

# Harbour View Rest Home (2005) Limited - Harbour View Rest Home

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## 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:

<b>Legal entity:</b>	Harbour View Rest Home (2005) Limited
<b>Premises audited:</b>	Harbour View Rest Home
<b>Services audited:</b>	Rest home care (excluding dementia care); Dementia care
<b>Dates of audit:</b>	Start date: 5 October 2020 End date: 6 October 2020
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	40



# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Harbour View rest home provides rest home and dementia level care for up to 45 residents. On the day of audit there were 40 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, relatives, staff and management.

The manager/owner (non-clinical) has owned the business for 17 years, and is supported by a clinical nurse manager, two registered nurses, and experienced staff. Residents and relatives commented very positively on the services and care received at Harbour View rest home.

There were no areas for improvement identified at this certification audit.

## Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Harbour View rest home provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and relatives. There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

## 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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Harbour View has fully implemented its quality and risk management system. Services are planned, coordinated, and are appropriate to the needs of the residents. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes.

Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements.

Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place. The owner/manager is supported by one full time and part time registered nurse, who are on call when not on site. They are supported by a team of healthcare assistants.

There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Standards applicable to this service fully attained.
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There is a comprehensive information package for residents and family/whānau on admission to the service. The registered nurses complete interRAI assessments, risk assessments, individualised care plans and evaluations within the required timeframes. Care plans demonstrate service integration. Residents and family/whānau interviewed confirmed involvement in the care plan process and review. Care plans are updated when there are changes in health status. The electronic resident files are integrated and include notes by the general practitioner. The general practitioner completes an admission assessment, visits and reviews residents at least three-monthly.

Two activity coordinators develop and run the programme. The activities programme is resident-focused and provides group and individual activities planned around everyday activities. Community activities are encouraged and there are twice weekly van outings.

Medication is managed using an electronic medication management system. The medication charts are reviewed by the GP three-monthly. All staff responsible for administration of medicines have completed education and annual medication competencies. Medicine management policies and procedures reflect legislative requirements.

The menu has been reviewed in 2020 by a dietitian. Individual and special dietary needs are accommodated. Residents interviewed commented positively about the meals 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.

There are two double rooms with the remaining rooms being single. There are sufficient spaces, both internal and external for the rest home residents to move freely around the facility. The dementia unit and garden area are secure with seating for residents.

The building, plant and equipment comply with legislation. There is a preventative maintenance schedule in place. Chemicals are stored safely throughout the facility and there is appropriate protective equipment and clothing for staff. There are waste management policies and procedures for the safe disposal of waste and hazardous substances including sharps.

There are policies in place for emergency management. Staff interviews, and files evidenced current training in relevant areas. A person on each shift has first aid training. There is an appropriate call-bell system available and security systems are in place.

The laundry and housekeeping staff maintain a clean and tidy environment and implement effective laundry processes.

## 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.

Restraint minimisation and safe practice policies and procedures are in place. Staff receives training in restraint minimisation and challenging behaviour management. On the day of audit, the service had no residents using restraint or enablers.

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

Infection control is led by the full time registered nurse, who is supported by the quality team (representation from all areas of the service). The infection control policy identifies the roles of the infection control nurse and supporting team.

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Covid-19 policies and procedures have been implemented. There are adequate supplies of personal protective equipment. All improvements identified at the DHB Covid audit have been completed. Adequate supplies of hand sanitiser and PPE were sighted.



## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	45	0	0	0	0	0
<b>Criteria</b>	0	93	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>Harbour View rest home ensures that all residents and families are informed about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). There is a poster displayed in a visible location. Policies around the Code is implemented, and staff could describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training. Interviews with staff (five healthcare assistants, two registered nurses, one owner/manager, and the activities coordinator), reflected their understanding of the key principles of the Code.</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</p>	FA	<p>There is an informed consent policy. Resident files sampled had documented resuscitation status, advance directives and general consents signed. Residents and relatives understand informed consent and feel the staff are supportive of this. Care staff reported gaining the consent of residents before undertaking cares. The resident files sampled in the dementia unit had activated enduring power of attorneys.</p>

give informed consent.		
<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>	FA	<p>Information on advocacy services through the HDC office is included in the resident compendium that is provided to residents and their relatives on admission. Pamphlets on advocacy services are available at the entrance to the facility. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Training on advocacy was provided in February 2020.</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>	FA	<p>The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. Residents and relatives interviewed confirmed open visiting hours. Visitors were observed coming and going during the audit. The service provides assistance to ensure that the residents are able to participate in as much as they can safely and desire to do. Resident meetings are held six weekly. Regular newsletters are provided to residents and relatives.</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>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The manager maintains a paper-based register of all complaints, both verbal and written, these are then entered on to the electronic system. Documentation including follow-up letters, emails and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Five complaints have been logged since the previous audit in April 2019, three in 2020 and two in 2019. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant. Complaints all included a section to confirm that the complainant was happy with the outcome.</p> <p>Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location at the entrance to the facility.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception. The clinical nurse leader and registered nurses discuss aspects of the Code with residents and their family on admission.</p> <p>Discussions relating to the Code are held during the resident/family meetings. The five rest home residents and three relatives (with family members in the dementia unit) interviewed, reported that the residents' rights are being upheld by the service.</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>It was observed that residents are treated with dignity and respect. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured, and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. There is a policy on abuse and neglect. Staff have received training on privacy, and abuse and neglect in February 2020.</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 is a Māori health plan and an individual's values and beliefs policy, which includes cultural safety and awareness. Policies include guidelines about the importance of whānau. There was one resident who identifies as Māori, the long-term care plan and activities care plan includes preferences, family/whānau involvement, affiliations with the local marae. The relative was interviewed and was very complimentary of the service and attention to detail around this residents' cultural preferences. Harbour View has a close relationship with the Otago Hospice who provide education and cultural support as required. Discussions with staff confirmed their understanding of the diverse cultural needs of residents and their whānau. Cultural awareness training has been postponed due to Covid-19. The manager is working to reschedule this session.</p>
<p>Standard 1.1.6: Recognition And Respect Of The 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>	FA	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. The residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. Comments were documented on the satisfaction surveys around the care and attention taken by staff around identifying values, beliefs, and preferences. All care plans reviewed included the resident's social, spiritual, cultural and recreational needs.</p>
<p>Standard 1.1.7: Discrimination</p>	FA	<p>A staff Code of Conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with healthcare assistants confirmed their understanding of professional boundaries, including the boundaries of</p>

<p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>		<p>the healthcare assistants' role and responsibilities. Professional boundaries are reconfirmed through education/training sessions and staff meetings.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	<p>FA</p>	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available five days a week, four mornings of the week there are two registered nurses on site and are available afterhours on call. The service has contracted a general practitioner who visits every second week and as required. Resident review's every three months identified whether residents are stable.</p> <p>Physiotherapy services are provided weekly. There is an in-service education and training programme for staff. A podiatrist is on site six weekly. The service has links with the local community and encourages residents to remain independent.</p> <p>Policies and procedures have been updated by an external policy provider and are available to staff. Harbour View have implemented an electronic resident management system. Quality indicator are present on the electronic system front page, with the graphs of monthly collation of data/clinical indicators including pressure injury, falls, weight loss, wounds medications behaviours that challenge, infections restraint and complaints/concerns. Analysis and corrective action plans are discussed at all meetings and is available for staff in the staffroom.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Fifteen accident/incident forms reviewed (from September and October 2020), identified family are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The 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. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p>
<p>Standard 1.2.1: Governance</p>	<p>FA</p>	<p>Harbour View is privately owned and operated. The service is certified to provide rest home and dementia specific care to up to 45 residents (27 rest home and 18 dementia), with one dual-purpose bed certified at the previous audit for both rest home or dementia level residents. On the day of the audit there were 40 residents</p>

<p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>(24 rest home and 16 dementia). All residents are under the ARRC. There were no respite residents on the days of audit.</p> <p>Harbour View has clearly defined goals and objectives for business management, quality and risk management and resident service delivery. The mission statement, and vision and values of the services include promoting resident's independence, respecting cultural values and providing a caring homelike environment. Quality goals include (but are not limited to): maintaining a resident focus, and continuing to provide a high standard of care, providing comprehensive orientation and ongoing training opportunities to staff, and promoting teamwork in the workplace, achieving more than 80% satisfaction from resident surveys and improving food services for residents. An annual review of the quality and risk management programme was conducted in September 2020. The quality goals link to the organisation's 2019-2021 business plan</p> <p>The owner/manager has been in the role for 17 years and has a background in administration. The current vacancy for a clinical manager position has been filled and is due to start employment in early October. The manager is supported by two registered nurses and experienced staff.</p> <p>The owner/manager has attended a workshop on "aspiring leaders" held by the New Zealand Aged Care Association, and participate in monthly (previously weekly during Covid-19) Zoom meetings for aged care providers in the district.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	<p>FA</p>	<p>The clinical manager takes over the manager position during temporary absences, they are supported by the registered nurses.</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</p>	<p>FA</p>	<p>Harbour View rest home has fully implemented the quality and risk management programme which has been purchased from an external consultant. There are procedures to guide staff in managing clinical and non-clinical emergencies. 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. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p>

<p>that reflects continuous quality improvement principles.</p>		<p>Internal audits, meetings, and collation of data were all documented. Two of the three monthly combined health and safety/infection control/quality meetings were postponed due to Covid, a catch-up meeting was held, and meetings are now taking place as scheduled. The combined quality meetings ensure that quality data is communicated, discussed and issues acted upon, with corrective actions as needed. Staff meetings occur monthly as scheduled, quality data and corrective actions are shared with all staff. Minutes of the meetings are available for staff to read and sign if they did not attend the meeting.</p> <p>The 2019 resident satisfaction survey showed overall satisfaction with corrective actions identified around the laundry and odours. These have been addressed by appointing designated laundry staff and installing air-fresheners and having the carpets cleaned more frequently. Areas of high satisfaction were around communication, activities, resident care, and staff knowledge of resident and relative's preferences. Relatives in the dementia unit were satisfied with the service provided, in particular, communication, activities and the care provided. The 2020 survey is due to be distributed in November.</p> <p>Health and safety meetings are held three monthly and are combined with the quality and infection control meeting. Data around resident incidents and accidents as well as staff incidents/accidents provides follow-up where required. Hazards are discussed and added to the register if required. A health and safety system is in place with identified health and safety goals. Hazard identification forms and an up-to-date hazard register is in place. The combined quality team continue to work around staff awareness of maintaining a safe workplace. All contractors have been inducted to the building and are aware of the register to sign on entering and leaving the building.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. The caregivers interviewed were knowledgeable around fall prevention strategies.</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>Individual electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trending. Results are discussed at the meetings. Fifteen (six dementia, and nine rest home) resident-related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are conducted for suspected head injuries, relatives were notified following each incident as they wished (discussed on admission when they would like to be notified). Opportunities to minimise future risks were identified where possible.</p> <p>There was an incident of a resident from the dementia unit absconding in 2019. The laundry door is kept closed and locked at all times, windows and doors in the unit (except out to the garden) are checked regularly and secure, and there are signs for visitors to be aware of residents, and not to allow anyone to leave when they leave.</p> <p>Discussions with the manager evidenced awareness of their requirement to notify relevant authorities in</p>

		<p>relation to essential notifications. There has been one section 31 notification completed for a pressure injury. There have been no outbreaks at Harbour View.</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>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Six staff files reviewed (one registered nurse, one activities assistant, three HCA [two dementia, one rest home], and one cook) evidenced implementation of the recruitment process, employment contracts, and completed orientation. Appraisals were not yet due for the recently employed staff (cook and the activities coordinator), all other appraisals were up to date. A register of practising certificates was sighted.</p> <p>The service has a role specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. A competency programme is in place. Core competencies have been completed, and a record of completion is maintained.</p> <p>There is an annual education and training schedule being implemented which includes all required education sessions and exceeds the required eight hours required. The healthcare assistants are encouraged to undertake aged care education (Careerforce). Currently there are 12 healthcare assistants with level 4 New Zealand qualification authority (NZQA) and seven with level 3 NZQA. All nine healthcare assistants working in the dementia unit have completed the required four standards. Both registered nurses are competent in interRAI.</p> <p>Training for clinical staff is linked to external education provided by the district health board. RN specific training viewed included: syringe driver, wound care, and first aid.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Harbour View policy includes staff rationale and skill mix. Sufficient staff are rostered on to manage the care requirements of the rest home and dementia residents. The manager and registered nurses share on-call after-hours and weekends. Staff interviewed advised that extra staff members can be called on for increased resident requirements. Interviews with staff, residents and relatives identified that staffing is adequate to meet the needs of residents. All registered nurses, the activities coordinator, cook and senior healthcare assistants hold current first aid certificates.</p> <p>The manager (non-clinical) is on site Monday to Friday. One registered nurse is available Monday to Friday 8.30 am to 4.30 pm, another registered nurse is available Monday to Thursday from 9 am to 1 pm.</p> <p>There was also a clinical nurse manager (40 hours) till the day before the audit. A new clinical nurse manager (FTE) had been appointed and due to start in a week time.</p> <p>The dementia unit 18 beds, 16 residents:</p>



		<p>Morning shift has two healthcare assistants on the morning shift from 6.45 am to 3.15 pm (one level 4, medicine competent). The healthcare assistants from the rest home area help with the breakfasts in the dementia unit.</p> <p>The afternoon shift has two healthcare assistants 1x 2.30 pm to 9 pm and 1x 3 pm to 11 pm (level 4 medicine competent).</p> <p>Night shift has one healthcare assistant from 11 pm to 7 pm.</p> <p>The rest home unit has 27 beds, 24 residents:</p> <p>Morning shift has three healthcare assistants; 1x 7 am to 2 pm, 1x 7 am to 1.30 pm, and 1x 7.30 am to 3 pm. Kitchen staff serve breakfast in the rest home area.</p> <p>Afternoon shift has two healthcare assistants; 1x 3 pm to 11 pm (level 4, medicine competent) 1x 4 pm to 9 pm.</p> <p>Night shift has one healthcare assistant from 11 pm to 7.30 am.</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>The electronic resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas.</p> <p>Residents' files demonstrated service integration. Entries were legible, timed, dated and signed by the relevant healthcare assistant or nurse, including designation. Electronic systems are password protected.</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>The facility information pack is available for residents and their family/whānau. The pack contains all relevant information for rest home residents. Needs assessments are completed for rest home and dementia level of care. Specific information is available about the dementia unit. Entry processes are recorded and implemented. The service's philosophy is communicated to residents, family, relevant agencies and staff.</p> <p>The resident's admission agreements are signed by the resident and/or family/whānau and a facility representative. The admission agreement defines the scope of the service and includes all contractual requirements.</p>

<p>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Exit, discharge or transfer is managed in a planned and coordinated manner. At the time of transition, appropriate information is supplied to the person/facility responsible for the ongoing management of the resident.</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>	<p>FA</p>	<p>The policies and procedures in place for safe medicine management meet the guidelines. Harbour View has a computerised medication management system. The medications/blister packs are reconciled by the registered nurses against the individual resident electronic medication charts on delivery. Fourteen medication charts were reviewed (seven rest home and seven dementia) and reflected medications were administered as prescribed. In the sample of files, medications were reviewed three-monthly with medical reviews by the attending GP. Resident photos and documented allergies or 'no known allergies' were documented on all charts reviewed. All staff who administer medications have completed a medication competency and evidence of medication training is on their personal file. Self-medicating residents' policy and procedures are in place, with one resident approved to be able to self-administer.</p> <p>The medication room had adequate safe storage and was at the correct temperature – less than 25 degrees. There is another cupboard where the medication trolley from the dementia unit is stored and it is also monitored to be less than 25 degrees. The medication fridge temperatures were monitored weekly. There are no standing orders used, medications such as eye drops were dated on opening. All 'as required' (PRN) medications had been administered as prescribed including reason for administration and efficacy documented.</p> <p>Medication is administered by healthcare assistants, RNs, annual competencies, and training are completed by staff. When interviewed RNs and healthcare assistants understood their medication administration role.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	<p>FA</p>	<p>All meals at Harbour View are prepared and cooked on site. There is a seasonal four-weekly rotating menu, which was reviewed by the dietitian in May 2020. The Food Control Plan was reviewed on the 16 March 2020. Meals are prepared in the kitchen adjacent to the rest home dining room and served directly to rest home residents. The residents in the dementia unit have their own dining room and meals are served via a lockable servery hatch. Over the past four months a new cook and a chef started. Both staff have extensive cooking experience which includes training in safe food handling and food safety procedures are adhered to. Diets are modified as required. Resident dietary profiles and likes and dislikes are known to food services staff and any changes are communicated to the kitchen, via the registered nurses. Supplements are provided to residents with identified weight loss issues. Weights are monitored monthly or more frequently if required and as directed by a GP/dietitian. Resident meetings and surveys allow for the opportunity for resident</p>

		<p>feedback on the meals and food services generally. Residents and family members interviewed indicated satisfaction with the food service. Fridge and freezer temperatures are monitored and recorded daily. Snacks such as sandwiches are available in the dementia unit at all times.</p> <p>The residents had raised numerous concerns regarding the food and asked to have a special meeting about the food service. A meeting was held in July 2020 where the residents and family/whānau raised concerns about the food. It was decided to have an early review of the menu by the dietitian to look at the evening dishes in particular. The initial January survey received 22 responses and feedback which prompted an early review of the menu - done in May 2020. Staff changes occurred with two new cooks starting at Harbour View as the changes to the menu occurred. A follow-up satisfaction survey was conducted in October 2020 with 19 responses indicating overall increased satisfaction with the food service. The October survey had an increased number of positive comments about the food service than the earlier survey. A 54% increase in resident weights was also seen over the three-month period. On the day of the audit the residents expressed satisfaction with the menu and food service.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>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.</p>	FA	<p>Any reasons for declining entry to the service are recorded by the service and communicated to the resident, family/whānau and the referral agency. Reasons for declining entry would be if the service were unable to provide the appropriate level of care or there are no beds available.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>A registered nurse completes an admission assessment including relevant risk assessment tools. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes. Outcomes of assessments are reflected in the needs and supports documented in the care plans on the electronic system. Other available information such as discharge summaries, medical and allied health notes and consultation with resident/relative or significant others are included in the long-term care plans.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are</p>	FA	<p>Seven resident files sampled demonstrated that care plan interventions were comprehensive and demonstrated service integration and input from allied health. The goals of the care plan were resident-centred with measurable goals. Care needs were documented and reflect the needs of the resident.</p>

<p>consumer focused, integrated, and promote continuity of service delivery.</p>		<p>Activity plans reviewed for four dementia residents included distraction and de-escalation techniques that could be used to prevent, minimise or manage behaviours over a 24-hour period. There was evidence of resident (where able) and family consultation in the care planning process.</p> <p>Care plans detailed de-escalation techniques for behaviours that challenge. Short-term care plans were in use for changes in health status and were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan. Care plans reflected recent changes to residents' health and reflect the degree of risk from the assessments completed.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	<p>FA</p>	<p>When a resident's condition alters, the registered nurse initiates a review and if required a GP/NP visit or referral to nurse specialist consultants occurs. Care plans reflect the required health monitoring interventions for individual residents. Monitoring forms are in place for vital signs including weight, wounds, behaviour management, food and fluid balance charts and pain management. Short-term care plans were in use for changes in health status, these were evaluated on a regular basis and signed off as resolved or transferred to the long-term care plan.</p> <p>The RNs reported having access to sufficient medical supplies including dressings. Sufficient continence products are available and resident files sampled included a continence assessment and plan. Specialist continence advice is available.</p> <p>Wound documentation is available and includes assessments, management plans, progress and evaluations. All wound documentation reviewed was fully completed and wound care was evidenced to be occurring within the prescribed timeframes. There were nine wounds being managed. One of the two rest home residents had a resolving stage three pressure injury, and the other a skin tear. One resident in the dementia unit had 5 skin tears and a stage two pressure injury and another resident in the dementia unit had an infection.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.</p>	<p>FA</p>	<p>Each resident has an individual activities assessment on admission and from this information, an individual activities plan has been developed by the activities staff for the resident files sampled. A review of residents' files evidenced that 24-hour care plans are completed for residents with dementia. Group activities reflect ordinary patterns of life and include planned visits to the community. There are one-on-one activities in place for rest home and dementia residents who are unable or unwilling to participate in group activities. When residents with dementia are at the rest home for combined activities they are supervised.</p> <p>There are two activity coordinator roles, one works 50 hours and the other 20 hours per fortnight. Activities are provided Monday to Saturday. The activities coordinator facilitates resident meetings, where residents take part in planning activities for the next month and provide feedback about the activities of the previous month. There are two van trips per week, one is for the rest home and the other is for the dementia residents.</p>

		<p>The same trip is run twice per week and if there is a free seat, residents from either the rest home or the dementia unit area are offered the spot.</p> <p>The programme is developed monthly with a weekly programme put in each area of the building. The activities programme for both the rest home and the dementia unit are similar with modified activities for residents with dementia. The activities programme reflects the residents' choice and their cognitive and physical abilities. Resident activities include quizzes, poetry, van outings, weekly bowls, regular exercises, newspaper reading, reminiscing, celebrating special events, church services with monthly communion. There are weekly happy hours with local entertainers who visit and entertain residents as well as a range of local speakers. Residents were seen on the days the audit occurred, being part of the activities programme.</p> <p>The Harbour View activities programme was identified in early 2020 as an area that would benefit from improvement for the residents' benefit. The intention was to increase the number volunteers, types of activities for both group and one-on-one activities. The Covid-19 outbreaks interrupted the planned improvements on group activities and meant there was a significant focus on ensuring communication was maintained between residents and their families/whānau during lockdown periods. Residents were able to make use of technology to keep in touch with family/whānau and friends. The residents enjoyed the communication they were able to maintain with their family/whānau. Residents and family/whānau interviewed on the days of the audit commented that the activities programme has experienced positive changes due to the new staff working in the activities team and they are satisfied with the improvements made.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Initial care plans are evaluated by the registered nurses within three weeks of admission. The long-term care plan is completed within the required timeframes and reviewed at least six-monthly or earlier if there is a change in health status. Long-term care plans are evaluated and document progress toward the residents' identified goals. Where progress is different from expected, the RNs update the care plan. Short-term care plans are used for infections, wounds such as skin tears and any decline in health status. This update is either a long or a short-term care plan. If a short-term care plan is developed, they are either resolved or transferred to long-term care plans. The GP does at least a three-monthly review or more often as required. Three resident files sampled had been admitted within the past six months and because of this they have yet to have a long-term care plan evaluation.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for</p>	<p>FA</p>	<p>There is evidence of referral and associated documentation to other health and disability services in the resident files that were reviewed. If the need for other non-urgent services is indicated or requested, the GP sends a referral to seek specialist service provider assistance. Acute/urgent referrals are attended to immediately, sending the resident by ambulance if the circumstances dictate. Residents/EPOAs were involved and informed of the referral and the associated processes. The GP advised that registered nurses</p>

<p>access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>		<p>refer to dietitian, physiotherapist, and mental health nurse practitioner as necessary.</p>
<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>	<p>FA</p>	<p>Waste management was reviewed during the Covid period. One member of staff from each unit was delegated to transfer the waste from their wing to the skip. Staff were aware of the procedures around waste management and could fluently describe the procedure for infectious waste.</p> <p>There are documented processes in place for the management of waste and hazardous substances. The maintenance person confirmed there is safe storage and use of chemicals. Chemicals are correctly labelled and securely stored with material safety datasheets available and accessible for staff. Cleaners keep chemicals with them at all times when in use. Sluice facilities are available for the disposal of waste. There is adequate protective clothing and equipment appropriate to the recognised risks associated with waste or hazardous substances being handled. On the days of the audit staff were using protective clothing and equipment.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	<p>FA</p>	<p>The building has a current warrant of fitness. All hoists, medical equipment and weigh scales have been recently calibrated, tagged and tested. There is a reactive preventative maintenance schedule in place. Hot water temperatures are checked monthly. A recent fault meant hot water temperatures were beyond acceptable requirements. Corrective action was taken, and the hot water temperatures are now within safe parameters.</p> <p>There are outdoor areas easily accessible for rest home residents. The dementia unit is a secure area and has a pleasant courtyard area for residents to enjoy the outdoors in a safe environment. The healthcare assistants interviewed reported they have adequate equipment to provide resident cares.</p> <p>There is a swing room situated in a corner of the facility between the dementia and the rest home. The room has two doors, one into the dementia unit, and one door to the rest home area. When the room is used for dementia, the 'rest home' door is locked and vice versa. The room was certified at the previous surveillance audit.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing</p>	<p>FA</p>	<p>The fixtures, fittings, floors and wall surfaces are constructed from materials that can be easily cleaned. Harbour View has an adequate number of accessible showers, toilets and hand basins for residents. Bathrooms have appropriately secured and approved handrails, along with other equipment/accessories that</p>

<p>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>are required to promote resident independence. Toilets and showers are of an appropriate design with adequate space for mobility aids. There are rooms in the rest home and the dementia unit which have ensuites. Residents interviewed reported their privacy is respected at all times.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Resident rooms have been personalised and are warm and spacious. Staff interviewed reported there is adequate space to use equipment required to provide care to residents.</p>
<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>Harbour View lounges have large east facing windows which provide beautiful views of the harbour. The rest home and dementia unit lounges are sunny and have adequate seating to allow easy movement and choice of seats for residents. The lounge is spacious enough for group activities and space for those that do not want to attend. Both lounges have sufficient room for residents and visitors. There is a sheltered veranda with comfortable seating for residents and visitors. The rest home and dementia area have spacious dining areas. All communal indoor and outdoor areas are easily accessible for residents using mobility aids.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry</p>	FA	<p>There are laundry and housekeeping staff employed seven days a week. The laundry person is responsible for the management of the laundry, including the transportation, sorting, storage, laundering, and returning clean laundry to residents. There is a designated dirty to clean flow. Cleaning and laundry policies and procedures are available for staff. Cleaners undertake the cleaning requirements. The effectiveness of the cleaning and laundry services is audited via the internal audit programme. Chemicals are stored and labelled according to legislation and staff have had appropriate training. Cleaning products were sourced in line with</p>

<p>services appropriate to the setting in which the service is being provided.</p>		<p>Covid-19 requirements, extra surface cleaning was implemented and has been maintained. A high standard of cleaning has been maintained.</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>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Six monthly fire evacuation drills take place (last on 6 June 2020, delay due to Covid 19. Next due in October 2020). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are emergency folders with specific information held in the nurse's station and civil defence and pandemic supplies stored in two centrally located cupboards. All supplies including food stores are checked monthly. In the event of a power outage there is emergency lighting in place, and a BBQ for cooking. There are adequate supplies in the event of a civil defence emergency including two 1,000 litre water tanks and another 100 litres of drinking water in containers. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. All residents had a call bell within reach when in their rooms on the day of the audit. Security cameras monitor lounges for resident safety. A panel and indicator lights alert staff to residents requiring assistance. The building is secured by staff on the evening shift.</p>
<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>	<p>FA</p>	<p>Most resident rooms have external windows. Where there is no external window (two rest home rooms), the windows open onto a glass corridor and provide views of the harbour and natural light. The rooms are heated with electric panel heaters on the ceiling. The environment is maintained at a safe and comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers,</p>	<p>FA</p>	<p>The full-time registered nurse is the infection control coordinator (IC), who has a defined job description that outlines the role and responsibilities. The infection control team (quality team) which includes representatives from each area of the service meet three-monthly. The IC programme is appropriate for the size and complexity of the service. The programme was developed as part of the electronic quality system purchased and is reviewed six-monthly. Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings.</p>



<p>service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>		<p>Due to current Covid-19 guidelines (level 1), all visitors and contractors must complete a wellness declaration and sign into the facility. There were adequate supplies of infection control equipment in case of outbreaks. A good supply of hand gel, masks and aprons are available. There are adequate hand sanitisers placed throughout the facility. Wellness declarations have been signed by all visitors (as appropriate). All opportunities of improvement identified at the Covid-19 preparedness audit conducted by the DHB have been completed.</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>	<p>FA</p>	<p>The infection control coordinator provides an infection control report and chairs the quality/H&amp;S/IC meeting and staff meetings.</p> <p>The IC coordinator has attended a DHB infection control study day, and can access the DHB IC nurse specialist, Southern Laboratory microbiologist, GPs, public health Ministry of Health website and New Zealand Aged Care Association (NZACA) for advice when required.</p> <p>The requirements during the Covid-19 lockdown and practices at all different levels have been adhered to. There is a resource folder containing all information and processes for each level of lockdown. During the lockdown period, staff were provided with changing facilities. All staff had very clear guidelines on infection control and laundering of uniforms. Residents adhered to the isolation and temperature checking. Activities were set up, so residents could participate while adhering to social distancing. Education was provided for hand washing, and training was provided for the correct techniques of donning and doffing personal protective equipment (PPE). The facility continues to maintain current regulations by ensuring visitors complete the wellness declaration included in the visitor register. A record of the appointment system used for visitors was maintained at level 2. A kit was prepared for each unit to include a thermometer, and blood pressure cuff for checking residents. A separate thermometer was used for visitors and staff on entry to the facility. Signage is in place on entry to the facility reminding visitors not to visit if they are unwell.</p>
<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</p>	<p>FA</p>	<p>Harbour View has a suite of infection control policies and an infection control manual provided through an external provider, which reflect current practise and have been regularly reviewed. Covid-19 policies and procedures have been developed and implemented as required. The pandemic plan has been updated to include Covid-19.</p>

<p>implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>		
<p>Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	<p>FA</p>	<p>All new staff receive infection control education at orientation, including hand washing and an infection control questionnaire. Infection control education is included in the annual education planner. Additional tool-box talks are provided as infection control issues arise. Resident education occurs as part of care delivery.</p> <p>Education was provided around Covid-19 including donning and doffing personal protective equipment (PPE) in March and September, and spot check handwashing. The IC coordinator completed an online training session on Covid testing and has attended an infection control workshop held by the DHB.</p>
<p>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.</p>	<p>FA</p>	<p>Infection monitoring is the responsibility of the IC coordinator. All infections are entered into the electronic database, which generates a monthly analysis of the data. There is an end of month analysis with any trends identified and corrective actions for infection events above the industry key performance indicators. There are monthly comparisons of data. Outcomes are discussed at the three-monthly combined H&amp;S/IC/quality and monthly staff meetings.</p> <p>Residents and staff are offered the influenza vaccine. One hundred percent of staff and 99% of residents received the flu vaccine. In 2019 there was an 80% uptake of staff and 75% uptake of residents who received the vaccine. A review of the respiratory infections evidenced an overall reduction, with seven respiratory infections from March to August 2019, and one respiratory infection from October to March 2020. During the lockdown period to September 2020, there have been no residents with respiratory infections.</p> <p>The rate of urinary tract infections was identified as a quality improvement. Staff education was provided around continence, hygiene, and the importance of hydration. The GP reviewed resident medications appropriately. There was an introduction of extra fluid rounds during the summer. Residents were offered choice around yoghurts, jellies, smoothies, ice blocks and other beverages of their choosing. Data was analysed monthly and six monthly, trending and analysis of infections were discussed at meetings and progress was tracked. An overall reduction of 50% was noted from March to August 2018 to the same period in 2019. Statistics at Harbour View evidenced urinary tract infection rates overall remain low. However, there has been a recent spike of urinary tract infections which the infection control coordinator has trended, and analysed, and has reported to staff at the September combined quality/H&amp;S/IC meeting and the staff meetings.</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>The restraint policy includes the definitions of restraint and enablers, which is congruent with the definitions in NZS 8134.0. The policy includes comprehensive restraint procedures. There are clear guidelines in the policy to determine what a restraint is and what an enabler is. Enablers are assessed as required for maintaining safety and independence and are used voluntarily by the residents. On the day of audit, there were no residents with restraint and no residents using enablers. Healthcare assistants interviewed were able to describe the differences between restraint and enablers.</p>

## Specific results for criterion where corrective actions are required

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

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

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

No data to display
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.