

The Maples Lifecare (2005) Limited - Maples Lifecare

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](#).

The specifics of this audit included:

Legal entity:	The Maples Lifecare (2005) Limited
Premises audited:	Maples Lifecare
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 May 2017 End date: 26 May 2017
Proposed changes to current services (if any):	The service was assessed on their readiness to provided hospital and medical level care. Rooms 32-46 (14 beds) in current rest home were assessed as suitable to provide hospital level (medical) care.
Total beds occupied across all premises included in the audit on the first day of the audit:	0

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.

General overview of the audit

Maples Lifecare is owned by the Arvida group. The service currently provides rest home level care for up to 78 residents across a 53-bed rest home area (1 double room) and 25 studio apartments. On the days of audit there were 48 residents in the rest home, including 10 rest home level residents in the serviced apartments.

A partial provisional audit was completed to review the services readiness to provide hospital and medical level of care. This included viewing the 14 rooms proposed to be used for dual-purpose care.

The manager has been in the role under the new ownership since December 2014, having previously been one of two owner/managers of Maples Lifecare. The manager (registered nurse) is supported by a full-time clinical charge nurse, registered nurses and care staff.

The previous certification findings related to care planning have been addressed.

Findings that relate to this partial provisional are ensuring that the required equipment (electric beds etc.) are in place and recruitment of registered nurses to fulfil the nursing requirement for hospital level of care.

Consumer rights

[Click here to enter text](#)

Organisational management

The Maples is owned by the Arvida Group. The manager is a registered nurse. There is a clinical nurse manager, registered nurses and care staff. The manager and clinical nurse manager have attended at least eight hours of professional development relevant to their roles.

There is a 2017 business plan and transition plan that includes the provision of hospital services and includes the service mission statement and philosophy of care. All newly appointed staff undergo a role specific orientation programme. There is an education programme in place. There is a draft roster in place.

Continuum of service delivery

The service contracts an external catering company to provide the food service at Maples Lifecare. Residents' food preferences and dietary requirements are identified at admission and provided to the catering manager. The kitchen is spacious and well equipped for the size of the service. The kitchen is adjacent to the dining area and meals are plated and served directly from the kitchen to the dining room. A tray service is available. The menu had been reviewed by a dietitian. There are alternative options available on the menu to cater for individual resident food preferences. The service is able to cater for residents with specific dietary needs.

Medications are stored safely in locked nurses' station/treatment room. Registered nurses and caregivers complete annual medication education and competency.

Safe and appropriate environment

Appropriate policies are available along with product safety charts. The building holds a current warrant of fitness. Fourteen rest home rooms were assessed as suitable to provide rest home or hospital level of care. All fourteen rooms have ensuite facilities. There are toilets located adjacent to communal areas. There is wheelchair access to all areas. External areas are safe and well maintained. Fixtures, fittings and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Cleaning and laundry services are well monitored through the internal auditing system. A commercial laundry is contracted to launder bed linen and towels. All resident's personal laundry is laundered on-site. Appropriate training, information and equipment for responding to emergencies are provided. There is an approved evacuation scheme and emergency supplies for at least three days.

Restraint minimisation and safe practice

Infection prevention and control

The infection control manual outlines a comprehensive range of policies, standards and guidelines and procedures includes (but not limited to): hand hygiene; standard precautions; surveillance; outbreak management; training; and education of staff. The infection control programme is reviewed annually. The infection control coordinator oversees infection control practice including orientation and training of staff. Monthly infection control reports are provided to management and staff.

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	14	0	2	0	0	0
Criteria	0	35	0	2	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>Maples Lifecare is owned by the Arvida group. Maples Lifecare provides care for up to 78 rest home residents within a 53-bed rest home area and 25 serviced apartments. On the day of audit, there were 47 rest home residents which included 10 rest home residents in the serviced apartments. There were no respite residents and one resident is under the age of 65.</p> <p>This partial provisional audit included verifying the preparedness of the service to provide care across two service levels (rest home and hospital/medical) in 14 designated dual-purpose rooms.</p> <p>There is a business plan for 2017 and a quality and risk management programme. The business plan identifies the future provision of hospital and medical services.</p> <p>The manager has maintained at least eight hours of professional development in relation to managing a facility.</p> <p>The manager is a registered nurse and is supported by another manager, the clinical manager and care staff.</p> <p>There are currently a clinical manager and three registered nurses employed. Professional development includes: code of conduct; online infection control</p>

		training; wound management; interRAI assessment; and syringe driver training. All four registered nurses currently employed are competent to complete interRAI assessments.
<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>The clinical manager, supported by the registered nurses and care staff takes charge of the day-to-day operation of the service in the absence of the manager. This partial provisional audit confirmed the service has operational management strategies and a quality improvement programme to minimise risk of unwanted events. Policies and procedures have been developed by the Arvida Group and reflect current best practice across rest home and hospital level care. The service has access to a DHB clinical nurse specialists, hospice, needs assessors, geriatrician, dietitian and other allied health professionals. Three general practitioners (GPs) visit once a week (different days) and as needed. Advised by the clinical manager that residents are able to retain the services of their own GP should they request this. The service currently contracts a physiotherapist to visit the facility once a week. The manager advised that physiotherapy hours are able to be increased according to resident need. A dietitian is available on referral and the podiatrist visits six-weekly. The appointment of staff and building are appropriate for providing rest home and hospital (medical) level care in rooms 32-46 and in meeting the needs of residents.</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>The recruitment and staff selection process requires that relevant checks are completed to validate the individual's application, qualifications and experience. A copy of registered nurses practising certificates are kept on file. There are comprehensive human resources policies including recruitment, selection, orientation and staff training and development.</p> <p>There are documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection control officer, restraint coordinator, health and safety officer and fire officer. All newly employed staff complete a role specific orientation programme that includes the layout of the facility, emergency procedures, call bell system, civil defence, fire evacuation and infection control.</p> <p>There are human resources policies and procedures, which includes the requirements of skill mix, staffing ratios and rostering.</p>

		<p>Core competencies are completed and a record of completion is maintained. Competencies are up to date. Medication competencies include warfarin management, insulin administration and drug calculations.</p> <p>There are four registered nurses (including the clinical manager) currently employed who are all interRAI competent. The registered nurses complete an annual interRAI competency assessment.</p> <p>There is an annual education plan that covers all the mandatory requirements. Other relevant education includes: pain management; falls management; wound management; challenging behaviours; manual handling; and pressure injury prevention. The 2017 training calendar includes: continence management including catheter care; restraint minimisation; nutrition and hydration; and end of life care. Staff unable to attend education sessions are required to complete in-service workbooks. Staff complete competencies specific to their role. Training has been provided around updated policies. Policies updated include (but is not limited to): a) skin management; b) pressure injury prevention; c) infection control; d) food services; e) staffing; f) laundry services; g) dining; and h) social needs.</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>PA Low</p>	<p>Human resources policies include documented rationale for determining staffing levels and skill mixes for safe service delivery. This defines staffing ratios to residents and rosters have been developed and are adjustable depending on resident numbers. Draft rosters were sighted for various resident numbers and levels.</p> <p>The clinical manager works 40 hours per week, Monday to Friday and is available on call after hours. There is one registered nurse who works morning shifts Monday to Friday. Another registered nurse currently works morning shifts Friday-Sunday. Further additional RNs are required to provide 24-hour cover.</p> <p>The service has developed an initial draft roster, which includes two registered nurses (one in the hospital wing and one in the rest home wing) and five caregivers rostered on morning and afternoon shifts and two caregivers and one registered nurse on night duty. This will be adjusted as hospital residents are admitted with general ratios of 1:5 for hospital level residents and 1:10 for rest home residents or a combination as resident needs dictate. The roster is designed for an increase in resident's level of care.</p> <p>The serviced apartments have a separate roster with two caregivers on duty on the</p>

		<p>morning shift and one caregiver on duty on the afternoon shift. The rest home staff supervise the rest home level care residents in serviced apartments after 9.30 pm.</p> <p>There are dedicated housekeeping and laundry staff. Towels, sheets and pillowcases are laundered off-site by a commercial laundry service. Only resident's personal laundry is completed on-site.</p> <p>An activity coordinator is currently employed to deliver the activity programme.</p> <p>The manager advised that an integrated activity programme would be developed to meet the needs of hospital residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The service uses a four-weekly pre-packed medication system, with a contract in place from a local pharmacy, for the provision of this service. There is a nurse's station and treatment room located centrally in the rest home where medications are currently stored, including medication trolleys. There is a supply of oxygen located in the nurse's station/treatment room. The service has a medical suction unit on order. Medication trolleys are available and a medication fridge is located in the nurses' station/treatment room. A self-medicating resident policy and procedure is available if required. The medication administration policies identify that medication errors are treated as an incident and captured as part of the incident management system and medication error analysis is completed. Medication training and competencies are to be completed at orientation.</p> <p>Policies and procedures reflect medication legislation and reference the Medicines Care Guides for Residential Aged Care. Advised that only registered nurses deemed competent, will be responsible for administration of medications to hospital residents. Medication competent caregivers and registered nurses administer medication to rest home residents. A competency policy and competency assessment is available and has been completed for all registered nurses and caregivers who administer medications. The clinical manager and registered nurses are enrolled to update syringe driver competency training at the hospice. The service is intending to roll out an electronic medication management system.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p>	<p>FA</p>	<p>The service contracts and external catering company to provide the food service at Maples Lifecare. There is a four-week rotating seasonal menu that has been</p>

<p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>reviewed by a dietitian. The catering manager receives a dietary profile for each resident and is notified of any changes including weight loss, specific food preferences or any modifications to the texture of meals required. Modified, soft and pureed meals are accommodated. Protein drinks, smoothies and thickened fluids are provided as required. Resident likes/dislikes and preferences are accommodated with various alternative meal options available. There is a large dining room area in the rest home which can accommodate those residents requiring to use mobility aides, wheelchairs or recliner chairs. The kitchen is adjacent to the dining room. The service has a supply of lipped plates, modified cutlery and sipper cups for resident use.</p> <p>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. Maples Lifecare continue to implement their internal food safety audits and this is linked to the quality management system.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>FA</p>	<p>Five residents' files were reviewed covering these key areas (resident with wound; resident with weight loss; resident identified as high falls risk; resident with pain; and a resident with challenging behaviours).</p> <p>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 challenging behaviours: the care plan included all risks and safety measures, a crisis management 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 progress notes also included pain assessments. Falls risks were identified and interventions were recorded in the care plan.</p> <p>Wound assessment and wound management plans were in place for five 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 relating to care plan interventions and wound</p>

		management plans have been addressed. The nurse manager advised that the service is intending to introduce an electronic patient management software programme later this year.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented policies and procedures for waste disposal and chemical storage. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a locked cleaner's cupboard. There is a laundry room; only residents' personal laundry items are laundered on-site. A commercial laundry service is contracted to launder all bed linen and towels etc. off-site. There is a clean area for delivery of clean laundry and a collection area for dirty laundry. There is a sluice and sanitiser in the dirty side of the laundry.</p> <p>Waste management is part of the environment and equipment audit conducted as part of the quality assurance audit programme.</p> <p>During induction, all staff are required to complete training regarding the management of waste. Chemical safety training is a component of the compulsory two-yearly training and orientation training. All new staff will complete waste management training and PPE at orientation through the employee's induction programme.</p> <p>Gloves, aprons and goggles are available in all four sluice rooms, cleaner's cupboards and laundry. Staff were observed wearing personal protective clothing while carrying out their duties. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Chemical disinfection is used if required. Single use items are purchased.</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>	PA Low	<p>There are 52 rest home rooms (1 is a shared room) and 25 apartments certified for rest home level care.</p> <p>Fourteen rooms of the fifty-two rest home rooms (numbered 32-46) have been certified during this audit to be suitable to provide rest home or hospital (medical) level care.</p> <p>All resident rooms have windows, call bell system and lighting. Furnishings and fittings are appropriate for the provision of rest home level care. However, there are still furniture items and medical equipment required for the provision of hospital</p>

		<p>level care.</p> <p>The building holds a current building warrant of fitness which expires 01 July 2017.</p> <p>There is a nurse's station, medication/treatment room and clinical manager's office.</p> <p>Residents are able to bring their own possessions and are able to adorn their rooms as desired. The maintenance schedule includes checking of equipment.</p> <p>All electrical equipment and other machinery is checked as part of the annual maintenance and verification checks. The service has an extensive list of medical and nursing equipment which includes (but not limited to): hospital beds; pressure relieving mattresses; pressure relieving cushions; raised toilet seats; sensor mats; standing and full hoists; slippery sams; wheelchairs; shower chairs; and one tilt shower chair on order. The furniture and equipment is appropriate for this type of setting and for the needs of the residents. Water temperatures are monitored monthly and are evidenced to be within the required range.</p> <p>A call bell system is in place throughout the facility. The system is connected to an individual staff pager system, which all care staff carry. Call bell pendants are also available for residents use.</p> <p>External areas are paved and seating and outdoor furniture is provided for residents. There are handrails in ensuites and bathrooms. All rooms and communal areas allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment on each floor.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	<p>FA</p>	<p>All rooms have a large ensuite which can accommodate the use of mobility equipment. All ensuites are constructed with materials for ease of cleaning and meet infection control standards. There is a sluice in the dirty side of the laundry which includes a sanitizer.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All rooms are spacious and can accommodate the use of a hoist and mobility equipment. There are built in wardrobes and cabinets. Residents are encouraged to personalise rooms. The bedroom doors for rooms 32-46 are wide enough for hoists and wheelchairs as demonstrated on the day of audit.</p>

<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>Communal areas include a reception area, recreation room, dining room, lounge and several smaller seating areas throughout the facility. All communal areas are spacious and accessible to residents using mobility aids with or without staff assistance.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>The service has in place policies and procedures for effective management of cleaning and linen practices. Personal laundry is completed on-site. The laundry room has a designated clean/dirty laundry area.</p> <p>An external laundry service processes towels and sheets. Laundry services and cleaning audits have been completed. Chemical safety data sheets are held and staff (who complete the personal laundry service) receive training around the use of the chemicals. Linen skips are used for the transfer of dirty linen to the laundry. The cleaning trolleys are stored in a locked area when not in use. There are dedicated cleaning and laundry staff.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>The New Zealand Fire Service approved the fire evacuation scheme on 23 April 2007.</p> <p>The facility has emergency lighting and a gas BBQ for alternative cooking. Emergency food and water supplies are maintained and are sufficient for at least three days.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Six-monthly fire evacuation practice documentation was sighted. The fire training and management of civil defence situations are part of orientation of new staff. A minimum of one person trained in first aid is rostered on each shift.</p> <p>The call system is installed in all bedrooms, ensuite bathrooms, visitor's toilets, dining room, recreation and lounge areas. The system is connected to an individual staff pager system, which all care staff carry. Call bell pendants are also available for residents use. Sensor mats have been purchased to alert staff when a resident is attempting to mobilise and may require assistance.</p> <p>The building is secured during the hours of darkness. Staff on afternoon duty</p>

		conduct security checks.
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>All rooms and communal areas allow plenty of natural light into the rooms. General living areas and resident rooms are appropriately heated (some underfloor and some ceiling) and are ventilated.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme is appropriate for the size and complexity of the service. There is an infection control responsibility policy that includes responsibilities for the infection control coordinator who is the clinical nurse manager. The infection control coordinator has maintained skills and knowledge in infection control practice and involved in the orientation of newly appointed staff. The infection control programme is reviewed annually and linked to the quality management system. Infection control data (events, trends and analysis) is discussed at the staff meetings.</p> <p>Visitors are asked not to visit if they are unwell. Influenza vaccines are offered to residents and staff. There have been no outbreaks since the previous certification audit.</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 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	<p>The proposed roster has an RN on duty 24 hours, 7 days per week. Caregivers hours will increase according to occupancy. The service is in the process of recruiting to meet contractual staffing requirements for hospital level of care.</p>	<p>Further additional registered nurses and caregivers are required to meet contractual requirements to provide hospital level care.</p>	<p>Ensure there are enough RNs employed to provide an RN on duty 24 hours a day, 7 days per week. Ensure there are adequate numbers of caregivers employed to accommodate the increase in resident occupancy in the facility.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with legislation.</p>	PA Low	<p>The service currently has four electric beds with pressure relieving mattresses; further equipment is required for the provision of hospital (medical) level care.</p>	<p>There are currently only four of the fourteen proposed dual-purpose rooms which have electric beds and pressure relieving mattresses. An equipment purchase list was sighted, however the items on the purchase order have not yet been delivered.</p>	<p>Ensure that the equipment on order is in place prior to occupancy.</p> <p>Prior to occupancy days</p>

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.