Lexhill Limited - Kaikohe Care

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
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: 9 January 2020 End date: 9 January 2020

Proposed changes to current services (if any): (i) The service has refurbished four existing rooms in the rest home wing as suitable for dual purpose. Three of the four rooms had previously been approved by the DHB prior to this audit. The fourth room was verified at this audit as suitable for dual-purpose; (ii) The service also renovated and reconfigured a large storage room in the hospital wing as suitable as a dual-purpose resident room and this was also verified at this audit. With this reconfiguration, the total

hospital level beds will increase from 25 to 30 beds. Overall bed numbers will increase from 57 to 58 beds (30 dual-purpose, 19 rest home beds and 9 dementia beds).

Total beds occupied across all premises included in the audit on the first day of the audit: 51

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

General overview of the audit

Kaikohe Care Centre is certified to provide rest home, hospital (geriatric and medical) and dementia levels of care for up to 57 residents. On the day of the audit there were 51 residents living at the facility.

This partial provisional audit was conducted to assess the reconfiguration and renovations at Kaikohe Care Centre. Interviews with the management team and staff, a tour of the building and review of relevant documentation were completed. The following was verified at this audit. (i) The service has refurbished four existing rooms in the rest home wing as suitable for dual purpose. Three of the four rooms had previously been approved by the DHB prior to this audit. The fourth room was verified at this audit as suitable for dual-purpose; (ii) The service also renovated and reconfigured a large storage room in the hospital wing as suitable as a dual-purpose resident room and this was also verified at this audit. With this reconfiguration, the total hospital level beds will

increase from 25 to 30 beds. Overall bed numbers will increase from 57 to 58 beds (30 dual-purpose, 19 rest home beds and 9 dementia beds).

The audit identified that the staff roster and equipment requirement, and processes are appropriate for managing the increase in dual-purpose beds 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 clinical nurse leaders.

Two of the four previous certification audit shortfalls were reviewed at this audit. One of the two previous shortfalls around building maintenance has been addressed. Improvements continue to be required in relation to staff training.

Consumer rights

Click here to enter text

Organisational management

During the absence of the facility manager, the owner is responsible for administrative tasks and a clinical nurse lead is responsible for clinical decision-making. An orientation programme is in place for new staff. A staff education and training programme is established.

Registered nursing cover is provided twenty-four hours a day, seven days a week.

Continuum of service delivery

Registered nurses and senior medication competent healthcare assistants are responsible for the administration of medicines. Secure medication rooms are located in each wing of the facility. Fridge temperatures are regularly checked.

The diversional therapists implement the activity programme to meet the individual needs, preferences and abilities of the residents. Residents are encouraged to maintain community links. There are regular entertainers and celebrations. A van has recently been purchased to take residents on outings.

All meals are cooked on site. Residents' food preferences, dislikes and dietary needs are recorded. Snacks are available at all times. The food control plan has been verified.

Safe and appropriate environment

Chemicals are stored safely throughout the facility. Appropriate policies and product safety charts are available. The building holds a current warrant of fitness. There is a reactive and preventative maintenance plan being implemented. Resident rooms have been upgraded to address any peeling wallpaper and paintwork that requires repair. External areas are safe and well maintained with shade and seating available.

There were sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment.

There are large lounges, activity rooms and dining rooms in the rest home and hospital areas. There is ample room in the lodge and hospital dining and lounge areas to accommodate a potential increase in mobility equipment (eg, wheelchairs).

All bedrooms and communal areas have ample natural light and ventilation.

Emergency and disaster policies and procedures are documented for the service. The call bell system has recently been upgraded.

Dedicated domestic staff are responsible for the cleaning and laundry service. The service conducts regular reviews and internal audits of cleaning and laundry services to ensure these are safe and effective.

Restraint minimisation and safe practice

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint. Policy is aimed at using restraint only as a last resort. Staff receive regular education and training on restraint minimisation. Two hospital level residents were using bedrails as a restraint and no residents were using enablers.

Infection prevention and control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is a clinical nurse lead who is responsible for the collation of infections and orientation and education for staff. There is a suite of infection control policies and guidelines to support practice.

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	1	0	0
Criteria	0	36	0	0	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	Kaikohe Care Centre provides rest home, hospital (geriatric and medical) and dementia levels of care for up to 57 residents. On the day of the audit there were 51 residents in the care centre (19 at rest home level, 24 at hospital level and 8 at dementia level). Two residents were on respite (dementia level) and one hospital level resident was on a younger person with a disability (YPD) contract. The remaining residents were on the aged residential care contract (ARCC). There are twenty-five dual purpose rooms in the hospital wing. Five rooms (four exiting rooms in the rest home wing and one new room in the hospital wing) have undergone extensive renovations to transition to dual purpose rooms. A MOH letter (dated 27 November 2019), stated two of the five rooms in the rest home wing have already been approved by the DHB as suitable (room R103 and R104). The third room in the rest home wing (room R106) was approved for dual purpose use by the DHB after it was painted. These three rooms were occupied by two hospital and one rest home level resident at the time of the audit. The two rooms yet to be approved for dual purpose (one in the rest home wing and one in the hospital wing) were vacant at the time of the audit (rooms R101 and H104). This audit identified all five rooms as suitable to be used as dual-purpose.

		With this reconfiguration, the total hospital level beds will increase from 25 to 30 beds. Overall bed numbers will increase from 57 to 58 beds (30 dual-purpose, 19 rest home beds and 9 dementia beds). An experienced facility manager/RN is responsible for day-to-day operations. She began work at this facility in February 2019 and has worked for many years in aged care both in clinical and managerial roles. Business goals are in place with evidence of regular reviews with the business owner who was also present during this audit. The facility manager has attended a minimum of eight hours annually of professional development activities related to managing an aged care facility.
Standard 1.2.2: Service Management The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.	FA	The facility manager lives on the grounds of the facility Monday – Friday. Two clinical nurse leaders are responsible for the care centre during any absence of the facility manager. The owner is responsible for administration duties.
Standard 1.2.7: Human Resource Management Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.	PA Moderate	Job descriptions are in place that describe staff roles, responsibilities and accountabilities. The practising certificates of nurses and other health professionals were current. Eight staff files were reviewed (two clinical nurse leads, two staff RNs, four healthcare assistants (HCAs)). Evidence of signed employment contracts and job descriptions were sighted. Annual performance appraisals were completed for staff who had been employed for over one year. Newly appointed staff have an orientation that is specific to their job duties. There are sufficient numbers of staff to manage the increase in resident needs and numbers. The service has a training policy and schedule for in-service education. Since the previous audit, 22 staff have completed the online module 'foundations in cultural competency'. This is an improvement on the previous audit. The facility manager reported that attendance rates for mandatory education have improved with staff attending both in-service education and completing online educational module, but a system to track attendance has not been implemented. In-service education has addressed specific recommendations related to a previous complaint investigated by the DHB around enduring power of attorney and pressure injuries.

		A chemical safety in-service has not been made available to applicable staff. There is a minimum of one staff available on site and on van outings 24 hours a day with a current CPR/first aid certificate. Competencies for RNs and senior healthcare assistants include medication competencies. RNs also have syringe driver competencies completed annually. Two of nine RNs have completed their interRAI qualification and two more are scheduled to attend 21-23 January 2020.
Standard 1.2.8: Service Provider Availability Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.	FA	The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There are three wings: i) the lodge with 19 rest home and two hospital level residents, ii) the hospital wing with 22 hospital level residents, and the dementia wing with 8 residents. The facility manager stated that efforts are undertaken to place only high functioning hospital level residents in the lodge wing. Since the change in the bed configuration, RN staffing hours have increased by 12 hours within a 24-hour period (six hours on the AM shift and six hours on the PM shift) and HCA staffing hours in the lodge have increased by two hours a day. An RN is scheduled 24 hours a day, seven days a week. Two clinical nurse leads (CNLs)/RNs are appointed and may work either the AM or the PM shift depending on the time of doctor rounds. RN staffing (including the CNLs) is comprised of one long and one short shift (till 1300) on the AM shift, one long and one short shift (till 2000) on the PM shift and one RN on the night shift. RNs cover medication rounds for the lodge and hospital wings. The facility manager is an interRAI trained RN who assists if needed with clinical responsibilities to cover an unexpected absence. She lives on the premises five days a week (Monday – Friday). The lodge wing is staffed with one long and one short shift HCA (till 1300) on the AM shift, one long HCA and one short shift HCA (till 2000) on the PM shift and one long HCA on the night shift. The hospital wing is staffed with two long and one short (till 1300) HCA on the AM shift, two long HCAs on the PM shift and one long HCA on the night shift. The dementia unit is staffed with two long shift HCAs on the AM shift, one long and one short shift (till 2000) HCAs on the PM shift and one HCA on the night shift. An interview with one rest home level resident stated that staffing levels have

		improved over the past year and are adequate to meet needs.
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	The facility uses an electronic and robotic pack system. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. Medication competent RNs administer medications for rest home and hospital level residents with medication competent HCAs used for back up support. Medication competent HCAs deliver medications to residents in the dementia unit. RNs are syringe driver trained by the hospice. There are medication rooms in each wing. The medication fridge temperatures are checked weekly. The medication system is safe and suitable for the dual-purpose beds in the lodge wing and the new bed configuration in the hospital wing.
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 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 was verified on 11 July 2019. The kitchen and meal service are appropriate for the levels of care and the resident numbers as there is no substantial change to either. 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. Fridge and food temperatures are 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.

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	There are two diversional therapists (DT) employed. One DT is onsite Monday – Friday from 9 am to 3 pm. Both work across all areas. There is a weekly programme in large print on noticeboards in all areas. Residents have the choice of a variety of activities in which to participate and every effort is made to ensure activities are meaningful and tailored to residents' needs. These include exercises, bingo, news from the paper, music, quizzes and games. The programme in the dementia unit is flexible, according to mood and energy. Residents in all areas combine for some activities (eg, exercise programme and happy hour and church services). Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. There is a Baptist church service every Saturday morning and Mass every Friday. Every third Sunday the Māori Anglican church visits. The owner purchased a van approximately three months ago. A current vehicle registration and warrant of fitness were sighted. Outings take place fortnightly. Residents are accompanied by two staff if hospital or dementia level residents are on board. There is always a first aid registered staff accompanying residents on outings.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are policies regarding chemical safety and waste disposal. All chemicals sighted were clearly labelled with manufacturer's labels and stored in locked areas. Safety data sheets and product sheets were available. Sharps containers were available and meet the hazardous substances regulations for containers. The hazard register identifies hazardous substance and staff indicated a clear understanding of processes and protocols. Gloves, aprons, and goggles are available for staff. There are two sluice rooms, one in the hospital and one in the lodge and one working steriliser located in the hospital sluice room.
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 holds a current warrant of fitness which expires 30 June 2020. There is a maintenance person who works 37 hours a week. The lawns are mowed by a contractor. Contracted plumbers and electricians are available as required. There is a reactive and preventative maintenance plan being implemented. Resident rooms have been upgraded to address any peeling

		wallpaper and paintwork that requires repair. New cleaning products and ensuring that incontinence pads are stored outdoors has removed the smell of urine in the dementia unit. These previous audit shortfalls identified for improvements are now being met. Electrical equipment has been tested and tagged. The hoist and scales are checked annually. Hot water temperatures have been monitored randomly in resident areas and were within the acceptable range. The communal lounges, hallways and bedrooms are carpeted. The corridors are wide, have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external areas and gardens were well maintained. All outdoor areas have seating and shade. The dementia unit has a large enclosed garden. There is safe access to all communal areas. HCAs and RNs interviewed stated they have adequate equipment to safely deliver care. The manager advised that there are sufficient hospital beds available for the increase in dual-purpose beds. Advised that no further equipment is required to be purchased at this stage. Five rooms (four exiting rooms in the rest home wing and one new room in the hospital wing) have undergone extensive renovations to transition to dual purpose rooms. A MOH letter (dated 27 November 2019), stated two of the five rooms in the rest home wing have already been approved by the DHB as suitable (room R103 and R104). The third room in the rest home wing (room R106) was approved for dual purpose use by the DHB after it was painted. These three rooms were occupied by two hospital and one rest home level resident at the time of the audit. The two rooms yet to be approved for dual purpose were verified as part of this audit (one in the rest home wing and one in the hospital wing). Both were vacant at the time of the audit (rooms R101 and H104). Room 101 is an “L” shaped rest home room converted into a hospital bedroom and room H104 was a previous storeroom in the hospital that has been refurbished into a resident room. This audit identified the two rooms as suitable to be used as dual-purpose.
Standard 1.4.3: Toilet, Shower, And Bathing Facilities Consumers are provided with adequate	FA	All rooms have hand basins including the two rooms assessed for dual purpose (R101 and H104).

toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.		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. Bathrooms in the hospital and lodge have adequate space for residents, staff and mobility equipment.
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	Two residents' rooms were assessed for dual purpose use. One is located in the lodge and one in the hospital wing. Both rooms have extra wide doorways, adequate call bells placed next to the bed and are suitable in size for equipment (eg, hoist). The three rooms approved by the DHB (R103, R104, R106) were also verified as suitable for dual-purpose. Each room has a sink for handwashing. The room in the hospital wing has two windows that are at standing shoulder height preventing visual access to the outdoors when lying in bed. The facility manager confirmed that this room would not be used for a bed-bound resident. The dual-purpose room in the lodge has been renovated further since a visit by the DHB. The sink and the bed have been moved to more suitable locations to allow the resident to move freely in their room. There is sufficient space in all areas to allow care to be provided and for the safe use of mobility equipment. Staff interviewed reported that they have adequate space to provide care to residents. Residents are encouraged to personalise their bedrooms as viewed on the day of audit.
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	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. The furnishings and seating are appropriate for the consumer groups. There is ample room in the lodge and hospital dining and lounge areas to accommodate a potential increase in mobility equipment (eg, wheelchairs).
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	FA	Dedicated domestic staff are responsible for the 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

the service is being provided.		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.
Standard 1.4.7: Essential, Emergency, And Security Systems Consumers receive an appropriate and timely response during emergency and security situations.	FA	Emergency and disaster policies and procedures are documented for the service. Fire drills are scheduled every six months. Staff interviewed confirmed their understanding of emergency procedures. Required fire equipment was sighted on the day of audit. Fire equipment has been checked within required timeframes. With the renovations, the fire service was consulted by maintenance. There were no changes required to the fire evacuation plan. 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. The call bell system has recently been upgraded. Residents were observed in their rooms with their call bell alarms in close proximity. There is a minimum of one staff available 24/7 with a current first aid/CPR certificate. The facility is locked from dusk to dawn.
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	All bedrooms and communal areas have ample natural light and ventilation. There is electrical heating with panels located in each resident room. Staff interviewed stated that this is effective. There are designated outdoor areas where residents smoke. All other areas are smoke free. Smoking cessation programmes are made available to residents. All rooms assessed allow for adequate, natural light. The converted bedroom in the hospital wing has two horizontal windows that are at shoulder height when standing next to them. The facility manager stated that residents are encouraged to attend activities in the lounge and dining areas. The facility manager reported that every effort would be undertaken to ensure that a resident confined to their bed not be placed in this room.
Standard 3.1: Infection control management There is a managed environment, which minimises the	FA	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

risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.		nurse with support from all staff. Infection control matters are routinely discussed at staff meetings. Education has been provided for staff. The infection control programme has been reviewed annually.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There are policies around restraints and enablers. Two residents (hospital level) were using bedrails as a restraint and no residents were using an enabler. Restraint minimisation training for staff is available and includes staff completing a competency questionnaire.

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 1.2.7.5 A system to identify, plan, facilitate, and record ongoing education for service providers to provide safe and effective services to consumers.	PA Moderate	The service has a training policy and schedule for in-service education. Since the previous audit, 22 staff have completed the online module ‘foundations in cultural competency’. This is an improvement on the previous audit. The facility manager reported that attendance rates for mandatory education have improved with staff attending both in-service education and completing online educational module, but a system to track attendance has not been implemented. Improvements in staff attendance at mandatory training could not be verified. No chemical safety training has been completed by staff who handle chemicals.	i) Staff attendance at mandatory training could not be verified to ascertain if attendance rates had improved since the previous audit. ii) One cleaner and one cook interviewed confirmed that they have not had chemical safety training. This is available as online training, but staff interviewed have not completed this module. The facility manager stated she plans to address this shortfall when next speaking to the chemical supplier.	i) Ensure staff attend all mandatory training with documented evidence to support this. ii) Ensure staff who handle chemicals take part in chemical safety training. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

If, instead of a table, these is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.