

# Kingswood Healthcare Matamata Limited - Kingswood Rest Home

---

## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Kingswood Healthcare Matamata Limited

**Premises audited:** Kingswood Rest home

**Services audited:** Dementia care

**Dates of audit:** Start date: 26 October 2018      End date: 26 October 2018

**Proposed changes to current services (if any):** Reconfiguration of services relating to the building of a new 16 bed rest home and increasing the total number of beds at the facility from 25 to 41.

**Total beds occupied across all premises included in the audit on the first day of the audit:** 18

# 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

## General overview of the audit

Kingswood Rest Home (Kingswood) currently provides secure rest home level care for up to 25 residents. The service is operated privately by two directors who also own a nearby facility. The service is managed by a general manager who is supported by the administration manager and the clinical nurse manager. The service has undertaken a new build which is on the same site as the secure unit. This is a separate building which has 16 bedrooms and is intended for rest home level care residents. The family member interviewed spoke positively about the care provided. Reconfiguration of services relating to the new building will increase the total number of beds at the facility from 25 to 41.

This partial provisional audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of staff files, observations and

interviews with a family member, management, staff, and the nurse practitioner. Whilst three residents were spoken to in the secure unit, owing to their memory status this has not been included as part of this report. Observation in the secure unit showed residents appeared to have their needs met. This was supported very strongly by the nurse practitioner.

This audit identified no areas requiring improvement. An issue identified in the previous audit related to not all shifts having a staff member who held current first aid has been fully addressed by the service and now meets the requirements of the standards. The new building meets all requirements of the standards to provide rest home level care.

## **Consumer rights**

Not applicable to this audit.

## **Organisational management**

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

The appointment, orientation and management of staff is based on current good practice. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes regular individual performance review. Staffing levels and skill mix meet the changing needs of residents. Staff recruitment for the new service has commenced. An interim roster identifies proposed staffing levels which will incrementally increase as the facility resident numbers increase.

## **Continuum of service delivery**

Medicines are safely managed and administered by staff who are competent to do so. The clinical manager stated staff who will administer medication in the rest home will all have current medication competencies.

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

## **Safe and appropriate environment**

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

There is a documented emergency response process which covers the new building. A separate fire evacuation plan has been completed by a specialist fire and building compliance company and approved by the fire service. Call bells are situated in all areas. The new building has a code of compliance certificate which expires on 23 October 2019. Plant and equipment checks have been undertaken by approved providers to meet the requirements of the standard.

Furnishings in place in the new building meet infection control standards and are suitable for aged care. This includes dining, lounge, entertainment and outdoor areas. All 16 bedrooms are single occupancy with two rooms having a connecting door, should a couple require this.

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

## **Restraint minimisation and safe practice**

Not applicable to this audit.

## Infection prevention and control

The service has an existing infection control programme which ensures monthly surveillance data of infections are recorded, reported across all levels of service and information is reported to the owner/directors monthly. Data collection meets the requirements of the standard related to the type of services offered. Where trends are identified staff implement actions to reduce infections.

### Summary of attainment

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

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

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>The strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents described annual and longer term objectives and the associated operational plans which included the build and ongoing management of the rest home facility. In relation to the operation of the proposed new rest home, the business plan covers pricing, sourcing residents, staffing, advertising, competitive analysis and action planning to show expected timeframes. A sample of monthly reports completed for the existing secure unit, to the owner/directors, showed adequate information to monitor performance is reported including incident and accidents, infection control, quality improvements, emerging risks and issues. Management confirmed that the same process will be maintained for the rest home facility.</p> <p>The service is managed by a general manager (GM) who has been in the role over five years. The GM is supported by the administration manager and the clinical nurse manager who works between a sister site and Kingswood. He has an up to date nursing practising certificate. All members of the management team hold relevant qualifications. Responsibilities and accountabilities are defined in a job description and individual employment agreement. The GM confirmed her knowledge of the sector, regulatory and reporting requirements and maintains</p>

		<p>currency through six monthly attendances at the Waikato District Health Board age care meetings, and ongoing education related to age care and leadership seminars. The nurse practitioner, who has been contacted to the service for over five years, is part of the quality committee and has no concerns about the ability of the service to offer rest home level care.</p> <p>The service holds contracts with Waikato District Health Board for Age Related Residential Care (ARRC) – rest home level care covering dementia care and residential respite services which includes chronic health. At the time of audit all 18 residents were receiving rest home level care dementia services in a secure unit under the ARRC contract.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>When the GM is absent, the administration manager and clinical manager carry out all the required duties under delegated authority. During absences of key clinical staff, the clinical management is overseen by a registered nurse who is experienced in the sector and able to take responsibility for any clinical issues that may arise. The nurse practitioner confirmed the RN is very knowledgeable in the aged care sector and if she has any concerns she seeks help from appropriate sources. Staff reported the current arrangements work well.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained.</p> <p>Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepared them well for their role. Staff records reviewed showed documentation of completed orientation and a performance review annually. Three existing caregivers who currently work in the secure unit have agreed to work in the rest home area. During interview one of the caregivers voiced their awareness and understanding of the differing needs between dementia care and rest home level care residents. The three caregivers who are transferring to the rest home unit have been fully oriented to the new facility including emergency management. The GM stated that recruitment will continue following</p>

		<p>policy requirements for human resources practices with full orientation to be undertaken for all new staff.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. All three caregivers hold current first aid certificates and two have completed age related education in a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. One caregiver is in the process of completing the final papers. There are two trained and competent interRAI registered nurses, one being the clinical manager, who are maintaining their annual competency requirements to undertake interRAI assessments. Records reviewed demonstrated completion of the required training and completion of annual performance appraisals.</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>There is a documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. The proposed roster sighted for the new rest home facility identifies that staffing levels will be incrementally increased to ensure the number of residents admitted can be cared for safely. An afterhour on call roster is in place, with staff reporting that good access to advice is available when needed. The family member interviewed had no concerns about staffing levels in the secure unit. Management will ensure that the staffing levels put into place in the rest home will meet the interRAI acuity level report findings. Observations and review of existing roster cycles for the secure unit confirmed adequate staff cover has been provided, with staff replaced in any unplanned absence. The proposed roster for the rest home area and the current secure unit roster confirmed that there is/would be at least one staff member on duty who has a current first aid certificate. This was an area identified for improvement in the previous audit and has been fully addressed by the service.</p> <p>Housekeeping and kitchen staff have no concerns about the additional 16 bed unit as extra dedicated staff will be employed to cover this area. There is a registered nurse who works Monday to Friday 9am to 5pm who will oversee clinical services in the proposed new rest home area as well as in the secure unit. She is interRAI trained, experienced in aged care and can seek any assistance from the clinical manager who is based at a sister facility and visits Kingswood at least twice a week. The clinical manager is available on the telephone at any time.</p>



		Kingswood is supported by a nurse practitioner who is also available for guidance and assistance at any time.
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>The medication management policy is current and identifies all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care.</p> <p>A safe system for medicine management (using a paper-based system) was observed on the day of audit. The staff observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. The RN checks medications against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided monthly and on request. The new building has a dedicated medication cupboard and medication trolley.</p> <p>Controlled drugs will be stored securely in accordance with requirements and checked by two staff for accuracy when administering as is the current practice in the secure unit facility.</p> <p>The records of temperatures for the medicine fridge will be monitored regularly. The registered nurse is aware of the need to undertake fridge monitoring to ensure it remains within safe temperature ranges.</p> <p>Good prescribing practices in files reviewed included the prescriber's signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the existing medicine charts sighted for residents in the secure unit. The service has secured a contract with one GP and the nurse practitioner to manage all the residents who do not choose to keep their own GP. This was only introduced one week prior to audit. Policy covers the right of residents to self-administer medications in the rest home area. Management are aware of the appropriate processes to be taken should this occur so that the system can be safely managed. The nurse practitioner confirmed during interview that safe medication practices are observed at the facility and any issues found are addressed via quality management investigation which lead to good learning practices.</p>

		<p>There is a documented process for comprehensive analysis of any medication errors which will be implemented in the new rest home facility. It is currently implemented in the existing secure care unit.</p>
<p><b>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</b></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 food service is provided on site by a cook (food service manager) and kitchen team and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian on 29 August 2018. No recommendations were made and the dietitians review stated that it was an 'excellent' menu for aged care. The menu will not change for the additional 16 beds.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery and disposal comply with current legislation and guidelines. The service operates with an approved food safety plan and registration issued by Matamata Piako District Council. Food temperatures, including for high risk items, are monitored appropriately and recorded as part of the plan. The food services manager has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training.</p> <p>Currently a nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. This practice will continue for new residents entering the rest home. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. The cook confirmed she has no concerns related to the additional 16 beds. Special equipment, to meet resident's nutritional needs, is available. New cooking oven trays have been purchased to allow greater quantities of food to be cooked. The new building has a kitchenette area where tea and coffee can be made and a fridge for cool food storage. The service has purchased a bain-marie to keep food warm during service and when it is being transported from the kitchen in the secure unit to the rest home facility. It is a very short distance with wide doorways to accommodate the trolley movement. The rest home facility has its own crockery and cutlery.</p> <p>Observation of meal service on the day of audit confirmed resident satisfaction with meals. Residents were seen to be given sufficient time to eat their meal in an unhurried fashion and those requiring assistance had this provided.</p>

<p>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>Staff follow documented processes for the management of waste and infectious and hazardous substances. Appropriate signage is displayed where necessary. Housekeeping staff have undertaken safe chemical handling education. An external company is contracted to supply and manage all chemicals and cleaning products. Material safety data sheets were available where chemicals are stored and staff interviewed knew what to do should any chemical spill/event occur. The areas in the new rest home building where chemicals are stored are all secure, for example, the sluice room. Protective clothing and equipment is available for staff use as confirmed by observation and during staff interviews.</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>A current code of compliance certificate (expiry date 23 October 2019) is publicly displayed in the new rest home building.</p> <p>Appropriate systems are in place to ensure the residents' physical environment and facilities are fit for their purpose and maintained. The testing and tagging of electrical equipment and calibration of bio medical equipment is current as confirmed in documentation reviewed and observation of the environment. Much of the bio medical equipment has been newly purchased for the rest home facility. There is adequate storage throughout the new building to allow the environment to be kept hazard free. Secure hand rails are in place in the corridors and flooring is secure to allow residents to move around safely and to promote independence. Wide doorways into all bedrooms allows the safe use of equipment if required.</p> <p>External areas are safely maintained and are appropriate to the resident groups and setting.</p> <p>The current repairs and maintenance system will be maintained for the rest home building to ensure the environment is safe to meet the needs of rest home level 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</p>	<p>FA</p>	<p>There are adequate numbers of accessible bathroom and toilet facilities throughout the new facility. This includes eight bedrooms that have a shared bathroom between two rooms with full ensuite facilities and lockable doors each side of the bathroom to ensure privacy. One bedroom has a full ensuite and two bedrooms have a connecting door which can be used by a couple if they require this and there is a large walk in ensuite off one of the bedrooms. One wing with six bedrooms with</p>

<p>hygiene requirements.</p>		<p>hand basins has two large bathrooms centrally located for ease of access. Appropriately secured and approved handrails are provided in the toilet/shower areas, and other equipment/accessories are available to promote resident independence. The flooring is non-slip.</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>Adequate personal space is provided to allow residents and staff to move around within bedroom areas safely. All bedrooms provide single accommodation. The one bedroom which has a connecting lockable door will only be shared upon request. Management confirmed that rooms will be personalised with furnishings, photos and other personal items displayed. All bedroom doors are wide enough to accommodate beds, trolleys and equipment. Bedrooms have a wall mounted television with a remote control, electric bed, wall mounted heater and new furnishings.</p> <p>There is room to store mobility aids, wheel chairs and mobility scooters. Bedrooms are light and airy.</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>	<p>FA</p>	<p>Communal areas are available for residents to engage in activities. The dining area has some lounge chairs at one end with the areas defined by furnishings. There is also a separate lounge area. The kitchenette is located in the dining area. All areas will be used for entertainment and recreation. Areas are spacious and enable easy access for residents and staff. Furniture is appropriate to the setting and residents' needs, it is all newly purchased, and coverings are washable to meet infection control standard requirements.</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>	<p>FA</p>	<p>Laundry is undertaken on site in a dedicated laundry which has good dirty clean flow. The laundry is located in the existing secure unit. There are laundry bags with lids for use in the new rest home facility. With the exclusion of residents' personal clothing, laundry will be done in the existing laundry located in the secure unit. Housekeeping staff stated they have the equipment to cope with the additional 16 bed laundry workload. Dedicated laundry staff demonstrated a sound knowledge of the laundry processes, dirty/clean flow and handling of soiled linen. The service has purchased clean clothing laundry baskets for the intended 16 rest home level care residents to ensure clothing will be returned in a timely manner. There is one</p>

		<p>washing machine and dryer available in the new rest home facility which will only be used for residents' personal clothing.</p> <p>One additional person will be employed for the housekeeping team as resident numbers increase. Management confirmed that all staff will receive appropriate training in the safe use of chemicals and outbreak management. Policies and procedures are in place to guide staff actions. Chemicals were stored in a lockable cupboard and were in appropriately labelled containers. All chemicals will only to be kept in a secure area.</p> <p>Current cleaning and laundry processes are monitored through the internal audit programme and by the chemical supplier.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>Policies and guidelines for emergency planning, preparation and response are displayed and known to existing staff and will be included in orientation for new staff. Disaster and civil defence planning guides direct the facility in their preparation for disasters and described the procedures to be followed in the event of a fire or other emergency. The current fire evacuation plan for the rest home facility was approved by the New Zealand Fire Service on the 01 October 2018. A trial evacuation takes place six-monthly with a copy sent to the New Zealand Fire Service, the most recent being on 05 October 2018. Staff confirmed their awareness of the emergency procedures.</p> <p>Adequate supplies for use in the event of a civil defence emergency, including food, water, blankets, mobile phones and gas BBQ's were sighted and meet the requirements for the intended 41 total number of residents once the rest home facility opens. Water storage tanks are located around the complex, and there is a diesel generator on site. Emergency lighting is regularly tested to ensure compliance with building requirements.</p> <p>Call bells are located in all areas in the new build and were tested on the day of audit. Whilst they are audible, the sound was a little faint. The GM reported they will ensure the loudness of the bells is appropriate once residents arrive and it becomes a working facility. Regular call bell audits will be completed to comply with the audit schedule that is in place. Call system audits are completed on a regular basis. The family member interviewed had no issues with call bell response timeframes.</p> <p>The current security policy will be maintained. A staff member will undertake the</p>

		checking of doors and windows at a predetermined time. Staff interviewed had no security concerns. The windows all have restrictor stays to prevent them from opening too wide and there are closed circuit television (CCTV) cameras in operation in common areas and entry points of the new building. CCTV is monitored by the GM and will also be monitored in the nurses' station once the facility is opened.
Standard 1.4.8: Natural Light, Ventilation, And Heating Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.	FA	All residents' rooms and communal areas are heated and ventilated appropriately. Rooms have natural light, opening external windows and one bedroom has a door which opens onto a small patio area. Heating is provided by thermostat control wall mounted heaters in residents' rooms and heat pumps in the communal areas. Areas were warm and well ventilated throughout the audit. The family member interviewed stated that the existing facilities are maintained at a comfortable temperature throughout the year.
Standard 3.1: Infection control management 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.	FA	<p>The service implements an infection prevention and control (IPC) programme to minimise the risk of infection to residents, staff and visitors. The programme is guided by a comprehensive and current infection control manual, with input from the nurse practitioner and infection control specialist from WDHB as required. The infection control programme and manual are reviewed annually. Policy and procedures have been updated to include rest home services (September 2018). The existing programme will be used for the new facility. The infection control coordinator confirmed this.</p> <p>The registered nurse is the designated IPC coordinator, whose role and responsibilities are defined in a job description. Infection control matters, including surveillance results, are reported monthly to the GM and director/owners and tabled at the quality committee meetings. This committee includes the GM, clinical manager, nurse practitioner, diversional therapist, senior caregivers, and IPC coordinator, and is a joint meeting with the sister facility. It also includes representatives from food services and housekeeping services.</p> <p>Signage is available requesting anyone who is, or has been unwell in the past 48 hours, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities.</p>

--	--	--

## 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.

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



## 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.