Heritage Lifecare (BPA) Limited - Maxwell Care Home

Introduction

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

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

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

You can view a full copy of the standards on the Ministry of Health's website by clicking here.

The specifics of this audit included:

Legal entity:	Heritage Lifecare (BPA) Limited
Premises audited:	Maxwell Care Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 October 2020 End date: 8 October 2020

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 25

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Maxwell Lifecare provides rest home and hospital level care for up to 25 residents. The service is operated by Heritage Lifecare and managed by a care and facility manager and a clinical services manager. Residents and families reported full satisfaction with the services provided.

This surveillance audit was conducted against the Health and Disability Services Standards and the service's contract with the district health board. The audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family, managers, staff and a nurse practitioner.

This audit confirmed that all standards reviewed for this audit are met. Two areas for improvement raised as corrective actions at the last audit have been addressed. These related to implementation of the activities programme and renovation of the kitchen.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.

Open communication between staff, residents and families is promoted, and confirmed to be effective. There is access to interpreting services if required.

A complaints register is maintained with complaints resolved promptly and effectively.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.

A mission statement, values, goals and objectives of the organisation and of the facility are described within the business and quality and risk management plans. Weekly updates, monthly operations reports, and monthly clinical indicator data, are consistently provided to the governing body. The care and facility manager is an experienced and suitably qualified person for the role.

The quality and risk management system includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Staff are involved and regular surveys enable residents and families to provide feedback. Adverse events are documented with corrective actions implemented. Actual and potential risks, including health and safety risks, are identified and mitigated. Policies and procedures are regularly reviewed, support service delivery and were current.

Human resources processes are being implemented according to current good practices. Staff have access to ongoing training opportunities that support safe service delivery. Annual individual staff performance reviews were current. Staffing levels and skill mix meet the changing needs of residents.

Continuum of service delivery

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

On admission to Maxwell Lifecare, residents have their needs assessed by the multidisciplinary team within the required timeframes. Continuity of care is guided by staff handing over resident information using verbal handovers and documentation on communication sheets.

Care plans are individualised, based on a range of comprehensive and integrated clinical information. Short term care plans are developed to manage any new problems that might arise. All residents' files reviewed demonstrated that needs, goals, and outcomes are identified and reviewed on a regular basis. Residents and families interviewed reported being well informed and involved in care planning and evaluation, and that the care provided is of a high standard.

The planned activity programme is provided by an activities co-ordinator. Residents are provided with a variety of individual and group activities and links with the community are maintained. A facility van is available for outings.

Medicines are managed according to policies and procedures based on current good practice and consistently implemented using an electronic system. Medications are administered by registered nurses, all of whom have been assessed as competent to do so.

The food service meets the nutritional needs of the residents with special needs catered for. Policies guide food service delivery supported by staff with food safety qualifications. The kitchen was recently upgraded, was clean and met food safety standards. Residents and their family members verified overall satisfaction with meals.

Safe and appropriate environment

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

A current building warrant of fitness is on display. There have been no modifications to the building since the last audit.

Restraint minimisation and safe practice

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

The organisation has implemented policies and procedures to support the minimisation of restraint. At the time of audit, three enablers and one restraint were in use. A comprehensive assessment, approval and monitoring process with regular reviews is occurring. Use of enablers is voluntary and for the safety of residents. Staff demonstrated a sound knowledge and understanding of the restraint and enabler processes.

Infection prevention and control

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

Maxwell Lifecare undertakes aged care specific infection surveillance. Results are analysed, trended, and benchmarked and results reported through all levels of the organisation. Follow-up action is taken as and when required.

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	0	0	0	0
Criteria	0	40	0	0	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click here.

For more information on the different types of audits and what they cover please click here.

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints and compliments policy and associated forms meet the requirements of Right 10 of the Code. Written information on the complaint process is provided to residents and families on admission and those interviewed knew how to do so. The complaints register reviewed showed that eighteen complaints have been received since January of this year. Investigation processes were evident and follow-up actions through to an agreed resolution documented and completed within the required timeframes. Examples of improvements made are documented in meeting minutes as well as the complaint register. The care and facility manager is responsible for complaints management and follow up. All staff interviewed confirmed a sound understanding of the complaint process and what actions are required. There have been no complaints received from external sources since the previous audit.
Standard 1.1.9: Communication Service providers communicate effectively with consumers and	FA	Policies and procedures on open disclosure meet the requirements of the Code. Family members stated they were kept well informed about any changes to their relative's status and were advised in a timely manner about any incidents or accidents and outcomes of regular and any urgent medical reviews. This was supported in residents' records reviewed. Residents confirmed they are given sufficient information about their care. The care and facility manager and staff interviewed described their understanding of the principles of open disclosure. The care and facility manager informed that there is no local interpreter service available and if necessary, such

provide an environment conducive to effective communication.		services would need to be brought from outside the region. A report about use of family members for a person receiving respite care was provided, as were descriptions of how different staff have cooperated with language and communication difficulties when required. The care and facility manager confirmed that such support was rarely required.
Standard 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	The organisational and facility strategic and business plans, which are reviewed annually, outline the purpose, values, scope, direction and goals of the organisation. The documents described annual and longer-term objectives and the associated operational plans. Since the Covid-19 lockdown, reporting processes through to Heritage Lifecare Limited include a weekly 'Zoom' meeting with the regional operations manager and the regional quality manager, a fortnightly telephone call with the regional operations manager, the forwarding of occupancy and staffing figures weekly, and monthly reports on clinical, financial and operations. Copies of documentation being provided were sighted and showed adequate information to monitor performance is being reported. The service is managed by a care and facility manager who holds relevant qualifications and has been in the role for three years. Access to the care and facility manager's personnel file was not possible as it is held at support office; however, the regional operations manager who happened to be visiting on the day of this unannounced audit described qualities of the manager and confirmed their suitability for the role. Responsibilities and accountabilities are reportedly defined in a job description and individual employment agreement. The care and facility manager confirmed knowledge of the sector, regulatory and reporting requirements as a result of previous positions and experience in their current role. Their professional development is ongoing as is contact with the DHB portfolio managers. The service holds residential aged care contracts with the local DHB for long-term (19 people) and respite hospital level care residents and long-term (three people) and respite rest home level care. Three residents on Ministry of Health young people with disabilities contracts are receiving hospital level care. Although the service provider has a contract with the Accident Compensation Corporation, there were no residents receiving care under this contract.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes reviews on education, clinical issues, complaints, management of incidents, internal audit activities and checklists, infections and monitoring of a wide range of clinical outcome data. Meeting minutes reviewed confirmed regular review and analysis of the quality indicators and that related information is reported and discussed at the monthly quality and risk team meetings, registered nurse meetings and staff meetings. Staff reported their involvement in quality and risk management activities through assisting with internal audits, discussing corrective actions with the manager, completing incident forms and participating in

maintained quality and risk management system that reflects continuous quality improvement principles.		meetings and in training sessions. Relevant corrective actions are developed and implemented to address any identified shortfalls. Resident and family satisfaction surveys are completed annually. The most recent resident and next of kin survey was completed two months ago; however, reports on the outcomes are still unavailable due to pressures from the Covid-19 pandemic. Planned changes in the activity programme are expected to pre-empt the anticipated survey reports. There was evidence of resident and relative satisfaction with services in the compliment register. A staff survey was completed in 2019 and several of the recommended changes have been addressed. Policies reviewed covered all necessary aspects of the service and contractual requirements, including reference to the interRAI Long Term Care Facility (LTCF) assessment tool and process. Policies are based on best practice and were current. The document control system ensures a systematic and regular review process every three years, referencing of relevant sources, approval, distribution and removal of obsolete documents. The care and facility manager described the processes for the identification, monitoring, review and reporting of risks and development of mitigation strategies. The care and facility manager was familiar with the Health and Safety at Work Act (2015) and continues to implement requirements. Updated hazard registers are available.
Standard 1.2.4: Adverse Event Reporting All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.	FA	Staff document adverse and near miss events on an accident/incident form. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated and where relevant action plans developed. The care and facility manager and the clinical services manager review the incident forms as applicable, sign them off and enter the collated information into the organisation's electronic system. Adverse event data is analysed by the support office. Outcome reports provide guidance on any trends identified and include graphs over time for different types of incidents. Recommended actions are identified, implemented and followed up in a timely manner through the quality and risk system. The care and facility manager described essential notification reporting requirements and showed the system in place to ensure such events are reported as required. One notification to authorities had been made since the last audit. This was to the Ministry of Health for a stage three pressure injury.
Standard 1.2.7: Human Resource Management Human resource management	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. The recruitment process includes a formal application process, initial interview, referee checks, police vetting and validation of qualifications and practising certificates (APCs), where required. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented and records are maintained. Annual practising certificates for all health professionals involved with residents at Maxwell Lifecare are on file and

processes are conducted in accordance with good employment practice and meet the requirements of legislation.		all were current. Staff orientation includes all necessary components relevant to the role. Staff reported that the orientation process prepares them well for their role and additional time with a 'buddy' is added if the new staff person requires or requests it. Staff records reviewed showed documentation of completed orientation. Continuing education is planned on an annual basis and includes mandatory training requirements. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the DHB. Toolbox training sessions are held regularly and are reportedly enabling early intervention to identified problems. With four of the eight registered nurses trained in undertaking interRAI assessments, there are sufficient trained and competent registered nurses maintaining their annual competency requirements. A fifth person is part way through. The care and facility manager described how staff training is monitored every three months and records reviewed confirmed over 80% compliance with annual requirements to date. All staff annual performance appraisals are up to date.
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 documented and implemented process for determining staffing levels and skill mixes to provide safe service delivery, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents, or a change in the number of residents. This is done on a case by case basis. An afterhours on call roster is in place, with the clinical services manager and the care and facility manager doing week about. Staff reported that good access to advice is available when needed and confirmed the registered nurse on duty is always responsible for clinical decisions. Care staff reported there were adequate staff available to complete the work allocated to them, but it is busy and can be challenging when things go awry. Residents and family interviewed supported this and noted how busy the staff are. Observations and review of a four-week roster cycle confirmed adequate staff cover has been provided according to pre-determined ratios. Staff are being replaced by a person willing to work an additional shift, or by a casual staff person, in any unplanned absence. All registered nurses have a current first aid certificate, as do any staff person such as activities staff who may be alone with a resident outside of the facility. At least one staff member on duty has a current first aid certificate and this is identifiable on the roster. There is 24 hour/seven days a week registered nurse coverage for hospital residents. Only registered nurses undertake medication administration, although a number of caregivers have a 'second checker' competency.
Standard 1.3.12: Medicine Management Consumers receive	FA	The medication management policy was current and identified all aspects of medicine management in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. The staff member observed demonstrated good knowledge and had a clear understanding of their roles and responsibilities

medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.		related to each stage of medicine management. All staff who administer medicines are competent to perform the function they manage. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. These medications are checked by a RN against the prescription. All medications sighted were within current use by dates. Clinical pharmacist input is provided on request. Controlled drugs are stored securely in accordance with requirements. Controlled drugs are checked by two staff for accuracy in administration. The controlled drug register provided evidence of weekly and six-monthly stock checks and accurate entries. The records of temperatures for the medicine fridge and the medication room reviewed were within the recommended range. Good prescribing practices noted included the prescriber's electronic signature and date recorded on the commencement and discontinuation of medicines and all requirements for pro re nata (PRN) medicines met. The required three-monthly GP review was consistently recorded on the electronic medicine charts. There was one resident who self-administers an inhaler at the time of audit. Appropriate processes were in place to ensure this is managed in a safe manner. Medication errors are reported to the RN and CSM and recorded on an accident/incident form. The resident and/or the designated representative are advised. There is a process for comprehensive analysis of any medication errors, and compliance with this process was verified. Standing orders are not used at Maxwell Lifecare.
Standard 1.3.13: Nutrition, Safe Food, And Fluid Management A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.	FA	The food service is provided on site by a cook and is in line with recognised nutritional guidelines for older people. The menu follows summer and winter patterns and has been reviewed by a qualified dietitian 24 March 2020. Recommendations made at that time have been implemented. An up to date food control plan is in place and issued by the Marlborough District Council 11 June 2020. All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation and guidelines. Food temperatures, including for high risk items, are monitored appropriately, and recorded as part of the plan. The cook has undertaken a safe food handling qualification, with kitchen assistants completing relevant food handling training. A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The personal food preferences, any special diets and modified texture requirements are made known to kitchen staff and accommodated in the daily meal plan. Special equipment, to meet residents' nutritional needs, is available.

		Evidence of resident satisfaction with meals was verified by resident and family interviews, satisfaction surveys and resident meeting minutes. Any areas of dissatisfaction were promptly responded to. Residents were seen to be given time to eat their meal in an unhurried fashion and those requiring assistance had this provided.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	Documentation, observations, and interviews verified the care provided to residents at Maxwell Lifecare was consistent with their needs, goals, and the plan of care. The NP interviewed, verified that medical input is sought in a timely manner, that medical orders are followed, and care is of a high standard. Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources was available, suited to the level of care provided and in accordance with the residents' needs.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	The activities programme is provided by an activities co-ordinator, five days a week. A previous audit identified that the activities programme at Maxwell Lifecare did not evidence maintenance of residents' strengths, skills, and interests. A corrective action request required evidence to be provided that activities are planned, developed, and facilitated to meet the ongoing needs of the resident. This has been addressed. A social assessment and history are undertaken on admission to ascertain residents' needs, interests, abilities, and social requirements. The planned monthly activities programme sighted matched the skills, likes, dislikes and interests identified in assessment data. Activities reflected residents' goals, ordinary patterns of life and included normal community activities. Individual, group activities and regular events are offered. Examples included current affairs, 'housie', arts and crafts, pet therapy, visiting entertainers, quiz sessions, 'happy hour', and daily news updates. Activities assessments are regularly reviewed to help formulate an activities programme that is meaningful to the residents. The residents' activity needs are evaluated every three months and as part of the formal six-monthly care plan reviews. A monthly schedule of themed activities is driven by the organisation's head office as is monthly online conferences for activity personnel. The activities programme is discussed at the bimonthly residents' meetings and minutes indicated residents' and family members input is sought and responded to. Resident and family satisfaction surveys demonstrated satisfaction and that information is used to improve the range of activities offered. Residents and family members interviewed confirmed they find the programme meets their needs.

Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	Resident care at Maxwell is evaluated on each shift and reported in the progress notes. If any change is noted, it is reported to the RN. Formal care plan evaluations occur every six months in conjunction with the six-monthly interRAI reassessment or as residents' needs change. Evaluations are documented by the RN. Where progress is different from expected, the service responds by initiating changes to the plan of care. Short term care plans are consistently reviewed and evaluated as clinically indicated. Residents and families/whānau interviewed provided examples of involvement in evaluation of progress and any resulting changes.
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	A current building warrant of fitness with an expiry date of 1 July 2021 was on display. There has not been any reconstruction or additions to the facility buildings. The kitchen has been renovated with the vinyl floor replaced, insect screens replaced, and the walls and window frames repainted. This has resulted in resolution of the issues raised for corrective action at the last audit. Potential risks to food safety and the health and safety of staff have now been minimised.
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	Surveillance of infections at Maxwell Lifecare is appropriate to that recommended for long term care facilities, with infection definitions reflecting a focus on symptoms rather than laboratory results. These include urinary tract, soft tissue, fungal, eye, gastro-intestinal, the upper and lower respiratory tract and scabies. When an infection is identified, a record of this is documented in the resident's clinical record. New infections and any required management plan are discussed at handover, to ensure early intervention occurs. The infection control nurse/clinical services manager reviews all reported infections. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme are shared with staff via RN/quality/staff meetings and at staff handovers. Surveillance data is entered in the organisation's electronic infection database. Graphs are produced that identify trends for the current year, and comparisons against previous years. Data is benchmarked internally within the group's other aged care providers. A good supply of personal protective equipment is available. Maxwell Lifecare has processes in place to manage the risks imposed by Covid-19.

Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provided guidance on the safe use of both restraints and enablers. The restraint coordinator provides support and oversight for enabler and restraint management in the facility. Although unable to be interviewed during the surveillance audit, the restraint coordinator is maintaining the integrity of the restraint minimisation practices within the facility, as per organisational policies and procedures. According to the restraint register and recent meeting minutes, one resident is currently using two types of restraint, one being a bed rail and the other a lap belt. Three residents were voluntarily using an enabler to assist them to remain safe. A consent process is used for enablers. Similar processes including assessment and reviews are followed for the use of enablers as are used for restraints. During interview, staff were able to differentiate between a restraint and an enabler and described monitoring procedures.

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these 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.