

Te Rangimarie Aged Care Limited - Kimberley Rest Home

Introduction

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

The audit has been conducted by Q-Audit Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Te Rangimarie Aged Care Limited	
Premises audited:	Kimberley Rest Home	
Services audited:	Rest home care (excluding dementia care); Dementia care	
Dates of audit:	Start date: 14 January 2020	End date: 14 January 2020
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

Kimberley rest home provides rest home level care for up to 25 residents. There were 12 residents on the day of the audit. The owner/manager has been running the service for three months with the assistance from a registered nurse (RN) and an activities coordinator.

Changes since the last audit include changes of the service delivery to rest home. The removal of the secure dementia unit and new ownership of the facility.

Residents and families spoke positively about the care provided.

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

The previous areas requiring improvement at the last audit have been met except one area relating to timing of care reviewed and interRAI assessments. An area requiring improvement has been identified at this audit relating to RN staffing.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required. Staff provide residents and families with the information they need to make informed choices and give consent.

A complaints register is maintained with complaints resolved promptly and effectively. Residents and families are aware of the complaints process.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Some standards applicable to this service partially attained and of low risk.
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Business and quality and risk management plans include: the scope; direction; goals; values and the mission statement of the organisation.

The quality and risk management system include collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and feedback is sought from residents and families. Adverse events are documented, with

corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures support service delivery and are current and reviewed regularly.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review.

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.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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Residents are assessed prior to entry to the service to confirm their level of care. The process for assessment, planning, evaluation and exit are provided by suitably qualified staff. InterRAI assessments and individualised care plans are documented and these are based on a comprehensive range of information and accommodate any new problems that might arise.

The service provides planned activities that meet the needs and interests of the residents as individuals and in group settings. There is a medicine management system in place. Three monthly medication reviews are conducted by the general practitioner.

The food service provides and caters for residents. Specific dietary likes and dislikes are accommodated. Residents' nutritional requirements are met.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The facility meets the needs of residents and is clean and well maintained. There is a current building warrant of fitness.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Fire evacuation procedures are conducted six monthly.

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 policies and procedures that support the minimisation of restraint. There were no residents using restraints nor enablers on the day of the audit. The use of enablers is voluntary for the safety of residents in response to individual requests. In-service staff education on restraints, enablers and the management of challenging behaviour is provided.

Infection prevention and control

<p>Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.</p>		<p>Standards applicable to this service fully attained.</p>
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The infection prevention and control surveillance programme is appropriate to the size and scope of the service. The required data is collected, analysed and communicated.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	1	1	0	0
Criteria	0	44	0	1	1	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/compliments policy and associated forms meet the requirements of Right 10 of the Code.</p> <p>The complaints register reviewed showed that two complaints have been received over the past year with one anonymous complaint received from the DHB since the previous audit. The register confirmed that actions taken, through to an agreed resolution, are documented and completed within the required timeframes. The 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.</p> <p>Residents and family interviewed described the process of making a complaint that includes being able to raise these at the regular residents' meetings.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive</p>	FA	<p>Residents and family members interviewed stated they were kept well informed about any changes to their and/or their relative's status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. Residents meetings are facilitated by staff and meeting notes written by staff.</p> <p>All residents are able to speak English; staff interviewed stated the procedure if interpretation for a resident</p>

to effective communication.		was needed.
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The current owners developed a transitional strategic and business plan prior to their ownership, that has been reviewed since taking ownership. The documents describe annual and long-term actions to meet the organisation's direction and goals.</p> <p>The owners have the role of the director and the manager. The manager lives on site and is undertaking the role of maintenance person and kitchen hand if required, to learn the running of the business. On the day of the audit the manager was overseas and was interviewed via telephone.</p> <p>The service is managed by the manager, who holds a Diploma in Media Design and marketing. The director has a Bachelor of Medical Laboratory Science. The manager demonstrated a good understanding of the Aged Related Residential Care agreement, Health and Disciplinary Services requirements and the previous audit findings.</p> <p>The manager confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency through support from the local DHB and membership of the New Zealand rest-home association. Professional development for the manager is planned for the next 12 months and includes enrolment in a business administration course.</p> <p>The manager is supported by a registered nurse who is onsite 32 hours per week and provides clinical on call cover (refer to 1.2.7.3).</p> <p>The service holds contracts with the DHB for age residential care (ARRC) respite and complex medical conditions. There are 25 rest home beds with 12 residents receiving services under the ARRC agreement at the time of audit.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>The organisation has a documented quality and risk management system that reflects the principles of continuous quality improvement. This includes management of incidents; complaints; audit activities; patient satisfaction surveys; monitoring of outcomes; and clinical incidents including infections.</p> <p>Meeting minutes reviewed confirmed regular review and analysis of quality indicators and that related information is reported and discussed at staff meetings. Staff reported their involvement in quality and risk management activities through, audit activities and the opportunity to give feedback to the manager.</p> <p>Resident and family satisfaction surveys are completed six monthly. The most recent survey showed satisfaction with the service, with high praise for the meals. Residents and family expressed an area of concern related to the garden, the manager verified action has been taken and plans are under way to</p>

		<p>revamp the grounds of Kimberley rest home (sighted).</p> <p>Policies are based on best practice and are current. The manager verbalised the newly implemented document control system to ensure a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI assessment tool and process.</p> <p>The manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The manager is familiar with the Health and Safety at Work Act (2015), the activities co-ordinator is the health and safety officer.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and actions followed-up in a timely manner. Adverse event data is collated, analysed and reported to the manager.</p> <p>There was evidence in the sample of records reviewed and in staff interviews that staff understood and implemented open disclosure practices by acknowledging and notifying events to all relevant parties for example relatives and the general practitioner (GP). Interviews with relatives confirmed the process.</p> <p>The manager verbalised the process for essential notification reporting requirements, including but not limited to pressure injuries, unexpected deaths and critical incidents. They advised there have been no notifications of significant events made to the MoH since the previous audit.</p> <p>The DHB requested information on falls, no incidents have been reported since the last audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	PA Low	<p>Human resources management policies and processes are based on good employment practices and relevant legislation. The recruitment process includes but is not limited to referee checks; police vetting and validation of qualifications and annual practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff records reviewed show documentation of completed orientation programme including buddying system with another staff member and a performance review after a three-month period.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet</p>

		<p>the requirements of the provider's agreement with the DHB.</p> <p>There is one registered nurse who is maintaining their annual competency requirements to undertake interRAI assessments, however there is no support for the RN available.</p> <p>Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</p> <p>The previous area requiring improvement relating to staff requiring police checks is closed.</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>	FA	<p>Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided, with staff replaced for unplanned staff absences. All staff members on duty have a current first aid certificate. The registered nurse is on call 24/7 and the manager is onsite unless on leave (refer to 1.2.7.3).</p> <p>Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management system is implemented to ensure that residents receive medicines in a secure and timely manner. Medications are stored in a safe and secure way in the trolley and locked cupboards. Medication reconciliation is conducted by the RN for all new admissions, monthly pre-packaged residents' medication from pharmacy and when the resident is transferred back to service from hospital respectively. All medications are reviewed every three months and as required by the GP. Allergies are clearly indicated, and residents' photos are current for easy identification.</p> <p>An annual medication competency is completed for all staff administering medications. The RN was observed administering medicines following the required medication protocol guidelines and legislative requirements. The controlled drug register is current and correct. Weekly and six-monthly stock takes are conducted. Monitoring of medicine fridge temperatures is conducted regularly and deviations from normal are reported and attended to promptly. The service does not keep any vaccines. All expired medications are returned to the pharmacy in a timely manner.</p> <p>There was one resident who was self-administering inhalers and was assessed as competent. Self-medication administration policy is in place. Medication administration records were maintained.</p> <p>The previous corrective action relating to as required (PRN) medicines held in stock not having expiry dates was corrected.</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>Meal service is prepared on site and served in the allocated dining rooms. The facility employs two cooks who are assisted by kitchen hands. The menu has been reviewed by a registered dietitian within the last two years. There is a four-weekly rotating summer meal menu in place, and this is followed as required by the local district health board. Diets are modified as required and the cooks confirmed awareness on dietary needs required by the residents. Meals are served warm in sizeable portions required by residents and any alternatives are offered as required. The residents' weights are monitored monthly and supplements are provided to residents with identified weight loss issues. The residents and family/whanau interviewed acknowledged satisfaction with the food service.</p> <p>The kitchen is registered under the food control plan and the registration expires on 30 June 2020. The kitchen and pantry were sighted and observed to be clean, tidy and stocked. Labels and dates were on all containers. Records of food temperature monitoring, fridges and freezers temperatures are maintained. Regular cleaning is conducted.</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>	<p>FA</p>	<p>Care plans sampled evidenced that interventions are adequate to address the identified needs in the care plans (refer to 1.3.3.3). Significant changes are reported in a timely manner and prescribed orders carried out. The RN reported that the GPs' medical input is sought in a timely manner, medical orders are followed, and care is person centred. The DHB requests for information about residents' needs are met. Wound specialist nurse is involved in the management of chronic wounds when required.</p> <p>Care staff confirmed that care is provided as outlined in the care plan. A range of equipment and resources are available, suited to the level of care provided and in accordance with the residents' needs.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>The planned activities are appropriate to the residents' needs and abilities. The activities are based on assessment and reflect the residents' social, cultural, spiritual, physical, cognitive needs/abilities, past hobbies, interests and enjoyments. Residents' activity profile is completed on admission in consultation with the family and residents where able. The activities coordinator reported that routine six monthly activity care plan reviews are completed, however these were not occurring at the same time with interRAI assessments (refer to 1.3.3.3).</p> <p>Activities are provided in individual or group settings. Activities are varied and appropriate for residents. The residents were observed to be participating in a variety of activities during the audit. The planned activities and community connections are suitable for the residents. There are regular outings/drives, for all residents (as appropriate). Residents and family members interviewed reported overall satisfaction with the level and</p>

		variety of activities provided.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	<p>Resident care is documented in the progress notes on each shift by care staff. The registered nurse complete progress notes weekly and as necessary. All noted changes by the care staff are reported to the RN in a timely manner.</p> <p>Formal care plan evaluations, following interRAI reassessments to measure the degree of a resident's response in relation to desired outcomes has not been occurring in a timely manner (Refer 1.3.3.3). Evaluations are carried out by the RN in conjunction with family, GP and specialist service providers. Where progress is different from expected, the service is seen to respond by initiating changes to the service delivery plan.</p> <p>Short term care plans are reviewed weekly or as indicated by the degree of risk noted during the assessment process. Interviews verified residents and family/whanau are included and informed of all changes.</p>
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	<p>There have been no physical alterations to the building since the last audit. The doors leading to the previous dementia unit now remain open with rest home level residents occupying the rooms.</p> <p>A current building warrant of fitness (expiry date 11th September 2020) is publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed and observation of the environment. Efforts are made to ensure the environment is hazard free, that residents are safe, and independence is promoted.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting. Residents and staff confirmed they know the processes they should follow if any repairs or maintenance is required. Residents and family interviewed confirmed that they are happy with the environment.</p> <p>Hot water temperatures are recorded regularly and were at or below the recommended temperatures.</p>
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely	FA	<p>There have been no physical alterations to the building since the last audit. The doors leading to the previous dementia unit now remain open with rest home level residents occupying the rooms.</p> <p>Policies and guidelines for emergency planning, preparation and response are displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was</p>

<p>response during emergency and security situations.</p>		<p>approved by the New Zealand Fire Service. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on July 2019.</p> <p>The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency including food; water; blankets; mobile phones and gas BBQ's were sighted and meet the requirements for the 12 residents. Water storage tanks are located around the complex. Emergency lighting is regularly tested. Cooking is via gas.</p> <p>Call bells alert staff to residents requiring assistance. Residents and families reported staff respond promptly to call bells.</p> <p>Appropriate security arrangements are in place. Doors and windows are locked at a predetermined time.</p> <p>The previous audit identified there was no specific emergency and evacuation plan for residents in the dementia unit, the dementia unit is now closed, this is now closed out.</p>
<p>Standard 3.5: Surveillance 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>The infection surveillance programme is appropriate for the size and complexity of the organisation. Infection data is collected, monitored and reviewed monthly. The data is collated and analysed by the RN to identify any significant trends or common possible causative factors and action plans are implemented. Staff interviewed reported that they are informed of infection rates at handovers, team meetings and through compiled reports.</p> <p>There was no infection outbreak since the previous audit.</p>
<p>Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Kimberley Rest Home supports to minimise the use of restraint. The policy has congruent definitions for restraint and enablers. The service currently has no residents using restraint or enablers. Staff receive ongoing education on the use of restraint and challenging behaviours. The assessment, approval, monitoring and review process is the same for both restraints and enablers. A restraint register is in place if needed. In staff interviews, staff demonstrated awareness on the difference between a restraint and an enabler.</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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	The facility employed two RNs. One casual RN who has been replacing the permanent RN for annual leave has resigned and has not been replaced to date. The manager verbalised the plan for the replacement, which includes advertising locally. On the day of the audit there was one permanent RN employed at the facility.	One RN is employed for 32 hours per week and is on call for clinical emergency if required, however there is no back up RN available.	<p>Provide a plan that details a backup for the employed RN.</p> <p>180 days</p>
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and</p>	PA Moderate	Residents are admitted to the service when required level of care assessments are completed and confirmed by the Needs Assessment Service Coordination (NASC) team. Admission nursing assessment forms, initial care plans and short-term nursing care plans are completed in a timely manner. Residents' care plans are completed within three	Not all nursing care plans (including activities care plans) were	Provide evidence that care plans are evaluated and reviewed at

<p>exit) is provided within time frames that safely meet the needs of the consumer.</p>		<p>weeks of admission along with interRAI assessments, however subsequent reviews were not occurring at the same time as required.</p>	<p>evaluated or reviewed along with interRAI assessments.</p>	<p>the same time with interRAI assessments.</p> <p>30 days</p>
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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.