current care centre by a covered walkway. Handover is scheduled 15.5.20 with admission's planned for 25.5.20. There is a documented transition plan. There are currently three residents in Burlington Care Centre assessed as requiring dementia level care and will be</p>

		<p>signed off when a transfer date is confirmed. There are six other residents on a waiting list for admission as soon as possible. The service plans to admit up to five residents only per week.</p> <p>Burlington Village is governed by a board of five directors who have experience in owning and building aged care facilities and villages since 1993. Burlington Village has set a number of quality goals. The quality goals link to the organisation's 2020-2021 business plan and includes providing dementia level care.</p> <p>There is a documented Quality Assurance and Risk Management programme that is implemented and monitored through the monthly quality meetings.</p> <p>The facility nurse manager (registered nurse) has been employed with the company since November 2018. She has a background in management of age care facilities, and small business management.</p> <p>A clinical nurse manager has been in her role since March 2019. A full-time registered nurse has been employed for the dementia unit and has aged care experience including working in a dementia unit.</p> <p>The management team have completed over eight hours annually of managing a hospital and rest home.</p>
<p>Standard 1.2.2: Service Management</p> <p>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.</p>	FA	<p>The clinical nurse manager takes on the managers role in the temporary absence of the facility nurse manager.</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>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. A register of completed staff orientations, 3-month reviews and annual appraisals were sighted. Current practising certificates is maintained.</p> <p>A register of staff competencies was sighted and up to date. The competencies included interRAI, first aid, manual handling, hoist, restraint/enabler, medication, hand hygiene, and syringe driver.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when</p>

		<p>first employed. A week's orientation has been planned for staff in the dementia unit 18/5/20 prior to admitting residents. The weeks orientation is specific to the unit including (but not limited to) managing behaviours, and learning the electronic system and security system. The service has enough employed staff to cover the initial roster of the dementia unit. Advised they will be interviewing for more staff in June. The HCAs commencing in the dementia unit have either completed the dementia standards, Walking in your shoes training or the Tasmania dementia training. Advised that all HCAs that do not have the Careerforce standards will be supported by the Senior RN/CareerForce trainer to complete these.</p> <p>There is an annual education and training schedule being implemented. This includes compulsory inhouse training which includes visiting speakers/trainers. The healthcare assistants are encouraged to undertake aged care education (Careerforce). Currently there are 11 healthcare assistants with level 4 NZQA and 10 with level 3 NZQA.</p> <p>There are 10 RNs employed and eight are interRAI trained. The service has employed a RN to oversee the dementia unit. The RN has previously worked in dementia units and is interRAI trained.</p> <p>The service has employed a FTE Diversional Therapist to provide activities in the dementia unit. The service is planning on activities across 7 days.</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 are policies and procedures to ensure staffing ratios are within guidelines. The registered nurses all have current first aid certificates.</p> <p>There are currently 31 rest home residents and 27 hospital level residents.</p> <p>The facility nurse manager and the clinical nurse manager are available Monday to Friday each week and share on call. In the current care centre, they are supported by two registered nurses on the morning and afternoon shifts and one registered nurse on night shift.</p> <p>There is a draft roster for the dementia unit. The roster allows for increase in staff as resident numbers increase, the assessed level of residents and the acuity of residents.</p> <p>Initial dementia unit draft roster:</p> <p>One RN 0800- 1630 Mon- Fri.</p>

		<p>Two healthcare assistants (HCAs) on morning shift (0700 – 1500 and 0700 – 1330) and two HCAs on afternoon shift (1500 – 2300 and 1500 – 2130) and one HCA at night (2300 – 0715). As resident numbers increase to 10 residents a further HCA is scheduled per shift.</p> <p>There is one DT rostered Mon- Fri 0800 – 1630. A further activity co-ordinator will cover the weekend.</p> <p>One laundry/cleaner has been rostered Mon – Thurs 0800 – 1600.</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>Policies and procedures are in place for safe medicine management. Medication in the dementia unit will be secured in a locked trolley in the secure nurse's station. The dementia unit staff who will administer medications (registered nurse, and medication competent healthcare assistants) have been assessed for competency and have attended medication education around medimap. Registered nurses at Burlington have completed syringe driver training. Advised that all medication sachets will be checked on delivery against the electronic medication charts as per their current process. There will be no resident's self-administering medication in the dementia unit.</p> <p>There is a medication fridge in the nurse's station and temperatures of the fridge and the room will be monitored daily.</p> <p>There is a general practitioner (GP) and nurse practitioner that will provide medical services to residents (as per the current arrangement in the care centre). The nurse practitioner visits once a week and completes three-monthly reviews, admissions and sees all residents of concern. Pharmacy will be supply by Woodham Road as per the care centre.</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 services are overseen by a chef and there are two kitchen hands on a morning shift and afternoon shift. All completed a variety of food safety training. The main kitchen is in the care centre. There is a current Food Control Plan in place which expires June 2020. The menu has been approved and reviewed by a registered dietitian.</p> <p>The chef receives resident dietary profiles and notified of any dietary changes for residents. The residents have a nutritional profile developed on admission, which</p>

		<p>identifies dietary requirements and likes and dislikes.</p> <p>Freezer, fridge and end-cooked, reheating (as required), cooling and serving temperatures are taken and recorded daily. Food is probed for temperature and transferred to the hot box and will be transferred to the dementia unit kitchenette for serving.</p> <p>Special equipment such as 'lipped plates' and built-up spoons are available as needs required. Snacks will be available 24/7 in the dementia unit with daily plated sandwiches to be kept in the dementia unit fridge. Breakfast will be made in the dementia unit kitchenette. All alliances in the dementia unit such as boiling water system has safety locks.</p> <p>Since the previous audit the service has recorded temperatures before serving to ensure meals are not cold. A further food survey was completed April 2020 and a second dinner-time meal option is currently being explored.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>There is one Diversional Therapist rostered Mon- Fri 0800 – 1630 in the dementia unit. A further activity co-ordinator will cover the weekend. Advised that a copy of the programme which has the daily activities will be displayed and includes individual and group activities. Activities will also be designed around daily routines which may include chores and baking.</p> <p>A resident activity assessment is completed soon after admission. The DT will be involved in the six-monthly review of resident's care plan with the RN. One-on-one activities includes walks, hand massage nail manicure, playing music or singing, and conversation. Group activities include daily exercise groups, music, newspaper reading, board games, quizzes and activities, entertainers, outings, movies, and community visitors include church services, canine friends, and entertainers.</p> <p>The service has a van for outings into the community.</p> <p>The service receives feedback and suggestions for the programme through resident/relative meetings, one-to-one interactions and surveys. The last survey was completed November 2019.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p>	<p>FA</p>	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as</p>

<p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>		<p>part of the annual training plan. There is a waste disposal policy and a disinfection and sterilisation policy.</p> <p>There is a combined sluice and laundry room in the dementia unit that includes a sanitiser. The room is secure. Material safety datasheets are available in the combined sluice/laundry. Personal protective equipment including gloves, aprons and goggles are available for staff. The sluice/laundry is secure with a keypad. There is a locked cleaner's cupboard. Infection control policies state specific tasks and duties for which protective equipment is to be worn.</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>There is a code of compliance certificate dated 27.3.20 for the new dementia unit. There is a full-time maintenance person. Reactive and preventative maintenance is in place. The planned maintenance schedule includes (but not limited to) resident equipment checks, calibrations of weigh scales and clinical equipment and testing and tagging of electrical equipment. Hot water tests have been completed in the dementia unit and are below 45 degrees Celsius. Essential contractors/tradespeople are available 24 hours as required.</p> <p>All new equipment has been ordered for the dementia unit. This includes (but not limited to) CD safe, medication trolley, scales, other trolleys, medical equipment (BP, thermometer etc) plus linen and kitchen items.</p> <p>The dementia unit is connected to the care centre by a covered external walkway. There is a visitor entrance into a secure foyer with keypad entrance. There is a visitor's toilet and meeting room off the foyer. The dementia unit has a centrally located lounge/dining room with kitchenette. The communal area is spacious and allows for groups or individual activities. There is a secure nurse's station off the communal lounge with a safety glass door that continues to allow supervision of residents in the lounge when staff are in the nurse's station. There are two wings off the communal area, each with 10 rooms in each. The corridors are wide and promote safe mobility with the use of mobility aids. Coloured doors are used to assist residents find their rooms. There is increased lighting in hallways and communal areas. There is safe access to all communal areas. Residents are able to bring their own possessions into the home and are able to adorn their room as desired.</p> <p>There is a large secure garden area off the lounge with paths, seating and gardens with a high fence. All resident rooms have sliding doors leading out onto either a path that leads around to the garden area or sliding doors that open directly to the</p>

		garden area.
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers 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.</p>	FA	Each resident room has a spacious ensuite with shower. All ensuites throughout the dementia unit allows for the use of mobility equipment. There is a visitor toilet in the foyer area outside the secure unit. The use of different coloured toilet seats and door handles makes an easier contrast for residents with dementia.
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	Residents rooms in the dementia units are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents can personalise their rooms and the room are large enough for family and friends to socialise with the resident. One wing of 10 rooms are larger rooms/units and include a separate sitting room, separate bedroom and ensuite (advised these rooms may also have LTO agreements attached) . The other wing of 10 rooms are a spacious sized bedroom with ensuite.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	There is a large centralised combined communal lounge and dining room. The dining area is lino and the lounge area is carpeted. There are large sunrooms at the end of both wings. These sunrooms allow access to pathways and garden areas which circle around the doors off the communal lounge. There are other meeting rooms available for whānau/family meetings. There is safe access to gardens.
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	A cleaner has been employed specifically for the dementia unit. There are laundry and cleaning policies and procedures. The main laundry is outsourced to their sister village. There is a small laundry for personals off the dementia unit. There is also a separate clean laundry/folding room next door to the laundry for folding and storage of clean linen. The laundry room is combined as a sluice/laundry. The room is key padded. There is a dirty to clean flow. There are also external doors from the dementia laundry room to transport the clean and dirty linen that is being outsourced. There is a secure cleaner's cupboard. There is an internal audit around laundry services and environmental cleaning completed as part of the internal audit schedule. Last completed 2/3/20. Staff have completed chemical

		safety training. PPE including face visors, gloves and plastic aprons are available in the laundry
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation has been updated and approved by the New Zealand Fire Service on 20 April 2020. A fire evacuation drill is scheduled for the orientation week (May 18th). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are emergency folders with specific information held in the nurse's station and civil defence supplies stored in a centrally located cupboard in the dementia unit. All supplies including food stores are checked as part of the monthly internal audit programme. In the event of a power outage there is a back-up generator and gas cooking. There are adequate supplies in the event of a civil defence emergency including three large water tanks in a service area. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There is a nurse call bell system available in each resident room that links to staff phones. There are call bells and emergency bells in communal areas. The system software can be monitored. The system includes an electronic beam management technology which will be used to alert staff on the movements of residents in their rooms who are at high risk of falling. Alerts will be sent electronically to staff for those high-risk residents who are attempting to get out of bed unsupervised. Once the resident gets out of bed at night the ensuite light automatically comes on. All call bells in the dementia unit are functional. The building is secure after hours. All external doors can electronically be locked from the nurse's station. The dementia unit is secure with a double door foyer entrance.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>There is underfloor or overhead heating and heat pumps throughout the unit. The temperature in each room can be individually set. There is plenty of natural light in the rooms and all resident rooms have external sliding doors to the secure garden area and/or paths.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the</p>	FA	<p>The infection control coordinator (IC) is the clinical nurse manager with a defined job description that outlines the role and responsibilities. The infection control team</p>

<p>risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>which includes representatives from each area of the service meet three monthly. The IC programme is appropriate for the size and complexity of the service. The programme was developed as part of the electronic quality system purchased was last reviewed April 2020. Meeting minutes are available to all staff and infection control is an agenda topic at monthly quality/staff meetings.</p> <p>There are adequate hand sanitisers placed throughout the facility. Residents and staff had the influenza vaccine late March (98%).</p> <p>There is a Covid-19 policy. The service has implemented a number of strategies to prevent an outbreak in their facility. The service went into early lockdown. Staff wear masks and completed training on PPE/IC April 20. Ten staff have lived onsite in apartments during lockdown. Records of staff contacts and who they are living with are maintained. All staff change in staffroom into uniforms at the start of each shift and change at the end of the shift. All staff have temperatures taken at the start of each shift. There is plenty of wall hand sanitizers throughout the facility including the dementia unit. Changes to staff allocation was introduced. Management attend regular DHB zoom meetings. Records of staff contacts and who they are living with are maintained.</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>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. The clinical manager is the restraint coordinator. The restraint committee meets six monthly (last met January 2020).</p> <p>Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, there were no residents with restraint. The service has identified they have 15 residents using bed loops as enablers.</p> <p>Training around challenging behaviours and restraint was completed on orientation April 2019 and scheduled for the dementia unit orientation week May 18th and as part of the annual training programme August 2020.</p>

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.