

Rosebank Residential Limited - Rosebank Home and Hospital

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: Rosebank Residential Limited

Premises audited: Rosebank Home and Hospital

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

Dates of audit: Start date: 29 May 2018 End date: 29 May 2018

Proposed changes to current services (if any): The service has a wing of 14 studio units (LTOs) attached to their facility that were verified at this audit as suitable to provide rest home level care. This will increase their certified beds from 97 to 111.

Total beds occupied across all premises included in the audit on the first day of the audit: 80

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

Rosebank Home and Hospital provides care for up to 97 residents requiring rest home or hospital level care. On the day of the audit there were 80 residents.

This partial provisional audit was conducted to assess the facility for preparedness to provide rest home level care in a 14-bed studio apartment wing (LTO). Interviews with the manager and key staff, a tour of the facility and review of relevant documentation were completed. As part of this audit, the shortfalls identified at their last audit in service delivery have been included in the scope of the audit

The 14 studio units (LTOs) attached to their facility were verified at this audit as suitable to provide rest home level care. This will increase their certified beds from 97 to 111.

The general manager is a registered nurse and has been in the role for 12 years. She is supported by a team of experienced registered nurses in various roles.

The audit identified the studio wing, environment, staff roster and processes are appropriate for providing rest home level care and in meeting the needs of the residents.

One of two previous shortfalls identified at their last unannounced surveillance audit in service delivery has been addressed. This relates to meeting assessment timeframes. An improvement continues to be required around care plan interventions. A further shortfall has been identified around the storage of food in the dining room fridge.

Organisational management

There is a current 2017/2018 strategic plan and quality and risk management plans which are being implemented. The general manager receives support from a RN education coordinator, quality/health and safety/infection control coordinator, registered nurses and care staff. The service is in the process of interviewing for a clinical manager.

There are human resources policies including: recruitment; job descriptions; selection; orientation; and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme in place. This includes training packages for all levels of nursing staff. External training is supported. There is a staffing policy and rosters in place. There are sufficient staff to manage the increase in rest home residents.

Continuum of service delivery

A registered nurse assesses and reviews residents' needs, outcomes and goals with the resident and/or family/whānau input. Care plan interventions were documented in long-term and short-term care plans reviewed. Risk management assessments and plans were documented for at risk residents. Medication policies reflect legislative requirements and guidelines. Registered nurses and

senior caregivers responsible for administration of medicines complete education and medication competencies. Medication for residents in studio apartments will be managed by the rest home.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on-site. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs are being met.

Safe and appropriate environment

There are documented processes for the management of waste and hazardous substances in place and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating and shade. The 14-studio apartments are spacious and include ensuites. The studio apartment wing is situated off the rest home and in close proximity to the nurses' station and communal areas. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services. Documented systems are in place for essential, emergency and security services. There is at least one staff member on duty with a current first aid certificate.

Restraint minimisation and safe practice

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Infection prevention and control

Infection control management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

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	16	0	1	1	0	0
Criteria	0	38	0	1	1	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
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Rosebank Home and Hospital is privately owned and governed by a Board of directors. The service provides care for up to 97 residents at hospital or rest home level care. On the day of the audit, there were 80 residents (39 hospital level care residents and 41 rest home level care residents, including 1 respite care resident). There were 25 hospital residents in the 35-bed hospital area and 41-rest home residents and 14-hospital residents in the 62-bed rest home (20 of the rooms are certified as dual-purpose).</p> <p>This partial provisional audit was conducted to assess the facility for preparedness to provide rest home level care in a 14-bed studio apartment wing (LTO). The 14 studio units (LTOs) is a wing off the rest home unit. The wing was verified at this audit as suitable to provide rest home level care. This will increase certified beds at the facility from 97 to 111 beds.</p> <p>The general manager (GM) is a registered nurse and has been in the role for 12 years. The general manager reports monthly to the Board on a variety of management issues. The current 2017/2018 strategic plan and quality and risk management plans are being implemented. The general manager receives support from a RN education coordinator, quality/health and safety/infection control coordinator, registered nurses and care staff. The service is in the process of</p>

		<p>interviewing for a clinical manager.</p> <p>The GM has completed over eight hours of professional development activities related to managing an aged care facility.</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>In the absence of the facility manager, a senior registered nurse is in charge with support from the management team and care staff.</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>There are human resources management policies in place. The recruitment and staff selection process requires that relevant checks are completed to validate the individual's qualifications, experience and veracity. Job descriptions are available for all relevant positions. Practising certificates reviewed are current.</p> <p>Six staff files were reviewed (one diversional therapist, two caregivers, one head cook and two RNs). Evidence of signed employment contracts, job descriptions, orientation and training, and performance appraisals were included in the files reviewed. Newly appointed staff complete an orientation that is specific to their job description.</p> <p>There is a fulltime staff educator (RN) that is also the interRAI coordinator and manages CAP training. The service has an annual training schedule for in-service education, which is developed by the education coordinator. A database of staff attendance monitors mandatory training completed by staff. All training includes attached quiz's that are required to be completed by staff. Training packs are provided to staff that don't attend the in-service and they are also required to complete the quiz. Attendance rate is above 75%. There are 41 caregivers at Rosebank, 12 have a current qualification and 7 are in the process of completing Careerforce. There are twelve RNs at Rosebank and eight currently are interRAI trained.</p> <p>External training is available for RNs including (but not limited to) monthly breakfast sessions with the hospice, preceptor training through DHB, wound care society and courses at ARA polytechnic. Staff complete competencies relevant to their roles.</p> <p>Advised that currently there is sufficient employed staff to manage the introduction of rest home care in the studio apartments. If rest home resident numbers increase in</p>

		the studios, further staff will be employed.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	<p>There is a staff skill mix policy. This defines staffing ratios to residents and rosters have been developed and are adjustable depending on resident numbers/mix/acute.</p> <p>There is a RN rostered on duty on each shift over seven days per week in the hospital.</p> <p>There are 20 dual-purpose beds in the rest home (adjacent to the hospital wing); 14 of which are occupied by hospital level care residents.</p> <p>A RN is rostered on duty on the morning and afternoon shift Monday-Sunday in the rest home and one in the hospital. There is an RN on duty in the hospital on night shift who provides oversight and support to the two caregivers in the hospital and the two caregivers in the rest home (dual-purpose).</p> <p>There are five caregivers rostered (various long and short shifts) in the rest home and AM shift and four on PM shift. The 14 studio rooms are a wing directly off the rest home. A draft roster has been established for the wing should rest home residents be assessed in the studios. A senior caregiver will be rostered on morning and one on afternoon initially. Caregivers will increase if rest home resident numbers increase. The rest home will oversee the wing during the night shift.</p> <p>There are sufficient caregivers rostered on duty each day to support the RNs and meet the needs of residents.</p> <p>There is one diversional therapist and one recreation officer. They both work 5-days a week. It is envisaged that rest home residents in the studios will join in with the activity programme in the rest home/hospital and be involved in the village activities as able. The recreation officer also completes an exercise programme with residents.</p>
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	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff who administer medications (RNs and senior caregivers) have been assessed for medication competency on an annual basis. RNs have completed syringe driver training. Education around safe medication administration has been provided. Robotic roll medications are checked on delivery by the RN. The service has an electronic medication system. There are two</p>

		<p>treatment rooms, one in the hospital and one in the rest home. Medication fridge temperatures are checked and recorded weekly.</p> <p>There are two medication trolleys in the rest home to manage residents in different wings. Rest home residents in studio apartments that require medication will be managed by the rest home staff. All residents keep their own GP. The GPs in Ashburton provide an afterhours roster of on-call support.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	PA Low	<p>All meals at Rosebank are prepared and cooked on-site by qualified cooks and kitchen assistants. All kitchen staff have completed food safety certificates. The service has a food control plan that has been verified and they are now awaiting audit. There is a four-week seasonal menu which has been reviewed by a dietitian. The kitchen is off the combined dining room for the facility. Meals are served from a bain marie. Food temperature is taken before serving.</p> <p>Meals are covered with insulated lids and delivered from the kitchen to any residents in rooms. A nutritional profile is completed on admission by the RN and a copy provided to the kitchen. Dietary needs are known with individual likes and dislikes accommodated and documented on the whiteboard in the kitchen. Additional or modified foods are also provided by the service. Specialised plates and utensils are available for residents as assessed.</p> <p>Fridge and freezer temperatures are taken daily. Nutrition and safe food management policies define the requirements for all aspects of food safety. A kitchen cleaning schedule is in place and implemented. Containers of food in the pantry and chiller are labelled and dated. There is a walk-in chiller and standing freezers.</p> <p>Resident meetings and surveys, along with direct input from residents, provide resident feedback on the meals and food services. Rest home residents in studio rooms will be able to eat in the combined dining room or the small lounge with dining table at the end of their wing.</p> <p>There are two fridges in the large dining room utilised by staff and residents. There were undated items in the fridge.</p>
Standard 1.3.4: Assessment	FA	<p>Six resident files were reviewed (four hospital, two rest home including one respite). The RNs complete an initial assessment on admission and a range of risk</p>

<p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>		<p>assessment tools for residents including (but not limited to) skin integrity assessment, continence assessment, falls risk assessment, and pressure injury assessment. The respite resident file reviewed included an initial nursing assessment which linked to the daily support plan. This is an improvement on previous audit. All long-term files included an interRAI assessment which had been completed within 21 days of admission, and reassessments had been completed at least six-monthly. A database of interRAI timeframes is monitored closely by the education coordinator. Resident needs and supports are identified through the ongoing paper-based assessments, risk management plans and protocols and form the basis of the care plan. Pain assessments are monitored through medimap, evident in progress notes and well managed for two residents reviewed with identified pain. This is an improvement on the previous audit.</p>
<p>Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	<p>PA Moderate</p>	<p>Overall the six resident care plans reviewed were resident-focused and individualised. Care plans are templated and then personalised to reflect the current needs of the residents. Other risk management plans were in place that supported the care plan that included interventions to support residents identified as high/medium falls risks and those residents identified as having a high risk of developing pressure injuries. A comprehensive short-term care plan was in use. All six files included STCPs documented for all acute health changes such as (but not limited to) incidents/infections/changes in treatment following GP visits, wounds and weight loss. STCPs were well documented and utilised for acute changes in health status. However, evaluations were not always documented to reflect whether these have been resolved or updated in the LTCP if the interventions remain current.</p> <p>Two residents (one rest home and one hospital) with identified weight loss were reviewed. Both included interventions and monitoring to support management of the weight loss. This is an improvement on previous audit. Two hospital and one rest home residents were reviewed (one with a healed grade II pressure injury, one with a grade II pressure injury on large toe and one with a grade II pressure injury outer foot). All three had interventions documented in the STCP to manage the pressure injury and to prevent further breakdown. However, the one pressure injury in the rest home was documented as resolved but had broken down again 23 May 2018 and was being dressed. The STCP did not reflect the current pressure injury again, this remains an area for improvement.</p> <p>Resident files demonstrate service integration. There is evidence of allied health care professionals involved in the care of the resident including mobility assessor,</p>

		physiotherapist, podiatrist and dietitian.
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	Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Chemical bottles sighted have correct manufacturer labels. Staff complete chemical training. There are two sluices, one in each area. Chemicals are stored in locked areas and safety datasheets are readily available for staff. A spills kit is available. Personal protective clothing is available for staff and were seen to be worn by staff when carrying out their duties on the day of audit.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	The building has a current building warrant of fitness that expires 1 July 2018. The building is two levels with staff only areas on the first floor and all resident rooms and services on the ground floor. The 14 studio apartments are in a wing specifically off the rest home within close walking distance to nurses' station, dining room and lounge. There is a smaller combined lounge/dining room at the end of the wing. There are handrails in hallways, and sitting areas to rest. Rosebank employs a full-time maintenance person. The maintenance person ensures daily maintenance requests are addressed and a planned maintenance schedule is maintained. Essential contractors are available 24 hours. Electrical testing is completed by an external contractor two-yearly. Annual calibration and functional checks of medical equipment is completed by an external contractor. Hot water temperatures in resident areas are monitored. Temperature recordings reviewed are below 45 degrees Celsius and corrective actions documented where required. There is safe access to the outdoor areas. Seating and shade is provided.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal	FA	Communal toilets are situated near lounges and are of an appropriate design to meet the mobility needs of residents. Communal toilet facilities have a system that indicates if it is engaged or vacant. Each studio has a spacious ensuite bathroom that includes shower and toilet. Handrails are appropriately positioned.

hygiene requirements.		
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	The 14 studio rooms are spacious and include a kitchenette, sitting area and bed. There is adequate room to safely manoeuvre mobility aids and transferring equipment. Residents and families are encouraged to personalise their rooms.
Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.	FA	Communal areas within the facility include a large combined lounge and a separate dining room that is large enough to be utilised by all residents. There are a number of smaller lounges at the end of each wing including the studio unit wing. Seating and space is arranged to allow both individual and group activities to occur. All furniture is safe and suitable for the residents. There is sufficient space in lounge and dining rooms for an increase in resident numbers.
Standard 1.4.6: Cleaning And Laundry Services Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.	FA	There are adequate policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are dedicated laundry staff seven days a week. The laundry is central and includes a dirty to clean flow. Internal audits and the chemical provider monitor the effectiveness of the cleaning and laundry processes. Staff have completed chemical safety training on line. The cleaning trolley is stored in a locked room when not in use. There is personal protective equipment readily available in the laundry, in the two sluice rooms and on cleaning trolleys.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	The fire evacuation plan has been updated to include the studio unit wing. The plan was approved by the New Zealand Fire Service 16 November 2017. A fire drill was last completed March 2018. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency assessments. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term back-up power for emergency lighting is in place. There are water tanks in the ceiling. The service is currently working with local civil defence to put a plan together for Ashburton care homes.

		<p>A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is on duty at all times.</p> <p>There are call bells in the studio apartments in the living area and bathrooms. The call bell system in the studio units are connected to the facility. Call bell panels are in hallways and staff have pagers. Call bell pendants are also available for residents in the studio units should they need or request them.</p>
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	<p>Residents are provided with adequate natural light, safe ventilation and an environment that is maintained at a safe and comfortable temperature. There are sufficient doors and external opening windows for ventilation in the studio units. There are individually controlled thermostats in the studios that control coils in the ceilings and underfloor heating. There are heaters in ensuites.</p>
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 infection control coordinator is a registered nurse (also the wound care advisor and OSH coordinator). The infection control coordinator is responsible for the collation of infection events and has completed external training. The infection control coordinator has a defined job description. Infection events are collated monthly and reported to the two-monthly combined Infection Control and Health and Safety Committee meeting. Registered nurses rotate as representatives on this committee.</p> <p>The infection control programme is reviewed annually and links to the overall quality and risk system.</p> <p>Visitors are asked not to visit if unwell. Hand sanitisers are appropriately placed throughout the facility. There have been no outbreaks since previous audit. Residents and staff are offered and encouraged to receive the flu vaccine.</p>
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Click here to enter text

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)
Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.	PA Low	Fridge and freezer temperatures are taken daily. Nutrition and safe food management policies define the requirements for all aspects of food safety. A kitchen cleaning schedule is in place and implemented. Containers of food in the pantry and chiller are labelled and dated. There is a walk-in chiller and standing freezers. There are two fridges in the large dining room utilised by staff and residents. There were undated items in the fridge.	There were two glasses with pureed fruit in the dining room fridge that staff use to assist with given medication. These were not dated. There were two covered mugs with attached straws with a supplement or milk inside. These were not named or dated. There was a covered jug with supplement or milk. This was not named or dated.	Ensure all opened products in the fridge are named and dated. 30 days
Criterion 1.3.5.2 Service delivery plans describe the required support and/or intervention	PA Moderate	Overall, the six resident care plans reviewed were resident-focused and individualised. Care plans are templated and then personalised to reflect the current needs of	i) One pressure injury was documented as resolved but had broken down again 23 May 2018 and was being dressed. The STCP did not reflect management of the current	i-ii) Ensure care plans reflect the resident's current health

to achieve the desired outcomes identified by the ongoing assessment process.		<p>the residents. Two residents (one rest home and one hospital) with identified weight loss were reviewed. Both included interventions and monitoring to support management of the weight loss. This is an improvement on the previous audit. Three hospital residents were reviewed (one with a healed grade II pressure injury, one with a grade II pressure injury on large toe and one with a grade II pressure injury outer foot). All three files had interventions documented in the STCP to manage the pressure injury and to prevent further breakdown. However, the one pressure injury in the rest home was documented as resolved but had broken down again 23 May 2018 and was being dressed. The STCP did not reflect the current pressure injury again, this remains an area for improvement.</p>	<p>pressure injury.</p> <p>ii) STCPs were well documented and utilised for acute changes in health status. However, evaluations were not always documented to reflect whether these have been resolved or updated in the LTCP if the interventions remain current. Reviewing the STCPs across all five long-term resident files identified that it was difficult to determine whether the interventions on the STCPs were current or not.</p>	<p>status. 60 days</p>
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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.