

# Oceania Care Company Limited - Bayview

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## Introduction

This report records the results of a Partial Provisional 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

**Legal entity:** Oceania Care Company Limited

**Premises audited:** Bayview

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

**Dates of audit:** Start date: 15 March 2021 End date: 15 March 2021

**Proposed changes to current services (if any):** Increase the number of dual purpose beds from 81 to 91.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 81

# 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.

## General overview of the audit

The Bayview which is owned and operated by Oceania Healthcare Limited provides rest home and hospital level care for up to a current maximum of 81 residents. This partial provisional audit was undertaken to determine potential impacts on the services provided by increasing the maximum number of residents who could occupy dual purpose beds by ten, up to a maximum of 91 residents.

No additional rooms are being offered, the proposed increase is to allow for couples to share one of the already existing larger 'couples care suites'. The two-year old facility provides 61 studio rooms and 20 care suites spread across four separate wings on two floors.

This audit was conducted against the relevant Health and Disability Service Standards and the service contract with the district health board. All requirements relating to this partial provisional audit were met. There were no areas identified that required actions to be completed prior to providing care for ten more residents.

## **Consumer rights**

Not applicable to this audit.

## **Organisational management**

Business and quality and risk management plans include the scope, direction, goals, values and mission statement of the organisation. Monitoring of the services provided to the governing body is regular and effective. An experienced and suitably qualified person manages the facility.

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents.

## **Continuum of service delivery**

Medicines are safely managed and administered by staff who are competent to do so.

The food service can cater for all nutritional needs of the residents including special needs, likes and dislikes. Food is safely managed as identified in the current Food Control Plan

## **Safe and appropriate environment**

The service can demonstrate there are processes in place to ensure residents, staff and visitors are protected from harm as a result of exposure to waste or infectious substances generated during service delivery.

There is a documented emergency response plan and staff demonstrated understanding about emergency management processes. A fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ) and six-monthly evacuation drills are occurring.

Call bells are situated in all areas. Plant and equipment checks have been undertaken by approved providers to meet the requirements of the standard.

Furnishings in place meet infection control standards and are suitable for aged care. This includes dining, lounge, entertainment and outdoor areas. The majority of bedrooms are intended for single occupancy, but 20 rooms are larger with separate bedrooms making them suitable for a couple.

Heating is electric throughout the facility with heat pumps in common areas and in residents' bedrooms. All resident areas have opening windows to allow natural light and ventilation.

## **Restraint minimisation and safe practice**

Not applicable to this audit.

## **Infection prevention and control**

The service has an existing infection control programme which ensures monthly surveillance data of infections are recorded, reported across all levels of service and information is reported up to the governing body monthly. Data collection meets the requirements of the standard related to the type of services offered. There is a low rate of reported infections and no trends had been identified in the past 12 months. The DHB requested information on wound management. This on-site assessment revealed that minor wounds from skin tears are managed according to known safe practice.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	15	0	0	0	0	0
Criteria	0	35	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>The Bayview is owned and operated by Oceania Healthcare Limited (Oceania Healthcare). The organisation has a documented vision, mission and values which are communicated to residents, and their families via the company website and in the information provided during the enquiry and admission process. Corporate governance policies, practices and processes determine the responsibilities, membership and operation of the board of directors of Oceania Healthcare.</p> <p>Oceania Healthcare produces an annual business plan which informs the business plans for each village and care facility in the group. Progress with goals and key indicators identified in The Bayview 2021 business plan is reported up to executive management each month. Communication between The Bayview management team and executive management occurs monthly with the regional operations, clinical and quality managers providing day to day support. The Bayview are recipients of a New Zealand Aged Care Association award for excellence in clinical care.</p> <p>The Bayview is managed by a business and care manager (BCM) who is supported by a clinical manager (CM) and a guest services manager who oversees the kitchen, and household services. The BCM has worked for</p>

		<p>Oceania for 14 years as a BCM and for the last two years at The Bayview site. The BCM is a registered nurse (RN) with a current practising certificate. The clinical care at the facility is overseen by the CM, who is an RN and has been in this position for over two years. This person has extensive experience in nursing management.</p> <p>In addition to providing hospital (medical and geriatric) and rest home care under the Aged Residential Care (ARC) contract, the service has contracts with the district health board (DHB) for the provision of respite care, long-term support chronic health conditions (LTS-CHC) and residential non-aged care services for younger persons with disabilities (YPD). There were no LTS-CHC, YPD or respite residents on the day of audit.</p> <p>Of the 81 residents on site, 54 required rest home level care and 27 required hospital level care. The BCM stated that 32 of the 81 residents were receiving care under the ARC contract and 49 had occupation right agreements (ORA). None of the rooms with ORA could be made available for respite care if they were unoccupied. Approximately 40% of the residents paid privately for their care.</p> <p>The facility is configured into four wings with a mix of studio rooms and care suites. The care suites are larger and have a separate bedroom and lounge. There are 30 studios and 10 care suites on the ground floor and 31 studios and 10 care suites on the first floor. There is a current waiting list of couples who wish to occupy a 'couple's care suite' but the facility is at its maximum capacity. On the day of audit there was one unoccupied studio, and one couple (assessed as rest home level care) with an ORA living in a care suite. The proposal and purpose of this partial provisional audit is to increase the current maximum number of residents to 91, which would allow for some of the care suites to be occupied by couples (under an ORA) who wish to share.</p> <p>Inspection of the care suites and interviews with the couple, confirmed that the care suites can comfortably accommodate two people. Refer to standards 1.4.1-1.4.8 for detail about the environment.</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</p>	FA	<p>When the BCM is absent, the CM carries out all the required duties under delegated authority, with support from the regional clinical and quality manager and the regional operations manager.</p>

manner which ensures the provision of timely, appropriate, and safe services to consumers.		During absences of CM, the BCM either steps into the role and/or appoints another experienced RN to act in the role. This ensures continuity of clinical services. Staff reported the current arrangements work well. There will be no changes to the service management as a result of an increase in resident numbers.
<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>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review annually.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Seventeen of the 19 RNs employed are maintaining their annual competency with interRAI including the clinical manager. The BCM has management access to InterRAI.</p> <p>Of the 41 HCAs employed, 22 have achieved level 4 (or equivalent) of the New Zealand Certificate in health and wellbeing, four have level 3 and one has level 2.</p> <p>The care staff, activities staff, allied health and management staff interviewed shared no concerns about increasing resident numbers.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7).</p> <p>The service currently employs 92 staff. This includes three managers, 17 RNs, 41 Health Care Assistants (HCAs), one diversional therapist and four activities assistants, and 26 household staff. Household staff include four laundry assistants, seven cleaners; and 13 kitchen staff; who provide services seven</p>



		<p>days a week. There is no intention to recruit more staff because the current staffing levels and skill mix can readily accommodate an additional 10 residents.</p> <p>The HOP Portfolio Manager, for Bay of Plenty District Health Board had requested that this audit include information about the newly appointed nurse practitioner. The person recruited and appointed by Oceania Healthcare is due to commence work in early April and not available for interview. This nurse practitioner (NP) will replace the current role which is being contracted. The NP will be responsible for the clinical care of residents at The Bayview and Elmswood Rest Home, which is across the road from The Bayview and also owned and operated by Oceania Healthcare.</p> <p>The BCM uses a mathematical formula to adjust the number of HCAs in each wing to meet the changing needs of residents according to their acuity or level of care. There is a small pool of casual HCA's and an RN and additional household staff available if required, although the service typically uses a local staffing agency to replace unexpected absences. Observations, interviews and a sample of rosters confirmed sufficient staff cover had been provided, with staff replaced in any unplanned absence. At least two staff members on duty have a current first aid certificate, as all RNs are required to maintain these.</p> <p>The current rosters allocate one RN in each of the four wings (20 rooms per wing) on morning and afternoon shift and two RNs overnight. Three to four HCAs are rostered in each wing in the morning and for afternoon shifts and there is one HCA allocated in each wing at night.</p> <p>The afterhours on call roster is shared by the BCM and the CN. Staff reported their afterhours call were always responded to and that advice was provided when needed. Care staff reported there were adequate staff available to complete the work allocated to them. Residents said their needs were being met in a timely manner.</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>	FA	<p>The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management (using an electronic system) was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each</p>

		<p>stage of medicine management. All staff who administer medicines are competency assessed at least annually.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided daily via MediMap and at six-month controlled drug stock checks.</p> <p>Controlled drugs are stored securely in accordance with requirements and checked by two staff for accuracy when administering. The controlled drug register contained accurate entries and evidence of weekly and six-monthly checks.</p> <p>The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range.</p> <p>Prescribing practices included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>There are three residents who were self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner.</p> <p>There is an implemented process for comprehensive analysis of any medication errors, although there have been no reported medicine areas for more than 12 months.</p> <p>The current systems for medicine management are well established and assessed as being able to accommodate ten more beds.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>The food service is provided on site by a qualified chef and kitchen assistants who have all attended training in safe food handling. Food choices are in line with recognised nutritional guidelines for older people and the menu follows summer and winter patterns. The menu is reviewed by the organisations registered dietitian every six months. There is an additional review each three months after a new menu cycle has started to take into account feedback from residents and staff.</p> <p>All aspects of food procurement, production, preparation, storage,</p>

		<p>transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan with registration issued by the Tauranga City Council. This expires on 28 March 2021, and verification audit to renew this was scheduled to occur within a week of this audit.</p> <p>Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan.</p> <p>A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet resident's nutritional needs, is available.</p> <p>Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p> <p>Interviews and observations confirmed that the current food service systems can accommodate ten additional residents.</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>	FA	<p>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. An external company is contracted to supply and manage all chemicals and cleaning products and they also provide relevant training for staff.</p> <p>Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill occur.</p> <p>There were ample supplies of protective clothing and equipment stored on site and staff were observed using this.</p> <p>The current systems for waste management will not be significantly impacted by an increase in the number of residents.</p>
Standard 1.4.2: Facility Specifications	FA	A current building warrant of fitness (expiry date 26 November 2021) was

Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.		<p>publicly displayed.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of medical equipment was current as confirmed in documentation reviewed, interviews with staff and observation of the environment. The environment was hazard free and resident safety was promoted. External areas are safely maintained and were appropriate to the resident group and setting.</p> <p>Staff confirmed they know the processes they should follow if any repairs or maintenance are required and that requests are actioned. Residents interviewed were happy with the environment.</p> <p>There is sufficient furniture, medical and mobility equipment onsite to meet the needs of an additional ten residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Each of the 81 rooms has an accessible bathroom with shower and toilet. Additional toilets and visitor/staff toilets are located in the foyers on each level.</p> <p>Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment and /or mobility accessories are available to promote residents' independence, as confirmed by the visiting physiotherapist.</p> <p>An increase in the maximum number of residents to 91 is easily accommodated as the ensuite bathrooms will be shared by a couple.</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>Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. Sixty-one of the care suites are suitable for single accommodation as the bed and sitting area are combined. The other twenty care suites are larger with separate bedrooms. All rooms are equipped with ceiling hoists and wide width doors. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>There is room to store mobility aids, wheelchairs and mobility scooters. Staff and residents reported the adequacy of bedrooms.</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>Large communal areas are available for residents to engage in activities on each floor. The ground level lounge easily accommodated the 65 residents who attended the monthly residents meeting during this audit. Plans are in place to install a door into this lounge for sound proofing. Each floor has its own dining room centrally located between two wings. Food is transported from the ground floor main kitchen in hot boxes to the first floor dining room or to resident's rooms. Dining and recreation areas are spacious and enable easy access for residents and staff. There are sufficient tables and chairs in each dining area to accommodate additional diners. An extra smaller dining room is located on the ground floor for residents who require assistance with meals. All residents utilise their own rooms and balconies for privacy, when required. The furniture provided is in new condition, and safe and appropriate to the setting and residents' needs.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Resident's personal laundry is undertaken on site. Sheets and towels are laundered off site. This includes the laundry generated by Elmswood Rest Home another age care facility with 36 beds, owned and operated by the Oceania Healthcare.</p> <p>Two laundry staff are rostered on seven days a week for either a 7.5 or eight hour shifts each day. The staff interviewed said they would likely need increased hours or another short shift person to accommodate the extra work demands from more residents. The BCM and guest service manager monitor the daily amount of laundry processed and will review workloads as resident numbers increase.</p> <p>Laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. Residents interviewed reported the laundry is managed well and their clothes are returned in a timely manner.</p> <p>Four cleaners are rostered on each day for approximately 7.5 hours each day. All members of the cleaning team have completed appropriate training in safe chemical handling. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers.</p> <p>Cleaning and laundry processes are monitored by the guest service manager</p>

		<p>who conducts random audits.</p> <p>Cleaning services will not be impacted by an increase in the number of residents as there will be no increase in the number of spaces to be cleaned daily, but the number of hours allocated for laundry will require monitoring as service provision increases.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>Policies and guidelines for emergency planning, preparation and response were displayed and known to staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan was approved by the Fire Service New Zealand in 2018. There has been no change to the physical layout of the building. There are smoke detector and sprinkler systems throughout the building, fire alarms are monitored and fire and evacuation signage is displayed.</p> <p>A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 30 November 2020. Each wing which currently contains 20 or 21 residents is designed to be its own fire cell.</p> <p>The orientation programme includes fire and security training. Staff confirmed their awareness of the emergency procedures. All RNs and the health and safety representative receive first aid training so there are at least two staff members on each shift with a current first aid certificate.</p> <p>Alternative energy and utility sources are available in the event of the main supplies failing. These include a port for an externally sourced generator, battery operated emergency lighting and gas BBQ's. Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones, radios, and continence supplies were sighted and meet the National Emergency Management Agency recommendations for the region. A large water storage tank is located in the grounds and emergency and pandemic supplies are checked monthly by the CM.</p> <p>The service's emergency plan includes considerations of all levels of resident need including those of YPD.</p> <p>Call bells alert staff to residents requiring assistance. Call system audits are completed on a regular basis and residents and families reported staff respond promptly to call bells. Where two people are sharing a care suite, there are two</p>

		<p>call bells either side of their beds for easy access.</p> <p>There are effective security systems for the protection and safety of residents, visitors and staff. These include visitors signing in and out, automatic locking of the facility at 7pm, an intercom for after-hours access and night time security lighting. Monitored security cameras are positioned in the corridors and external doors. RNs are alerted to the opening of emergency doors via their pagers. There have been no security incidents since the facility opened in 2018.</p> <p>A small increase in the number of residents will not significantly impact the current emergency and security systems.</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>	FA	<p>All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and 79 of the rooms have doors that open onto a small patio areas. Heating is provided by electrical heat pumps in residents' rooms and in the communal areas. Areas were warm and well ventilated throughout the audit and residents and families confirmed the facilities are maintained at a 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, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The Bayview has implemented an effective infection prevention and control (IPC) programme which is succeeding in minimising the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from the clinical and quality manager, infection control specialist and the nurse practitioner. The infection control programme and manual are reviewed annually.</p> <p>There have been relatively few infections reported. In 2020 there were three urinary tract infections and six other infections (respiratory tract and skin infections) reported. The only wounds reported have been skin tears as the result of falls.</p> <p>A registered nurse is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly at infection control committee meetings and at RN and general staff meetings. The IPC committee includes the BCM, CM, IPC coordinator, health and safety officer, and representatives from food services and household management.</p>

		<p>Signage at the main entrance to the facility requests anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p> <p>The organisation has a fully developed Covid-19 plan/policy with protocols that are implemented when required. The amount of personal protective equipment (PPE) in stock is checked weekly and reported up to head office.</p> <p>Due to the low rate of reported infections, staff ratio to residents, individual rooms and well established systems for the prevention and management of infections, there is no perceived risk to the service and other residents from increasing resident numbers to a potential maximum of 91.</p>
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## 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.