

Lexhill Limited - Kaikohe Care Centre

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: Lexhill Limited

Premises audited: Kaikohe Care Centre

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

Dates of audit: Start date: 31 May 2019 End date: 31 May 2019

Proposed changes to current services (if any): (i) The service has extensively refurbished an existing empty hospital wing and created five new bedrooms in the wing. All five rooms were verified as suitable for dual-purpose; (ii) The service also reconfigured and refurbished two four-bed units to become two double-rooms; and (iii) All 25 hospital beds were verified as suitable to provide hospital and/or rest home level care. With the reconfigure the total hospital level beds have increased from 23 to 25 beds. Overall bed numbers will increase from 55 to 57 beds (25 dual-purpose, 23 rest home beds and 9 dementia beds).

Total beds occupied across all premises included in the audit on the first day of the audit: 49

Executive summary of the audit

Introduction

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

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

General overview of the audit

Kaikohe Care Centre currently provides rest home, hospital (geriatric and medical) and dementia levels of care for up to 55 residents. On the day of the audit there were 49 residents in the care centre.

This partial provisional audit was conducted to assess the reconfiguration and renovations at Kaikohe Care Centre. Interviews with the management team, a tour of the building and review of relevant documentation were completed. The following was verified at this audit. (i) The service has extensively refurbished an existing empty hospital wing and created five new bedrooms in the wing. All five rooms were verified as suitable for dual-purpose; (ii) The service also reconfigured and refurbished two four-bed units to become two double-rooms; and (iii) All 25 hospital beds were verified as suitable to provide hospital and/or rest home level care. With the reconfigure the total hospital level beds have increased from 23 to 25 beds. Overall bed numbers will increase from 55 to 57 beds (25 dual-purpose, 23 rest home beds and 9 dementia beds).

The audit identified that the staff roster and equipment requirement, and processes are appropriate for providing rest home and hospital (medical and geriatric) level care and in meeting the needs of the residents.

An experienced facility manager is responsible for day-to-day operations. She has been in the role since February 2019 and is an experienced registered nurse and elderly care manager. The facility manager is supported in her role by two acting clinical nurse leaders.

The five previous audit shortfalls around service delivery shortfalls has been addressed, these are around risk assessments, and medication management. These related to care plan interventions, implementation of care/documentation, activities and medication management. Further improvements around staffing levels and maintenance have also been addressed.

Consumer rights

N/A

Organisational management

Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager and clinical nurse leaders are responsible for the day-to-day operations of the care facility.

Quality and risk management processes are established. Strategic plans and quality goals are documented for the service. A risk management programme is in place, which includes a risk management plan, incident and accident reporting, and health and safety processes. Adverse, unplanned and untoward events are documented by staff. The health and safety programme meets current legislative requirements.

An orientation programme is in place for new staff. A staff education and training programme is in place.

Registered nursing cover is provided twenty-four hours a day, seven days a week. The residents' files are appropriate to the service type.

Continuum of service delivery

Registered nurses are responsible for all stages in the provision of care including interRAI assessments, risk assessments, development of care plans and evaluations. Resident files demonstrated service integration. The general practitioner completes an admission visit and reviews the residents at least three-monthly. The activity team provide an activities programme.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The menu is designed by a dietitian. All baking and meals are cooked on site. Individual and special dietary needs are accommodated. Nutritious snacks are available 24 hours in all units.

Safe and appropriate environment

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff.

The new area included five single rooms, two toilets and a lounge area. The new wing is an upgrade of an existing part of the hospital wing and is suitable for both rest home and hospital level care.

There are handrails in communal bathrooms. The provider has purchased all necessary furniture for the new five beds. Fixtures, fittings and floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids.

There are housekeeping and laundry policies and procedures in place. All laundry will continue to be completed on site. The emergency and disaster management policies include (but are not limited to) dealing with emergencies, fire, civil defence and disasters. General living areas and resident rooms are appropriately heated and ventilated. All rooms have windows.

Restraint minimisation and safe practice

N/A

Infection prevention and control

Kaikohe Care Centre has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The CNL is the designated infection control nurse with support from all staff. Infection control matters are routinely discussed at staff meetings.

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	20	0	0	0	0	0
Criteria	0	44	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 1.2.1: Governance The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.	FA	<p>Kaikohe Care Centre provides rest home, hospital (geriatric and medical) and dementia levels of care for up to 55 residents (23 hospital, 23 rest home and 9 dementia care beds). On the day of the audit there were 49 residents in the care centre; 23 at rest home level, including one respite resident and one younger person disabled. There were 19 at hospital level, and seven at dementia level.</p> <p>This partial provisional audit was conducted to assess the reconfiguration and renovations at Kaikohe Care Centre. Interviews with the management team, a tour of the building and review of relevant documentation were completed. The following was verified at this audit. (i) The service has extensively refurbished an existing empty hospital wing and created five new bedrooms in the wing. All five rooms were verified as suitable for dual-purpose; (ii) The service also reconfigured and refurbished two four-bed units to become two double-rooms; and (iii) All 25 hospital beds were verified as suitable to provide hospital and/or rest home level care. With the reconfigure the total hospital level beds have increased from 24 to 25 beds. Overall bed numbers will increase from 55 to 57 beds (25 dual-purpose, 23 rest home beds and 9 dementia care beds).</p> <p>An experienced facility manager is responsible for day-to-day operations. She has been in the role since February 2019 and is an experienced registered nurse</p>

		<p>and elderly care manager. The facility manager is supported in her role by two acting clinical nurse leaders.</p> <p>Business goals are in place with evidence of regular reviews. The facility manager is in regular contact with the owner.</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>The clinical nurse leaders and owner will oversee the managers role during a temporary absence. The service has comprehensive policies/procedures to provide rest home, dementia and hospital level care. The current staff and building of the service are appropriate for providing rest home, dementia and hospital level care 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>Job descriptions are in place that describe staff roles, responsibilities and accountabilities. The practising certificates of nurses and other health professionals were current. Five staff files were reviewed (three caregivers and two RNs). Evidence of signed employment contracts and job descriptions were sighted. Annual performance appraisals for staff and an orientation were documented in all five staff files reviewed. There is an ongoing process to maintain an appraisal schedule for all staff.</p> <p>The service has a training policy and schedule for in-service education. Caregivers working in the dementia unit who have been employed for over 18 months have their dementia qualification. The service has continued to make training a priority. Compulsory and non-compulsory subjects have been provided as per schedule and as needed. Training has been well attended. RN specific training has included syringe driver, wound care and skin care. All staff who administer medications have an up-to-date medication competency. There are four interRAI trained RNs and one in the process of training.</p> <p>The manager has accessed training related to managing an elderly care facility in the last year and the IC coordinator has undertaken training for an infection control coordinator.</p> <p>The manager is a Careerforce assessor and the service is continuing to support Careerforce training for all staff.</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>	FA	<p>The service has a documented annual leave and rostering policy which includes rationale for determining staffing levels and skill mixes for safe service delivery.</p> <p>The partial provisional audit evidenced that the resident numbers and configuration will not substantially change, however since the previous audit, staffing numbers have increased. The dementia unit was observed to be supervised at all times. The manager described how the RNs ensure that they cover for all caregiver breaks during the day and maintain a process of visiting the unit on a regular basis each day. This is an improvement from the previous audit.</p> <p>Staffing includes:</p> <p>Registered nurses: There is an RN/CNL on every shift with an additional RN on an AM shift two to three days a week to assist with doctors rounds and administration. A further senior RN/CNL works some weekends and/or PM shifts to provide supervision.</p> <p>Care staff:</p> <p>Hospital - staffing has increased for the hospital wing with an increase of one long shift for the AM. Staffing on the day of audit included for 19 hospital residents; AM; two caregivers on full shifts and one caregiver on half shift, PM; one caregiver on full shift and one caregiver on half shift. There was one caregiver on night shift.</p> <p>Rest home (23 rest home residents); AM; one caregiver on full shift and one caregiver on half shift, PM; one caregiver full shift and one caregiver on half shift. There was one caregiver on night shift.</p> <p>Dementia - Staffing has increased in the dementia unit since the previous audit. The short shift for the AM has become a full shift, and bed numbers have reduced from ten to nine. On the day of audit there were seven residents. AM shift; two caregivers on full shift, PM; one caregiver full shift and one caregiver on half shift. There was one caregiver on night shift.</p> <p>Three caregivers; one from each of the units stated they are well staffed and are able to provide activities for residents.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely</p>	FA	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. The service has implemented an electronic</p>

<p>manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>medication process. Medication reconciliation of monthly medication packs is completed, and any errors fed back to the pharmacy. Registered nurses and senior care assistants who administer medications have been assessed for competency. Care staff interviewed could describe their role regarding medicine administration. Medications were stored safely in the rest home dementia unit and hospital. This is an improvement from the previous audit.</p> <p>There were no residents self-medicating.</p> <p>Ten medication charts were reviewed on the electronic system. All medications had photographs and allergies documented, but not documented they had been reviewed at least three-monthly by the GP. All medication had been signed for by the prescriber, all 'as needed' medication included an indication for use, all short course medications included a stop date, and all eye drops had been dated on opening, all medication not given included a reason. This is an improvement from the previous audit.</p> <p>The medication system is safe and suitable for the new bed configuration.</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>	<p>FA</p>	<p>The food service policies and procedures include the principles of food safety, ordering, storage, cooking, reheating and food handling. The head cook oversees the provision of food services. A second cook and two kitchenhands provide cover across a seven-day service. All meals are prepared and cooked on site. All kitchen staff had food safety training. There is a six-weekly seasonal menu. The food control plan is in the process of verification. The kitchen and meal service is appropriate for the levels of care and the resident numbers as there is no substantial change to either.</p> <p>Residents are provided with meals that meet their food, fluids and nutritional needs. The registered nurse completes the dietary requirement forms on admission and provides a copy to the kitchen. Additional or modified foods are also provided by the service. Cultural needs are catered for.</p> <p>Fridge and food temperatures were monitored and recorded weekly. Cooked meals are transferred into heated bain maries and transported from the kitchen directly to the dining rooms. The residents interviewed, confirmed that they are provided with alternative meals as per request. All residents are weighed monthly. Residents with weight loss problems are provided with food supplements.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>All resident care plans demonstrated service integration. Assessments and care plans include input from allied health. The service has a computerised care planning system, although wound care and activities plans are paper-based. Five files reviewed included; two from the dementia unit, including one with behaviour that challenges and one with severe cognitive deficits. All care was documented, including management of behaviour that challenges. Two hospital level and one rest home resident files included a review of pain management, restraint interventions and care, two residents with a changed level of need (one from the DHB and one from rest home to hospital level care) and the use of short-term care plans. The care plans were reflective of resident need and the interRAI. One CNL explained that all care plans are being reviewed by the CNL regularly. This is an improvement from the previous audit.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	FA	<p>The service has introduced a computerised care planning process. Since the previous audit, wound care plans have been removed from the computer-based system and are now paper based.</p> <p>There were seven wounds documented for the rest home, dementia unit and hospital at the time of the audit. A review of the wound register and interviews with management identified that the service had two residents with pressure injuries; (one with an almost healed grade two pressure injury and one resident with a grade one and a grade three pressure injury) for which a section 31 report had been sent to the ministry of health. All wound care plans included an assessment, management plan and evaluations. This is an improvement from the previous audit.</p> <p>Monitoring charts were documented and up to date and two residents checked with pressure relieving mattresses had them set at the correct weight setting.</p> <p>Specialist nursing advice is available from the DHB as needed. A physiotherapist is available one day a week.</p>
<p>Standard 1.3.7: Planned Activities</p> <p>Where specified as part of the service delivery plan for a</p>	FA	<p>The service employs two diversional therapists (DT) across five days a week with activities led by the caregivers over the weekend. The DT interviewed, displayed</p>

consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.		<p>an understanding of requirements. All activities are supported by caregivers.</p> <p>The service has one activity plan for rest home and hospital and one for dementia. Weekly activities are posted on a large whiteboard in the main hallway and on resident noticeboards in each area. Activities include outings, baking, table tennis, bowls, bingo, church services and quizzes. The dementia unit residents are able to join in any of the activities, and were observed to do so. A dementia activity plan was evidenced, and all dementia residents have a 24-hour activity plan. This is an improvement from the previous audit.</p> <p>Each resident has an individual activities assessment on admission and from this information an individual diversional therapy plan is developed. The diversional therapy plan evidences six-monthly reviews. The reviews document the resident's progress towards meeting goals. The resident's activities participation log was sighted.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>All chemicals were securely stored. Storage areas both inside and outside were locked. Chemicals were clearly labelled, and safety material datasheets were available and accessible in all service areas. Staff interviewed confirmed they can access personal protective clothing and equipment at any time. As observed during the audit, staff were wearing gloves, aprons and hats when required.</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>	FA	<p>There are established systems in place to ensure the physical environment and facilities are safe and fit for their purpose. The facility has a current building warrant of fitness (expires 30 June 2019). The fire evacuation scheme document reviewed was reviewed and approved November 2011, this approved evacuation scheme included the wing that houses the refurbished/new five beds.</p> <p>A new call bell system was recently installed and includes the new five beds. Maintenance is undertaken by both internal maintenance and external contractors. The electrical safety test tag system has been undertaken annually as planned. All maintenance records reviewed are clearly documented and where issues were identified corrective actions had been completed. Review of the records reveals water temperatures are all below 45 degrees Celsius and whenever it was out of range, corrective actions had been taken.</p> <p>All external areas inspected are safe and include appropriate seating and shade.</p>

		<p>The lounges are carpeted or have vinyl floor coverings, dining rooms and hallways have vinyl floor covering, bedrooms have a mix of carpet and vinyl. The front outdoor area has a tarmac and gravel driveway with grassed areas and flower beds.</p> <p>The service has refurbished an existing wing and created five single bed rooms, one communal toilet, a shower and toilet, a lounge/dining area and storage. The area and rooms are suitable for hospital and rest home level care. In the main hospital wing two four bed units have been converted to two, two bed units divided by a wall. Furniture has been purchased and delivered. There are handrails in communal bathrooms. All rooms and communal areas to allow for safe use of mobility equipment. There is adequate space for storage of mobility equipment. There is adequate equipment for each, so equipment such as hoists will not need to be borrowed. All of the hospital beds are suitable for rest home and hospital residents.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There were sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. Visitor toilet facilities were available. The communal toilets and showers are well signed and identifiable and include vacant/in-use signs.</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>	FA	<p>The resident rooms were spacious enough to meet the assessed resident's needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient area to allow cares to take place. The bedrooms are able to be personalised.</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>There are large lounges, activity rooms and dining rooms in the rest home and hospital areas. The lounge and dining areas are homely and easily accessible to all residents. Residents in all areas have access to smaller quiet lounges. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the consumer groups.</p> <p>The new five bedded area has its own lounge/dining area which is large enough</p>

		to accommodate mobility equipment as needed.
<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>Dedicated domestic staff are responsible for cleaning and laundry service. There are sufficient staff allocated seven days a week to carry out these services. The service conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective. Chemicals are stored appropriately in locked cabinets at all times. Material safety datasheets are available. Cleaner's trolleys are stored in a locked room when not in use.</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>Emergency and disaster policies and procedures and a civil defence plan are documented for the service. Fire drills are scheduled every six months. The orientation programme and annual education and training programme includes fire and security training. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes. There are no changes required to the fire evacuation scheme.</p> <p>A civil defence plan is documented for the service. There are adequate supplies available in the event of a civil defence emergency including food, water and blankets. A power generator and gas barbeque are available.</p> <p>The call bell system has recently been upgraded and includes the new five bedded area. There is a minimum of one staff available seven days a week with a current first aid/CPR certificate on the am, pm and night shifts.</p>
<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>The communal areas and resident bedrooms have external windows with plenty of natural sunlight. The living areas and resident rooms are appropriately heated and 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</p>	FA	<p>Kaikohe Care Centre has an established infection control (IC) programme. The infection control programme is appropriate for the size, complexity and degree of risk associated with the service. The CNL is the designated infection control nurse with support from all staff. Infection control matters are routinely discussed at staff meetings. Education has been provided for staff. The infection control</p>

the service.		programme has been reviewed annually.
<p>Standard 3.5: Surveillance</p> <p>Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.</p>	FA	<p>Infection surveillance and monitoring is an integral part of the infection control programme and is described in policy. The infection control nurse and facility manager collate information obtained through surveillance to determine infection control activities and education needs in the facility. Individual infection reports, and short-term care plans are completed for all infections. Surveillance of all infections is entered onto a monthly summary and then analysed and reported to RN and CQI meetings. Annual infection control reports are provided. Trends are identified, and preventative measures put in place. Internal audits for infection control are included in the annual audit schedule and have been completed as per the schedule. The infection rate is low and there have been no outbreaks.</p> <p>The surveillance policy describes the purpose and methodology for the surveillance of infections. Definitions of infections are appropriate to the complexity of service provided. Individual infection report forms are completed for all infections and are kept as part of the resident files. Infections are included on an electronic register and the infection prevention officer completes a monthly report. Monthly data is reported to the service meetings. Staff are informed through the variety of clinical meetings held at the facility. The infection prevention and control programme links with the quality programme. There is liaison with the GPs and laboratory service that advise and provide feedback and information to the service. Systems in place are appropriate to the size and complexity of the facility. There have been no outbreaks.</p>

Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, 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.