

# CHT Healthcare Trust - Royal Oak Rest Home

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## Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

<b>Legal entity:</b>	CHT Healthcare Trust	
<b>Premises audited:</b>	Royal Oak Rest Home	
<b>Services audited:</b>	Rest home care (excluding dementia care)	
<b>Dates of audit:</b>	Start date: 15 October 2020	End date: 16 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>	39	

# 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

CHT Royal Oak Rest Home is owned and operated by the CHT, and cares for up to 40 residents requiring rest home level care. On the day of the audit, there were 39 residents.

This unannounced surveillance audit was conducted against a subset of the 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 unit manager is a registered nurse who has been in the role for ten months; the unit manager is supported by a clinical coordinator, also a registered nurse. Staff spoke positively about the support/direction and management of the current management team.

There is a fully implemented quality system in place. Residents, relatives and the general practitioner (GP) interviewed spoke positively about the service provided.

This audit did not identify any shortfalls.

## 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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CHT Royal Oak endeavours to ensure that care is provided in a way that focuses on the individual, values residents' quality of life and maintains their privacy and choice.

Written information regarding consumers' rights is provided to residents and families. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Complaints processes are documented. Care plans accommodate the choices of residents and/or their family/whānau.

## 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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CHT Royal Oak has a current business plan that outlines objectives for the year. The quality processes being implemented include regularly reviewed policies, an internal audit programme and a health and safety programme that includes hazard management. Meetings are held to discuss quality and risk management processes and results. Residents' meetings are held, and residents and families are regularly surveyed. Appropriate employment processes are adhered to and employees have an annual appraisal completed. An education and training programme is being implemented. Incidents and accidents are reported. The service has a documented rationale for determining staffing. Staff, residents and family members reported staffing levels are sufficient to meet residents' needs.

## 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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Entry to the service is managed primarily by the unit manager or clinical coordinator. There is comprehensive service information available. Assessments, care plans and evaluations are completed by the registered nurses within the required timeframe.

Each resident has access to an individual and group activities programme. The group programme is varied and interesting.

Medication is stored appropriately in line with legislation and guidelines. Staff have had education around medication management and all staff who administer medications have completed a competency assessment. General practitioners review residents at least three monthly or more frequently if needed.

Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Alternative options are able to be provided. Residents and relatives interviewed were complimentary about the food service.

## Safe and appropriate environment


Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness and emergency evacuation plan. All bedrooms are single occupancy and share an ensuite with the room next door. There is sufficient space to allow the movement of residents around the facility using mobility aids.

Communal living areas and resident rooms are appropriately heated and ventilated. The outdoor areas are safe and easily accessible. Maintenance staff are providing appropriate services.

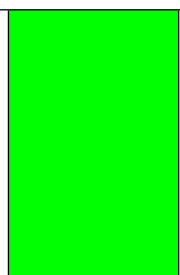
The service has implemented policies and procedures for civil defence and other emergencies.

## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
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Restraint minimisation and safe practice policies and procedures are in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit there were no residents using restraints 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.
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The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is a registered nurse. There is a suite of infection control policies and guidelines that meet infection control standards. The infection control programme is reviewed annually. Staff receive annual infection control education. Surveillance is used to determine quality assurance activities and education needs for the facility.

## Summary of attainment

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

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

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

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	<p>FA</p>	<p>The service has a complaints policy that describes the management of the complaints process. Complaints forms are in an accessible and visible location. Information about the complaints process is provided on admission. All staff interviewed acknowledged that residents are encouraged to report concerns and complaints.</p> <p>There is a complaint register in place. Fifteen complaints have been lodged for 2020 (year to date). The service is proactive with documenting all complaints and issues; this included: issues brought up through surveys, verbal feedback, and complaints raised by staff regarding contractor services (cleaning as an example). There is evidence of complaints being discussed in management and staff meetings.</p> <p>Corrective actions addressing all complaints have been implemented. Timeframes for responding to each complaint met Health and Disability Commissioner (HDC) guidelines. All complaints were documented as resolved. No complaints have been lodged with HDC since the previous audit.</p> <p>Complaints received are discussed (as appropriate) in the quarterly quality/health and safety meetings. Interviews with residents and family confirmed that any issues that are raised are addressed and that they feel comfortable bringing up concerns.</p> <p>There is evidence of complaints being discussed in management and staff meetings.</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>The four residents interviewed stated they were welcomed on entry and were given time and explanation about the services and procedures. Accident/incidents, complaints procedures and the policy and processes around open disclosure alert staff to their responsibility to notify family/next of kin of any accident/incident and ensure full and frank open disclosure occurs.</p> <p>Seven incidents/accidents forms were selected for review. All forms reviewed indicated family were informed. Two family members interviewed confirmed they are notified of any changes in their family member's health status.</p> <p>An interpreter service is available and accessible if required. Links are established with a range of external interpreters. Two healthcare assistants, one RN (clinical coordinator) and one-unit manager interviewed were all aware of interpreter services.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>CHT Royal Oak is owned and operated by the Christian Healthcare Trust. The service provides rest home level of care for up to 40 residents. On the day of the audit there were 39 residents. Three residents were funded through mental health services for older people, the remainder were under the Aged Residential Care contract (ARCC).</p> <p>The unit manager is a registered nurse (RN) and maintains an annual practicing certificate. She has been in the role for ten months. The unit manager has many years' experience in managing elderly care services prior to this role. The clinical coordinator/RN has been in the role for nine months. The unit manager and clinical coordinator are supported by three part-time registered nurses.</p> <p>CHT Royal Oak has a performance plan that lists performance goals for the facility that are centred on strategic themes. The unit manager reports monthly (at a minimum) to the area manager regarding progress towards meeting goals. The unit manager discussed the quality improvement themes she is implementing around: culture improvement, reviewing and updating the quality process and documentation, improving resident information and ensuring staff receive timely, open and transparent information.</p> <p>The unit manager has completed a minimum of eight hours of professional development in the past 12 months relating to managing an aged care facility.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and</p>	<p>FA</p>	<p>The unit manager advised that she and the clinical coordinator are responsible for providing oversight of the quality programme. Interviews with the managers and staff and review of the quarterly quality/health and safety meeting minutes confirmed that quality systems developed by CHT are being implemented.</p> <p>Data collected (eg, falls, skin tears, pressure injuries, infections) are analysed with trends identified. Results are discussed in the quarterly quality/health and safety meetings. Minutes are posted in the staffroom for staff to read and sign. Regular staff meetings are also held which discuss operational matters. During the Covid-19 shut down</p>

<p>risk management system that reflects continuous quality improvement principles.</p>		<p>the unit manager emailed staff with updates as needed.</p> <p>A six-monthly internal audit programme is being implemented. Areas of non-compliance identified are actioned for improvements and reflect sign-off by the area manager when completed. Additional audits include: Monthly medication audits and monthly cleaning audits.</p> <p>CHT has implemented a rolling survey with different themes sent to families and residents each month to respond to. Royal Oak has implemented this process. Survey responses were reviewed in the staff meetings and also through the complaints process (if needed).</p> <p>The service has implemented a health and safety management system. There are risk management, and health and safety policies and procedures in place including accident and hazard management. The health and safety representatives are the unit manager and clinical coordinator. Staff complete a hazard reporting form when a hazard is identified. Controls are in place to minimise hazards. Hazard controls are regularly reviewed (most recent January 2020). Contractors are orientated to health and safety processes.</p> <p>Falls prevention strategies are implemented for individual residents and staff receive training to support falls prevention.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>The accident and incident reporting policy is being implemented. The unit manager or clinical coordinator investigates/signs off on all accidents and near misses. Analyses of incident trends occur. There is a discussion of incidents/accidents in the quality/health and safety meetings.</p> <p>Seven incident forms that were sampled, documented clinical follow-up of residents by an RN. Neurological observations are completed when there is a suspected injury to the head.</p> <p>Discussions with the unit manager confirmed her awareness of the requirement to notify relevant authorities in relation to essential notifications. There have been no outbreaks or complaints involving HDC or coroner's inquests since the previous audit.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource</p>	<p>FA</p>	<p>The CHT human resources management policies have been implemented. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. A copy of current practising certificates is retained for all health professionals (eg, RNs, GPs, physiotherapist, podiatrist, pharmacy). Six staff files reviewed (Two staff RN, three HCAs and the diversional</p>

<p>management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>therapist) evidenced that interviews are completed before employment is offered. All new employees undergo police vetting and reference checking.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviews confirmed that staff are appropriately orientated to the service. HCAs are buddied with a more senior HCA.</p> <p>An in-service education programme is being implemented that meets contractual requirements. In addition to regular in-house training, the district health board (DHB) hosts study days for both the RNs and HCAs. The service has implemented an electronic training programme and 90% of staff have completed the electronic training as per schedule. Additional training has included, Covid-19, PPE, and hand washing. Training has also been provided when issues have been raised through audit and as needed. This has included: Chemical safety, customer service and continence care.</p> <p>Two of four RNs (clinical coordinator and one staff RN) are interRAI trained. Staff undergo annual performance appraisals with a schedule implemented to notify the managers when appraisals are due.</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>CHT policy includes staff rationale and skill mix. There are four suites with ten rooms in each suite. Sufficient staff are rostered on to manage the care requirements of the residents. The unit manager (RN) and clinical coordinator (RN), work Monday – Friday (7.30 am – 4.30 pm). They also share an on-call roster.</p> <p>The RN roster covers seven days a week until 8 pm in the evening.</p> <p>Two HCAs are rostered for a full eight-hour shift on the AM, PM and night shifts. One healthcare assistant is responsible for two suites.</p> <p>The activities staff are rostered seven days a week. There are separate cleaning staff available seven days a week. Laundry, kitchen and cleaning services are outsourced.</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</p>	<p>FA</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Medicine management complies with current medication guidelines. Medication reconciliation of four weekly robotic packs is completed by the RN and any errors fed back to the pharmacy. Registered nurses, and medication competent HCAs who administer medications, have been assessed for competency. Education around safe medication administration has been provided annually. The service uses an electronic medication system. Medications were stored safely in a central medication room. The medication fridge is monitored weekly and medication room temperatures have commenced. All eye drops and creams in medication trolleys were dated on</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>opening. There were four residents self-medicating on the day of audit and all residents had signed medication competencies on file. The medications are not stored in resident rooms but are delivered to the residents at charted times.</p> <p>Ten medication charts were reviewed. All medication charts had photographs and allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that medications are administered as prescribed and the indication for use is documented for 'as required' medications. The effectiveness of 'as required' medications is entered into the electronic medication system and in the progress notes.</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 food is cooked on site by contracted kitchen staff. The cook is supported by a weekend cook and kitchenhands. Staff have been trained in food safety and chemical safety. All meals and baking are prepared and cooked on site. The seasonal menu has been designed in consultation with the dietitian. There is a food services manual in place to guide staff. The registered food control plan has been verified and is due for renewal in June 2021. A resident nutritional profile is developed for each resident on admission and this is provided to the kitchen staff. This document is reviewed at least six-monthly as part of the care plan review.</p> <p>The kitchen is able to meet the needs of residents who require special diets, and the kitchen manager works closely with the clinical coordinator or RN on duty. Meals are placed in the bain marie in the adjacent dining room and plated by kitchen and care staff. Resident dislikes are accommodated and listed on a whiteboard and spreadsheet. Alternative foods are available. Cultural, religious and food allergies are accommodated. Nutritious snacks are available after hours.</p> <p>Freezer and chiller temperatures and end-cooked temperatures are taken and recorded daily. The chilled goods temperature is checked on delivery. Food serving temperatures are monitored and recorded. All foods were date labelled. A cleaning schedule is maintained for the kitchenhands. Staff were observed to be wearing appropriate personal protective clothing.</p> <p>Residents can provide feedback on the meals through resident meetings, resident survey and direct contact with the food services staff. Residents and relatives interviewed, spoke positively about the quality and variety of food served.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in</p>	<p>FA</p>	<p>The care provided is consistent with the needs of residents as demonstrated in the review of the electronic care plans and discussion with HCAs, the clinical coordinator, activity staff and management. Care plans reviewed were current and demonstrated interventions met the residents' assessed needs. RNs and HCAs report progress against the care plan when required or at least each shift. If external nursing or allied health advice is required, the RNs will initiate a referral. If external medical advice is required, this will be actioned by the GP or nurse practitioner. Communication with family is documented on the family/whānau consultation sheet or in progress</p>

<p>order to meet their assessed needs and desired outcomes.</p>		<p>notes and this was documented well in all five resident files reviewed. Short-term care plans are available for use for changes in health status.</p> <p>Continence products are available and resident files include a urinary continence assessment. Specialist continence advice is available as needed and this could be described by the registered nurse.</p> <p>Monthly weighs have been completed in four files sampled with more frequent weights for a resident with weight loss. Referral to dietitian occurs as required, as confirmed in sampled files. Monitoring charts are in use for food and fluid intake.</p> <p>Wound assessment, wound management plans and monitoring were in place for three residents with six wounds between them. There were no pressure injuries. All wounds have been reviewed in appropriate timeframes and specialised wound management advice through the district nursing service was evident in wounds reviewed. Dressing supplies are available, and the treatment room is stocked for use.</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>The activity coordinator (qualified diversional therapist) and an activity assistant deliver the programme in association with HCAs and volunteers. The programme runs over seven days per week. A wide range of activities which support the abilities and needs of residents in the facility are provided. Activities included physical, mental, spiritual and social aspects of life to improve and maintain residents' wellbeing. Residents are free to choose when and what activities they wish to participate in.</p> <p>On admission, an activity coordinator completes an assessment for each resident and an activity plan is completed. A record is kept of individual resident's activities and progress notes are completed monthly. Reviews are conducted six-monthly (or earlier should the residents condition determine) as part of the care plan evaluation/review.</p> <p>Residents and family interviews confirmed they enjoy the variety of activities and are very satisfied with the activities programme. Activities include outings as well as community involvement.</p> <p>A monthly meeting is held where residents and relatives have input. Minutes are recorded at the meeting and quality improvements identified and feedback given.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and</p>	<p>FA</p>	<p>The clinical coordinator or registered nurses evaluate all initial care plans within three weeks of admission. Comprehensive evaluations reviewed were completed six-monthly by a RN and changes to care documented in the care plan. Short-term care plans are evaluated and resolved or added to the long-term care plan.</p> <p>The GP reviews the residents three monthly or when requested, if issues arise or health status changes. The nurse practitioner expressed satisfaction with the service and advised that nursing staff are prompt at informing</p>

timely manner.		changes in the residents' condition and carry out instructions.
<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 current building warrant of fitness expires 4 December 2020. CHT employs a full-time maintenance coordinator over four sites to ensure all reactive and planned maintenance is managed. All medical and electrical equipment was serviced, tested and tagged and/or calibrated. Hot water temperatures are monitored and managed within 43-45 degrees Celsius. The facility has sufficient space for residents to mobilise using mobility aids. The external area is well maintained. Residents have access to safely designed external areas that have shade. Staff stated they had sufficient equipment to safely deliver the cares as outlined in the resident care plans.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in CHTs infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. Short-term care plans are used. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually. Outcomes and actions are discussed at quality meetings. If there is an emergent issue, it is acted-upon in a timely manner. Reports are easily accessible to the unit manager. There have been no outbreaks since the previous audit.</p> <p>Covid-19 training has been provided. All visitors and contractors are required to complete a health declaration which also serves as contact tracing. Residents transferring from hospital or the community are placed in isolation for 14 days. There are adequate hand sanitisers and signage throughout the facility. There is an outbreak management bin and ample stock of personal protective equipment that is checked weekly.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The service has documented systems in place to ensure the use of restraint is actively minimised. A staff RN is the designated restraint coordinator. 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. Policies and procedures include definitions of restraints and enablers that are congruent with the definition in NZS 8134.0.</p> <p>Staff education on RMSP/enablers begins during the new care staff's orientation to the facility. There were no residents with restraints or enablers at the time of the audit.</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.

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End of the report.