# Elmswood Court Lifecare Limited - Elmswood Retirement Village

## 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 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Elmswood Court Lifecare Limited

**Premises audited:** Elmswood Retirement Village

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

**Dates of audit:** Start date: 9 March 2017 End date: 9 March 2017

**Proposed changes to current services (if any):** The service has built a new 25 beds hospital level care across two wings (11 and 14 bed capacity)

**Total beds occupied across all premises included in the audit on the first day of the audit:** 52

# 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.

## General overview of the audit

Elmswood Retirement Village has built a new building attached to the current facility. The new building will provide 25 hospital beds across two wings. Elmswood is currently certified to provide care to up to 87 at rest home level care.

This partial provisional audit included; (i) verifying the preparedness of the service to provide care across two service levels (rest home and hospital/medical) and (ii) verifying the new purpose-built hospital unit. This audit also included verifying the service as suitable to provide medical level care under their current hospital certification.

The service has built a new purpose-built hospital unit which is connected to the current rest home. The new building includes a total of 25 hospital beds across two wings (14 beds and 11 beds). With the additional beds, Elmswood will increase to 112 beds.

The hospital unit will be managed by a newly appointed clinical manager along with the current management team. The audit identified the new building, staff roster and equipment is appropriate for providing hospital (medical and geriatric) level care. There are clear procedures and responsibilities for the safe and smooth transition of residents into the new building.

The two previous audit findings under service delivery have been addressed. These include care planning, and medication documentation.

The corrective actions required by the service are all related to the completion of the building, and implementation of the new service.

## Consumer rights

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## Organisational management

Elmswood has a current business plan, which includes a new hospital level wing. There is a current quality plan which covers all aspects of service delivery, infection control and health and safety.

The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. There is adequate staff and a draft roster to cover the new building.

## Continuum of service delivery

Care plan interventions are comprehensive and it is linked to the resident’s current assessed needs. Medications are managed and administered in line with legislation and current regulations.

The current kitchen will provide additional food services for the new residents and the facility manager stated that the staffing roster will be adjusted according to admission rate. Food will be transferred to the new wing in a hot box. Current kitchen facility will accommodate food services required for additional 25 residents. The new building has a dining area with servery which is appropriate for hospital level care.

## Safe and appropriate environment

The new building is purpose-built and spacious. The building is near completion and due to open 4 April 2017. All building and plant has been built to comply with legislation. Elmswood has purchased all new equipment. There is a centrally located nursing station close to the lounge –dining area. There is a sluice room with a sanitiser and material safety datasheets are available for chemicals.

All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchenette/servery areas. There is adequate space in each wing for storage of mobility equipment.

New equipment and furnishings are already purchased. All rooms and communal areas allow for safe use of mobility equipment. All rooms and ensuites have been designed for hospital level care. All rooms have a ceiling hoist.

There is an external walkway and gardens around the outside of the facility. Landscaping is in the process of being completed.

There is a large open plan lounge/dining area and a separate family room. Appropriate training, information, and equipment for responding to emergencies are provided at induction and as part of the annual training programme. The fire evacuation scheme has yet to be approved. The call bell system is available in all areas with visual display panels. The new building has underfloor heating. Each room has an external window and a central ventilation system and an electrical body protected system is in place in all resident’s rooms.

## Restraint minimisation and safe practice

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## Infection prevention and control

The infection control programme and its content and detail, is appropriate for the size, complexity, and degree of risk associated with the service. The infection control programme is linked to the quality and risk management system. The clinical manager will support the infection control programme.

## Summary of attainment

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

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| **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 | 13 | 0 | 3 | 0 | 0 | 0 |
| **Criteria** | 0 | 28 | 0 | 8 | 0 | 0 | 0 |

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| **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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

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| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.2.1: GovernanceThe governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Elmswood Retirement Village currently provides rest home level care for up to 87 residents within a 54-bed rest home and in 33 serviced apartments. There were 52 residents in the rest home receiving rest home level care on the day of audit. There were no residents under rest home care in the serviced apartments. A group of shareholders owns Elmswood Retirement Village. The general manager is one of the shareholders and she also reports to the board. This partial provisional audit included; (i) verifying the preparedness of the service to provide care across two service levels (rest home and hospital/medical) and (ii) verifying the new purpose-built hospital unit. This audit also included verifying the service as suitable to provide medical level care under their current hospital certification. The service has built a new purpose-built hospital unit within the grounds and connected to the current rest home. The new building includes a total of 25 hospital beds. The new building has two spacious wings with (14 beds and 11 beds). The building is near completion and due to open 4 April 2017. With the additional of 25 hospital level beds, Elmswood will increase to total capacity to 112 beds.The new building will be managed by the current management team. The facility manager (previous mental health nurse) has been in the role since November 2015. A clinical/quality consultant supports the facility manager. With the addition of hospital services, Elmswood has recently employed a clinical manager (CM). The CM is an experienced registered nurse with current aged care management level experience. The service has a current business plan 2016-2021 for organisational governance and direction which includes development and implementation of hospital level care. There is a current strategic plan and quality and risk management plan. The facility manager has maintained at least eight hours annually of professional development activities related to managing the facility. |
| Standard 1.2.2: Service Management 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.  | FA | The newly appointed clinical manager will fulfil the manager’s role during any temporary absences of the facility manager. The facility manager (registered nurse) from the sister facility will continue to provide support during a temporary absence of the facility manager. A senior RN will provide clinical oversight when the CM is away. |
| Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.  | PA Low | Elmswood employs over 70 staff which includes various roles. Two registered nurses along with two casual nurses who are already working for the service will be transferred to the current unit. Most recently an additional registered nurse was employed and she has been undertaking her orientation in the rest home wing. A diversional therapist has been employed and will start in two weeks. There are an additional four part-time activities coordinators who provide activities for Elmswood. Two caregivers will transfer to the new building. Recruitment of new caregivers and registered nurses was also planned and facility manager reported that further interviews will continue with increased number of admissions. A register of registered nurse practicing certificates is maintained and website links to the professional body has been established. There are comprehensive human resources policies which include recruitment, selection, orientation, staff training and development. There is a comprehensive orientation programme in place and has already commenced orientating staff who will work in hospital level care. Interviews with the management team confirmed that the clinical manager will be involved in orientation of new staff including mentoring registered nurses in their new role. There is an education schedule that is implemented annually. Core competencies are completed and a record of completion is maintained. Competencies are up-to-date. There is a current staff member with a current first aid certificate on every shift. Medication competencies include warfarin management, insulin administration and drug calculations. Policies updated include (but are not limited to: a) skin management, b) pressure injury prevention, infection control, food services, staffing, laundry services, dining and social needs. The clinical manager and two registered nurses are InterRAI trained and two registered nurses are currently undertaking InterRAI training and one is booked to undertake the training in coming months.  |
| Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | There is a staffing policy that aligns with contractual requirements and includes appropriate skill mixes. There is a draft roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The roster is flexible to allow for the increase in resident numbers as the first wing increases in occupancy. A registered nurse is rostered 24/7. The clinical manager will be based in the new building and the roster includes four caregivers on morning shift, three on the afternoon shift and two on nightshift. The roster includes a diversional therapist Sunday to Thursday, four hours a day. There is physiotherapy assistance five days a week, two hours a day. The facility manager and the clinical manager stated that the roster will also allow acuity of the residents with the increases required in staffing as resident numbers increase. The service has links to a physiotherapist as needs, a community dietitian, and two in-house GPs. |
| Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | Elmswood medication policy and procedures follow recognised standards and guidelines for safe medicine management practice in accordance with the guidelines. Elmswood will continue with their digital medication management system and the local pharmacy will increase its capacity to accommodate additional residents. There is a secure treatment room next to the nurses’ station. A new medication trolley has been purchased. There is one controlled drug safe and a medication fridge.Registered nurses, enrolled nurses and team leaders (senior caregivers) administer medications and they have attended annual medication education. Medication competencies are up-to-date and appropriate for the hospital level care. A medication self-administration policy is available if required. Incident accident reporting includes medication errors. Elmswood employs two general practitioners (GP) who visit weekly and the registered nurse reported that a small number of residents maintain their own GPs. This service will be extended to the new building.As part of the partial provisional audit, the previous medication audit findings were checked. There were no residents self-medicating at the time of audit in the rest home.Eight digital and two paper-based medication charts were checked. All charts had photo identification and allergy status identified. All medication was documented as given as prescribed and there were no signing gaps. Medication charts had been reviewed at least three monthly by the GP. A medication chart with an anticoagulant treatment was checked and found to be correct. The previous medication finding has been closed out.  |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid ManagementA consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.  | FA | The current kitchen will provide an additional 25 meals to the new building. All meals are prepared and cooked on-site. The two qualified chefs are supported by kitchen staff. The menu was last reviewed in 2016. Special plates, cutlery and modified drinking cups have been purchased. Food will be transported to the new building in a temperature controlled box and will be served in the servery by the dining room. A fridge was purchased for the servery area and a small fridge for the family room. Kitchen staff were trained in safe food handling and food safety procedures were adhered to. Fridge, freezer and meal temperatures were recorded and action taken as needed. Cleaning schedules were maintained. All foods were dated and stored correctly. Elmswood continue to implement their internal food safety audits and this is linked to the quality management system. The facility manager reported that a menu review was scheduled with a registered dietitian to cover modified foods and additional training around preparation of special meals. The current food services will adequately cover the additional 25 meals. |
| Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Five residents’ files were reviewed covering these key areas (resident with wound, resident with diabetes, resident identified as high falls risk, resident with pain and a resident with anticoagulant treatment). Care plans were current in all five files and interventions reflected InterRAI assessment outcomes. Interviews with the clinical manager and a registered nurse and review of the resident care plans and progress notes confirmed that residents have received adequate and appropriate care. Long-term care plans included skin care and wound management interventions for prevention and management of pressure injuries. One resident with an anticoagulant therapy included all risks and safety measures in the care plan and an additional support document was also provided for staff to read. Pain assessments were completed and pain medication administered as required. Effectiveness of pain medication was recorded in the digital medication system and progress notes also included pain management. Falls risks were identified and interventions were recorded in the care plan.Wound assessment and wound management plans were in place for eight residents. All wound care assessments reviewed were current, individually assessed and short and long-term care plans included the wound management plan. The previous audit finding has been addressed. Dressing supplies were available and a treatment room was stocked for use. Continence products were available and resident files included a urinary continence assessment, bowel management, and continence products identified for day use, night use, and other management. Specialist continence advice was available as needed and this could be described.  |
| Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are policies and procedures on waste disposal, waste management and the disposal of sharps containers. Management of waste and hazardous substances is covered during the orientation of new staff and is included as part of the training plan.The new building has a secure sluice room which includes a sanitiser. Elmswood will continue with its current chemical supplier and all chemicals are clearly labelled with manufacturer’s labels. A sharps container will be kept in the treatment room. Personal protective equipment is available for staff at all times.  |
| Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | The new building has two wings with 14 and 11 beds, and is purpose built and spacious. The building is near completion and due to open 4 April 2017. It is connected to the current site internally and has other external entry doors. Elmswood Retirement Village has purchased all new equipment required for the new building, including (but not limited to) beds (including extra low beds), pressure relieving mattresses, oxygen concentrator and scale. There is a comprehensive chattel list. All rooms have a ceiling hoist and there is also a mobile hoist. The nursing station is close to the main lounge/dining area. The management stated that residents can bring their own possessions into the facility and can adorn their rooms as desired. All electrical equipment and other machinery will be checked as part of the annual maintenance and verification checks. There are handrails in hallways and in ensuite bathrooms. All rooms and communal areas allow for safe use of mobility equipment. The facility has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchenette/servery areas. There is adequate space on each floor for storage of mobility equipment. The building certificate for public use (CPU) has not been signed yet. Landscaping is in the process of being completed. Hot water monitoring has not been established yet.  |
| Standard 1.4.3: Toilet, Shower, And Bathing FacilitiesConsumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements. | FA | All rooms are single and have ensuites. A disability accessible toilet is located near the lounge. All ensuites throughout the new building have been designed for hospital level care and allow for the use of mobility equipment. Staff and visitors’ toilets are available at the current building.  |
| 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 | Each resident’s room is large enough to allow care to be provided safely and for the secure use and manoeuvring of mobility aids. Mobility aids can be used in ensuites and communal toilets/bathrooms in all areas. Residents requiring transportation between rooms or services can be moved from their room either by trolley, bed, lazy boy or wheelchair. There is an equipment bay for mobility devices and hoist.  |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And DiningConsumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | The lounge/dining area with servery is located by the entry to the building and it opens to an outdoor area. There is a separate family room. Communal areas are appropriate for entertaining, dining and recreational purposes. In terms of safety, a wander alarm is placed around the hospital wing.  |
| Standard 1.4.6: Cleaning And Laundry ServicesConsumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | The current laundry is assessed to accommodate the additional load. A new housekeeper role was added in to the staff roster four hours a day seven days a week. There are written policies and procedures for effective management of laundry and cleaning practices. Effectiveness of laundry and cleaning services were monitored. The local chemical supplier will continue to provide monitoring and training of their supplied chemicals in both the laundry and cleaning services. Chemical safety information datasheets are available for staff to access. There is an internal audit programme in place that includes audit of the cleaning and laundry.  |
| Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations. | PA Low | There are comprehensive civil defence and emergency procedures. Civil defence kits are readily accessible in a storage cupboard. New additional supplies have been purchased and will be delivered to the new building. There is a staff member with a first aid certificate on each shift in the rest home and this will be maintained. Civil defence and first aid resources are available. Sufficient water is stored for emergency use and alternative heating and cooking facilities are available. An additional water storage tank was installed for the new build. Emergency lighting was instated. Security cameras were placed in the corridors and exit areas. Security monitors will be placed in the nurses’ station. A gas BBQ and additional cylinders were available for alternative cooking. Emergency food supplies sufficient for three days, are kept in the kitchen and the current stock is increased. Extra blankets are also available. Entry to the facility afterhours is facilitated with an intercom system and pin number security access. The building also has wander alarms located at all exit doors of the hospital wing. The call bell system is installed but was not operational. Fire evacuation approval was not obtained from the NZ Fire Service yet and the fire training has not been provided to staff due to delay in approval of fire evacuation scheme.  |
| 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 | The new build has underfloor heating. All rooms have an external window and each room is linked to the central ventilation system.  |
| Standard 3.1: Infection control managementThere 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 | Elmswood has an established infection control programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The infection prevention and control role will be supported by the clinical manager. The infection prevention and control principles were implemented in design of the new building. Infection control training occurs as part of the orientation process. Training on infection control also occurs throughout the year as part of the quality programme. Infection control policies were updated and supported by external consultants.  |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.2.7.3The appointment of appropriate service providers to safely meet the needs of consumers. | PA Low | There are already four registered nurses and two caregivers ready for the new building, with a recruitment plan in progress. There are sufficient RNs to cover 24/7. The facility manager confirmed that the new building will also be supported by the current staff and staff from the sister facility. Elmswood employ InterRAI competent registered nurses to undertake required comprehensive clinical assessments. | There are currently four registered nurses and two caregivers ready for the new building, with a recruitment plan still in progress.  | Ensure there are sufficient caregivers employed to cover the hospital roster.Prior to occupancy days |
| Criterion 1.2.7.4New service providers receive an orientation/induction programme that covers the essential components of the service provided. | PA Low | The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists. All staff will complete a site-specific induction to the new building on opening. | Advised that all staff will complete a site-specific induction in relation to the new building on opening. | Ensure all staff have completed the site-specific induction.Prior to occupancy days |
| Criterion 1.4.2.1All buildings, plant, and equipment comply with legislation. | PA Low | The new building is spacious and purpose built and has been built to comply with legislation. | The building is in the process of being completed and therefore the CPU is yet to be obtained.  | Ensure a CPU is obtained. Prior to occupancy days |
| Criterion 1.4.2.4The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group. | PA Low | All rooms and communal areas allow for safe use of mobility equipment and encourages independence. Hand rails are placed appropriately. All residents’ rooms have a body protected electrical area system to prevent electrical shocks. Hot water monitoring has not been established yet.  | Hot water monitoring has not been established yet.  | Ensure that hot water monitoring occurs and maintained around 45 degrees Celsius in resident’s rooms. Prior to occupancy days |
| Criterion 1.4.2.6Consumers are provided with safe and accessible external areas that meet their needs. | PA Low | The plans include full landscaping around the building.  | The external landscaping is yet to be completed.  | Ensure there are safe and accessible external areas. Prior to occupancy days |
| Criterion 1.4.7.1Service providers receive appropriate information, training, and equipment to respond to identified emergency and security situations. This shall include fire safety and emergency procedures. | PA Low | The Elmswood Retirement Village (existing building) has an approved fire evacuation plan and all staff have received fire evacuation training. The orientation programme also includes fire training. Smoke alarms, sprinkler system and exit signs are in place in the building. | The building has not yet opened and fire training for the new building is yet to occur. | Ensure that staff complete a fire drill for the new building prior to occupancy. Prior to occupancy days |
| Criterion 1.4.7.3Where required by legislation there is an approved evacuation plan. | PA Low | Smoke alarms, sprinkler system and exit signs are in place in the building. The facility manager reported that application for amended fire evacuation scheme has been made and the local fire service had conducted a site visit however the fire evacuation approval from the NZ Fire Service has not been obtained yet.  | The amended fire evacuation plan has yet to be signed off as approved by the fire service.  | Ensure the amended fire evacuation scheme has been approved.60 days |
| Criterion 1.4.7.5An appropriate 'call system' is available to summon assistance when required. | PA Low | Call bell system was available in the resident’s room, common areas and toilet/bathroom facilities. Call bell system in the new building is linked to the current building including emergency call bell system. Call bell system has panels on the corridors and has a sound system. The call bell system was not yet connected.  | The call bell system is not yet operational.  | Ensure that the call bell system is operational. Prior to occupancy 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, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

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End of the report.