

Radius Residential Care Limited - Radius Millstream

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 Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Radius Residential Care Limited
Premises audited:	Radius Millstream
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 14 November 2018 End date: 14 November 2018
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:	73

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Millstream Radius Care Centre is owned and operated by Radius Residential Care Limited and is certified to provide rest home, hospital (medical and geriatric) and dementia level care for up to 90 residents including rest home level care in serviced apartments certified for up to 10 residents. On the day of the audit there were 73 residents. There were no residents at rest home level of care in the serviced apartments. The facility manager and clinical manager are appropriately qualified and experienced. Interviews with residents and family member confirmed overall satisfaction with the care and service provided.

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

The one finding from the certification audit around internal audit corrective actions has been addressed. Four of four findings from the partial provisional audit have been addressed relating to neurological observations, environment, completion of landscaping and approved fire evacuation scheme have all been addressed. This surveillance audit identified an area for improvement around medication charts.

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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Discussions with families identified that they are fully informed of changes in health status. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service.

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 facility manager is qualified and experienced for the role. The quality and risk management programme includes service philosophy, goals and a quality planner. Quality activities, including Radius key performance indicators, are conducted and this generates improvements in practice and service delivery. Meetings are held to discuss quality and risk management processes. Residents meetings are held regularly, and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents and accidents are reported. An education and training programme has been implemented with a current plan in place. Appropriate employment processes are adhered to. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The registered nurses are responsible for each stage of service provision. Initial assessments, care plans and evaluations are completed by registered nurses within the required timeframes. Care plans and work logs (developed on the electronic resident system) are written in a way that enables all staff to clearly follow their instructions. The general practitioner reviews residents at least three monthly. There is allied health professional involvement in the care of the residents.

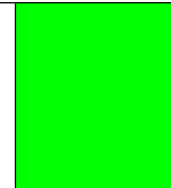
The activity programme is varied and interesting and includes outings, entertainment and links with the community. Each resident has an individual leisure care plan. The rest home and hospital have an integrated programme. The activities in the dementia unit are flexible, meaningful and delivered by the activity coordinator and healthcare assistants.

Medication is stored appropriately in line with current guidelines. Staff have had education around medication management and all staff who administer medications have completed a competency assessment. Medication charts are reviewed three monthly.

Meals and baking are prepared and cooked on-site by a contracted service. The menu is varied and appropriate, and has been reviewed by a dietitian. Individual and special dietary needs are catered for. Alternative options are provided. There are nutritious snacks available 24 hours.

Safe and appropriate environment

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

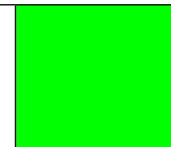


Standards applicable to this service fully attained.

The main building has a certificate of public use. The serviced apartments have a certificate for public use. The fire evacuation scheme has been approved

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.

Millstream has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were three residents with restraint and one resident with an enabler.

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.

Millstream has an infection control programme that complies with current best practice. Infection control surveillance is established that is appropriate to the size and type of services. There is a defined surveillance programme with monthly reporting by the infection control coordinator.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	16	0	1	0	0	0
Criteria	0	41	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>A complaints policy and procedure are in place. The complaints procedure is provided to residents and their family within the information pack at entry. Residents/family can lodge formal or informal complaints through verbal and written communication, resident meetings, and complaint forms. Information on the complaint's forms includes the contact details for the Health and Disability Advocacy Service. Complaints forms are available at reception.</p> <p>Six complaints were received in 2017 and six in 2018 year to date and all complaints have been signed off as resolved. A review of the complaints register evidences that the appropriate actions have been taken in the management and processing of these twelve complaints.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>Two residents interviewed (two rest home), stated they were welcomed on entry and were given time and explanation about the services and procedures. A sample of twelve incident reports were reviewed, and associated resident files evidenced recording of family notification. Five relatives interviewed (two hospital, two dementia and one rest home) confirmed they are notified of any changes in their family member's health status. The facility manager, clinical manager, three registered nurses (RNs) and four healthcare assistants (three who work in the rest</p>

		<p>home/hospital on the AM and PM shifts and one who works in the dementia unit on all shifts) were able to identify the processes that are in place to support family being kept informed.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p> <p>The facility has an interpreter policy to guide staff in accessing interpreter services. Residents (and their family/whānau) are provided with this information at the point of entry. A seasonal newsletter is provided for residents and families highlighting recent events. Families are encouraged to visit.</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>	FA	<p>Millstream is part of the Radius Residential Care group. The service provides rest home, hospital (medical and geriatric) and dementia level care for up to 80 residents in the care centre and rest home level care in serviced apartments certified for up to 10 residents. On the day of the audit there were 73 residents (29 rest home, 24 hospital and 20 dementia). All hospital and rest home beds are dual-purpose beds. On the day of the audit, all residents were on the aged residential care contract. There were no rest home level of care residents in the 10 serviced apartments certified for rest home level of care.</p> <p>Radius has an overall business/strategic plan and Millstream has a facility quality and risk management programme in place for the current year. The business plan includes business goals. Progress toward goals is regularly reported. The organisation has a philosophy of care which includes a mission statement.</p> <p>The facility manager is well trained and experienced and has been in the role for two years. She is supported by a clinical manager/registered nurse (RN) who has been in the role for ten months and the Radius regional manager. The facility manager has completed in excess of eight hours of professional development in the past 12 months.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	FA	<p>A robust quality and risk management system is in place. Policies and procedures reflect evidence of regular reviews as per the document control schedule. New and/or revised policies are made available for staff to read and sign that they have read and understand the changes. Policies and procedures have been updated to reflect the implemented interRAI procedures.</p> <p>Quality and risk performance is reported across facility meetings and to the regional</p>

		<p>manager. Discussions with the managers reflected staff involvement in quality and risk management processes. Interviews with three managers (facility manager, clinical manager, and regional manager) and eleven staff (four healthcare assistants, three RNs, one chef/kitchen manager, two activities coordinators and the receptionist) confirmed that quality data is discussed at monthly staff meetings.</p> <p>The monthly collating of quality and risk data includes monitoring clinical effectiveness, work effectiveness, risk management/falls and consumer participation. Data is collated and benchmarked against other Radius facilities. Data is collected in relation to a variety of quality activities and an internal audit schedule has been completed. Areas of non-compliance identified through quality activities are actioned for improvement. Corrective actions are evaluated and signed off when completed. The previous finding around internal audit corrective actions has been addressed. Annual resident and relative surveys are completed with results communicated to residents and staff. Survey results reflect satisfaction in all areas other than communication. A corrective action has been implemented in response to this and improvements made. Resident meetings are monthly. Minutes are maintained.</p> <p>The service has a health and safety management system that meets current legislative requirements. There are implemented risk management, and health and safety policies and procedures in place including accident and hazard management.</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>	FA	<p>There is an accidents and incidents reporting policy. Accidents and near misses are investigated by the clinical manager and analysis of incident trends occurs. Incidents are included in the Radius key performance indicators (KPIs). There is a discussion of incidents/accidents at monthly staff meetings including actions to minimise recurrence. Clinical follow-up of residents is conducted by a registered nurse as confirmed on 12 incident reports sampled. Discussions with the facility manager and regional manager confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notification. There have been no notifications made 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</p>	FA	<p>There are human resource management policies in place which includes that the recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of practising certificates is kept. Five staff files were reviewed (one clinical manager,</p>

<p>practice and meet the requirements of legislation.</p>		<p>one staff RN, two healthcare assistants and one diversional therapist) and evidenced that reference checks are completed before employment is offered. The service has a comprehensive orientation programme in place that provides new staff with relevant information for safe work practice.</p> <p>The in-service education programme for 2017 and 2018 year to date has been completed. A survey following a statutory training day held in August 2018 and attended by 85% of Millstream staff, had a positive outcome and management are planning to continue with this format for the future. The registered nurses are able to attend external training, including sessions provided by the local DHB. Four of nine registered nurses are interRAI trained. Annual staff appraisals were evident in the staff files reviewed.</p> <p>There are nine caregivers who work in the dementia unit. Four have completed the dementia NZQA standards and the other five are all enrolled and working through them. They have not yet worked in the dementia unit for 18 months. The activities coordinator has also completed dementia training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>Radius policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the residents. The facility manager (RN with current APC) and clinical nurse manager, work fulltime Monday to Friday and provide a rotating on call roster. The facility manager and staff interviewed advised that extra staff can be called on for increased resident requirements and the roster.</p> <p>There is a minimum of one staff RN on-site 24 hours a day, seven days a week with an additional RN based in the hospital unit on every morning shift.</p> <p>In the hospital for 35 residents (23 hospital and 12 rest home), there are two RNs on duty on the morning and an RN on afternoon shifts and night shift. The RNs are supported by six HCAs (four full and two short shift) on duty in the morning shift, five HCAs (three long and two short) in the afternoon shift and two caregivers at night.</p> <p>In the rest home for 18 residents (17 rest home and one hospital), a senior healthcare assistant is on duty on morning, afternoon and night. The senior caregiver is supported by one HCA on duty in the morning shift, two HCAs (one long and one short) in the afternoon shift and one HCA at night. The management team provide on call cover after hours and the hospital RN can be contacted at any time.</p> <p>The dementia unit with 20 residents has a senior caregiver on duty on morning, afternoon and night duty. The senior caregiver is supported by one HCA on duty in the morning shift, and two HCAs (one long and one short) in the afternoon shift.</p>

		<p>The RN from the hospital is available at any time and after hours on call cover is provided by the management team. Two relatives from the dementia unit interviewed advised that there is sufficient staff on duty in the dementia unit to provide the care and support required.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Low	<p>The medication management policies and procedures comply with medication guidelines. Registered nurses and senior HCAs administer medications and have completed medication competencies and medication education. Medications are delivered in blister packs which are checked by an RN against the paper-based medication charts. The RN signs the back of the blister pack to evidence that these have been checked against the medication chart. All medications were stored safely within two medication rooms (hospital and rest home/dementia unit). All medications including the hospital stock were within the expiry date. All eye drops in use were dated on opening. There were two rest home and one hospital level residents self-medicating. Each resident had a self-medication assessment completed and reviewed three monthly.</p> <p>Twelve medication charts (paper-based) were reviewed (four hospital, four rest home and four dementia care) that identified an allergy status and had photo identification. Regular and 'as required' medications prescribed had the dose, time and indication for use for 'as required' medications, however not all medications were individually dated.</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>	FA	<p>All food and baking is prepared and cooked on-site by a contracted service. The chef/kitchen manager is on duty Monday to Friday and oversees the purchasing of goods, recruitment of staff and staff training. There is a 2 IC chef in the weekends. Both chefs are supported by morning and afternoon kitchenhands. The company dietician reviews every menu change. The service has implemented the summer four weekly menu. The menu provides a vegetarian option and accommodates food allergies, texture modified diets and resident dislikes. The cook is notified of any changes to resident's dietary requirements. Meals are transported to the bain marie in the hospital kitchenette/dining room and served by the chef. Other meals are plated and transported in scan boxes to the rest home and dementia care kitchenettes. There are nutritious snacks available 24 hours in the dementia unit. There is special equipment available for residents if required.</p> <p>Electronic recordings are taken for the chiller and fridges. End-cooked</p>

		<p>temperatures are taken and recorded on all foods twice daily. All food is stored appropriately and dated. A cleaning schedule is maintained. The current food control plan has been verified and expires 30 March 2019.</p> <p>Feedback on food services are received directly from residents, resident meetings and surveys. Residents and the family members interviewed commented positively about the meals.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>Registered nurses and HCAs follow the detailed and regularly updated care plans and report progress against the care requirements each shift. If a resident's health status changes the RN initiates a GP or nurse specialist review. Relatives interviewed stated they are contacted for any changes in the resident's health.</p> <p>Staff have access to sufficient medical supplies including dressings. Electronic wound assessment and reviews were in place for residents with wounds (one ulcer, one surgical wound, five skin condition, eleven skin tears and two stage one facility acquired). The clinical manager has access to specialist nursing wound care management advice through the DHB. There are adequate pressure relieving devices available, including memory foam mattress, air alternating mattresses and re-distributing cushions.</p> <p>Sufficient continence products are available and resident files included a continence assessment and plan. Specialist continence advice is available as needed and this could be described. Electronic monitoring forms are completed and reviewed, for example, two hourly turning charts, food and fluid charts, bowel monitoring, blood pressure, weight charts, behaviour charts, blood sugar levels and neurological observations. Electronic work logs for HCAs and the RNs record completion of monitoring forms required for the individual residents. The previous finding around neurological observations from the partial provisional audit has been addressed.</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>There are three activity coordinators employed who coordinate and implement the integrated programme for rest home and hospital residents and the flexible programme for the dementia care unit residents. One activity coordinator is a qualified diversional therapist (DT). All programmes are Monday to Friday with care staff in the dementia unit, including activities as part of their role after hours and in the weekends. Group activities and entertainment are held either in the rest home or hospital unit and care staff assist residents to attend. Entertainers provide music within the dementia care unit or residents may attend (as appropriate and supervised) other activities in the rest home/hospital. Themes and events are</p>

		<p>celebrated.</p> <p>The rest home and hospital programme is integrated and includes newspaper reading, music, videos/DVDs, fitness sessions, art therapy, crafts, music and movement, housie, poetry reading, reminiscing, walks and happy hours. One-on-one time is spent with residents who choose not or are unable to participate in group activities. The activity programme for dementia care residents is flexible and focused on meaningful activities, small group activities, one-on-one time, exercises (pool noodle, balloon toss and volleyball) arts and crafts, music and reminiscing.</p> <p>There are regular outings and drives into the community for all residents (as appropriate) to places of interest, community events and inter-home visits. Volunteers are involved in the programme such as nail/hand care, reading news, card making, quizzes and musical entertainment. There are many community visitors including Plunket mums and babies, parents centre children, Christian school children, dance academy, pet zone and friendship group. Residents are supported to attend community groups such as the blind foundation, bowls in the community, churches and senior citizens.</p> <p>Resident files reviewed have an individual assessment and leisure care plan that is evaluated at least six monthly as part of the care plan review. Residents and families interviewed, commented positively on the activity programme. Residents have the opportunity to feedback on the activity programme through the three-monthly resident meetings which is also open to families to attend.</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 interim care plans are evaluated by the RNs within three weeks of admission. Electronic evaluations (multidisciplinary – MDT case conference) are completed at least six monthly. Long-term care plans had been evaluated six monthly for four of six residents who had been at the service six months. One rest home and one hospital resident had not been at the service long enough for a review. There is at least a three-monthly review by the GP. Written evaluations identify if the resident/relative goals are met or unmet. Short-term care plans sighted on eCase had been evaluated and resolved.</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 care centre building has a current building warrant of fitness that expires 13 July 2019. There is a reactive and planned maintenance programme in place.</p> <p>The certificate for public use for the 19-bed serviced apartment (10 beds certified for rest home level of care) has been extended to 28 February 2019, to allow for a fire service/district council inspection to be held 7 December 2018 regarding "fire</p>

		collars” used in the new building (link 1.4.7.3). The lift is fully functioning and meets building requirements. All wall fittings are in place. The external landscaping has been completed. Hot water temperature in resident areas are being monitored. The previous findings from the partial provisional audit have been addressed.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	A fire evacuation scheme was approved prior to occupancy; however, the council require a further test (scheduled 7 December 2018) on the new fire collars (used to put around pipes that go through walls to prevent fire coming through walls). Previous to application for a certificate of compliance, the collars had passed with a 30/30 fire rating.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	The surveillance policy describes and outlines the purpose and methodology for the surveillance of infections and internal (process) monitoring is undertaken via the internal audit programme. Infections are collated monthly, including urinary tract, upper respiratory and skin infections. The data is analysed for trends and corrective actions put in place where required. The service submits data monthly to Radius head office where benchmarking is completed. Infection control data is reported monthly to the quality meetings and combined infection control/health and safety meetings. There have been no outbreaks.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	The service has documented systems in place to ensure the use of restraint is actively minimised. There were three residents with restraint and one resident using an enabler. All necessary documentation is available in relation to the restraints. Staff interviews, and staff records evidenced guidance has been given on restraint minimisation and safe practice (RMSP), enabler usage and prevention and/or de-escalation techniques and challenging behaviour management. Policies and procedures include definition of restraint and enabler that are congruent with the definition in NZS 8134.0.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	PA Low	Medication charts were paper-based. The GPs had prescribed the dose and time for all medications. The ‘as required’ medications had indication for use prescribed. Medications had not been individually dated on the medication chart.	Six of twelve medication charts identified that dittos and/or brackets had been used to date medications.	<p>Ensure all medications are dated on the medication chart.</p> <p>60 days</p>

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.