

# Queen Rose Retirement Home Limited - Queen Rose Retirement Home

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## 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:** Queen Rose Retirement Home Limited

**Premises audited:** Queen Rose Retirement Home

**Services audited:** Rest home care (excluding dementia care)

**Dates of audit:** Start date: 5 October 2021 End date: 6 October 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:** 27



# Executive summary of the audit

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## 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

Queen Rose Retirement Home (referred to in the report as Queen Rose) is certified to provide rest home level care for up to 29 residents. On the day of audit, there were 27 residents. The manager (registered nurse) has been in the role since 2018 and has responsibility for the daily operations and to oversee the delivery of services. The manager is supported by two owners who continue to work at the facility and provide ongoing support daily, a registered nurse, and a team of experienced care staff.

This unannounced surveillance audit was conducted against a subset of the Health and Disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, relatives, staff, the general practitioner, and management.

Residents, family members and the general practitioner interviewed praised the service for the support provided.

There were no shortfalls identified at 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.
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A policy on open disclosure is in place. There is evidence that residents and relatives are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. A system for managing complaints is in place.

## Organisational management

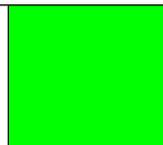
Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
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The manager is responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme was documented. The risk management programme includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training is in place, which includes in-service education and competency assessments. Residents, relatives, and staff reported that staffing levels are adequate to meet the needs of the 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.

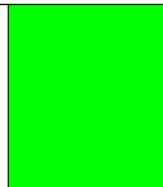


Standards applicable to this service fully attained.

Registered nurses are responsible for care plan documentation. InterRAI assessments and care plans are completed and reviewed within required timeframes. Planned activities are appropriate to the resident's assessed needs and abilities. Residents and families advised satisfaction with the activities programme. The service uses an electronic medication management system. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being 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.

Queen Rose has been issued with a Form 12 as a building warrant of fitness check was unable to be fully obtained during the Covid-19 outbreaks in 2020. Preventative and reactive maintenance occurs. There is easy access to all communal areas within the facility for residents using mobility aids. The outdoor areas are well maintained and provide seating and shaded areas for residents to enjoy.

## 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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Queen Rose has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. The service continues to be restraint free, and there were no residents using enablers.

## 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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Queen Rose continues to implement their infection surveillance programme. Infection control issues are discussed at both in the infection control and quality/staff meetings. The infection control programme is linked with the quality programme. There have been no outbreaks since the previous audit. Covid-19 policies and procedures are in place. Adequate supplies of personal protective equipment are in place and regular stocktakes are maintained.

## 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)
<b>Standards</b>	0	16	0	0	0	0	0
<b>Criteria</b>	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	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>Complaints forms are available at the entrance to the facility and beside the nurses' station. Information around the complaints process is provided on admission. A record of all complaints, both verbal and written is maintained by the manager on the complaints register. Five complaints have been received since the last audit: three in 2020 and two year to date in 2021. Documentation and correspondence reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken. Caregivers interviewed confirmed that complaints and any required follow-up is discussed at staff meetings as sighted in the minutes. Complaint documentation requiring changes to care planning are signed by staff once read. Residents and relatives advised that they are aware of the complaints procedure and how to access forms. They stated that they feel comfortable discussing issues with the management team or the registered nurse.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an</p>	FA	<p>Comprehensive information is provided at entry to residents and family/whānau. Five residents interviewed stated that they were welcomed on entry and were given time and explanation about the services and procedures. The manager and both owners are available to residents and relatives and they promote an open-door policy. Incident forms reviewed evidenced that relatives had been notified on all occasions. The relative interviewed advised that they are notified of incidents and when residents' health status changes promptly. The registered nurse, three caregivers, the diversional therapist (owner) and the maintenance person (owner) interviewed, fluently described instances where relatives would be notified.</p>

<p>environment conducive to effective communication.</p>		
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Queen Rose is jointly owned by two couples. One couple is actively involved in the day-to-day running of the facility, the other are silent partners. The service can provide care for up to 29 rest home level care residents. On the day of the audit there were 27 residents in total, including one resident on a mental health contract, and one resident on a younger person's disability. All other residents were under the Aged Residential Care (ARC) contract.</p> <p>The owners have owned/managed Queen Rose Retirement Home since 1985. One owner (previous manager) provides financial and operational support, another works as the activity's coordinator, and another provides maintenance and transport services. The manager commenced the role in December 2018 having previously worked as the registered nurse at the facility for five and a half years. She is supported by the owners who are all on site most weekdays, and a full-time registered nurse. Both the manager and the RN have current annual practicing certificates.</p> <p>The service has a business plan for 2020 - 2021. The mission statement sets out the vision and philosophy of the service and includes a quality policy statement.</p> <p>The manager and the RN have attended at least eight hours of training relating to managing a rest home including attendance at aged care provider meetings.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Queen Rose is implementing a quality and risk management system. Monthly accident/incident reports, infections and results of internal audits are completed. Quality matters are taken to the monthly combined staff/quality/health and safety and infection control meetings. Resident meetings occur quarterly.</p> <p>An internal audit programme is in place that includes aspects of clinical care. Issues arising from internal audits are either resolved at the time or developed into a corrective action plan. The closure of corrective actions resulting from internal audit programme was recorded, signed off, and discussed at the monthly meeting. Quality/staff/health and safety/infection control meetings and the resident meeting minutes include an accurate reflection of the discussion/outcomes of the meetings, including follow-up to actions taken as matters arising. A record of monthly risk identification, and quality indicators is maintained and discussed at the monthly meetings and a copy is filed with the completed monthly internal audits.</p> <p>The owners and the manager discuss ongoing issues daily, the owners are fully abreast of all quality and resident matters daily and attend the monthly meetings.</p> <p>A resident survey has been completed annually, the results of the surveys for 2019 and 2020 evidenced 95% satisfaction. A corrective action was identified around food services which the owner has discussed with the</p>

		<p>catering company.</p> <p>The manager oversees health and safety practices for the facility and has attended external training. All incident reports, hazards, and the hazard register are discussed at the monthly meetings. All staff are involved in corrective action planning which is discussed at the monthly meetings. Staff education is provided around manual handling, chair 'raizer' training, and health and safety. Internal audits are completed and discussed at meetings.</p> <p>Fall prevention strategies are discussed in-depth at the monthly meeting, for each resident who falls. Sensor mats, and extra monitoring are routinely in place for residents at risk of falling. Individualised fall prevention strategies are documented in residents' care plans.</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 and reports aggregated figures monthly to the quality meeting. Incident forms are completed by staff, the resident is reviewed by the RN at the time of event or the next day. Ten incident forms reviewed identified registered nurse follow up. There is an incident reporting policy to guide staff in their responsibility around open disclosure. Incident/accident forms include a section to record relatives have been notified. Minutes of the combined quality/staff meetings reflect a discussion of incident statistics and analysis. The caregivers interviewed could discuss the incident reporting process and when neurological observations are to be completed. Neurological observations have been completed for unwitnessed falls or where there is potential for a head injury according to policy.</p> <p>Discussions with both the owners, manager and registered nurse confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no notifications required since the previous 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</p>	FA	<p>There are human resources policies to support recruitment practices. A list of practising certificates is maintained. Five staff files were reviewed (one registered nurse, and four caregivers employed since the last audit). The sample was increased by three to look at performance appraisals only and to include staff who had been employed for more than a year. All had relevant documentation relating to employment, and current appraisals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists (sighted in files). Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>There is an education plan that is being implemented that covers all contractual education topics and exceeds eight hours annually. There is evidence in the registered nurse files of attendance at the DHB external training.</p>

legislation.		<p>Interviews with caregivers confirmed participation in the Careerforce training programme.</p> <p>Currently there are three caregivers with level 2, four who have completed level 3 and five who have completed level 4. There are two caregivers currently completing level 2 and one completing level 4. One caregiver is currently completing diversional therapy level 4. A competency programme is in place that includes annual medication competency for staff administering medications. Core competencies are completed, and a record of completion is maintained and signed. Competency questionnaires were sighted in reviewed files. The manager and the registered nurse are interRAI trained. The nurses have access to external education through the district health board (DHB), Hospice and the New Zealand Aged Care Association (NZACA).</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. A roster provides sufficient and appropriate coverage for the effective delivery of care and support. The manager is on site 40 hours per week (Monday to Friday). The RN is rostered Saturday to Wednesday.</p> <p>The owners are on-call after hours for any non-clinical issues and the manager and the RN provide on-call for any clinical issues on a weekly rotation.</p> <p>The local general practitioner (GP) also provides after-hours care if required and caregivers have access to the local ambulance service. Interviews with caregivers, residents and relatives identified that staffing is adequate to meet the needs of residents, and the management team are visible and able to be contacted at any time. Advised that extra staff can be called on for increased resident requirements.</p> <p>Staffing is as follows:</p> <p>There are four caregivers; one from 6.45 am to 3 pm (medication competent), two from 7 am to 3 pm, and one from 8 am to 1 pm.</p> <p>The afternoon shift has two caregivers one 3 pm to 11 pm (medication competent) and one from 3 pm to 8.30 pm. There is one senior caregiver with a medication competency on duty overnight.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative</p>	FA	<p>Queen Rose has implemented an electronic medication management system. The supplying pharmacy delivers all medicines in blister packs for regular and 'as required' medications. Medications were checked and signed on arrival from the pharmacy by the registered nurse.</p> <p>Registered nurses and caregivers are assessed as medication competent to administer medication. Registered nurses have completed syringe driver training. Standing orders were not in use. The medication fridge and room temperatures have been monitored daily and temperatures were within the acceptable range. Ten medication files were reviewed. Medication reviews were completed by the GP three monthly. 'As required' medications were prescribed correctly with indications for use documented, efficacy is documented in the progress notes.</p>

requirements and safe practice guidelines.		Medications are stored securely in the medication room. There was one resident self-medicating inhalers. A competency was completed and reviewed by the RN and the GP three monthly.
<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>	FA	<p>All meals are prepared and cooked off-site at a catering company. There is a current food control plan in place expiring in May 2022. There is a four weekly rotating summer and winter menu that is reviewed by the company dietitian. A food services policies and procedures manual is in place. Staff have completed food safety training in October 2020. There are designated care staff who complete food services duties at Queen Rose. Food is delivered in hot boxes from the catering company and transferred to the hot box. It is probed as it goes into the bain marie. Daily hot food temperatures are taken and recorded for each meal. Meals are served and delivered to residents. Fridge and freezer temperatures are recorded on an electronic app (iPad is supplied by the catering company). Dry foods in the pantry are dated and sealed. Perishable foods in the chiller and refrigerators are date labelled and stored correctly. The kitchen has a separate dishwashing area, preparation, cooking, baking and storage areas.</p> <p>All residents have their dietary requirements/food and fluid preferences recorded on admission and updated as required. A folder of residents' dietary requirements that includes likes/dislikes is maintained and a quick reference is displayed on the kitchen wall beside the bain marie. Alternative choices are offered. Dietary needs are met including normal, pureed meals and finger foods. Specialised utensils and lip plates are available as required.</p> <p>Input from residents and food surveys, provide resident feedback on the meals and food services. Residents and relatives interviewed confirmed likes/dislikes are accommodated and alternative choices offered. A corrective action was identified from the 2020 satisfaction survey, which has been implemented.</p> <p>The chemicals are stored safely. The chemical supplier completes quality control checks on the sanitiser. Safety data sheets are available, and training is provided as required. Personal protective equipment is readily available, and staff were observed to be wearing hats, aprons, and gloves.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>When a resident's condition alters, a registered nurse initiates a review and if required, GP, nurse specialist consultation. The registered nurse and caregivers follow the plan and report progress against the plan each shift. There is documented evidence on the family contact form in each resident file that indicates relatives were notified of any changes to their relative's health. Discussions with the relatives confirmed they are notified promptly of any changes to their relative's health. Short term care plans are used for short term/acute changes in care. These were in place for wounds and infections in the resident files reviewed.</p> <p>One resident with challenging behaviours had monitoring forms maintained, triggers were unable to be clearly identified, behaviours and de-escalation techniques specific to this resident were documented and implemented.</p> <p>There were two chronic wounds on the day of the audit (one lesion and one chronic ulcer). Both wounds had</p>

		<p>individual wound assessments, plans and evaluations which indicated progression or deterioration of the wounds. Photos are taken weekly to evidence progression towards healing. The GP has been involved with both wounds. Adequate dressing supplies were sighted in the treatment room.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral. Residents are weighed monthly or more frequently if weight is of concern.</p> <p>Monitoring forms are used for weight and vital signs, blood sugar levels, pain, challenging behaviour, food, and fluid charts.</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>One of the owners and a caregiver (currently completing level 4 NZQA in diversional therapy) provide a wide range of activities for the residents of Queen Rose.</p> <p>All residents have an activities assessment completed shortly after admission to the facility which provides the base of the activity care plan. The care plans are evaluated at least six-monthly at the same time as the care plan review. Interview and file review confirmed that activities and community access were provided for younger residents to include trips to McDonalds and similar activities. One resident likes to set the tables for the dining rooms and set the trolleys up for collecting plates after lunchtime and helps tidy up extra chairs and reset the lounges up after entertainers have been. Another resident spoke about catching a bus into town (pre Covid) to do some shopping.</p> <p>The activities programme is displayed in residents' rooms and in the communal areas and includes exercises, housie, and regular weekly concerts, movie afternoons happy hours, pet therapy and two weekly church services over the weekend, and outings, shopping and van rides are available twice weekly (when Covid restrictions allow).</p> <p>The knitting group are currently knitting 'peggie' squares to make blankets for the SPCA, and some are donated to the Presbyterian Support to hand out with food parcels. The residents are planning a lemonade stall to raise money for charities over the summer months. Planning for Christmas is underway with discussions held at the recent residents' meeting around decorations and cards to be sent.</p> <p>Bus outings are very popular and include outings for picnics and restaurants and cafés. The owner (maintenance) is the bus driver and holds a current first aid certificate.</p> <p>Special events have included a retirement high tea party for a member of staff where residents helped choose and wrap presents for the staff member. Halloween was celebrated, where the facility was decorated, and members of staffs' children visited the residents.</p> <p>The residents can provide feedback on the programme through resident meetings and surveys. The residents and the relative interviewed commented positively on activities offered.</p>

<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans for long-term residents were evaluated by the manager or registered nurse within three weeks of admission and long-term care plans developed. Long-term care plans have been evaluated by the manager or registered nurse six monthly, using the interRAI tool or earlier for any health changes for files reviewed. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes or the care plan. The acute plans of care have been reviewed and evaluated</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>	FA	<p>The owner (maintenance) completes regular checks around the facility and attends to any maintenance requests. There is a maintenance folder maintained of reactive and preventative maintenance performed, which documents corrective actions such as when the problem has been fixed or contractors have been contacted. Hot water checks are completed monthly, and all recordings were within acceptable ranges. All equipment has been tagged, tested, and calibrated annually by external contractors. The facility has been issued with a Form 12 stating all emergency equipment is safe, however due to the Covid-19 lockdowns, the external contractor was not able to perform the required checks.</p> <p>All areas are easily accessible within the facility with a chair lift providing access to the upstairs areas. Ramps provide access to the outdoors for residents requiring mobility aids. Outdoor areas, gardens, and balconies on the upper floor are maintained and provides seating and shade.</p> <p>There are two lounge/dining areas for residents to enjoy. Residents were observed moving freely around the facility with mobility aids.</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>	FA	<p>Queen Rose continue to implement their infection surveillance programme. Individual infection alert forms were completed for all infections. Infections were included on a monthly register and annual and a monthly reports were completed by the infection control coordinator (registered nurse) which are discussed at the monthly meeting. The infection control programme is linked with the quality programme. In-service education is provided annually and in toolbox talks when required. There have been no outbreaks since the previous audit.</p> <p>Policies and procedures have been implemented around Covid-19. There is a resource folder readily accessible to staff to guide them around each lockdown level. Training has been provided around personal protective equipment, handwashing, isolation procedures. Supplies of PPE were sighted during the audit. All visitors and staff are required to sign the register, complete a wellness check, and record temperature on entry to the facility for track and trace purposes. All staff, visitors and contractors are required to wear masks while in the facility. Staff and residents have been offered the influenza and Covid vaccines. The DHB has completed a virtual audit and are</p>

		scheduled to perform an onsite visit in October 2021.
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>There is a restraint minimisation and safe practice policy that is applicable to the service. The registered nurse is the restraint coordinator. There are currently no residents using restraint or enablers at Queen Rose.</p> <p>There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. Restraint/enabler and challenging behaviour training is provided two yearly (next due in November 2021). Caregivers interviewed could describe the differences between restraint and enablers and procedures around these.</p>

## Specific results for criterion where corrective actions are required

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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
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## Specific results for criterion where a continuous improvement has been recorded

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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
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End of the report.