

# Ativas Limited - Cairnfield House

---

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

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

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

The specifics of this audit included:

<b>Legal entity:</b>	Ativas Limited
<b>Premises audited:</b>	Cairnfield House
<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: 18 July 2017    End date: 19 July 2017
<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>	67

# Executive summary of the audit

---

## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Cairnfield House provides rest home and hospital level care for up to 67 residents. On the day of the audit there were 67 residents. The service is managed by a facility manager (non-clinical), who is supported by a clinical manager (registered nurse). The residents, relatives and GP interviewed spoke positively about the care and support provided.

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

This audit identified that improvements are required around corrective actions, adverse event reporting, staff training, interRAI assessment timeframes, monitoring, and medication management.

## 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.
--	--	--

Information about services provided is readily available to residents and families. The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is presented to residents and their families during entry to the service. Policies are implemented to support rights such as privacy, dignity, abuse and neglect, culture, values and beliefs, complaints, advocacy and informed consent. Care planning accommodates individual choices of residents and/or their family/whānau. Residents are encouraged to maintain links with the community. Residents and family report that communication with management and staff is open and transparent. 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.		Some standards applicable to this service partially attained and of low risk.
---	--	---

Services are planned, coordinated, and are appropriate to the needs of the residents. A facility manager and a clinical manager are responsible for the day-to-day operations of the care facility. Quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes. The health and safety programme meets current legislative requirements. Adverse, unplanned and untoward events are documented and investigated. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. A staff education and training programme is embedded into practice. Registered nursing cover is provided twenty-four hours a day, seven days a week. There are adequate numbers of staff on duty to ensure residents are safe. The residents' files are appropriate to the service type.

## Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
--	--	---

There is a comprehensive admission package. Registered nurses are responsible for the provision of care and documentation at every stage of service delivery. There is information gained through the initial support plans, specific assessments, discharge summaries, and the care plans to guide staff in the safe delivery of care to residents. Care plans are developed in consultation with the resident and/or family. Care plans demonstrate service integration. Resident files include three-monthly reviews by the general practitioner. There is evidence of allied health professional input into resident care.

Medication policies reflect legislative requirements and guidelines. Medications are recorded using a paper-based system. All staff responsible for administration of medicines complete medicines competencies annually. The medicines records sampled had been reviewed at least three-monthly by the general practitioner.

The activities coordinators implement the activity programme to meet the individual needs, preferences and abilities of the residents. Community links are maintained. There are regular entertainers, outings, and celebrations. There is one varied activity programme in place for all residents (rest home, hospital and younger residents). The programme includes strong links with community, with visitor involvement, outings, entertainment and activities that meets the recreational preferences, interests and abilities of all residents.

The menu is designed and reviewed by a registered dietitian and all meals cooked on-site. Residents' individual needs are identified. There is a process in place to ensure changes to residents' dietary needs are communicated to the kitchen. Regular audits of the kitchen occur.

## Safe and appropriate environment

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

The building holds a current warrant of fitness. Resident rooms are spacious and personalised. Communal areas within each area are easily accessed with appropriate seating and furniture to accommodate the needs of the residents. External areas are safe and well maintained. Fixtures fittings and flooring is appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. Chemicals are stored securely throughout the facility. Appropriate training, information and equipment for responding to emergencies is provided. There is an approved evacuation scheme and emergency supplies for at least three days. A first aider is on duty at all times. The facility temperature is comfortable and constant. Electrical equipment has been tested and tagged.

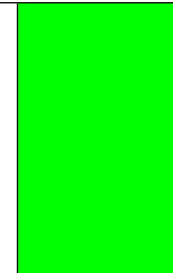
## Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
---	--	--

Restraint policy and procedures are in place. The company has a restraint free philosophy. The restraint coordinator maintains a register. The service had three residents using an enabler and no residents with restraint. Staff receive education and training in restraint minimisation and managing challenging behaviours.

## Infection prevention and control

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



Standards applicable to this service fully attained.

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidences that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated and reported to relevant personnel in a timely manner.

## 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	39	0	6	0	0	0
<b>Criteria</b>	0	87	0	6	0	0	0

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



# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.1: Consumer Rights During Service Delivery</p> <p>Consumers receive services in accordance with consumer rights legislation.</p>	FA	<p>The Code of Health and Disability Consumers' Rights (the Code) brochures are provided to residents and their families. Policies relating to the Code are implemented. Two managers (one facility manager and one clinical manager), and 14 care staff (nine healthcare assistants, one enrolled nurse, four registered nurses), and two activities staff interviewed confirmed their understanding of the Code and provided examples of how the Code is applied to residents' care. Staff receive training about the Code during their induction to the service. This training continues through the mandatory staff education and training programme.</p>
<p>Standard 1.1.10: Informed Consent</p> <p>Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent.</p>	FA	<p>There are procedures in place for informed consent and resuscitation. The service is committed to meeting the requirements of the Code of Health and Disability Services Consumers Rights. Policies include informed consent, resuscitation and advanced directives policy.</p> <p>There were signed consents including informed consent, media consent, outings and resuscitation status in all nine resident files sampled resuscitation treatment plans and advance directives were appropriately signed in the files reviewed.</p> <p>Discussions with staff confirmed that they were familiar with the requirements to obtain informed consent for personal care and entering rooms.</p>

		<p>Discussion with relatives confirmed that the service actively involves them in decisions that affect their relative's lives.</p> <p>Informed consent processes and family/resident care plan updates are also reviewed through the six-monthly MDT review.</p>
<p>Standard 1.1.11: Advocacy And Support</p> <p>Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.</p>	FA	<p>HDC advocacy brochures are included in the information provided to new residents and their family during their entry to the service. Advocacy posters in Māori and English are displayed in visible locations. Staff receive regular education and training on the role of advocacy services, which begins during their induction to the service. Education is provided by the local HDC advocacy service.</p> <p>Residents and family interviewed were aware of the role of advocacy services and their right to access support. The complaints process is linked to advocacy services.</p>
<p>Standard 1.1.12: Links With Family/Whānau And Other Community Resources</p> <p>Consumers are able to maintain links with their family/whānau and their community.</p>	FA	<p>The service has an open visiting policy. Residents may have visitors of their choice at any time. The service encourages the residents to maintain their relationships with friends and community groups. Interviews with ten residents confirmed that they are encouraged to remain active in their community and participate in social activities external to the aged care facility. Examples include RSA, van outings, and church services. Local entertainers regularly visit the facility.</p>
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>The complaints procedure is provided to residents and families during entry to the service. Complaints forms are located at reception. A register of all complaints received is maintained. Six complaints were received in 2016 and three in 2017 (year to date). Documentation including follow-up letters and resolution demonstrated that complaints are well-managed.</p> <p>Discussions with residents and families/whānau confirmed they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly.</p>
<p>Standard 1.1.2: Consumer Rights During Service Delivery</p> <p>Consumers are informed of their rights.</p>	FA	<p>Details relating to the Code and the Health and Disability Advocacy Service are included in the resident information provided to new residents and their families. The facility manager and/or clinical manager discuss aspects of the Code with residents and their family on admission. Discussions relating to the Code are also held during the monthly resident/family meetings. All ten residents (four rest home, six hospital) and family (one hospital and five rest home) interviewed, reported that the residents' rights were</p>

		being upheld by the service.
<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>The residents' personal belongings are used to decorate their rooms. Privacy signage is on communal toilet doors.</p> <p>The care staff interviewed reported that they knock on bedroom doors prior to entering rooms, ensure doors are shut when care is being given and do not hold personal discussions in public areas. They reported that they promote the residents' independence by encouraging them to be as active as possible. All residents and families interviewed confirmed that the residents' privacy is respected.</p> <p>Guidelines on abuse and neglect are documented in policy. Staff attend mandatory education and training on abuse and neglect, which begins during their induction to the service. Links are in place with Age Concern for referral if abuse and/or neglect is suspected.</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. The care staff interviewed reported that they value and encourage active participation and input from the family/whānau in the day-to-day care of the residents. Links are established with local kaumātua. Resident rooms are blessed following a death.</p> <p>Staff education on cultural awareness begins during their induction to the service and continues as a regular in-service. The healthcare assistants interviewed provided examples of how they ensure Māori values and beliefs are upheld by the service. There were seven residents living at the facility who identified as Māori during the audit. Cultural values and beliefs that are identified are documented in the resident's care plan.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and desires from the time of admission. This is achieved in collaboration with the resident, family and/or their representative. The staff demonstrated through interviews and observations that they are committed to ensuring each resident remains a person, even in a state of decline. Beliefs and values are discussed and incorporated into the residents' care plans, evidenced in all nine care plans reviewed (four rest home - including one resident admitted under a young person with disability agreement, one resident funded by ACC and two residents admitted under a long-term support chronic health funding agreement (LTS-CHC), and five hospital residents including one LTS-CHC). Residents and family interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>Professional boundaries are discussed with each new employee during their induction to the service. Interviews with the care staff confirmed their understanding of professional boundaries including the boundaries of the healthcare assistants' 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.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is supported, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24 hours a day. Residents identified as stable are reviewed by the general practitioner (GP) every three months, with more frequent visits scheduled for those residents whose condition is not deemed stable.</p> <p>The service receives support from the Northland District Health Board (NDHB) and local community hospice services. Examples include visits from the NDHB mental health team and palliative care nursing visits by the community hospice. A physiotherapist is available on an 'as needed' basis.</p> <p>There is a regular in-service education and training programme for staff (link 1.2.7.5). Staff competency assessments are completed for medication, oxygen use, hand hygiene, health and safety, and manual handling. All healthcare assistants receive supervision by registered nurses.</p> <p>The service has maintained links with the local community and encourages their active residents to remain independent, with examples provided. Residents interviewed spoke positively about the care and support provided. Care staff interviewed stated that they are supported with their professional development.</p> <p>Improvements since the last audit included (but were not limited to) the purchase of a new van, installation of heat pumps, installation of Wi-Fi, and computer upgrades, and increase in healthcare assistant hours.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>There is an open disclosure policy. The policy also describes that open disclosure is part of everyday practice. The care staff interviewed understood about open disclosure and providing appropriate information and resource material when required. Evidence of communication with family/whānau is recorded in the residents' progress notes.</p> <p>Families interviewed confirmed they are kept informed of the resident's status, including any events adversely affecting the resident. Eight accident/incident forms reviewed reflected documented evidence of families being informed following an adverse event.</p> <p>An interpreter service is available and accessible if required through the citizens advice bureau. Families</p>

		and staff are utilised in the first instance.
<p><b>Standard 1.2.1: Governance</b></p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>The facility is owned by Ativas Limited and is managed by a facility manager. Cairnfield House provides care for up to 67 residents at rest home and hospital (medical and geriatric) levels of care. There are 40 beds (dual-purpose beds) and 27 rest home care beds. In the dual-purpose beds, there were five rest home residents including two residents admitted under a LTS – CHC support agreement, and 35 hospital residents. In the 27 rest home beds, there were 27 rest home residents including one resident admitted under a LTS – CHC support agreement, one resident admitted under a young person with disability agreement and one resident funded by ACC.</p> <p>An annual business plan has been developed that includes a philosophy, values and measurable goals. Business goals documented for 2016 have been reviewed and the 2017 business plan is being implemented.</p> <p>The owner maintains an on-site office and is present most days. The facility manager is a registered diversional therapist who commenced employment at the facility 21 years ago as a healthcare assistant and has progressed through various roles since then. She was appointed to the role of facility manager in September 2013. She is supported by a clinical manager who is a registered nurse (RN) with a current practising certificate and experience in the aged residential care industry.</p> <p>Both managers have completed at least eight hours of training related to management of an aged care facility, relevant to their role and responsibilities.</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>	FA	<p>During the absence of the facility manager, the clinical manager assumes the facility manager's responsibilities.</p>
<p><b>Standard 1.2.3: Quality And Risk Management Systems</b></p> <p>The organisation has an</p>	PA Low	<p>A quality and risk management programme is in place. Interviews with the facility manager, clinical manager, care staff and one cook, one cleaner, two maintenance, and one laundry reflected their understanding of the quality and risk management systems that have been put into place.</p>

<p>established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>		<p>Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards, including those standards relating to the Health and Disability Services (Safety) Act 2001. A document control system is in place. Policies are regularly reviewed. Policies and procedures have been updated to include reference to interRAI, health and safety and pressure injury management. New policies or changes to policy are communicated to staff, evidenced in meeting minutes. Staff are requested to sign that they have read the new/revised policies.</p> <p>Quality data collected is collated and analysed. Quality data is regularly communicated to staff via monthly staff meetings, and through the use of graphs that are posted each month in the staff room.</p> <p>An internal audit programme is being implemented. Areas of non-compliance include the initiation of corrective action plans, however not all corrective actions were documented, evaluated or signed off once implemented. There was evidence in the monthly staff meetings to verify staff are informed of audit results and corrective actions.</p> <p>Falls prevention strategies include the use of sensor mats and implementing strategies for frequent fallers.</p> <p>A health and safety programme is in place that meets current legislative requirements. An interview with the health and safety officer (clinical operations manager) and review of health and safety documentation confirmed that legislative requirements are being met. External contractors have been orientated to the facility's health and safety programme. The hazard register is regularly reviewed (last review 6 July 2017).</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>PA Low</p>	<p>An accidents and incidents reporting policy is in place. There was evidence to support actions are undertaken to minimise the number of incidents. Eight accident and incident forms were evaluated (four rest home and four hospital). Clinical evaluation of residents following an adverse event is conducted by a registered nurse, however this was not always documented for residents following an unwitnessed fall (link 1.3.6.1).</p> <p>Adverse events are linked to the quality and risk management programme; however, accident and incident forms were not completed for the current pressure injuries. Staff are kept informed in a timely manner regarding accidents and incidents and the implementation of strategies to reduce the number of adverse events.</p> <p>The facility manager is aware of the requirement to notify relevant authorities in relation to essential notifications. One section 31 notification was completed on the day of audit for a stage 4 pressure injury.</p>
<p>Standard 1.2.7: Human</p>	<p>PA Low</p>	<p>There are human resource management policies in place which includes the recruitment and staff</p>

<p>Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>		<p>selection process. Relevant checks are completed to validate the individual's qualifications, experience and veracity, evidenced in nine staff files randomly selected for review (one facility manager, one clinical manager, one registered nurse, two healthcare assistants, one activities coordinator, one cleaner, one laundry, and one cook).</p> <p>Copies of practising certificates are kept on file. The service has implemented an orientation programme that provides new staff with relevant information for safe work practice. Evidence of completed induction checklists were sighted in all eight staff files. Annual staff appraisals were not all completed.</p> <p>An in-service education programme is being implemented and exceeds 8 hours annually. Regular in-services are provided by a range of in-house and external speakers including but not limited to: nurse specialists, Aged Concern and the Health and Disability Advocacy Service. However, attendance at the training provided has been low.</p> <p>Six of thirteen registered nurses are interRAI trained.</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>Policy includes staff rationale and skill mix. Sufficient staff are rostered to manage the care requirements of the 67 residents (32 rest home, and 35 hospital). The clinical manager works Monday to Friday. In addition to the clinical manager there are two registered nurses rostered on a morning shift. On an afternoon shift, there are two registered nurses and one registered nurse on nights.</p> <p>On an am and pm shift there are nine healthcare assistants rostered on for full shifts and four rostered on nights. Extra staff can be called on for increased resident requirements.</p> <p>Activities staff are rostered on five days a week. There are separate domestic staff who are responsible for cleaning and laundry services.</p> <p>Interviews with staff, residents and family members identified that staffing is adequate to meet the needs of residents.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required.</p>	FA	<p>The residents' files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry. An initial support plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' files are protected from unauthorised access by being held in secure rooms. Archived records are secure in a separate locked storage facility located on the premises.</p> <p>Residents' files demonstrate service integration. Entries are legible, dated, timed and signed by the carer, and include their designation.</p>

<p><b>Standard 1.3.1: Entry To Services</b></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 in place around entry to services. Prior to entry all potential residents have a needs assessment completed by the needs assessment and coordination service to assess suitability for entry to the service. The facility manager and clinical manager screen all potential residents prior to entry and records all admission enquires in a hard copy system.</p> <p>The service provides an information pack on entry to services. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the facility manager and the clinical manager. The admission agreement form in use aligns with the requirements of the Age-Related Residential Care services agreement.</p> <p>Registered nurses assess all residents on entry to service. RNs interviewed were able to describe the entry and admission process. The GP is notified of a new admission.</p>
<p><b>Standard 1.3.10: Transition, Exit, Discharge, Or Transfer</b></p> <p>Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers are coordinated in collaboration with the resident and family to ensure continuity of care. There are documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. A transfer form accompanies residents to receiving facilities, with a transfer letter from the facility photocopied with accompanying relevant documentation, including medication charts. When a resident wishes to leave the facility, the needs assessment and service coordination service is notified as reported by the registered nurse. All relevant information is documented and communicated to the receiving health provider or service, notes are photocopied. The residents and their families are involved for all exit or discharges to and from the service. Staff could describe the referral and/or transfer processes and demonstrated an understanding of resident's right to be informed.</p>
<p><b>Standard 1.3.12: Medicine Management</b></p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Low</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There is a signed agreement with the pharmacy. The RN checks all medications on delivery against the medication and any pharmacy errors recorded and fed back to the supplying pharmacy.</p> <p>Two residents were self-medicating on the day of audit. The residents concerned did not have the required self-medication competencies in place with no documented supervision by the registered nurse. Young persons are supported to self-medicate if required.</p> <p>There is one medication room and two medication trollies (one hospital and one rest home). All medications were securely and appropriately stored. The facility uses a robotic pack system. Registered</p>



		<p>nurses, enrolled nurses, and senior healthcare assistants that are responsible for the administering of medications have completed annual medication competencies. Registered nurses have completed annual syringe driver training and competencies.</p> <p>The medication folders include a list of specimen signatures. Photo identification and allergy status were documented on all charts. Eighteen medication charts (ten hospital and eight rest home) sampled, had been reviewed by the GP at least three monthly. All resident medication administration signing-sheets corresponded with the medication chart. The medication round was observed during the audit and medication process was noted to be correct and safe.</p> <p>The medication fridge has temperatures recorded weekly and these are within acceptable ranges. There are no standing orders.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>All meals at Cairnfield House are prepared and cooked on-site by a recently employed cook/kitchen manager (qualified chef) who has worked in the area of food preparation for many years. A second cook covers her days off. There are three kitchen assistants. All staff have completed food safety training. There is a six-weekly seasonal menu, which had been reviewed by a dietitian in July 2016. Food preferences are met and staff can access the kitchen at any time to prepare a snack if a resident is hungry. The cook receives a dietary profile of resident dietary requirements and any likes or dislikes including updates. Special diets including modified foods and diabetic diets were provided at time of audit. Food is stored correctly and safely. Stock is rotated and dated.</p> <p>Staff were observed assisting residents with their meals and drinks in the dining rooms. Fridge, freezer, walk in chiller and end cooked temperatures are monitored daily. A kitchen cleaning schedule was documented and cleaning was of an acceptable standard. Chemicals are stored safely within the kitchen.</p> <p>Resident meetings along with direct input from residents, provide resident feedback on the meals and food services. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</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,</p>	FA	<p>The service records the reasons for declining service entry to potential residents should this occur and communicates this to potential residents/family/whānau. 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 by management if entry were declined.</p>

where appropriate.		
Standard 1.3.4: Assessment Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.	FA	Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Assessments were completed when there was a change to a resident's health condition. InterRAI assessments have not been completed for all residents within the required timeframes (link 1.3.3.3).
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The long-term care plans sampled are person centred, and includes physical, spiritual, psychosocial and social needs. Care plans demonstrated service integration and documented input from allied health and specialist care professionals. Family members interviewed confirm care delivery and support by staff is consistent with their expectations. One YPD resident had an activity plan that specified individual goals, one of which was to learn a language. The university was accessed and they have offered to assist the resident in meeting their goal by providing education and a resource person who will visit the facility. Short-term care plans were in use for changes in health status and signed off as resolved or transferred to the long-term care plan. Staff interviewed reported they found the plans easy to follow.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	PA Low	Nine resident files were reviewed for this audit [five hospital including one long-term support chronic health condition (LTS – CHC) and four rest home including one YPD, one ACC and one LTCHC]. All resident files reviewed had care plans in place. When a resident's condition alters, the registered nurse initiates a review and if required, GP or nurse specialist consultation. An activities plan is completed on admission and reviewed six-monthly with the care plan review. Interview with the GP evidenced that care provided is of a high standard and the GP is kept informed in a timely manner. Relatives interviewed stated care and support is good and that they are involved in the care planning. There was documented evidence of relative contact for any changes to resident health status.  Monitoring forms were not all completed as required or evaluated by a registered nurse.  Healthcare assistants, enrolled nurse and RNs interviewed state there is adequate equipment provided, including continence and wound care supplies. Wound assessment, wound management and evaluation forms were fully completed for all wounds reviewed. A sample of wounds reviewed in detail included a link to STCPs and LTCPs. There is DHB wound care specialist/district nursing input where needed. Physiotherapy and dietitian input is provided for residents.
Standard 1.3.7: Planned	FA	Two activities coordinators (ACs) work a total of fifty-four hours across a seven-day week, which they commenced one year ago. There is a monthly varied and interesting activities programme. A copy of the

<p><b>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>programme is in large print on the noticeboards and a copy is provided to residents and families. Both ACs have health assistant backgrounds. The activities coordinators have ensured there are a variety of activities, celebrations and outings to suit all residents including all ages and all abilities. Church groups visit weekly and a Roman Catholic priest provides communion on a Sunday. Seasonal events are celebrated. Residents are preparing for a 'resident ball' in November. Residents who prefer to stay in their rooms have one-on-one time, which may involve a chat, hand massage or being read to. There are twice weekly van outings with visits to local places of interest, to other rest homes and there are sometimes boat trips on a Saturday. There are 'Apple Box' sessions where residents and families can display activities and pictures taken at recent celebrations up on the big screen for all residents to enjoy.</p> <p>For the resident admitted on a young person with disability contract, the ACs have introduced google sessions where the resident can research areas of interest, with one young resident assisted to return to their place of home for lunch, another has been assisted to learn their native language. One resident helps with household chores and maintenance jobs.</p> <p>There are strong links with community which involves visiting kindergartens, visiting animals, weekly RSA visits, music entertainers and church services.</p> <p>Residents and families have the opportunity to feedback on the activity programme through meetings and surveys. Whiteboard sessions are provided where residents and families feedback on current activities and offer new ideas.</p> <p>A social history and activity plan is completed on admission in consultation with the resident/family (as appropriate) and reviewed monthly. All nine of the resident files sampled had a documented activity plan.</p> <p>On the day of audit, residents were observed being actively involved in the activities programme.</p>
<p><b>Standard 1.3.8: Evaluation</b></p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	<p>FA</p>	<p>Care plans reviewed were evaluated by the RNs six-monthly or when changes to care occur. Short-term care plans for short-term needs were evaluated and either resolved or added to the long-term care plan as an ongoing problem. The multidisciplinary team, the resident and the family are involved in reviews. There is at least a three-monthly review by the GP. The family members interviewed confirmed they are involved in care planning.</p>
<p><b>Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)</b></p>	<p>FA</p>	<p>Referral to other health and disability services was evident in the resident files sampled. The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. (Examples of referrals sighted, were to mental health services for the older person, physiotherapist, hospital specialists, speech language therapist, wound nurse, podiatrist and dietitian). The service liaises closely with the needs assessment team, geriatrician, and mental health team for the</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>		<p>older adult. The residents and the families are kept informed of the referrals made by the service.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	<p>FA</p>	<p>There is an effective system of waste management in place. Used linen is appropriately managed and all laundry is managed on-site. Chemicals are supplied by an external contractor and stored securely throughout the facility when not in use. Appropriate policies are available along with material safety datasheets. Education on hazardous substances occurs. There is appropriate signage throughout regarding chemical storage and hazards. There is personal protective equipment available for use by staff and this was in use on the day of audit. Staff interviewed (housekeeping staff, healthcare assistants, RNs) were knowledgeable about chemical safety.</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 1 June 2018. The facility employs a full-time maintenance officer. The maintenance officer is a member of Cairnfield House health &amp; safety committee. There are proactive and reactive maintenance management plans in place. Hot water temperatures are monitored and recorded monthly. Where temperature has exceeded 45 degrees, the service has implemented corrective actions. There is one shower room requiring repair of the wall panel gap, maintenance is aware and there is a plan in place to address this. Electrical testing and tagging was last completed September 2016. There are hazard management systems in place to ensure the physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the residents and any visitors to the facility. Residents have adequate internal space to meet their needs. External areas are safe and well maintained. The facility has a van available for transportation of residents. Those transporting residents are designated drivers. They hold a current driver's license and a current first aid certificate.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are</p>	<p>FA</p>	<p>There are five wings. Each wing has a communal toilet and shower room. There are six communal showers altogether. Resident rooms have hand-washing facilities with soap dispensers and paper towels. Communal bathroom and toilet facilities have a system that indicates if it is engaged or vacant. Privacy is further maintained by additional curtains behind doors in some areas. Equipment includes a shower trolley, commodes and shower chairs. The fixtures, fittings, floors and wall surfaces are constructed from</p>

assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		materials that can be easily cleaned. Appropriately secured and approved handrails are provided in the toilet/shower/bathing areas, and other equipment/accessories are made available to promote resident independence.
Standard 1.4.4: Personal Space/Bed Areas Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.	FA	All resident rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	The service has a main lounge where most activities take place. Off this lounge is a large covered outdoor deck area, which is also utilised for activities. Kauri wing and Puriri wing have two smaller lounge areas. There is a large main dining area for all residents and a smaller dining area for those residents requiring assistance (staff were observed assisting residents with their meal at time of audit). The lounges and dining rooms are accessible and accommodate the equipment required for the residents and includes places where young persons can find privacy within communal spaces. The lounges and dining areas are large enough to cater for activities. Residents are able to move freely through and around these areas and furniture is placed to facilitate this. Residents were seen to be moving freely both with and without assistance throughout the audit.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are dedicated laundry and housekeeping staff seven days a week. Cleaning trolleys are kept in designated locked cupboards. Residents and relatives expressed satisfaction with cleaning and laundry services. The service has secure cupboards for the storage of cleaning chemicals. Chemicals are labelled. Material safety datasheets are displayed. Cleaning processes are monitored for effectiveness and compliance with the service policies and procedures. Cleaning staff have completed chemical safety training. Internal audits monitor the effectiveness of the cleaning and laundry processes.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an	FA	Emergency and disaster policies and procedures are documented for the service. Fire drills occur every six months at a minimum. The orientation programme and mandatory education and training programme include fire and security training. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked

<p>appropriate and timely response during emergency and security situations.</p>		<p>within required timeframes.</p> <p>A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. A gas barbeque is available. The service has access to a generator if required.</p> <p>A call bell system is in place. Residents were observed in their rooms with their call bell alarms in close proximity. Call bells are checked regularly by the maintenance staff.</p> <p>There is a minimum of one staff available 24 hours a day, seven days a week with a current first aid/CPR certificate.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Resident's rooms are provided with adequate natural light, safe ventilation and in an environment that is maintained at a safe and comfortable temperature. There is a designated external smoking area. Residents and family interviewed confirm the facilities are maintained at an appropriate 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>	<p>FA</p>	<p>Cairnfield House has an established infection control programme. The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. It is linked into the incident reporting system. A registered nurse is the designated infection control coordinator with support from all staff as members of the infection control team. Infection control is discussed at the staff meetings. Minutes are available for staff. Spot infection control audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually (last reviewed September 2016).</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</p>	<p>FA</p>	<p>A registered nurse is the designated infection control (IC) coordinator with support from the clinical manager. There are adequate resources to implement the infection control programme for the size and complexity of the organisation. The IC coordinator and IC team (comprising all staff) have good external support from the IC nurse specialist at the DHB. Infection prevention and control is part of staff orientation and induction. Hand washing facilities are available throughout the facility and alcohol hand gel is freely available.</p>

organisation.		
<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	<p>There are Cairnfield House infection control policies and procedures appropriate to for the size and complexity of the service. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team and training and education of staff. The policies have been reviewed and updated.</p>
<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	<p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Formal infection control education for staff has occurred. The infection control coordinator has completed education in infection control. Visitors are advised of any outbreaks of infection and are advised not to attend until the outbreak has been resolved. Information is provided to residents and visitors that is appropriate to their needs and this is documented in medical records.</p>
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control manual. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual resident infection form is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. Surveillance of all infections is entered onto a monthly infection summary. This data is monitored and evaluated monthly and annually, and provided to staff at facility meetings. Outcomes and actions are discussed at facility meetings. If there is an emergent issue, it is acted upon in a timely manner, however where infection rates have been above an acceptable benchmark, corrective actions have not always been documented (link 1.2.3.8). Reports are easily accessible to the facility manager and clinical manager.</p> <p>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>The restraint policy includes the definitions of restraint and enablers and comprehensive restraint procedures. The education and training programme includes regular in-service training on restraint minimisation. Interviews with the care staff confirmed their understanding of restraints and enablers. The service has a restraint-free philosophy.</p> <p>Enablers are assessed as required for maintaining safety and independence and are requested voluntarily by the residents. At the time of the audit, the service had no residents using restraints and three hospital-level residents requesting bedrails as enablers. Written consent was provided by the three residents for the use of their enablers.</p>
--	-----------	---



## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	PA Low	The service captures quality data (falls, skin tears, medication errors, infections, accident and incident and compliments/complaints). Where areas requiring improvements were noted, corrective action plans were not consistently documented, reviewed or signed out once completed.	Where quality data collected indicated areas requiring improvements (examples include: infections, falls, lacerations, fire safety and resident care plans), corrective action plans were not consistently documented. Where actions are documented they have not consistently been reviewed and signed out once completed.	<p>Ensure that all corrective action plans are documented, reviewed and signed out once completed.</p> <p>90 days</p>
<p>Criterion 1.2.4.3</p> <p>The service provider</p>	PA Low	The service has a policy, in place which requires staff to document any untoward event on an accident and incident form. On the day of audit there were two	Accident and incident forms had not been completed for the two residents (one rest home and one	Ensure that accident and incident forms

documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.		residents with pressure injuries (one hospital resident with a stage four, non-facility acquired PI and one rest home resident with a stage one PI facility acquired PI) that had not been documented on an accident and incident form.	hospital) with current pressure injuries.	are completed for all adverse events.  90 days
Criterion 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Low	An education planner has been implemented and exceeds the provision of 8 hours of training on an annual basis. Tool box talks are also provided for staff, which are related to current resident care needs. Attendance at planned and mandatory education sessions has been low and no process is in place for staff who do not attend mandatory training. In the staff files sampled, five of seven staff who required an annual performance review, had not had an annual performance review completed.	i) Attendance at in-service training is consistently below 50%. Where attendance has been low at mandatory training (fire safety, manual handling, and code of rights) there is no process in place for staff who do not attend.  ii) Five of seven staff who were due for an annual performance review, had not had a performance review completed.	i) Ensure that there is a process in place for staff who do not attend mandatory training.  ii) Ensure that performance reviews are completed for all staff at least annually.  180 days
Criterion 1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.	PA Low	There are comprehensive policies and procedures in place for all aspects of medication management, including self-administration. There were two hospital residents self-medicating on the day of audit. Self-medication competencies required for both these residents were not documented and there was no evidence that the registered nurse was checking on each shift that the residents were taking their medication as prescribed.	i) Two of two hospital residents self-medicating had not had the required self-medication competencies documented.  ii) There was no documented evidence that a registered nurse was checking that the residents who were self-medicating were taking	i) Ensure residents who are self-medicating have medication competencies completed.

			their medication as prescribed.	ii) Ensure that registered nurse checks on each shift that the resident is taking the medication as prescribed.  60 days
<p>Criterion 1.3.3.3</p> <p>Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.</p>	PA Low	The registered nurse completes an initial assessment within twenty-four hours of admission and documents the initial care plan. InterRAI assessments have not been completed within the required timeframes.	<p>(i) InterRAI assessments were not completed within 21 days for two of five hospital residents and one of four rest home resident files reviewed (all residents had resided at the facility for longer than three weeks.</p> <p>(ii) InterRAI assessments were not completed at six monthly intervals for two of four rest home resident files reviewed.</p>	<p>Ensure that contractual timeframes around resident InterRAI assessments are met.</p> <p>90 days</p>
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	PA Low	The RN reviews information gathered through the use of monitoring charts to ensure interventions are documented in the care plans to reflect current care needs. Monitoring charts sighted included (but not limited to) weight and vital signs, blood glucose, pain, food and fluid and repositioning charts. There was no restraint on the day of audit. Monitoring forms were not always completed as required following an unwitnessed fall.	Two of four residents (one hospital and one rest home) following unwitnessed fall did not have neurological observations documented.	Ensure that the required monitoring of residents is completed as per the organisational policy for residents following an unwitnessed

				fall. 60 days
--	--	--	--	------------------

## Specific results for criterion where a continuous improvement has been recorded

---

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

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

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

No data to display
--------------------

End of the report.