

Prasad Family Foundation Limited - Brylyn Residential Care

Introduction

This report records the results of a Certification 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: Prasad Family Foundation Limited

Premises audited: Brylyn Residential Care

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

Dates of audit: Start date: 1 February 2022 End date: 2 February 2022

Proposed changes to current services (if any): The service has reconfigured six rooms as dual-purpose double rooms increasing overall bed numbers to 41. While all beds are dual purpose, the service will only have up to 15 hospital residents at any one time.

Total beds occupied across all premises included in the audit on the first day of the audit: 31



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

Brylyn Residential Care is owned and operated by the Prasad Family Foundation Limited. The service provides cares for up to 41 residents requiring hospital and/or rest home level care. On the day of the audit, there were 31 residents.

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

This audit also included verifying the suitability of six dual-purpose rooms (five studio units and one large resident room) as suitable to be used as double rooms.

The service is overseen by a facility manager and a nurse manager (a registered nurse). They are supported by registered nurses who provide 24-hour on-site support for residents. Residents and family spoke positively about the service provided.

Improvements identified at the audit are required to the following: care plan interventions, medication management and dietitian review of the resident menu.

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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Brylyn strives to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. Information about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is easily accessible to residents and families. Policies are implemented to support residents' rights. Informed consent processes are followed, and residents' clinical files reviewed evidenced informed consent is obtained. Staff interviews informed a sound understanding of residents' rights and their ability to make choices. Care plans accommodate the choices of residents and/or their family/whanau. Complaints and concerns are promptly managed.

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 quality, risk management and business plans include service philosophy, goals and are reviewed annually. The directors provide support and direction to the facility manager and nurse manager. Quality activities are conducted, and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Resident/family meetings have been held six-monthly. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported and followed through. An education and training programme have been implemented with an on-site training plan. Appropriate employment processes are adhered to and all employees have an annual staff appraisal completed. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. Resident information is appropriately stored and managed.

Continuum of service delivery

<p>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.</p>		<p>Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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The registered nurses are responsible for each stage of service provision. A registered nurse assesses and plans residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans demonstrated service integration and resident/relative input into care.

An activities coordinator oversees the activity programme for the residents. The programme meets the individual recreational, physical, and cognitive abilities. Community visitors and entertainers have been restricted during Covid outbreaks. Residents and relatives reported satisfaction with the activities programme.

Medication policies reflect legislative requirements and guidelines. Registered nurses are responsible for the administration of medicines and complete annual education and medication competencies. The medicine charts reviewed meet prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. There is a current food control plan. Resident dislikes, food allergies and dietary requirement are met. The residents interviewed commented very positively on the meals and snacks provided.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building holds a current warrant of fitness. There are documented processes for the management of waste and hazardous substances in place. Residents can freely mobilise or be transported safely within the communal areas. There is safe access to the outdoors, seating, and shade. Resident bedrooms are spacious and personalised with ensuites or access to communal facilities. Cleaning and laundry services are completed on-site. Systems and supplies are in place for essential, emergency and security services. Six monthly fire drills are conducted. There is at least one staff member on duty at all times with a current first aid certificate.

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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Brylyn residential care has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. The service uses restraint as a last resort. On the day of audit, there were no residents with restraint and two residents with enablers. Restraint management processes are adhered to.

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.

Infection control policies are documented. A registered nurse is the infection control coordinator and has completed infection control training. Staff complete infection control education on orientation and ongoing as part of the annual planner. Surveillance of infections is documented, data discussed, and strategies put in place to improve infection control practice. The organisation has a low rate of infections. There is sufficient personal protective equipment available.

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	42	0	2	1	0	0
Criteria	0	90	0	2	1	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Health and Disability Commissioner Code of Health and Disability Services Consumers' Rights (the Code) policy and procedure is implemented. Discussions with staff (three healthcare assistants, one registered nurse (RN), one chef, one housekeeper, and one activities coordinator) confirmed their familiarity with the Code. Interviews with one hospital level care resident, two rest home residents and three family members (two rest home level of care and one hospital level of care) confirmed the services being provided are in line with the Code. Observation during the audit confirmed this in practice. Staff have received training on the Code of Health and Disability Services, Code of Rights and Employee Code of Conduct. All staff files reviewed included a signed copy of the Code of Conduct.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed</p>	FA	<p>Systems are in place to ensure residents, and where appropriate their family/whānau, are provided with appropriate information to make informed choices and informed decisions. The healthcare assistants and registered nurses interviewed, demonstrated a good understanding in relation to informed consent and informed consent processes.</p> <p>There are established informed consent policies/procedures. General consents are obtained on admission and included in the admission agreement. Specific consents were obtained for influenza and Covid vaccinations as sighted in the long-term files. Resuscitation status in all six files reviewed (four rest home including one resident under long-term stay-chronic health condition and one resident under the DHB rest</p>

<p>consent.</p>		<p>and recuperation contract and two hospital level residents) had been signed appropriately by the competent resident or by the general practitioner if the resident was not deemed to be competent to make a resuscitation decision.</p> <p>Advance directives and choices for end of life were included in the long-term care plan.</p> <p>Relatives and residents interviewed confirmed they have been made aware of and fully understand informed consent processes and that appropriate information had been provided.</p> <p>All resident files reviewed had signed admission agreements including a short-term admission agreement for the resident under the DHB rest and recuperation (R&R) contract.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	<p>FA</p>	<p>A policy describes access to advocacy services. Staff receive training on advocacy. Information about accessing advocacy services information is available in the entrance to the facility. This includes advocacy contact details. The information pack provided to residents at the time of entry to the service provides residents and family/whānau with advocacy information. Advocate support is available if requested. Interviews with staff, residents and relatives informed they were aware of advocacy and how to access an advocate.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	<p>FA</p>	<p>Residents are encouraged to be involved in community activities and maintain family and friends' networks. On interview, staff stated that residents are encouraged to build and maintain relationships. All residents interviewed confirmed that relative/family visiting could occur at any time (subject to making an appointment during red level setting). There are normally visiting community groups however these were restricted at the time of audit due to the Covid red alert level setting.</p>
<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 service has a complaints policy that describes the management of the complaints process. Complaints forms are in an accessible and visible location. Information about the complaints process is provided on admission. Managers (one facility manager and one nurse manager) and care staff interviewed were able to describe the process around reporting complaints.</p> <p>A complaints' register is maintained. Verbal and written complaints are documented and include any concerns identified in the resident/relative meetings and satisfaction surveys. Three complaints had been lodged in 2021, and none for 2022 (year-to-date). All complaints had a documented investigation and the outcome communicated to the complainant by letter or face-to-face meetings. Timeframes for addressing each complaint were compliant with the Health and Disability Commissioner (HDC) guidelines and corrective</p>

		<p>actions (when required) were documented.</p> <p>Complaints received and corrective actions are discussed in the monthly staff/quality and management meetings. Interviews with residents and relatives confirmed that they feel comfortable in bringing up concerns with the RNs and management team.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>There are posters of the code of rights on display throughout the facility and leaflets are available in the main entrance/reception. Information is also given to next of kin or enduring power of attorney (EPOA) to read with the resident and discuss. On entry to the service, the facility manager discusses the information pack with the resident and the family/whānau. The information pack includes a copy of the Code of Rights and advocacy information.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>The service has policies, which align with the requirements of the current Privacy Act and Health Information Privacy Code. The privacy officer (registered nurse) has completed online training for the updated privacy act. Staff were observed respecting resident's privacy and could describe how they manage to maintain privacy and respect of personal property. All residents interviewed stated their needs were met and staff were very respectful and maintained their dignity at all times; this included the two couples occupying double rooms at the time of audit. They confirmed that staff always knock and wait until they are advised they can enter the room. Resident independence is encouraged and in line with the wishes of the consumer. Staff receive training around privacy and dignity and elder abuse and neglect as part of the two-yearly education plan. This is next due in October 2022.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>There are current policies and procedures for the provision of culturally safe care for Māori residents including a Māori health plan, Tikanga best practice guidelines, cultural protocols, and consultation with Māori representatives. Brylyn residential care has an established relationship with a local Māori charitable trust for advice and support when required. There were five residents who identified with Māori on the day of audit. Discussions with staff confirmed that they are aware of the need to respond to cultural differences (link to 1.1.6.2). Family/whānau involvement is encouraged in assessment and care planning and involvement is encouraged. Staff complete annual cultural awareness education.</p>
<p>Standard 1.1.6: Recognition And Respect Of The</p>	FA	<p>The service has established cultural policies aimed at helping meet the cultural needs of its residents. All residents interviewed reported that they were satisfied that their cultural and individual values were being</p>

<p>Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>		<p>met. The clinical documentation available has the capacity to gather information during assessment including residents' cultural beliefs and values, in order to develop a care plan. However, four of five residents who identified as Māori had no documentation related to cultural preferences and practice (link 1.3.5.2).</p> <p>Staff receive training on cultural awareness and diversity and could describe how they communicate with residents of another culture. A policy describes spiritual care. Church services occurred regularly prior to Covid restrictions; however, these have temporarily been placed on hold during the Covid red alert level settings. All residents interviewed indicated that their spiritual needs were being met when required.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Brylyn residential care has a staff code of conduct which states there will be zero tolerance against any discrimination occurring. Code of conduct and position descriptions outline staff responsibilities in terms of providing a discrimination free environment. The Code of Rights is included in orientation and in-service training. Training is provided as part of the staff training and education plan. Interviews with staff confirmed their understanding of discrimination and exploitation and could describe how professional boundaries are maintained. Discussions with residents identified that they are treated fairly without any discrimination.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>The service has policies to guide practice that aligns with the health and disability services standards, for residents with aged care needs. Staffing policies include pre-employment and the requirement to attend orientation and ongoing in-service training. Residents interviewed spoke positively about the care and support provided. Staff interviewed had a sound understanding of principles of aged care and stated that they feel supported by the management team. The service encourages and promotes good practice through evidence-based policies, input from external specialist services and allied health professionals, for example, physiotherapist, hospice/palliative care team, district nurse, wound care specialist, mental health services for older persons, and education of staff. The general practitioner (GP) confirmed the service sought prompt and appropriate medical intervention when required and were responsive to medical requests.</p> <p>Other examples of good practice observed during the audit included the knocking on doors before entering a room, day to day discussions with residents and their families and staff interviewed being able to identify that they know the residents well.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers</p>	FA	<p>Residents interviewed (as appropriate) and family members stated they were welcomed on entry and given time and explanation about the services and procedures. Fourteen accident/incidents reviewed identified the relative had been notified. This was confirmed on interview with family members. Six-monthly resident/relative meetings are held to feedback/discuss services such as the food, activities, environment,</p>

<p>communicate effectively with consumers and provide an environment conducive to effective communication.</p>		<p>and any care issues. Family newsletters are published monthly. There are portable phones, skype available on a laptop (residents book time slots) and Wi-Fi to encourage families and residents to maintain communication. There is access to interpreters as required and the service has a varied multicultural staff who can communicate in many languages.</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>Brylyn residential care is owned and operated by the Prasad Family Foundation Trust. The service provides hospital (geriatric and medical), and rest home level care for up to 41 residents. All beds are dual purpose with the service originally only able to have up to ten residents requiring hospital level of care at any given time. This audit included verifying the reconfiguration of beds (HealthCERT letter dated 10 December 2021) which the service has been able to utilise without a partial provisional audit. This reconfiguration verified six resident rooms (five studio rooms and one large resident room) as suitable as dual-purpose double rooms. With the reconfiguration the service has been verified as suitable to have up to 15 hospital residents at any given time. With the increase in double rooms verified, there is a total of nine double rooms at Brylyn.</p> <p>On the day of the audit, there were 31 residents in total. There were nine hospital level residents, and 22 rest home level residents including one LTS-CHC and three short-term respites. Two of the respite residents were funded under the DHB rest and recuperation (R&R) and one was rest home carer support.</p> <p>A business plan and a quality and risk management plan are in place. The business plan identifies scope, direction, and goals of the service. There are two directors who maintain at least weekly contact with the facility manager and nurse manager. Brylyn has a current business plan that identifies annual goals and measures such as community engagement and increased occupancy, ongoing refurbishments, and for the facility to remain restraint free.</p> <p>The facility manager has been in the role at Brylyn for two years and has over twelve years of experience in rest home administration. She is supported by a nurse manager (registered nurse) and directors. The facility manager reports to the directors on a variety of operational issues. The directors visit the site regularly and maintain telephone and email contact at other times.</p> <p>The facility manager has completed in excess of eight hours of professional development in the past 12 months including courses on managing people, enduring powers of attorney, nutrition and time management. The facility has a stable workforce and extremely low turnover of staff.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the</p>	<p>FA</p>	<p>In the absence of the facility manager, the nurse manager is in charge, with support from the directors, the registered nurses and healthcare assistants.</p>

<p>service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</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>Brylyn Residential Care has a documented quality management system. There are documented policies and procedures to guide staff which have been formulated by an external consultant. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place and policies are regularly reviewed and updated. New policies or changes to policy are communicated to staff in the staff meetings. Staff have access to the current manuals. The facility manager and nurse manager both understand the quality and risk management programme. An internal audit schedule is in place and all scheduled audits have been completed.</p> <p>Data is collected in relation to a variety of quality activities including adverse events, incidents/accidents, infections, restraint, medications, concerns/complaints, and internal audit outcomes. Staff interviewed confirmed they are kept informed on quality data, trends and correctives actions at the monthly combined staff/quality/health and safety meetings. Meeting minutes are made available to staff. Clinical meetings are held monthly for the registered nurses and all scheduled site meetings have been held as per meeting schedule for 2021.</p> <p>Annual resident/relative surveys are completed, and the results fed back to participant through newsletters and resident/relative meetings. The 2021 results show an improvement in the standard of cleaning from 2020 and a slight decline in food satisfaction. A corrective action was completed and feedback to survey participants given. Results of surveys are relayed during the six-monthly resident/family meetings.</p> <p>A health and safety programme is in place that meets current legislative requirements. The residential care officer (activities) is the designated health and safety representative and has completed formal training in hazard identification and management. An interview with the health and safety representative and review of health and safety documentation confirmed that legislative requirements are being upheld. External contractors and all new staff have been orientated to the facility's health and safety programme including Covid 19 preparedness requirements. All new staff complete a health and safety induction including emergency situations, fire safety and safe moving and handling. Hazard identification forms are implemented. There is a current hazard register in place. All contractors complete an induction to the facility.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention.</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>	<p>FA</p>	<p>Incident and accident data is collected and analysed for trends. Fourteen resident related incident reports for December 2021 were reviewed. All reports evidenced that family had been notified and appropriate clinical care was provided following an incident, including neurological observations for all unwitnessed falls. Documentation including care plan interventions for prevention of incidents, was fully documented.</p> <p>There is an accidents and incidents reporting policy. The facility manager and/or the nurse manager investigates accidents and near misses and analysis of incident trends occurs. There is a discussion of incidents/accidents at staff/quality/health and safety, clinical meetings, and handovers, including actions to minimise recurrence. Staff interviewed confirmed incident and accident data are discussed and information is made available.</p> <p>Discussions with management confirmed an awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been two Section 31 notifications since the previous audit consisting of three pressure injuries in February, October, and December 2021 (one facility acquired unstageable, one community acquired unstageable, and one facility acquired stage 3).</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices including relevant checks to validate the individual's qualifications, experience, and veracity. Five staff files (one nurse manager, one RN, one healthcare assistant, one cleaner and one chef) reviewed, contained all relevant employment documentation and job descriptions. Current practising certificates were sighted for the RNs, and allied health professionals. All staff signed a code of conduct which contains elements covering confidentiality and the correct use of information technology. Performance appraisals were up to date.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment.</p> <p>There is a documented staff education calendar with on-site clinical in-services and opportunities to attend external education offered. Staff individual records of training are maintained. Staff complete competencies relevant to their role including restraint minimisation, medication, hand hygiene and safe manual handling. There are ten HCAs, six of which have achieved level 4, and three are working on level 3 currently. All five RNs plus the nurse manager have completed interRAI training.</p> <p>Registered nurses and HCAs have the opportunity to attend aged care related study days at the DHB.</p>
<p>Standard 1.2.8: Service</p>	<p>FA</p>	<p>There is a documented staffing policy that outlines on call requirements, skill mix, staffing ratios and rostering for the facility. The facility manager and nurse manager work fulltime Monday to Friday and are on</p>

<p>Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>		<p>call 24/7. They are supported by the directors and registered nurses.</p> <p>There is one registered nurse on each shift and two healthcare assistants on the morning (07.00-15.00) and afternoon shifts (one 15.00-22.00 and one 15.00-23.00). Overnight there is a registered nurse and a healthcare assistant (23.00-07.00). Staff stated that there are sufficient staff for the number and acuity of residents. This was confirmed by the nurse manager with observations of the service confirming that there were sufficient staff in the morning and afternoon for resident needs to be met.</p> <p>There are 23 staff employed in the service including the nurse manager, an activities coordinator, five registered nurses, and ten healthcare assistants. Household staff are employed with healthcare assistants completing laundry tasks. The rosters reviewed confirmed that staff are replaced when on leave</p> <p>Residents and relatives stated there are adequate staff on duty at all times. Staff stated they feel supported by the management team who respond quickly to after-hours calls. There is adequate staff to provide services for the potential increase in residents (up to 41).</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>There are resident files appropriate to the service type. Residents entering the service have all relevant initial information recorded within 48 hours of entry into the residents' individual record and resident register. Resident clinical and allied health records are integrated. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access. All entries in the progress notes are legible, dated and signed with the designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	FA	<p>Residents are assessed prior to entry into service, establishing the level of care needed. Entry into the service is facilitated in a competent, timely and respectful manner. Pre-admission information is provided for families and residents prior to or on admission. Admission agreements reviewed had been signed in a timely manner.</p>
<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a</p>	FA	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Copies of documentation and handover is kept on file.</p>

planned and coordinated transition, exit, discharge, or transfer from services.		The service uses the DHB yellow envelope transfer documentation (as observed on the day of audit).
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>There are policies and procedures in place for safe medicine management that meet legislation and guidelines. All registered nurses administer medications and have current medication competencies on file. Level 4 HCAs complete medication competencies. Regular medications are delivered in robotics packs from the pharmacy and all medications are stored safely in the medication room. Medications are checked against the electronic medication chart on arrival and there is a documented record of medication reconciliation. As required medication and impress stock are checked regularly for stock levels and expiry dates. There was one resident self-medicating inhalers on the day of audit however there had not been any three monthly self-medicating reviews completed. Eyedrops had been dated on opening. The medication fridge and room air temperatures were documented as checked daily and within acceptable limits.</p> <p>Eleven electronic medication charts and one paper-based medication chart (for the R&R resident) were reviewed. An electronic medication system is utilised. Medication charts had photo identification and allergy status noted. The GP has reviewed the medication charts three monthly. 'As required' (PRN) medication had indications documented. The effectiveness of PRN medication was documented.</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>	PA Low	<p>All meals and baking are prepared and cooked on site by a qualified chef (Sunday to Thursday) and a qualified cook (Friday and Saturday). They work at 7am to 5.30pm and are supported by a morning kitchenhand from 7-11am. Food services staff have completed food safety training. The kitchen is adjacent to the dining room and meals are served directly to the residents in the dining room and resident rooms. There is a four-week seasonal menu in place. Resident likes and preferences are considered in the menu plan however there has not been a dietitian review within the last two years. The chef (interviewed) receives a nutritional profile for each resident and accommodates dislikes, food allergies, spiritual and cultural dietary requirements. Dietary requirements include soft/pureed and vegetarian meals.</p> <p>There is a current food control plan which expires January 2023. All food is stored safely and dated. Fridge, freezer and end cooked temperatures are monitored and recorded daily. Inward chilled goods are temperature checked on delivery and recorded. A kitchen cleaning schedule is in place and implemented. The chef receives feedback on meals directly at mealtimes and through resident meetings. Residents interviewed were very happy with the meals provided.</p>
Standard 1.3.2: Declining Referral/Entry To Services	FA	The reasons for declining entry would be if the service is unable to provide the care required or there are no beds available. Management communicates directly with the referring agencies and family/whānau as

Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.		appropriate should they decline an admission.
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	The registered nurse completes an initial assessment on admission including risk assessments such as falls, pressure injury risk, nutritional and pain assessments as relevant. The outcomes of the assessments, medical information, discharge summaries and information from significant others is used to develop the initial care plan. An interRAI and other relevant assessments are undertaken at three weeks to evaluate the resident needs and develop a long-term care plan.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	PA Moderate	The resident's long-term care plans reviewed, overall were resident-focused and cover all areas of daily activities of living, medical health, mobility, nutrition, pain, mood and behaviour, spiritual, cultural, and recreational needs. Acute care plans were used for short-term needs. The acute care plans reviewed had been reviewed at three weeks, and ongoing concerns were transferred to the long-term care plan, however, not all current interventions were documented. Care plans evidenced resident (as appropriate) and family/whānau involvement in the care plan process. Resident files demonstrated service integration and evidence of allied healthcare professionals involved in the care of the resident such as the podiatrist, dental service, physiotherapist, and cardiologist.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	When a resident's condition alters, the registered nurse initiates a review and if required a GP, NP, or nurse specialist consultation. There is documented evidence of family members being notified of any changes to their relative's health status, incidents, infections, GP visits, appointments, and updates. Discussions with families confirmed they are notified of any health changes. Adequate dressing supplies were sighted in the medication room. The paper-based wound care file was reviewed. Wound assessments, wound monitoring, treatment/dressing plans, photos and evaluations were in place for all current wounds (three wounds, one surgical wound and two facility acquired pressure injuries). One hospital resident had two pressure injuries (one stage 3 of the right outer foot and one stage 1 of the sacrum). Accident/incident forms had been completed and a section 31 for the stage 3 pressure injury. Short term care plans for the pressure injuries were in place. Interventions included an air alternating mattress in place, repositioning two hourly, high protein diet and adequate hydration. The RN interviewed

		<p>was able to describe the referral process for a wound care nurse specialist if required.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. Staff interviewed stated that they have enough stock available and are aware of how to access stock if need arises. Sufficient gloves and aprons were available and sighted for staff to utilise.</p> <p>Monitoring forms are used to monitor a resident's progress towards meeting goals and include vital observations, daily task sheets (hygiene and grooming), pain, behaviour, bowel records, turning harts, food and fluid intake, weight, blood sugar levels and neurological observations.</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>	FA	<p>An activities coordinator (residential care officer) implements the activities programme from 9.30 am to 2.30 pm, Monday to Friday. She has been in the role over three years and is a level 4 HCA with a current first aid certificate. An integrated activities programme is provided for rest home and hospital residents with group and individual activities. One on one time is spent with those who are unable to participate in group activities or prefer to stay their rooms. The activity programme is displayed. The programme is flexible to meet resident recreational preferences. Care staff coordinate weekend activities and there are plenty of resources available on the activity trolley and in the cupboard including board games and crafts. A variety of exercises is held daily during the week. Other activities include board games, quizzes, music and sing-a-longs, garden walks, manicures and massages, foot spas, happy hours, and movies. Resident led activities include quizzes and bingo calling. Entertainment, pet therapy, church services and community outings have been on hold during covid restrictions. The service hire vans (including a wheelchair van) for outings fortnightly. The van driver has a first aid certificate and residents are accompanied by the residential care officer and HCA.</p> <p>A social history and assessment are completed for residents soon after admission. Recreational preferences are documented in the long-term care plan and each resident has an individual activity plan. Attendance records are maintained. The activity care plan is evaluated at the same time as the long-term care plan.</p> <p>Residents provide feedback through resident meetings and directly through discussions. Residents and family interviewed expressed satisfaction with the activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>Initial care plans are evaluated at three weeks and long-term care plans are evaluated six monthly or earlier due to changes in health. A written evaluation is completed against all the care plan categories and identify if the resident goals have been met or unmet. The care plan is updated with any changes and links to the six monthly interRAI assessment. The resident (as appropriate) and/or the relative is involved in the care plan evaluation as evidenced by signature on the care plan. The GP reviews the residents at least three monthly or earlier if required. The multidisciplinary review team includes the RN, nurse manager, HCAs, residential</p>

		care officer and the resident/relative and any other allied health professional involved in the care of the resident.
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	Referral to other health and disability services is evident in the resident files reviewed. Physiotherapist, cardiologist, neurologist, and dermatologist are some of the allied services accessed by resident referrals in consultation with GP. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. Residents/EPOAs are informed and involved in the referral process.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets are available for staff in the laundry/cleaner's room. Chemical bottles sighted have manufacturer labels. Chemicals are kept in a locked cupboard within the laundry. The laundry is accessed by keypad entry. There is one sluice room within the facility and one sluice area within the laundry. There were gloves, visor, and aprons readily available.</p> <p>Staff were seen to be wearing appropriate personal protective clothing while carrying out their duties. Staff have completed chemical safety training with the chemical provider.</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 building has a current building warrant of fitness that expires 20 September 2022. The service employs a part-time maintenance person (retired handyman) that works 40 hours per fortnight. A maintenance request book (sighted) is completed for maintenance requests and signed-off as addressed. There is a planned maintenance plan (daily, weekly, monthly, quarterly, and annually) that is overseen by the manager. Essential contractors are available 24 hours. Electrical equipment including resident related equipment has been tested and tagged. Clinical equipment such as chair scales and oxygen concentrators have been checked and calibrated.</p> <p>Hot water temperature monitoring is randomly checked in resident rooms on a monthly basis. Corrective actions and hot water re-checks were recorded maintaining temperatures less than 45 degrees Celsius. The</p>

		<p>hot water cylinder has been replaced. There have been many upgrades in shower rooms, flooring in resident rooms and communal areas, furnishings and equipment replaced. Resident rooms are refurbished as they become vacant.</p> <p>The facility corridors have wide enough space for residents to safely mobilise using mobility aids or in lazy boy chairs, with the assistance of staff.</p> <p>Six resident rooms (five studio rooms and one large resident room) were assessed as suitable double rooms for rest home or hospital level of care at this audit. The rooms and studio ensuites were spacious enough to manoeuvre a hoist and other mobility equipment safely to provide the assessed level of care. There were two call bells in each of the rooms assessed as double rooms. The number of available beds has increased from 35 to 41. These rooms are only used for couples. With the increase in double rooms verified, there is a total of nine double rooms at Brylyn.</p> <p>There is safe access to the outdoor areas with rails and ramps in place. Seating and shade are provided. There have been repairs to external pathways. The service employs a gardener 2.5 hours on Mondays and Thursdays. The lawn and gardens were well maintained and clean.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>Toilet and shower facilities are of an appropriate design to meet the needs of the residents. Some resident rooms including the studio rooms, have ensuites. There are adequate numbers of communal toilets and shower rooms including one large enough for the use of a shower trolley. There is also a tilting shower chair available. Communal toilet facilities are clearly identified and have a system that indicates if it is engaged or vacant. Shower rooms have privacy curtains.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate</p>	<p>FA</p>	<p>All resident rooms were spacious. There were three double studio rooms and 21 single rooms. Another five studio rooms and one large resident room were assessed as suitable for double rooms. Privacy curtains can be installed if required.</p> <p>There is adequate room to safely manoeuvre mobility aids and transferring equipment such as hoists in the resident bedrooms. The nurse manager and healthcare assistants verbalised they have enough space to</p>

to the consumer group and setting.		deliver resident cares. Residents and families are encouraged to personalise their rooms. This was evident on the day of audit.
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas within the facility include separate dining room, which is partitioned to provide privacy for dependent residents, a main lounge and smaller family lounge. Seating and space are arranged to allow both individual and group activities to occur. All communal internal areas are easily accessible for residents and is well utilised. There is sufficient space in the communal areas for the potential increase in residents. There is safe ramp access to the outdoor gardens and grounds. There is a designated smoker shed.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There are dedicated cleaning staff seven days a week from 9am to 2.30pm. The cleaner's trolley (sighted) was well equipped. The cleaner (interviewed) was wearing appropriate personal protective clothing. The trolley is kept in the locked laundry when not in use. There is a day/night cleaning schedule carried out by HCAs that includes some communal areas. Cleaners have completed infection control training including donning and doffing of personal protective clothing.</p> <p>Personal laundry and linen are shared by healthcare assistants and the facility cleaner. There are commercial auto feed washing machines and dryers. The laundry has a defined clean/dirty area. There is a clean folding area. There is an external door for ventilation. Safety data sheets were available.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation scheme is in place that has been approved by the New Zealand Fire Service. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six monthly fire drills are completed, with the most recent being held on 15 September 2021. Emergency equipment is available at the facility including fire hoses, fire blankets and extinguishers, all of which had valid fire check dates. This is done by a contracted service provider. Fire training and security situations are part of orientation of new staff.</p> <p>There are adequate supplies in the event of a civil defence emergency including food, water, blankets, and gas cooking. A warden's vest, list of residents and a fire checklist is available at reception in case of an emergency. Floor plans are visible on the wall in the foyer. Short-term back-up power for emergency lighting is in place. There is a staff member on duty across 24/7 with a current first aid certificate.</p> <p>There are call bells in the residents' rooms, and lounge/dining room areas. When a resident pushes the call</p>

		bell, staff are made aware of who needs assistance through the call bell system. The facility is secure at night, and checks are performed.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	Residents are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. There are opening windows for ventilation. Heat pumps and air conditioning units are used in communal areas. There is underfloor heating which is centrally adjusted. There are ceiling fans in communal areas. All bedrooms have good sized windows which allows plenty of natural light.
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. An RN is the infection coordinator with a job description that outlines the role of the responsibility. The infection control coordinator provides infection control reports to the monthly staff meeting and they monitor the number of infections through the surveillance programme. The infection control programme is reviewed annually in consultation with the nurse manager.</p> <p>There are visiting restrictions in place. Relatives make appointments to visit and Covid screening (including temperature) is completed on entry to the facility. There are sufficient hand sanitisers and masks placed throughout the facility. Residents and staff are offered the influenza and Covid vaccinations.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	There are adequate resources to implement the infection control programme at Brylyn rest home and hospital. The infection control coordinator has completed education in relation to infection control and pandemic planning in the last year through DHB on-line training and Covid on-line training. External resources and support are available through the DHB aged care nurse specialist and portfolio manager. A DHB site visit assessed the services preparedness for an outbreak and DHB personnel are readily available advice and support. The infection control coordinator also describes accessing advice from the general practitioner as required. There is sufficient personal protective equipment available. There is an individual kit for each staff member with a fitted mask. The infection control team (HCAs and nurse manager) meet as required for example the annual review of the infection programme; all infection control matters are discussed at the monthly staff meetings.

<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and defines roles, responsibilities and oversight, the infection control team, training and education of staff and scope of the programme. The policies reflect current best practice and are reviewed by an external consultant. There is a Covid outbreak management resource folder.</p>
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>The infection control coordinator is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene, standard precautions and a hand hygiene competency is completed, as sighted in staff files reviewed. Infection control training has been ongoing with refreshers each staff meeting. Staff have been kept well informed on Covid restrictions and alert levels/traffic light system and restrictions at each level.</p> <p>Residents interviewed state they have been kept well inform on Covid restrictions and requirements. Education occurs as part of the resident daily activities.</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>There is a policy describing surveillance methodology for monitoring of infections. Standard definitions are used for determining infection events. The infection control coordinator collates infection control events monthly and the data is analysed for trends and opportunities for improvement and training opportunities. There is discussion around infection control data at the monthly staff meetings. Individual infection reports, and acute care plans are completed for all infections as sighted in resident files reviewed. Infections reported meet the standard definitions for infections including urinary tract, chest, skin, wound, eye, ear, and nose.</p> <p>There have not been any outbreaks since the last audit.</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>There are policies and procedures on restraint minimisation and safe practice. Policy includes guidelines and definitions for use of enablers and restraint. The nurse manager is the restraint coordinator. On the day of the audit there were no residents with restraints in use and two residents with lap belts used as enablers while up in wheelchairs. Enabler use is voluntary. All necessary documentation had been completed in relation to the enablers, including assessments, consents, and reviews.</p>
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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.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.	PA Low	There was one rest home resident self-medicating an inhaler. An initial self-medication assessment had been completed however there had not been any three-monthly self-medicating reviews since the initial assessment over a year ago.	There were no three-monthly reviews for one self-medicating resident.	Ensure there are three-monthly self-medication competency assessments completed. 90 days
Criterion 1.3.13.1 Food, fluid, and nutritional needs of consumers are provided in line with recognised nutritional guidelines appropriate to the consumer group.	PA Low	Resident feedback is sought directly and through resident meetings on the meals provided. The four weekly menus sighted includes changes to meet resident preferences. Residents interviewed were very happy with the menu changes however the changes have not been reviewed by a dietitian.	The menu has not been reviewed since 2019.	Ensure menu changes are reviewed by a dietitian. 90 days
Criterion 1.3.5.2	PA	Acute care plans are used to document interventions to manage short-term changes in	i). There were no interventions documented for one resident	i)-iii). Ensure that interventions are

<p>Service delivery plans describe the required support and/or intervention to achieve the desired outcomes identified by the ongoing assessment process.</p>	<p>Moderate</p>	<p>health. There were no interventions documented/implemented for three rest home residents with changes to health status, and not all cultural details, preferences and practices were being captured for all residents</p>	<p>who had been seen by the GP for dental issues resulting in a dental referral and soft diet.</p> <p>ii). There were no interventions implemented for one resident on dietary supplements with continuing unintentional weight loss.</p> <p>iii). There were no documented signs, symptoms, treatment, or management for hypoglycaemia/hypoglycaemia for one insulin dependent resident.</p> <p>iv). Four of five residents who identified as Māori did not have cultural details, preferences and practices documented in their care plans.</p>	<p>implemented/documentated to meet needs/supports for residents with health changes.</p> <p>iv). Ensure cultural assessments and care plans accurately document cultural requirements.</p> <p>60 days</p>
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.