Oceania Care Company Limited - Holmwood 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Oceania Care Company Limited
Premises audited:	Holmwood Rest Home
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 21 July 2021 End date: 21 July 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: 42

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
	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
	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

Holmwood Lifestyle Care is an aged care facility that provides rest home and hospital level care for up to 45 residents in Rangiora, a satellite town north of Christchurch. The service is operated by Oceania and managed by a business and care manager and a clinical manager. Residents, families and a nurse practitioner spoke positively about the services 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 selected policies and procedures, review of residents' and staff files, observations and interviews with residents, family, management, staff, a contracted allied health provider and a nurse practitioner.

No areas for improvement were identified during the previous audit and none were identified during this audit.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.

Effective open communication processes are occurring between staff, residents and families. There is access to interpreting services if required. Residents and family members are provided with information on how to make a complaint and a complaints register is maintained with the few complaints filed being resolved promptly and effectively.

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.

The services strategic plan outlines a purpose, four drivers, four value outcomes and three key goals with evaluation measures. Other business and strategic documents are available and include a clinical excellence strategy. Monitoring of the services involves liaison between the facility and regional operations and clinical managers who link back to the support office. The business and care manager is supported by a competent clinical manager, both of whom work cooperatively to manage the facility.

Quality and risk are managed according to a documented quality management system. This includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved, feedback is sought from residents and there is ongoing communication with families. Incidents and accidents are documented with corrective actions implemented when required. Actual and potential risks, including those related to health and safety, are identified and mitigated. Policies and procedures that guide service delivery, are current and reviewed regularly.

Human resource processes, including the appointment of new staff, staff orientation processes and overall management of staff are based on current good practices. A training schedule has been developed and all staff are encouraged to participate in ongoing training opportunities, which support safe service delivery.

Rosters demonstrate staffing levels and the skill mix meet the changing needs of residents.

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.

Access to the facility is appropriate and efficiently managed with relevant information provided to the potential resident/family.

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

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

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

The food service meets the nutritional needs of the residents with special needs catered for. Food is safely managed in accordance with a registered food control plan. Residents verified general satisfaction with meals.

Safe and appropriate environment

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

The facility has a current building warrant of fitness. There have been no building modifications since the last audit.

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.

The service provider is implementing policies and procedures that support the minimisation of restraint. Three restraints involving two residents and one enabler were in use at the time of audit. The use of enablers is voluntary for the safety of residents in response to individual requests. Restraint is used as a last resort.

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.

Aged care specific infection surveillance is undertaken, and results reported through all levels of the organisation. Follow-up action is taken as and when required.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	0	0	0	0
Criteria	0	39	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click here.

For more information on the different types of audits and what they cover please click here.

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaint policy, procedures and associated forms meet the requirements of Right 10 of the Code, define the terms 'concern' and 'complaint' and note all are taken seriously. On admission, residents and family members are informed about their right to make a complaint and provided with related documented information. Those interviewed knew how to do so and who to go to. All complaints are recorded on an electronic recording platform. A complaint reporting severity matrix is used to assess the risk level of each complaint. Complaints are reviewed both individually and collectively with monitoring occurring through the quality and risk management system and where applicable via the clinical indicators reporting and review process. The complaints register reviewed showed five complaints were registered from August 2019 until September 2020 and one for 2021. All were investigated and appropriate actions taken within the expected timeframes. Action plans show any required follow up and improvements were made where relevant. Complaints are managed and followed up by the business and care manager and/or the clinical manager, in cooperation with the regional operations manager. Additional Oceania management team members become involved when necessary. Staff training on complaints is scheduled to occur at least every two years and staff interviewed were aware of what to do in the event of a person expressing dissatisfaction. There have been no external complaints, including any from the Health and Disability Commissioner, since the previous audit.

Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	Residents and family members stated they were kept well informed about any changes to their/their relative's status, were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. They described their involvement in six-monthly multi-disciplinary reviews of care and support. This was supported in residents' records reviewed. Staff understood the principles of open disclosure, which is supported by policies and procedures that meet the requirements of the Code. The business and care manager have an open door policy. Cue cards have been used for one resident with compromised communication and the activities calendar is printed in black and white to assist a person with visual impairment. The business and care manager and the clinical manager informed there has not been any requirement to access interpreter services since they have been in their roles. Both managers were able to describe where such services could be accessed from.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	A motto 'Believe in Better' or 'The pursuit of better' has emerged as part of a recent rebranding of Oceania Healthcare. The overall strategic direction is described in a simplified organisational plan that covers four value outcomes, includes key strategic direction statements, a purpose, and goals and measures related to 'People, Planet and Prosperity.' There are close links between the management of the facility and support office with the business and care manager having a one-on-one meeting with the regional operations manager at least monthly to discuss the monthly report and any emergent issues and risk. Similarly, the clinical manager meets with the regional clinical manager every four to six weeks to discuss a monthly report that has a clinical focus and includes updates on the pre-determined clinical indicators and emerging clinical risks. These meetings are supplemented by regular 'zoom' meetings and regular contact by telephone or additional visits as required. Meetings minutes and reports from the clinical governance committee confirmed that ongoing monitoring of clinical indicators is occurring, and relevant corrective actions and quality improvement opportunities are being identified at the organisational level and relayed to the facility. A review of clinical governance was undertaken February 2020 and a clinical excellence strategy has since been developed. A business and care manager is responsible for management of Holmwood Lifestyle Care. This person is a registered nurse with a current practising certificate and has been in management roles within the aged care sector for 25 years. Professional development includes attendance at leadership courses and seminars and at relevant conferences. Responsibilities and accountabilities are defined in a job description and an individual employment agreement and a performance appraisal was completed April 2021. The service holds contracts with the Canterbury District Health Board to provide rest home and hospital level care under the Aged Related Residential Care (ARRC) agreement. Forty-five beds were available for occupancy with 14 of these being care suites. Eight beds are for rest home level care only with the remainder being dual purpose for

		rest home or hospital level care. At the time of audit, 42 of the beds were occupied with 25 residents receiving rest home care and 17 others receiving hospital level care under the ARRC agreement.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	An organisational quality improvement policy defines quality, quality assurance and quality improvement and is supported by a quality plan, document controlled Oceania healthcare policies and procedures, site-specific processes and Oceania Healthcare's model of care. There is a strong focus on residents' needs in quality policy statements. The business and care manager, along with the clinical manager are accountable for the quality of care provided and implementation of the organisation's quality and risk system. Policies reviewed cover all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and are current. The document control system ensures a systematic and regular review process, referencing of relevant sources, approval, distribution and removal of obsolete documents. Quality improvement meetings are held every month. Three sets of quality improvement meeting minutes were reviewed, as were those for staff, registered nurse and health and safety meetings. The meeting minutes confirmed regular reviews of key quality indicators and objectives are occurring. These cover accidents/incidents, complaints, corrective and preventative actions, internal quality audits, regular resident satisfaction surveys, monitoring of clinical indicators including infections and restraints, the analysis of quality related data and staff education. Corrective actions in response to identified shortfalls are identified, developed and action plans implemented as applicable. Formal quality improvement projects in relation to the management of wounds, increasing the reporting of near miss events and providing training on topics according to presenting issues for falls reduction, palliative care and medication management are also being made. Staff reported their involvement in quality and risk management activities through reading quality meeting minutes, delivering high level care as requested and responding to corrective actions when directed. The net promoter score from a Holmwood Lifestyle care facility survey feedback in June 2021 was above average for Oceania care facilities. There was no feedback from the latest residents' survey that could specifically provide the service with a direction for improvement; however, corrective actions have been developed as a result of feedback from residents' meetings around the activity programme and residents' food preferences. The survey results were otherwise full of praise for the staff. Outcomes of the health and safety meetings are presented at the following quality improvement meeting. Two new health and safety committee representatives are scheduled to attend an update session on the Health and Safety at Work Act (2015). Risks are discussed at all meetings and this was evident in the various meeting minutes. In addition to the hazard register, there is a comprehensive risk register that has a strong health and safety focus. Clinical risks are managed via the clinical governance committee meetings.

Standard 1.2.4: Adverse Event Reporting 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.	FA	Healthcare assistants report any incident or accident to a registered nurse, who enters the details directly into the electronic incident reporting system and follows up with family members. Each incident is individually analysed and included in the analysis of incidents for the individual resident. Remedial action plans or amendments to care plans are made as required. Examples of this occurring in relation to behavioural incidents were viewed. All incidents are reported to the clinical manager. A sample of incident forms were reviewed and confirmed the incidents were investigated and followed-up in a timely manner. Adverse event data is collated, analysed and reported to the quality and staff meetings. Discussions of the data has resulted in corrective actions development and implementation when applicable. The business and care manager and the clinical manager described essential notification reporting requirements, including for pressure injuries. They advised there have been no significant events requiring notification to the Ministry of Health, or any other external authority since the previous audit.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	FA	Human resources management policies and processes described accepted employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained. Interview records were sighted in staff files, as was evidence of referee checks, police vetting and validation of qualifications, position descriptions and signed employment contracts. Copies of current practising certificates and registrations for all internal and external health practitioners who support residents in this facility are on file and were current. The organisation has reviewed its orientation processes for new staff, who now complete a workbook, rather than a signed checklist, and demonstrate specified competencies that are relevant to their role. Staff informed they are comfortable about the orientation process and expressed appreciation that they can have additional buddied shifts over and above the minimum two to three required if they need it, or if the person orientating them thinks it would be advantageous. The care manager is involved in the orientation of healthcare assistants and records reviewed show documentation of completed orientation. Staff education records on spreadsheets were viewed and meet requirements. The business and care manager and the clinical manager explained the staff training processes. Monthly special interest training topics are provided alongside the staff meetings, and topics of these were recorded within a staff education planner 2021. Continuing education within Oceania facilities is comprised of a study day that all staff are required to attend at least once a year. This is known as the Grow, Educate and Motivate (GEM) study day and covers the philosophy of Oceania facilities and services as well as key mandatory training expectations as required by the service provider's contract with the District Health Board. An Oceania registered nurse study day is planned once a year and registered nurses have access to on-line trainings through the District Health Board. Healthcare assistants are supported to undertake

		the Certificate in Health and Wellbeing, a New Zealand Qualification Authority education programme. Six of seven registered nurses plus an enrolled nurse are maintaining their annual competency requirements to undertake interRAI assessments. All registered nurses are required to have a current first aid certificate. Annual staff performance appraisals are up to date.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Four weeks of rosters were reviewed and confirmed safe staffing levels with at least one registered nurse consistently rostered on duty on each shift. This meets contractual requirements for hospital level care residents. The first aider, building and fire wardens are identifiable on each shift on the rosters. Care suites have been assessed as able to provide rest home or hospital level care and the facility is staffed accordingly. Afterhours on-call requirements are mostly covered by the clinical manager, otherwise a senior registered nurse, with the business and care manager available for business matters. Staff replacement is undertaken by an administration person and a strategy for replacing unplanned absences is being implemented. The roster confirmed bureau staff are called in approximately weekly. Care staff reported there were adequate staff available to complete the work allocated to them. Residents and family interviewed supported this.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The registered nurse checks medications against the prescription which is then loaded into the electronic system. All medications sighted were within current use by dates. Clinical pharmacist input is provided weekly and on request. Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register provided evidence of weekly and six-monthly stock checks performed by the pharmacist and accurate entries. The records of temperatures for the medicine fridge was reviewed and were within the recommended range. The medication room temperature was not currently being recorded. Business and care manager stated this occurred during summer only.

		Prescribing practices included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. The required three-monthly nurse practitioner review was consistently recorded on the medicine chart. Standing orders are not used. Self-medication is permitted in consultation with general / nurse practitioner. Monitoring occurs as per Medicines Care Guide for Residential Aged Care.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The food service is provided on site by a kitchen manager and kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian within the last two years on 31 March 2021. Recommendations made at that time have been implemented. All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by quality auditing specialist limited. Food temperatures, including for high-risk items, are monitored appropriately and recorded as part of the plan. The kitchen manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training. A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Residents have access to food and fluids to meet their nutritional needs at all times. Tea, coffee and milo is readily available to all residents and visitors. Special equipment, to meet resident's nutritional needs, is available. Evidence of resident satisfaction with meals was verified by resident and family interviews. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Documentation, observations and interviews verified that care provided to residents was consistent with their needs, goals and the plan of care. The attention to meeting a diverse range of resident's individualised needs was evident in all areas of service provision. The nurse practitioner interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care provided is excellent. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the levels of care provided and in accordance with the residents' needs.
Standard 1.3.7:	FA	The activities programme is provided by two activities coordinators covering six days of the week.

Planned Activities 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.		A social assessment and history is undertaken within 14 days of admission to ascertain residents' needs, interests, abilities and social requirements. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The resident's activity needs are evaluated monthly and as part of the formal six-monthly care plan review. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Regular outings, individual and group activities including gender-based groups are offered. Residents and families are involved in evaluating and improving the programme through residents' meetings. Family members attested to being made welcome to participate in activities. Residents interviewed confirmed they find the programme is varied and caters to their needs.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Resident care is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the registered nurse. Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment, or as residents' needs change. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short term care plans are reviewed weekly using the electronic system or earlier if clinically indicated as required by the provider's contract with the DHB. Examples of short-term care plans being consistently reviewed and progress evaluated as clinically indicated were noted for infections and wound care. When necessary, and for unresolved problems, long term care plans are added to and updated. Residents and families interviewed provided examples of involvement in evaluation of progress and any resulting changes. Each resident's activity needs are evaluated monthly as recorded in the activities progress notes and as part of the formal six-monthly care plan review. In the extended sample of files, the management of specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. These are reviewed at least six monthly which is monitored by the clinical manager using the electronic system.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical	FA	A current building warrant of fitness with an expiry date of 18 June 2021 is publicly displayed. The service provider advised that the council has informed a delay can be expected due to a catch-up process from the Covid-19 lockdown in 2020. There have been no modifications to the buildings since the last audit.

environment and facilities that are fit for their purpose.		
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.	FA	Surveillance is appropriate to that recommended for long term care facilities and includes infections of the urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. The IPC nurse reviews all reported infections and these are documented. New infections and any required management plan are discussed at handover, to ensure early intervention occurs. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via regular staff meetings and at staff handovers. Graphs are produced that identify trends for the current year, and comparisons against previous years and this is reported through all levels of the organisation through meetings. Data is benchmarked against facilities throughout New Zealand in the same organisation. Benchmarking has provided assurance that infection rates in the facility are well below average for the sector. There has not been an outbreak since December 2015 and there are no residents currently with a multi drug resistant organism.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of both restraints and enablers. The clinical manager, who is also the restraint coordinator, provides support and oversight for enabler and restraint management in the facility and demonstrated a sound understanding of the organisation's policies, procedures and practice and her/his role and responsibilities. On the day of audit, two residents were using restraints, one of these has bedrails and the other uses bedrails and a lap belt when in a wheelchair. One resident was using a lap belt as an enabler when in a wheelchair. All equipment was of the least restrictive nature and the enabler is being used voluntarily at the resident's request. A similar process is followed for the use of enablers as is used for restraints. Restraint is used as a last resort when all alternatives have been explored. This was evident on review of the registered nurse meeting minutes and from interview with staff.

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.