

CHT Healthcare Trust - CHT Glynavon

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 BSI Group New Zealand Ltd, 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:	CHT Healthcare Trust
Premises audited:	CHT Glynavon
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 March 2021 End date: 12 March 2021
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:	30

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

Glynavon is part of the CHT Healthcare Trust group of facilities. The service provides care for up to 33 residents requiring two levels of care (hospital – geriatric/medical and rest home). On the day of audit there were 30 residents.

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

The unit manager is a registered nurse with significant health management experience and works full time. She is supported by an experienced senior registered nurse and a supportive area manager.

The residents' and a family member spoke highly of the care and service provided at CHT Glynavon. The service has a well-established quality system that identifies ongoing quality improvement.

This audit identified the service continues to meet the Health and Disability Services Standards NZS8134.

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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The service has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and a family member interviewed verified ongoing involvement with the community

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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Services are planned, coordinated, and are appropriate to the needs of the residents. The unit manager is responsible for day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme is embedded into practice. Corrective actions are implemented and evaluated where opportunities for improvements are identified. The risk management programme includes managing adverse events and health and safety processes.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

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.

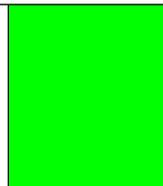


Standards applicable to this service fully attained.

Care plans are developed by the registered nurses who also have responsibility for maintaining and reviewing care plans. Care plans reviewed were individually developed with the resident, and family/whānau involvement is included where appropriate, they are evaluated six-monthly or more frequently when clinically indicated. There is a medication management system in place that follows appropriate administration and storage practices. Each resident is reviewed at least three-monthly by their general practitioner. A range of individual and group activities is available and coordinated by the diversional therapist. All meals are prepared on site. There is a seasonal menu in place, which is reviewed by a dietitian. Residents' food preferences are accommodated, and the residents and relatives reported satisfaction with the food service.

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 building has a current warrant of fitness and emergency evacuation plan. Ongoing maintenance issues are addressed. Chemicals are stored safely throughout the facility. There is sufficient space to allow the movement of residents around the facility using mobility aids. The outdoor areas are safe and easily accessible. Staff have planned and implemented strategies for emergency management.

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 service has appropriate procedures and documents for the safe assessment, planning, monitoring and review of restraint and enablers. The service had three residents assessed as requiring the use of restraint and two residents assessed as requiring an enabler. Staff regularly receive education and training in restraint minimisation and safe practice.

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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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. There is a suite of infection control policies and guidelines to support practice. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner. The infection control coordinator (RN) is responsible for coordinating education and training for staff. The infection control coordinator has completed annual external training. There is a suite of infection control policies and guidelines to support practice.

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	41	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>	<p>FA</p>	<p>The unit manager manages all complaints. There is an implemented complaints policy that describes the management of complaints process. Complaints forms are available at reception. Information about complaints is provided on admission in the services guide. Interviews with six residents (four rest home and two hospital) and a relative, demonstrated their understanding of the complaints process. Staff interviewed (two healthcare assistants, two registered nurses, the kitchen manager, the maintenance person and an activities person) were able to describe the process around reporting complaints.</p> <p>There is a complaint register that contains details for each lodged complaint. There were three complaints lodged in 2019 and three for 2020 with no complaint's year to date for 2021. All complaints had an investigation, timeframes determined by the HDC were met and corrective actions (when required) and resolutions were implemented. Results are fed back to complainants and to staff in the staff/quality meeting minutes.</p> <p>The unit manager discussed her very proactive approach to complaints management and how she contacts families as soon as any issues arise. Previous complaints around meal services have been addressed with a focus group that includes the chef and residents, a monthly meal survey and all meals are sampled by the manager.</p>

<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>There is a policy to guide staff on the process around open disclosure. The unit manager and senior registered nurse confirmed family are kept informed. One hospital level relative stated they are notified promptly of any incidents/accidents. Residents/relatives have the opportunity to feedback on service delivery through annual surveys and open-door communication with management. Resident meetings encourage open discussion around the services provided. Accident/incident forms reviewed evidenced relatives are informed of any incidents/accidents.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. There is access to an interpreter service as required.</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>CHT Glynavon is owned and operated by CHT Healthcare Trust. The service provides rest home and hospital level care for up to 33 residents. On the day of the audit, there were 18 rest home level and 12 hospital level residents. All residents were on the aged residential care contract. Five rooms are designated as rest home only and the remaining twenty-eight rooms are designated as dual purpose.</p> <p>CHT has a documented philosophy of care, mission statement and overall business/strategic plan. The unit manager's performance plan identifies business goals for the current year. The goals are identified as key performance areas including: communication, occupancy, resident meals, Careerforce (our people) and health and safety. Each area has a series of tasks identified to achieve the goals. The tasks/goals are regularly reviewed and signed off when achieved.</p> <p>The unit manager is a registered nurse who maintains an annual practicing certificate. She has been in a management role at this facility for the past 26 years. The unit manager reports to an area manager on a regular basis (minimum of monthly). She has completed in excess of eight hours of professional development over the past twelve months relating to managing an aged care facility.</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</p>	<p>FA</p>	<p>CHT Glynavon has a well-established and comprehensive quality and risk programme.</p> <p>There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff (two healthcare assistants, two registered nurses, one cook, one activities person and the maintenance person) confirmed they are made aware of any new/reviewed policies.</p> <p>The unit manager, and the operations manager meet at least monthly, and a monthly report is provided to the operations manager and head office. The report includes both business and quality information.</p> <p>Quality data collected is collated and analysed (infections, complaints and incidents and accidents). Quality data is regularly communicated to staff via quarterly health and safety and quality meetings and one to two</p>

improvement principles.		<p>monthly registered nurse meetings. Monthly 'round up' information is posted up on notice boards.</p> <p>The internal audit programme consists of two six-monthly audits completed by the area manager. Areas of non-compliance include corrective action plans. Monthly cleaning audits have continued. Data is benchmarked against other CHT facilities and is trended on a monthly basis. Where improvements are identified, corrective action plans are put into place. They are signed off when completed.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The manager is responsible for health and safety education, internal audits and non-clinical accident/incident investigation. There is a current hazard register. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>The most recent resident and family survey (January 2021) documented that there was overall satisfaction with the service. The results for activities had reduced from the previous year. An action plan was in place and the unit manager meets with the activity staff weekly.</p> <p>Strategies are in place to reduce the number of residents' falls. The RN completes a falls assessment and the Tinetti balance assessment for all residents who are at risk of falling. In addition, all new residents and residents who have experienced a fall are assessed by a physiotherapist. Sensor mats are used for those residents who are at risk of falling. These residents are also encouraged to go to lounge areas during the day so that they can be closely observed.</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>The service collects incident and accident data on forms and enters them into an electronic register. The system provides reports monthly, which are discussed at the registered nurse meetings and the three-monthly quality and health and safety meetings.</p> <p>Eight incident forms were reviewed. All incident forms identified a timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for un-witnessed falls and any known head injury. The next of kin had been notified for all required incidents/accidents. The healthcare assistants interviewed could discuss the incident reporting process. The unit manager collects incident forms, investigates and reviews and implements corrective actions as required.</p> <p>Discussion with the unit manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. Examples included two stage three pressure injuries, an incidence of registered nurse unavailability and one resident wandering away from the facility.</p>
Standard 1.2.7: Human Resource Management	FA	<p>There are human resource management policies in place that include the recruitment and staff selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity.</p>

<p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>Copies of current practising certificates are retained. Five staff files (two RNs, and three HCAs) reviewed evidenced implementation of the recruitment process, employment contracts and annual performance appraisals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed were able to describe the orientation process and remarked that new staff were adequately orientated to the service. Evidence of an orientation programme being completed was sighted in the staff files reviewed.</p> <p>The majority of training is provided via an online system, with additional training provided in the traditional format. The online system evidences that there is 93% participation in the training. Additional training has included Covid updates, PPE and infection control.</p> <p>Careerforce qualifications are encouraged with a staff member a qualified assessor. The service reports 90% of staff have achieved level three or four.</p> <p>The unit manager and registered nurses are able to attend external training, including sessions provided by the local DHB. Three of the six registered nurses employed have completed interRAI training.</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>CHT policy includes staff rationale and skill mix.</p> <p>The facility is located on two levels with three wings on the ground level and ten beds upstairs.</p> <p>The unit manager is on duty five days a week and available on call. There is an RN on duty every shift and an activity person seven days a week.</p> <p>The top floor had five rest home and five hospital residents on the day of audit. One healthcare assistant is on duty each shift with supervision (and assistance) from the RN.</p> <p>The bottom floor had seven hospital level residents and 13 rest home residents. The AM has one full shift and one-half shift healthcare assistant and two full shifts for the PM.</p> <p>One healthcare assistant is rostered each night for the service. Staff confirm the staffing level is adequate and if acuity increases extra staff are available.</p> <p>Healthcare assistants and a family member interviewed stated that there are enough staff.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive</p>	<p>FA</p>	<p>The medication management system includes a medication policy and procedures that follows recognised standards and guidelines for safe medicine management. All residents have individual electronic medication orders with photo identification and allergy status documented. Three monthly reviews were documented in</p>

<p>medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>the resident files and medication charts.</p> <p>The service uses a roll pack system for tablets and other medicines are pharmacy packaged. All medicines are stored securely when not in use. A verification check is completed by the RN against the resident's medicine order when new medicines are supplied from the pharmacy. Short-life medications (i.e., eye drops and ointments) are dated once opened. There were four residents self-administering on the day of audit and all files demonstrated three-monthly competency assessments signed by both the RN and GP.</p> <p>Medication competencies are updated annually, and staff attend annual education. Registered nurses have syringe driver training completed by the hospice. The medication fridge and room temperatures are checked daily.</p> <p>A registered nurse was observed administering medications and followed correct procedures.</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 service employs a contract company to provide all meals. The kitchen manager oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen, and all meals are cooked on site. The kitchen was observed to be very clean and well organised. Additional high touch areas cleaning has been implemented since the Covid outbreaks. Meals are served directly from the kitchen for the main dining room and from a mobile hot box to upstairs dining rooms. Special equipment such as lipped plates is available. On the day of audit, meals were observed to be well presented. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. The food control plan has been verified and is due for renewal July 2021.</p> <p>The residents have a nutritional profile developed on admission, which identifies dietary requirements and likes and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes are noted on typed lists which are updated with changes. The four-weekly seasonal menu cycle is written and approved by an external dietitian. Resident and family's members interviewed were happy with the meals.</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>Five care plans reviewed included interventions that reflected the resident's current needs. When a residents' condition changes the RN initiates a GP visit or specialist referral. Residents interviewed reported their needs were being met. One family member interviewed stated the care and support met their expectations for their relative. There was documented evidence of relative contact for any changes to resident health status. Registered nurses were regularly involved in resident daily care and ongoing assessments as identified in the progress notes.</p> <p>Continence products are available and resident files include bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice is available as needed</p>

		<p>and this could be described by the RNs interviewed. Healthcare assistants and RNs interviewed stated there is adequate continence and wound care supplies.</p> <p>The service had three wounds documented and no pressure injuries. Wound documentation was reviewed for all three wounds. Wound assessment and management plans were documented but a complete evaluation of the wound was not always documented.</p> <p>Healthcare assistants reported that a range of equipment was readily available as needed including hoists and manual handling equipment. Healthcare assistants reported that equipment was made available as needed.</p> <p>Monitoring charts were well utilised, and examples sighted included (but not limited to), weight and vital signs, blood glucose, pain, food and fluid, turning charts and behaviour monitoring as required.</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 are two activity coordinators, and the service continues to provide a wide-ranging activity programme over seven days a week.</p> <p>Group activities are provided in the large communal dining room, in seating areas and outdoors in the gardens when weather permits. Group activities are varied to meet the needs of both higher functioning residents and those that require more assistance. Individual activities are provided in resident's rooms or wherever applicable.</p> <p>On the days of the audit, residents were observed being actively involved with a variety of activities. The group activities programme is developed monthly, and a copy of the programme is available in the lounge, on notice boards and in each resident room. The group programme includes residents being involved within the community with social clubs, churches and schools.</p> <p>Each newly admitted resident is interviewed on or soon after admission and a social history is taken. This information is then used to develop a diversional therapy plan, which is then reviewed six-monthly as part of the interRAI and care plan review/evaluation process.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>The registered nurses evaluate all initial care plans within three weeks of admission. Files sampled demonstrated that the long-term nursing care plan has been evaluated at least six-monthly or earlier if there was a change in health status. There was at least a three-monthly review by the GP. Short-term care plans reviewed were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled.</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>The building has a current building warrant of fitness expiring 15 June 2021. There is a maintenance person employed to address the reactive and planned maintenance programme. All medical and electrical equipment was recently serviced and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. Residents were observed moving freely around the areas with mobility aids where required. External areas are well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the care as outlined in the resident care plans.</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>Infection surveillance is an integral part of the infection control programme. Definitions of infections are in place, appropriate to the complexity of service provided. The infection control coordinator collects the infection rates each month, identifies trends and uses the information to initiate quality activities within the facility including training needs. The infection control coordinator provides infection control data, trends and relevant information to the quality and risk meetings, staff and registered nurse meetings. Areas for improvement are identified; corrective actions developed and followed up. This data is monitored and evaluated monthly at head office. There are key performance indicators for all infection types.</p> <p>Care staff interviewed were aware of infection rates. Systems are in place that is appropriate to the size and complexity of the facility. There have been no outbreaks.</p> <p>A Covid strategy and plan was available to staff on site with education and associated resources relating to hand hygiene, PPE and donning/doffing procedures. The CHT infection control plan has been updated to reflect learning from the Covid lockdown. The service maintains a large supply of PPE. Covid strategies included staff training, daily temperature checking for all staff and residents and cohort nursing. The service was closed to all visitors and additional reception staff employed to restrict visiting.</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>Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0. A registered nurse is the designated restraint coordinator. There were three (hospital level) residents with restraint and two (hospital level) residents with an enabler. The restraints were bedrails, and the enablers were either bedrails and/or a lap belt.</p> <p>Two enabler files reviewed evidenced that enabler use is voluntary. All necessary documentation had been completed in relation to the enablers as restraints including voluntary/written consent for use by the residents.</p> <p>Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques. Staff education on</p>

		RMSP/enablers has been provided. Restraint minimisation is regularly discussed in meetings.
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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.