

Pembrey Investments Limited - Brooklands Retirement Village

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 BSI Group New Zealand Ltd, 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: Pembrey Investments Limited

Premises audited: Brooklands Retirement Village

Services audited: Rest home care (excluding dementia care)

Dates of audit: Start date: 8 September 2020 End date: 9 September 2020

Proposed changes to current services (if any): The previously verified double rooms are only used for single occupancy. This reduces the bed numbers from 40 to 36.

Total beds occupied across all premises included in the audit on the first day of the audit: 32

Executive summary of the audit



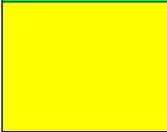
Introduction

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

Brooklands retirement home provides care for up to 40 rest home level residents. On the day of the audit there were 32 residents.

This unannounced surveillance audit was conducted against a subset of the Health and Disability sector standards and the district health board contract. The audit process included the review of policies and procedures, the review of resident and staff files, observations and interviews with residents, relatives, staff, and management.

The manager is a registered nurse and has been in the role for four years. She is supported by two registered nurses and a team of long- standing experienced staff. Residents and relatives interviewed were very complimentary of the services and care they receive.

This surveillance audit identified one area for improvement around satisfaction surveys.

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.
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A policy on open disclosure is in place. There is evidence that residents and relatives are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. A system for managing complaints is in place.

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.		Some standards applicable to this service partially attained and of low risk.
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The manager is responsible for the day-to-day operations. Goals are documented for the service with evidence of regular reviews. A quality and risk management programme was documented. The risk management programme includes managing adverse events and health and safety processes.

Residents receive appropriate services from suitably qualified staff. Human resources are managed in accordance with good employment practice. An orientation programme is in place for new staff. Ongoing education and training were in place, which includes in-service education and competency assessments. Residents, relatives and staff reported that staffing levels are adequate to meet the needs of the 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.
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Registered nurses are responsible for care plan documentation. InterRAI assessments and care plans are completed within required timeframes. Planned activities are appropriate to the resident's assessed needs and abilities. Residents and families advised satisfaction with the activities programme. The service uses an electronic medication management system. Food, fluid and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

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.
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Brooklands have restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. The service currently has no residents requiring restraint or enablers

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.
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Brooklands have restraint minimisation and safe practice policies and procedures in place. Staff receive training in restraint minimisation and challenging behaviour management. The service currently has no residents requiring restraint or enablers

Infection prevention and control

<p>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.</p>		<p>Standards applicable to this service fully attained.</p>
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The service continues to implement their infection surveillance programme. Infection control issues are discussed at both in the infection control and quality/staff meetings. The infection control programme is linked with the quality programme.

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	15	0	1	0	0	0
Criteria	0	40	0	1	0	0	0

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

Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.1.13: Complaints Management</p> <p>The right of the consumer to make a complaint is understood, respected, and upheld.</p>	FA	<p>Complaints forms are available at the entrance to the facility. Information around the complaints process is provided on admission. A record of all complaints, both verbal and written is maintained by the facility manager on the complaints register.</p> <p>Four complaints have been received since the last audit: one in 2018 and three in 2019. Documentation and correspondence reflected evidence of responding to the complaints in a timely manner with appropriate follow-up actions taken recorded in the electronic system. Caregivers interviewed confirmed that complaints and any required follow-up is discussed at staff meetings as sighted in the minutes. Complaint documentation requiring changes to care planning are signed by staff once read. Residents and relatives advised that they are aware of the complaints procedure and how to access forms, all of whom feel comfortable discussing issues or concerns with the manager.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and</p>	FA	<p>Comprehensive information is provided at entry to residents and family/whānau, which includes the code of rights and advocacy information. Four residents and three relatives interviewed stated that they were welcomed on entry and were given time and explanation about the services and procedures. The manager and the registered nurses were available to residents and relatives and they promote an open-door policy. Incident forms reviewed in August evidenced that relatives had been notified on all occasions. The relatives interviewed advised that they are notified of incidents and when residents' health status changes promptly. The two</p>

<p>provide an environment conducive to effective communication.</p>		<p>registered nurses, four caregivers and the diversional therapist interviewed fluently described instances where relatives would be notified. There are monthly newsletters to keep everyone informed of what has been happening at Brooklands and upcoming events.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Brooklands Rest Home is part of the Brooklands Retirement Village. The rest home provides rest home level care to up to 40 residents. There are four double rooms which are currently occupied as singles. The manager has decided these double rooms will remain single occupancy, therefore reducing the number of beds from 40 to 36.</p> <p>On the day of audit, there were 32 residents. All residents were under the age-related contract.</p> <p>Brooklands is privately owned with a managing director and a facility manager (RN) providing oversight of the service. The facility manager is supported by two registered nurses, one of the registered nurses has worked at the facility since 2008 and the other has been with the service for a year. The manager reported there has been very little turnover of staff since the previous audit.</p> <p>There is a 2019-2021 business, quality and risk plan developed which aligns with purpose, mission and values of the business. There was evidence of the annual review of the business plan. The facility manager shares the on-call component with the registered nurses. The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home including the aged care training days, and attendance at the aged care meetings (recently via zoom).</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>PA Low</p>	<p>Brooklands Retirement Village has a documented quality and risk management system. There are policies and procedures being implemented to provide assurance that the service is meeting accepted good practice and adhering to relevant standards - including those standards relating to the Health and Disability Services (Safety) Act 2001. These are checked by an aged care consultant, who reviews policies to ensure they align with current good practice and meet legislative requirements.</p> <p>Monthly electronic accident/incident reports, infections and results of internal audits are completed. Quality matters are taken to the monthly combined staff /quality meetings which includes health and safety and infection control. Resident meetings occur six-weekly and are facilitated by a member of age concern. The service is currently reviewing the meeting structures and forming a health and safety/infection control committee to be representative of all areas in the facility.</p> <p>An internal audit programme is in place that includes aspects of clinical care. Issues arising from internal audits are either resolved at the time or developed into a quality improvement plan. The closure of corrective actions resulting from internal audit programme was recorded, signed off by the facility manager and signed by staff who were not present at the meeting. Quality/staff and resident meeting minutes include an accurate reflection of the</p>

		<p>discussion/outcomes of the meetings, including follow up to actions taken as matters arising. Record of monthly risk identification, and quality indicators is maintained and discussed at the monthly meetings and a copy is filed with the completed monthly internal audits.</p> <p>A resident survey has not always been completed annually according to policy. The last survey in 2018 showed overall satisfaction with the service. Results were collated and fed back to residents, relatives and staff. There were no surveys held in 2019, however the surveys have been sent out for 2020, and results were still coming in at the time of the audit.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>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.</p>	FA	<p>Discussions with both the facility and the registered nurses confirmed that there is an awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been one notification required since the previous audit for an outbreak.</p> <p>The service collects incident and accident data electronically, and reports aggregated figures monthly to the quality meeting. Incident forms are completed by staff, the resident is reviewed by the RN at the time of event and enters the information into the electronic system. Ten incident forms reviewed identified registered nurse follow-up. Incident/accident forms include a section to record relatives have been notified. Neurological observations had been completed for unwitnessed falls and opportunities to minimise future risks were documented and included in the care plans. Minutes of the combined quality/staff meetings reflect a discussion of incident statistics and analysis. The caregivers interviewed could discuss the incident reporting process, and have a senior caregiver on duty after hours, who notifies the manager and on call person when there is an incident.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>There are policies to support recruitment practices. A list of practising certificates is maintained. Five staff files were reviewed (one registered nurse, one diversional therapist, a cook, and two caregivers employed since the last audit). All had relevant documentation relating to employment, and current appraisals.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice. The orientation programme includes documented competencies and induction checklists (sighted in files). Staff interviewed were able to describe the orientation process and believed new staff were adequately orientated to the service.</p> <p>There is an education plan that is being implemented that covers all contractual education topics and exceeds eight hours annually. The education plan includes (but not limited to) sessions around challenging behaviour, dementia and de-escalation, palliative care, and falls prevention.</p> <p>A competency programme is in place that includes (but not limited to) annual medication competency for staff administering medications, wound care, manual handling, and restraint. Core competencies are completed, and</p>

		<p>a record of completion is maintained and signed. Competency questionnaires were sighted in reviewed files. Interviews with caregivers confirmed participation in the Careerforce training. Currently, there are seven caregivers with level 4 NZQA qualifications, 11 with level 3, and nine staff including two housekeepers with level 2 qualifications.</p> <p>There is evidence in the registered nurse files of attendance at the DHB external training. The registered nurses are interRAI trained.</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>Brooklands retirement village has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager works five days a week (Monday to Friday) and is supported by one registered nurse who works Monday to Friday (8.30 am to 5 pm), and another registered nurse who works Tuesday to Saturday (7.30 am to 3.30 pm).</p> <p>They are supported by three caregivers in the morning: 2x 7 am to 3 pm, and 1x 7 am to 1 pm.</p> <p>Three caregivers work in the afternoon shift: 2x 2.45 pm to 11.15 pm, and 1x 4.30 pm to 8.30 pm.</p> <p>Two caregivers work from 11 pm to 7 am.</p> <p>The facility manager and registered nurses share the on-call hours.</p> <p>All staff are first aid trained, including the cook, kitchen staff, and the diversional therapist. There are four staff trained as fire wardens.</p> <p>Interviews with the registered nurse, caregivers and residents confirmed that there are sufficient staff to meet care needs.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Brooklands retirement village have implemented an electronic medication management system. The supplying pharmacy delivers all medicines in blister packs for regular and 'as required' medications. Medications were checked and signed on arrival from the pharmacy.</p> <p>Registered nurses and senior caregivers are assessed as medication competent to administer medications. Standing orders were not in use. The medication fridge temperatures have been monitored daily and the medication room temperatures were within the acceptable range. Ten electronic medication files were reviewed. Medication reviews were completed by the GP three monthly. PRN medications were prescribed correctly with indications for use. Medications are stored securely in the locked nurses' station. Controlled drug medications are appropriately stored. There were no self-medicating residents.</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>All meals are prepared and cooked on site. The eight-week rotating menu is reviewed by a dietitian bi-annually, last reviewed in 2018. There is an approved food control plan in place expiring 31 December 2020. Food services staff have completed on-site food safety education and chemical safety.</p> <p>A resident dietary requirement profile is developed for each resident on admission and provided to the kitchen staff. Resident dislikes are known and accommodated. Special diets are accommodated, and cultural preferences are met. The cook receives a resident dietary profile for all residents and is notified of any dietary changes. The whiteboard in the kitchen provides a quick reference to residents likes, dislikes and special diets. The cook interviewed was knowledgeable around residents with unintentional weight loss, and described the different diets accommodated.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End-cooked food and serving temperatures are recorded daily. Perishable foods sighted in all the fridges were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A maintenance and cleaning schedule is maintained.</p> <p>Resident meetings provide resident feedback on the meals and food services generally. Residents and relatives interviewed were satisfied with the meals provided. Alternatives are offered for dislikes.</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>	<p>FA</p>	<p>When a resident's condition alters, a registered nurse initiates a review and if required, GP, nurse specialist consultation. The registered nurses and caregivers follow the plan and report progress against the plan each shift. There is documented evidence in each residents' progress notes that indicates relatives were notified of any changes to their relative's health. Discussions with relatives confirmed they are notified promptly of any changes to their relative's health. Short-term care plans are used for short-term/acute changes in care. These were in place for residents with an infection.</p> <p>There were no wounds on the day of the audit. The previous wounds (sighted in resident files) had individual wound assessments, plans and evaluations which indicated progression or deterioration of the wounds. Adequate dressing supplies were sighted in treatment rooms.</p> <p>Continence products are available and resident files include a urinary continence assessment, bowel management, and continence products identified. There is access to a continence nurse specialist by referral. Residents are weighed monthly or more frequently if weight is of concern.</p> <p>Monitoring forms are used for weight and vital signs, blood sugar levels, pain, challenging behaviour, food and fluid charts.</p>

<p>Standard 1.3.7: Planned Activities</p> <p>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.</p>	FA	<p>There is one diversional therapist who works 20 hours a week across Monday to Friday mornings (there was a short-term increase in hours during the Covid lockdown period). The diversional therapist has a current first aid certificate. Activities assessments, and care plans were completed with the residents and relatives (where appropriate), evaluations were completed six-monthly.</p> <p>The monthly programme includes exercises, group activities church services, lunch outings (as per current Covid regulations), knitting groups and newspaper reading. One resident (interviewed) makes birthday cards for each resident birthday and writes poems which are included in the monthly newsletter. The activities theme for this month is travel. The kitchen provides something to eat from the country the residents are discussing that day, such as nachos (Mexico) a potato dish (Ireland), there is accompanying activities themed around each country such as movies, dancing and music. One-on-one time with residents occurs, which was verified during resident interviews.</p> <p>Van outings occur (in accordance with Covid regulations at the time), and visits to another facility locally to play group games. The residents and relatives interviewed expressed satisfaction with the current activities programme.</p>
<p>Standard 1.3.8: Evaluation</p> <p>Consumers' service delivery plans are evaluated in a comprehensive and timely manner.</p>	FA	<p>All initial care plans for long-term residents were evaluated by the registered nurses within three weeks of admission and long-term care plans developed. Long-term care plans have been evaluated by the registered nurses six monthly, using the interRAI tool or earlier for any health changes for files reviewed. The GP reviews the residents at least three-monthly or earlier if required. Ongoing nursing evaluations occur as indicated and are documented within the progress notes or the care plan. The acute plans of care have been reviewed and evaluated</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>Brooklands Retirement Village holds a current building warrant of fitness expiring on 20 December 2020. Preventative and reactive maintenance occurs, and records are maintained. Hot water temperatures are checked randomly by a plumber and were within ranges. Tradesmen are available if required. Equipment has been tagged and tested.</p> <p>All areas are accessible for residents using mobility aids. There is a large communal lounge area in the centre of the facility. There are smaller lounges at the end of each wing for residents and relatives to have some privacy if required. Outdoor areas and gardens are well maintained and accessible to residents. The gardens have seating and shade provided by the trees.</p> <p>The caregivers interviewed stated they have sufficient equipment including mobility aids, wheelchairs and pressure injury equipment (if required), to safely deliver the cares as outlined in the residents' care plans.</p>

<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>	<p>FA</p>	<p>Brooklands retirement Village continue to implement their infection surveillance programme. Individual electronic infection forms were completed for all infections. The electronic system provides a monthly report, graphs and pie charts. Infection control issues were discussed at the combined quality and staff meetings. The infection control programme is linked with the quality programme. In-service education is provided annually and in toolbox talks when required. Hand hygiene is included in the annual competency programme. There has been one outbreak since the previous audit which was well managed. Records and logs were maintained, and the public health service were notified in a timely manner.</p> <p>During the Covid-19 lockdown there has been increased meetings held with staff around requirements of each level. Education sessions have been held, in April and May around donning and doffing personal protective equipment (PPE) and infection control practices. The infection control nurse is planning 'shoulder tap' handwashing and PPE spot checks with staff on a regular basis. Five of the six corrective actions identified during the Covid-19 DHB audit have been addressed. The service is in the process of refurbishing toilets in the North wing.</p> <p>There is designated staff for housekeeping, kitchen, and caregiving positions. One caregiver completes caregiving duties then moves onto laundry duties. All caregivers wear plastic aprons while attending to residents. A separate laundry apron is worn by this person while in the laundry. The cleaning has remained at a high standard, and schedules are maintained.</p> <p>Visitors are restricted due to current Covid-19 regulations. All visitors to the facility complete a wellness declaration, temperature is checked and recorded, and the visitors register is signed.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	<p>FA</p>	<p>There is a restraint minimisation and safe practice policy that is applicable to the service. A registered nurse is the restraint coordinator. There are currently no residents using restraint or enablers.</p> <p>There is a documented definition of restraint and enablers, which is congruent with the definition in NZS8134.0. Restraint/enabler and challenging behaviour training has been provided annually and is included in the annual caregiver competencies. Caregivers interviewed could fluently describe the differences between restraint and enablers and procedures around these.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.2.3.6</p> <p>Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	PA Low	The resident/relative surveys have been completed annually and remain on file. The 2020 surveys have been sent and are currently being completed, however, there were no surveys completed in 2019 according to policy.	No satisfaction surveys were completed in 2019 as per policy.	<p>Ensure annual satisfaction surveys are completed according to policy.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.