

# Auckland Healthcare Group Limited - Palms Home & Hospital

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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>	Auckland Healthcare Group Limited
<b>Premises audited:</b>	Palms Home & Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 12 August 2021 End date: 13 August 2021
<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>	37

# 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

Palms Home and Hospital provides rest home and hospital levels of care for up to 44 residents. On the day of the audit, there were 37 residents. The service is one of three aged care facilities owned by two directors. An operations manager/registered nurse oversees the daily operations and is supported by a full-time clinical coordinator nurse. The service is currently recruiting for a clinical nurse manager to provide clinical support.

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 service implements the organisations quality and risk management programme. An induction and in-service training programme that provides staff with appropriate knowledge and skills to deliver care and support is in place.

Residents and families interviewed commented positively on the standard of care and services provided.

There have been improvements to the environment since the previous audit including installation of a new call bell system.

The service met all the standards audited with no identified 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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Staff at the Palms Home and Hospital strive to ensure that care is provided in a way that focuses on the individual, values residents' autonomy and maintains their privacy and choice. The service functions in a way that complies with the Health and Disability Commissioner's Code of Consumers' Rights (the Code). Residents' cultural needs are met. Policies are implemented to support residents' rights, communication and complaints management. Care plans accommodate the choices of residents and/or their family/whānau. Complaints and concerns have been managed and a complaints register is maintained.

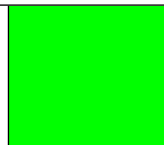
## Organisational management

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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Palms Home and Hospital has a current business plan and a quality and risk management programme that outlines goals for the year. Meetings are held to discuss quality and risk management processes. An internal audit programme identifies corrective actions and areas for improvement which have been implemented. Residents'/family meetings are held regularly, and residents and families are surveyed annually. Health and safety policies, systems and processes are implemented to manage risk. Incidents are collated monthly and reported at facility meetings. Falls prevention strategies are in place that includes the analysis of falls incidents. There is an annual education and training programme in place. Appropriate employment processes are adhered to, and all employees have an annual staff appraisal completed. A roster provides sufficient and appropriate coverage for the effective delivery of care and support.

## 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.

There is an admission package available prior to or on entry to the service. Registered nurses are responsible for each stage of service provision. A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family input. Care plans viewed demonstrate service integration and are reviewed at least six-monthly. Resident files include medical notes by the contracted general practitioner and visiting allied health professionals.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for the administration of medicines. Medication charts are reviewed three-monthly by the GP.

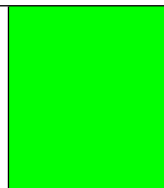
The activities assistants implement the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers, outings, and celebrations.

All meals are cooked on site. Residents' food preferences, dislikes and dietary requirements are identified at admission and accommodated.

Residents commented positively on the meals.

## 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.

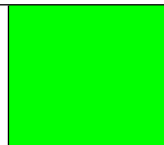


Standards applicable to this service fully attained.

Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness. All rooms are single. Six rooms have an ensuite. All rooms have hand basins. There are sufficient communal showers and toilets. Fixtures, fittings and flooring are appropriate. Toilets and showers are constructed for ease of cleaning. External areas are well maintained and have seating and shade. Cleaning and laundry services are monitored through the internal auditing system. Systems and supplies are in place for emergency and security services.

## 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.

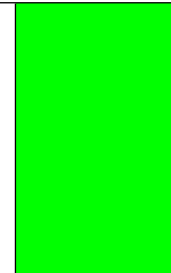


Standards applicable to this service fully attained.

Palms Home and Hospital has restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. On the day of audit, there were five residents with restraint (bedrails) and no enablers in use. The operational manager/restraint coordinator oversees restraint/enabler usage within the facility. Restraint use is reviewed by the restraint approval committee.

## 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.

The infection control content and details are appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control programme include policies and procedures to guide staff. The infection prevention and control monthly summary is used to document all infections. All infection control data is reported at monthly staff meetings. This information is used to guide staff and for education purposes. A six-monthly comparative summary is completed. COVID-19 lockdown was well managed, and precautions remain in place as per current guidelines. There have been low infection rates and no outbreaks.

## 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	50	0	0	0	0	0
<b>Criteria</b>	0	101	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
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) poster is displayed in a visible location. The policy relating to the Code is implemented and staff could describe how the Code is incorporated in their everyday delivery of care. Interviews with 11 staff, including five caregivers, two registered nurses (RNs), an activity assistant, one laundry/cleaner, one maintenance person and one cook reflected their understanding of the key principles of the Code. Staff receive training about the Code which was last completed in June 2021. The clinical coordinator and the operational manager, also reflected their understanding of the key principles of the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give	FA	The service has in place a policy for informed consent. Completed general, resuscitation and advanced directive forms were evident on all resident files reviewed (two rest home including one Māori resident and five hospital including one long term chronic care (LTS-CHC)). Discussions with staff confirmed that they are familiar with the requirement to obtain informed consent for entering rooms and personal care. When interviewed families and residents stated that informed consent was discussed with them on admission and consent forms were signed. Enduring power of attorney (EPOA) is filed in residents' folders.

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	Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their family 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. Staff receive education and training on the role of advocacy services.
<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	Residents may have visitors of their choice at any time but may be limited within COVID-19 level restrictions. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events and providing assistance to ensure that they are able to participate in as much as they can safely and desire to do. Resident/relative meetings are held every three months.
<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 organisation has a complaints policy that describes the management of the complaints process. Complaints forms are available. Information about complaints is provided on admission. Interviews with residents and families demonstrated their understanding of the complaints process. All staff interviewed were able to describe the process around reporting complaints. There is a complaints' register verbal and written complaints are documented. All complaints have noted investigation, timelines, corrective actions when required and resolutions</p> <p>Complaints are linked to the quality and risk management programme. There have been two complaints made in 2019 and no complaints lodged in 2020 or 2021 to date. Both complaints for 2019 were through the Health &amp; Disability Commission. One complaint was closed off by the Health &amp; Disability Commission and the other complaint was resolved through the Health and Disability Advocacy Service. There were no identified issues in respect of these complaints however the service chose to install a new call bell system to mitigate the risk of similar complaints.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	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 the entrance to the facility. A manager discusses aspects of the Code with residents and their family on admission. Discussions relating to the Code are held during resident/family meetings. Six residents (three hospital and three rest home) and four relatives (one rest home, three hospital) interviewed reported that the residents' rights are being upheld by the service. Interviews with residents and family also confirmed their understanding of the

		Code and its application to aged residential care.
<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>Residents are treated with dignity and respect. Privacy is ensured, and independence is encouraged. Discussions with residents and relatives were positive about the service in relation to their values and beliefs being considered and met. 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. Staff have received training around abuse and neglect.</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>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service. They value and encourage active participation and input of the family/whānau in the day-to-day care of the resident. During this audit there were five Māori residents living at the facility. Cultural needs were identified in care plans reviewed. Māori consultation is available through the documented iwi links and Māori staff who are employed by the service. Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic, last completed in October 2020. All caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents. Activities in June 2021 were planned around celebrating Matariki with Māori related activities including a Māori quiz, activities and arts and crafts.</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>There are a significant number of residents identified as Pacific living at the facility. The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Pacific residents are valued and fostered within the service. They value and encourage active participation and input of the family in the day-to-day care of the resident. There are also a number of staff who identify as Pacific, and all Pacific languages are spoken by staff. All caregivers interviewed were aware of the importance of the relationships between the Pacific consumer, their family and their community in the delivery of care for Pacific residents. At the time of the audit the service planned an upcoming multi-cultural day with entertainment, arts and traditional dances.</p>
<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any</p>	FA	<p>A staff code of conduct 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</p>

discrimination, coercion, harassment, sexual, financial, or other exploitation.		caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities. Professional boundaries are reconfirmed through education and training sessions, staff meetings and performance management if there is infringement with the person concerned.
Standard 1.1.8: Good Practice Consumers receive services of an appropriate standard.	FA	The service has policies to guide practice that align with the health and disability services standards. Policies and procedures are well established, cross referenced and reviewed regularly to ensure continuity of care. Staffing policies include the recruitment process, the requirement to attend orientation and participate in ongoing in-service education/training. The Palms Home and Hospital has a current strategic plan and a quality and risk management programme that outlines objectives/goals. There is an annual in-service training programme schedule in place. There is an implemented quality and risk management programme that includes performance monitoring. There are implemented competencies for RNs and caregivers. There are clear ethical and professional standards and boundaries within job descriptions. Residents and relatives interviewed spoke positively about the care and support provided. Staff interviewed demonstrate a sound understanding of principles of aged care and state that they feel supported by the management team.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and provide an environment conducive to effective communication.	FA	<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. Evidence of communication with family/whānau is recorded on the family/whānau communication record, which is held in resident files. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Twelve accident/incident forms reviewed identified that family are kept informed. Relatives interviewed confirmed that they are kept informed when their family member's health status changes.</p> <p>There are a number of residents (and staff) from a variety of cultures, and family interviewed were particularly complimentary of how staff are able to communicate with residents where English is a second language. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. The information pack is available in large print and is read to residents who require assistance. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so.</p>
Standard 1.2.1: Governance The governing body of the	FA	The Palms Home and Hospital provides rest home, hospital (medical and geriatric) care for up to 44 residents. On the day of the audit there were 37 residents in total, including six of ten rest home

<p>organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>		<p>residents, 31 of 34 hospital level residents, including five residents (two rest home and three hospital) funded through the long-term support chronic health contract (LTS-CHC).</p> <p>All other residents were on the age-related residential care (ARRC) contract. There are 21 dual-purpose beds throughout the facility. There were no boarders.</p> <p>The service has a strategic plan in place for 2021-2025. The organisation has a philosophy of care which includes a mission statement. There are regular reviews and follow-up of the business plan documented. The service has quality goals and a documented quality plan purchased from an external consultant. Palms Rest Home and Hospital is one of the three aged care facilities owned by two directors.</p> <p>The operations manager is a registered nurse who has been in the role since 2017. She is supported by an experienced clinical coordinator (registered nurse) that has been in the role for 2 months but have been employed as a registered nurse for more than four years. The service is currently recruiting for a clinical nurse manager to assist with clinical oversight. The operational manager reports to the directors and inform them of any budgetary requirements.</p> <p>The operations manager who is also a registered nurse and qualified diversional therapist has maintained at least eight hours annually of professional development activities related to managing an aged care facility.</p>
<p><b>Standard 1.2.2: Service Management</b></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>In the absence of the operational manager, the clinical coordinator is in charge, with support from the directors. In the absence of the clinical coordinator, the registered nurses will coordinate care.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects</p>	<p>FA</p>	<p>Palms Home and Hospital has a well-established and comprehensive quality and risk programme purchased from an external consultant. There are policies and procedures implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. Staff confirmed they are made aware of any new/reviewed policies.</p>

<p>continuous quality improvement principles.</p>		<p>The operations manager described supportive directors who visit or phone most days.</p> <p>Monthly quality meeting/staff minutes sighted evidenced staff discussion around accident/incident data, health and safety, restraint minimisation, infection control, audit outcomes, concerns and survey feedback. The service collates accident/incident and infection control data. Monthly comparisons include trend analysis and graphs. The staff interviewed were aware of quality data results, trends and corrective actions.</p> <p>There is a robust internal audit programme that covers all aspects of the service and aligns with the requirements of the Health and Disability Services (Safety) Act 2001. A summary of internal audit outcomes is provided to the quality meetings for discussion. Corrective actions are developed, implemented and signed off.</p> <p>There is an implemented health and safety and risk management system in place including policies to guide practice. The operations manager is responsible for health and safety. There is a current hazard register which was last reviewed April 2021. Staff confirmed they are kept informed on health and safety matters at meetings.</p> <p>The service has detailed emergency plans covering all types of emergency situations and staff receive ongoing training around this.</p> <p>Falls prevention strategies are in place that includes the analysis of falls incidents and the identification of interventions on a case-by-case basis to minimise future falls. The service has lifting belts, hip protectors and sensor mats in place.</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 service collects incident and accident data on forms and enters them into a register. A monthly 'moving on audits' action plan is developed and discussed at the monthly staff meetings/quality and health and safety meetings.</p> <p>Twelve incident forms were reviewed. All incident forms identified a timely RN assessment of the resident and corrective actions to minimise resident risk. Neurological observations had been completed for unwitnessed falls and any known head injury. The next of kin had been notified for all required incidents/accidents. The caregivers interviewed could discuss the incident reporting process. The operations manager collects incident forms, investigates and reviews and implements corrective actions as required. The service has an action plan in place to minimise falls and falls document a continued downward trend along with a reduction in skin tears.</p> <p>The operational manager interviewed could describe situations that would require reporting to relevant authorities. The service has reported a change in key personnel to the Ministry of Health in June 2021. There were no other notifiable events for 2020 to date.</p>

<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies to support recruitment practices. The register of RNs practising certificates and allied health professionals is current. Six staff files were reviewed (clinical coordinator, activities assistant, cook, one RN and two caregivers). All files contained relevant employment documentation including current performance appraisals and completed orientations. Current practising certificates were sighted for the registered nurses. All required staff have been employed and appropriate employment practices followed. The service has an orientation programme in place that provides new staff with relevant information for safe work practice in the provision of rest home and hospital level care.</p> <p>Staff interviewed believed new staff are adequately orientated to the service on employment.</p> <p>There is a comprehensive annual education planner in place that covers compulsory education requirements. The planner and individual attendance records are updated after each session. The programme has been updated to include caring for residents with a higher level of care including (but not limited to) manual handling and turning residents, pressure injury prevention, end of life, continence and care of catheters. The clinical coordinator and operational manager have completed interRAI training. Clinical staff complete competencies relevant to their role. The RNs and clinical coordinator have completed syringe driver training and have access to external training.</p> <p>There are 20 caregivers employed to cover all shifts. Caregivers have access to enrolment and completion of Careerforce qualifications and is supported by the operational manager who is also a Careerforce assessor. Two caregivers are enrolled in Health &amp; wellbeing level 2 certificate, fifteen caregivers completed level 2 and level 3 another three caregivers had recently been employed but not yet enrolled.</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>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery and meeting contractual requirements.</p> <p>The operations manager is on site Monday to Friday and on call after hours and is temporary overseeing the clinical nurse manager position from 9am-5pm. The clinical coordinator is working full time across am and pm shift (and fulfil a registered nurse position on the roster) and this can include weekend days. The service is currently recruiting for a full-time clinical nurse manager to assist with clinical oversight.</p> <p>One RN is rostered for each of the AM, PM and night shifts. The operations manager and clinical coordinator share the on-call roster.</p>

		<p>There are three wings and a total of 37 residents.</p> <p>Each wing (Nikau [occupancy: thirteen hospital including one LTS-CHC], Phoenix [occupancy: four rest home including one LTS-CHC, eleven hospital including two LTS-CHC], and Silkfan [occupancy: two rest home including one LTS-CHC, seven hospital]) are staffed with two caregivers on the AM shift; one full shift and one short shift that can be extended depending on acuity.</p> <p>There is a total of eight caregivers on the morning shift including a floater shift to assist across all wings from 7 am-10am and a senior caregiver that works across all wings (7am-3pm) to assist with medication administration and does not bear a resident load.</p> <p>The PM shift is staffed with a total of six caregivers including two caregivers from 3 pm – 11 pm and one caregiver from 3 pm – 9 pm , one from 4.30pm to 6.30pm and one from 4.00 pm to 7.00 pm and a senior caregiver from 4.45pm-8.15pm to assist with medication administration.</p> <p>The night staff is covered by two caregivers (in addition to one RN).</p> <p>There are separate cleaning/laundry staff providing cover seven days a week. Two activities assistants shared the roster to cover Monday – Sunday 9.30am -4pm.</p> <p>Staff reported that staffing levels and the skill mix were appropriate and safe. Residents and family interviewed advised that they felt there is sufficient staffing.</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>	<p>FA</p>	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within required timeframes into each resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Resident files are protected from unauthorised access by being held in a secure staff area. Care plans and notes are legible. All residents' records contain the name of resident. Entries are legible, dated and signed by the relevant caregiver or registered nurse including designation.</p>
<p>Standard 1.3.1: Entry To Services</p> <p>Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.</p>	<p>FA</p>	<p>There are policies and procedures to safely guide service provision and entry to services including an admission policy. The service has an information pack available for residents/families at entry. The admission agreements reviewed met the requirements of the ARRC.contract. Exclusions from the service are included in the admission agreement. All admission agreements sighted were signed and dated.</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>Policy describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The facility uses the 'yellow envelope' transfer system. Communication with family is made.</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>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were two residents self-administering inhalers on the day of audit. The residents were competent to administer these medications and a consent form had been signed by the resident and GP. Reviews had taken place. There are standing orders and these meet requirements. There are no vaccines stored on site.</p> <p>The facility uses medimap and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. RN's and medication competent caregivers administer medications (caregivers only in the rest home). Staff attend annual education and have an annual medication competency completed. Two RNs are syringe driver trained by the hospice. The medication room and medication fridge temperatures are checked weekly, and temperatures meet requirements. Eye drops are dated once opened.</p> <p>Staff sign for the administration of medications on medimap. Fourteen medication charts were reviewed (four rest home and ten hospital). Medications are reviewed at least three-monthly by the GP. There was photo identification and allergy status recorded. As required medications had indications for use charted</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>The service has a head cook who works 40 hours a week and two relief cooks who cover weekends. There is a daily kitchen hand. All kitchen staff have had food safety training. The head cook oversees the procurement of the food and management of the kitchen. There is a well-equipped kitchen, and all meals are cooked onsite. Meals are served in the dining room directly from the kitchen. Meals going to rooms on trays have covers to keep the food warm.</p> <p>Special equipment such as lipped plates is available. On the first day of audit meals were observed to be hot and well-presented and residents stated that they were enjoying their meal. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded manually each day. Food temperatures are checked, and these were all within safe limits.</p> <p>The residents have a nutritional profile developed on admission which identifies dietary requirements</p>

		<p>and likes and dislikes. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted in a folder. If a resident has weight loss the head cook is notified, and extra protein and supplement drinks are added to the diet. There are diverse ethnic groups in the facility and every effort is made to cater for their needs. There were Indian and Pacific Island dishes on the menu and one Māori resident has a regular 'boil up'. The four-weekly menu cycle is approved by a dietitian. All residents and family members interviewed were satisfied with the meals.</p> <p>The food control plan was certified and is current till 19 June 2021.</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>The service records the reason for declining service entry to residents should this occur and communicates this to residents/family. The reasons for declining entry would be if the service is unable to provide the assessed level of care or there are no beds available. Potential residents would be referred back to the referring agency.</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>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. InterRAI assessments had been completed for all residents whose files were sampled. The goals were identified through the assessment process and linked to care plan interventions. Other assessment tools in use included (but not limited to) pain, behaviour, nutrition and continence.</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>Care plans reviewed evidenced multidisciplinary involvement in the care of the resident. All care plans reviewed were resident centred. Interventions documented support needs and provided detail to guide care. Care plan interventions are updated for changes in health status. Residents and relatives interviewed stated that they were involved in the care planning process. There was evidence of service integration with documented input from a range of specialist care professionals including the physiotherapist, wound care nurse, dietitian and mental health care team for older people. The care staff interviewed advised that the care plans were easy to follow, and guidelines were clear.</p>
<p>Standard 1.3.6: Service</p>	FA	<p>When a resident's condition changes the RN initiates a GP consultation. Staff state that they notify family members about any changes in their relative's health status. All care plans sampled had</p>

<p><b>Delivery/Interventions</b></p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>		<p>interventions documented to meet the needs of the resident and there is documented evidence of care plan interventions being updated as residents' needs changed. Short term care plans are used for infections and wounds.</p> <p>Care staff interviewed state there are adequate clinical supplies and equipment provided including continence and wound care supplies (sighted during the audit).</p> <p>Wound assessment, wound management and wound evaluation forms are in place for all wounds. Wound monitoring occurs as planned. There are currently five minor wounds being treated. The clinical coordinator stated that any major wounds and all pressure injuries are seen by the GP. Referrals to a wound care nurse specialist are made if required. Photos of major wounds are taken. There are currently two pressure injuries. Both are facility acquired and both are stage two. Pressure relieving equipment is available and repositioning is documented.</p> <p>Monitoring forms are in use as applicable such as weight, vital signs and wounds. Behaviour charts are available for any residents that exhibit challenging behaviours.</p>
<p><b>Standard 1.3.7: Planned Activities</b></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>There are two activities assistants who both work 38 hours a week and cover seven days between them. They are supervised by the operations manager who is a registered diversional therapist (DT). On the days of audit rest home and hospital residents were observed doing exercises to music, playing bingo and skittles, naming famous faces and doing arts and crafts.</p> <p>There is a weekly programme in large print on noticeboards and residents may have a copy in their rooms if requested. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are meaningful and tailored to residents' needs.</p> <p>Those residents who prefer to stay in their room or who need individual attention have one on one visits. There are large grounds for residents to walk in and staff assist those residents in wheelchairs to have garden walks. There are weekly van outings. They drive to places where there are nice views or to the beach</p> <p>There is a weekly interdenominational church service as well as weekly Catholic communion. On Sundays the TV religious programme is screened.</p> <p>Happy Hour (non-alcoholic) is every second week and juice, chips and milkshakes are available. On the alternate week there is a café where the facility brings in external café coffees and supplies baking. There are monthly entertainers. Special events such as birthdays, Easter, Anzac Day, Queens's birthday and cultural events are recognised and celebrated (India Independence Day this Sunday). There are diverse ethnic groups in the facility and every attempt is made to accommodate ethnic needs</p>

		<p>Pet therapy is three-monthly. Visitors and staff also bring in pets.</p> <p>There is community input from preschools and schools as well as different ethnic groups who sing and dance. A hairdresser visits every six weeks. Those residents able go out to the local library, cafes and the RSA. Younger residents are encouraged to do as much as possible. Some go swimming, one to the gym and some to cafes and/or shopping.</p> <p>Residents have an activity assessment completed over the first few weeks following admission that describes the residents past hobbies and present interests, career and family. Resident files reviewed identified that the activity plan is based on this assessment. Activity plans are evaluated at least six-monthly at the same time as the review of the long-term care plan.</p> <p>Resident meetings are held three monthly and there are six monthly satisfaction surveys.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All plans reviewed had been evaluated by the registered nurse six monthly or when changes to care occurred. Activities plans are in place for each of the residents and these are also evaluated six-monthly. The multidisciplinary review involves the RN, GP, and resident/family if they wish to attend. Progress towards meeting goals is evaluated six-monthly, at multidisciplinary reviews or more often as required. There is at least a three-monthly review by the GP. The family members interviewed confirmed that they are informed of any changes to the care plan.</p>
<p>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</p> <p>Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.</p>	FA	<p>Referral to other health and disability services is evident in the resident files reviewed. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. There was evidence of where residents had been referred to the wound care nurse specialist, mental health services for older people, the dietitian and the physiotherapist. Discussion with the registered nurse identified that the service has access to a wide range of support either through the GP, specialists and allied health services as required.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm</p>	FA	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets are available. A sharps container is available and meets the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons and goggles are available for staff.</p>

<p>as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</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 holds a current warrant of fitness which expires 14 September 2021. The facility has applied for this to be renewed. There is a maintenance/gardener person who works 28 hours a week. Electrical and plumbing contractors are available when required.</p> <p>There is a preventative and reactive maintenance schedule. Electrical equipment has been tested and tagged. The scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. All areas have synthetic wood flooring except for utilities which have vinyl. Corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were maintained. There is a large outdoor covered deck with seating and shade. There is safe access to all communal areas</p> <p>Staff interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care 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>	<p>FA</p>	<p>Six rooms have shared ensuites. All rooms have hand basins. There are sufficient communal showers and toilets. Fixtures, fittings and flooring are appropriate. Shower/toilet facilities are easy to clean. All showers and toilets have signs. There is sufficient space in all showers/toilets for the use of shower chairs/hoists if appropriate.</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>	<p>FA</p>	<p>All rooms are single. The rooms are small but there is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.</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>There are two large communal areas. The largest area is used for activities and the second area is for residents to read, entertain visitors or just have quiet time. The dining area is large. Some residents use the dining room to entertain visitors and to make a cup of tea.</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>All laundry is done on site. There is a laundry/ cleaning manual and safety data sheets. Laundry is done by the cleaners once cleaning is completed. Personal protective equipment is available. The laundry is divided into 'clean' and 'dirty' areas. Laundry and cleaning services are monitored.</p> <p>There is a sluice room for the disposal of soiled water or waste and the sluicing of soiled linen if required. There is no sanitiser, but the facility uses disposable equipment. The laundry and sluice room are kept locked when not in use. Cleaning trollies are stored outside the laundry when not in use. This area is not accessible to residents.</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>Emergency and disaster policies and procedures are being implemented. Fire evacuation drills take place every six months. Emergency flip charts were visible in staff areas. The orientation programme and education and training programme includes fire and security training and staff completing competency questionnaires. Staff interviews confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit and all equipment had been checked as required. An approved fire evacuation plan is in place.</p> <p>A civil defence plan is in place. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, torches, batteries and the availability of gas cooking. A back-up battery for emergency lighting is in place.</p> <p>The call bell system is suitable to meet the needs of the residents. The call bell system is monitored, and monthly random checks are done. A new call bell system had been installed since the last audit. In the event of a call bell failure there is a second back up call bell system (older system). Residents reported their call bells are answered in a timely manner. Residents were observed having access to call bells in their rooms and communal areas. There is a minimum of one person available 24 hours a day, seven days a week with a current first aid/CPR certificate. External lighting is adequate for safety and security. Doors are locked at dusk.</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 bedrooms and communal areas have ample natural light and ventilation. There is underfloor heating throughout the facility. Staff and residents interviewed stated that this is effective. There is an area outside where residents may smoke. There are currently five smokers. They have all been offered smoking cessation programmes. All other areas are smoke free.</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 infection prevention and control programme is appropriate for the size and complexity of the service. The operational manager (registered nurse) is the infection control coordinator. The infection prevention and control coordinator job description was in place and outlines the role and responsibilities. The infection prevention and control programme is linked into the quality management system. Infection prevention and control is reported at the monthly staff meeting. The programme is set out annually by the infection control coordinator. The facility has developed links with the GP, local laboratory, CMDHB and the public health department.</p> <p>There are notices at the entrance reminding visitors not to visit if they are unwell. There is Covid-19 screening in place for all staff and visitors.</p>
<p>Standard 3.2: Implementing the infection control programme</p> <p>There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.</p>	FA	<p>The infection prevention and control programme is linked into the quality management system. The monthly staff meeting includes a discussion of infection prevention and control matters. The facility has developed links with the GP, local laboratory, CMDHB and the public health department.</p> <p>Due to current COVID-19 guidelines, all visitors and contractors must complete a wellness declaration and sign into the facility. There were adequate supplies of infection control equipment in each wing in the case of outbreaks. A good supply of hand gel, masks and aprons are readily available.</p> <p>The infection control manual which includes Covid information and guidelines is kept at reception and is readily accessible to all staff. Plans are in place if there were an outbreak around staffing bubbles, changing uniforms, strict controls around housekeeping, laundry and kitchen services. Security has been implemented to screen all visitors and contractors entering the building and ensuring wellness declarations are completed.</p> <p>Information/guidelines around Covid clearly indicates essential contact numbers of key management and clear easy to follow instructions for staff to follow if covid19 is identified in the facility. A stock take of PPE is completed at least monthly. Any updated information on Covid is displayed on noticeboards.</p>

		The facility has completed their Covid vaccinations for residents and staff. Nine residents and three staff have refused vaccinations. This has been documented and reported.
<p>Standard 3.3: Policies and procedures</p> <p>Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.</p>	FA	There were comprehensive infection prevention and control policies that were current and reflected the Infection Prevention and Control Standard SNZ HB 8134:2008, legislation and good practice. These policies were developed by the operational manager with the assistance of CMDHB. The infection prevention and control policies link to other documentation and cross reference where appropriate. Policies and procedures, and the Pandemic plan have been updated to reflect COVID-19
<p>Standard 3.4: Education</p> <p>The organisation provides relevant education on infection control to all service providers, support staff, and consumers.</p>	FA	The infection prevention and control coordinator is responsible for coordinating/providing education and training to staff. The orientation/induction package includes specific training around hand washing and standard precautions and training is provided both at orientation and as part of the annual training schedule. Resident education occurs as part of providing daily care and also during relative/resident meetings. There was extensive training provided around combatting COVID-19 and infection control education separate to COVID-19 is held twice yearly.
<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>The surveillance programme is the responsibility of the infection prevention and control coordinator.</p> <p>An individual infection report form is completed for each infection and the infection control coordinator transfers all this information to a monthly infection summary. This summary is then discussed at the monthly staff meeting. Any trends are analysed, and solutions discussed and implemented. The infection control programme is incorporated into the internal audit programme. Internal audits are completed for hand washing, housekeeping, linen services, and kitchen hygiene. There have been low rates of infection throughout 2021. There have been no outbreaks since the previous audit.</p>



<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>Restraint minimisation and safe practice policies and procedures are in place. Restraint practices are only used where it is clinically indicated and justified, and other de-escalation strategies have been ineffective. The restraint register has documented five hospital level residents using a restraint (bedrails only) and no residents using an enabler. Two resident files reviewed for residents with a restraint confirmed that an assessment, consent, six monthly review and care plan interventions were all documented. Restraint training is included in the induction programme and in-service education programme.</p> <p>The restraint policy includes the definition of restraint and enablers and comprehensive restraint procedures. Interviews with the caregiver and nursing staff confirmed their understanding of restraints and enablers.</p>
<p>Standard 2.2.1: Restraint approval and processes</p> <p>Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.</p>	<p>FA</p>	<p>Responsibilities and accountabilities for restraint are outlined in the restraint policy and include roles and responsibilities for the restraint coordinator (operational manager) and approval group. A restraint approval group meets six-monthly, and the restraint objectives are reviewed at the same time. The group includes the restraint coordinator, clinical coordinator, activity assistants, a caregiver and RN. All staff are invited to the review meetings.</p>
<p>Standard 2.2.2: Assessment</p> <p>Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.</p>	<p>FA</p>	<p>Assessments are undertaken by the restraint coordinator/RN in partnership with the resident and their family. Restraint assessments are based on information in the care plan, family, staff and GP consultation and during observations. The restraint assessment tool is completed for residents requiring an approved restraint for safety. There is provision for emergency restraint if required for safety of the residents. This has not been used since the last audit.</p> <p>Ongoing consultation with the family and staff is evident through multidisciplinary meetings and facility meetings. There were five hospital level residents with the use of restraint as required (bedrails). Two restraint files reviewed included completed assessments that considered those listed in 2.2.2.1 (a) - (h).</p>
<p>Standard 2.2.3: Safe Restraint</p>	<p>FA</p>	<p>The service has a restraint approval process that is described in the restraint minimisation policy.</p>

<p>Use</p> <p>Services use restraint safely</p>		<p>Monitoring and observation are included in the restraint policy. The restraint coordinator is a registered nurse and is responsible for ensuring all restraint documentation is completed. Assessments identify the specific interventions or strategies trialled before implementing restraint.</p> <p>Restraint authorisation is in consultation/partnership with the family, restraint coordinator and GP. Internal audits are completed three-monthly, ensuring all restraint processes are completed as per the restraint policy and procedures. The restraint coordinator reports that each episode of restraint is monitored at predetermined intervals, depending on individual risk to that resident. Monitoring is documented on a specific restraint monitoring form (sighted).</p> <p>A restraint register is in place providing an auditable record of restraint use. This has been completed for all residents requiring restraints.</p>
<p>Standard 2.2.4: Evaluation</p> <p>Services evaluate all episodes of restraint.</p>	FA	<p>The restraint evaluation includes the areas identified in 2.2.4.1 (a) – (k). Evaluations occur monthly in the quality meeting and six-monthly as part of the multi-disciplinary review for the residents on restraint. Families/EPOA are included as part of this review. A review of two files of residents using restraints identified that evaluations were up to date.</p>
<p>Standard 2.2.5: Restraint Monitoring and Quality Review</p> <p>Services demonstrate the monitoring and quality review of their use of restraint.</p>	FA	<p>At the monthly facility quality meetings, staff meetings and six-monthly restraint meetings, restraints are discussed and reviewed. Meeting minutes include a review of the restraint and annual education and training programme for staff. Staff receive orientation in restraint use on commencement of employment.</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.