

The Ultimate Care Group Limited - Ultimate Care Rosedale

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by Central Region's Technical Advisory Services 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 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

You can view a full copy of the standard on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	The Ultimate Care Group Limited
Premises audited:	Ultimate Care Rosedale
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 30 June 2022 End date: 1 July 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	47

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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. 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 subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections 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 subsections applicable to this service partially attained and of low risk

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

General overview of the audit

Ultimate Care Rosedale is part of the Ultimate Care Group Limited. It is certified to provide services for up to 66 residents requiring rest home or hospital level services. The facility is managed by a village manager and a clinical nurse services manager. There have been no significant changes to services at the facility since the last audit.

This surveillance audit was conducted against a subsection the Health and Disability Services Standards and the service contracts with the district health board.

The audit process included review of resident and staff files, observations and interviews with family, residents, governance, management, staff and a general practitioner.

Previous areas identified as requiring improvement relating to: medication management, documentation of allergies and sensitivities and fridge temperatures; environment, calibration of chemical dispensers and residents' room fridges, safe temperatures, and environmental restraint are now fully attained.

A recurring partially attained finding at this audit relates to staff performance appraisals.

There were additional areas identified as requiring improvement also related to: registered nurse cover; timely long term care plans, and medication management, including pro re nata medications and administration.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained.

Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Care is provided in a way that focuses on the individual and takes into account values, beliefs, culture, religion, sexual orientation and relationship status.

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse. The service has a culture of open disclosure. Residents receive services in a manner that considers their dignity, privacy, and independence. Rosedale provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family are kept informed.

The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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Ultimate Care Group Limited is the governing body responsible for the services provided at this facility. The governance body has an understanding of the obligation to comply with Nga Paerewa NZS8134:2021

An experienced and suitably qualified village manager ensures the management of the facility, and the clinical nurse manager ensures the care services in the facility. A regional manager supports the managers in their roles. Findings in this audit relating to staff shortages should be read in the context of a national health workforce shortage at the time of audit.

The quality and risk management systems are in place. Meetings are held that include reporting on various clinical indicators, quality and risk issues, and there is discussion of identified trends.

There are human resource policies and procedures, based on current good practice, that guide practice in relation to recruitment, and orientation and management of staff. A systematic approach to identify and deliver ongoing training supports safe service delivery.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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On entry to the service information is provided to residents and their whanau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats as required.

Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs and these are completed within the required timeframes.

The long-term care plan is developed from information gathered in the InterRAI assessment. Care plan evaluations are completed at least six-monthly.

The general practitioner or nurse practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis.

Handovers between shifts guide continuity of care and teamwork is encouraged.

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 activity programme is managed by a diversional therapist. The programme provides residents with a variety of individual and group activities and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on-site. Residents and family confirmed satisfaction with meals provided.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. A reactive and preventative maintenance programme is implemented. All areas are accessible, safe and provide a suitable environment for residents.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.		Subsections applicable to this service fully attained.
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The infection prevention and antimicrobial stewardship programmes are appropriate to the size and complexity of the service and include policies and procedures to guide staff.

A registered nurse is the infection control nurse. Infection data is collated, analysed, and trended. Antimicrobial prescribing is monitored. Monthly surveillance data is reported to staff.

There have been three outbreaks since the previous audit. There are organisational Covid-19 prevention strategies in place.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The service has appropriate procedures and documents for the safe assessment, planning, monitoring, and review of restraint. Staff receive training around restraint minimisation and the management of challenging behaviour. Restraint is overseen by the restraint co-ordinator who is a registered nurse. There was one resident using restraint on the day of audit.

Summary of attainment

The following table summarises the number of subsections 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)
Subsection	0	16	0	2	2	0	0
Criteria	0	56	0	2	3	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	Not Applicable	<p>The organisation has a Māori health plan that identifies that Ultimate Care Group Limited (UCG) aims to improve outcomes for Māori. Strategies include but are not limited to: setting out priority areas; supporting the role of Mātauranga Māori in the development and delivery of health services; promoting a collective action (by government communities and social sectors) in working towards pae ora, and that all residents identifying as Māori will be offered the opportunity to have iwi/hapū and/or whānau representation contacted and present.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	Not Applicable	<p>There is a cultural safety policy that describes the procedure for identifying and meeting cultural needs, as well as physical, spiritual, and psychological needs. It includes culturally sensitive considerations and practices. However, the policy does not identify or address the cultural needs of Pacific peoples.</p>

<p>tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>		
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Policy and practice include ensuring that all residents, including Māori residents', right to self-determination is upheld and they are able to practice their own personal values and beliefs. The Māori health plan identifies how UCG will respond to Māori cultural needs and beliefs in relation to illness.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Staff receive training in tikanga best practice. Cultural appropriate activities have been introduced such as celebrating Waitangi Day and Matariki.</p> <p>Interviews with staff confirmed their understanding of the cultural needs of Māori, including in death and dying, as well as the importance of involving family/whānau in the delivery of care.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	FA	<p>Staff interviews confirmed awareness of their obligation to report any evidence of discrimination, abuse and neglect, harassment, racism and exploitation. Interviews with staff also confirmed understanding of the cultural needs of Māori.</p> <p>Staff are required to sign and abide by the UCG code of conduct and professional boundaries agreement. All staff files reviewed evidenced that these were signed. Staff mandatory training includes professional</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>boundaries. Staff interviews confirmed their understanding of professional boundaries relevant to their respective roles. Interviews with residents and families/whānau confirmed that professional boundaries are maintained by staff.</p> <p>Resident interviews described that the service promotes an environment in which in which they and their families/whānau feel safe and comfortable to raise any questions or queries.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The informed consent policy and the Māori health plan acknowledge Te Tiriti and the impact of culture and identity on the determinants of the health and well-being of Māori residents. It requires health professionals to recognise these factors as relevant when issues of consent to health care of Māori residents arise. This includes whānau support and involvements in the decision-making, care and treatment of the resident, provided the resident has given consent for the whānau to be involved.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate</p>	<p>FA</p>	<p>The organisation has a complaints policy and process to manage complaints in line with Right 10 of the Code. The complaint process is made available in the admission agreement and explained by the village manager (VM) or clinical services manager (CSM) on the resident's admission. The complaint forms and a complaint box are also available in resident areas in the facility.</p> <p>The VM is responsible for managing complaints. There had been five complaints over 2021/22.</p> <p>A complaints register is in place that includes: the name of the complainant; date the complaint is received; the date the complaint</p>

<p>complaints in a manner that leads to quality improvement.</p>		<p>was responded to; the date of the resolution as well as the date the complaint is signed off. Evidence relating to the complaint is held in the complaints folder and register. Interview with the VM and a review of complaints indicated that complaints are investigated promptly, and issues are escalated to senior management and resolved in a timely manner.</p> <p>Interviews with the VM, staff and residents confirmed that residents are able to raise any concerns and provide feedback on services and this includes discussing and explaining the complaints process. Resident and family/whānau interviews confirmed that they are aware of the complaints process. Residents and family/whānau stated that they had been able to raise any issues directly with the VM or CSM.</p> <p>There is currently an open complaint with the Health and Disability Commission (HDC) relating to a village resident. Both HealthCERT and Te Whatu Ora – Health New Zealand Waitematā were notified of this complaint.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a high-quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The Ultimate Care Rosedale facility is part of UCG with the executive team providing direction to the service. The UCG governance body understands the obligation to comply with Nga Paerewa NZS 8134:2021 as confirmed at interview with the executive officer. These were described as the core competencies that executive management are required to demonstrate, and include understanding of the services' obligations under Te Tiriti, health equity, and cultural safety. The facility Māori health plan describes how the organisation will ensure equity.</p> <p>Families/whānau are encouraged to participate in the planning, implementation, monitoring, and evaluation of service delivery. The UCG management team has clinical governance structure in place (for example the appointment of a clinical head of resident risk) that is appropriate to the size and complexity of the service provision. The clinical operations management group report to the board monthly on the key aspects noted above.</p> <p>The current village manager (VM) is an experienced manager, with</p>

		<p>many years - experience in aged care they commenced in this role in June 2021 and has completed at least eight hours educational training as well as the UCG management orientation programs. They are assisted by a clinical services manager (CSM) who is an RN with public hospital acute medical experience and has been in the role for four weeks. The CSM is in process of orientation and is being mentored by the regional clinical manager. In the absence of the VM, the CSM covers the role for short periods. For longer periods the regional manager would appoint a temporary VM.</p> <p>Rosedale has a total of 115 beds in their village building, comprised of 34 hospital beds and 81 serviced apartments. The facility is certified for 66 beds that include 32 dual purpose beds and 34 hospital beds. The hospital wing can accommodate up to 34 residents and is split between two floors, 21 beds on the upper floor and 13 beds on the main floor. The 32 dual-purpose beds are distributed across serviced apartments with occupational rights agreements (ORA) on the upper and main floors. At the time of the audit there were a total of 47 residents in the facility, 31 receiving hospital level care (26 in the hospital wing and five in ORA).and 16 receiving rest home level care. Included in these residents who were younger persons with disability (YPD), one in hospital level care and one resident under an ACC respite care contract at rest home level.</p> <p>The facility holds an aged related residential care (ARRC) contract with Te Whatu Ora – Health New Zealand Waitematā for the provision of rest home and hospital level of care and is contracted by a home care service to provide private homecare for village residents (ORA) utilising care facility staff.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p>	<p>FA</p>	<p>The annually reviewed, executive team approved quality and risk management plan, outlines the quality and risk management framework to promote continuous quality improvement. There are policies and procedures, and associated systems to ensure that the facility meets accepted good practice and adheres to relevant standards, including standards relating to the Health and Disability</p>

<p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>		<p>Services (Safety) Act 2001.</p> <p>There is an implemented annual schedule of internal audits. Areas of non-compliance from the internal audits include the implementation of a corrective action plan with sign-off by the VM when completed. The 'manager's reflective report' (the CSM's report) has been developed and enacted to capture quality improvement initiatives as a result of internal audit findings. Quality improvement initiatives included corrective actions regarding medication management – pro re nata (PRN) medications and training for fire wardens.</p> <p>The facility holds monthly meetings for all staff, that include quality, health and safety, staff, caregivers, RNs, and infection control and prevention with good staff attendance. Meetings minutes evidence that a comprehensive range of subjects are discussed.</p> <p>At interview, through observation, and review of resident meetings minutes it was noted that residents were able to be involved in decision making/choices.</p> <p>Completed hazard identification forms and staff interviews show that hazards are identified. The hazard register sighted is relevant to the service.</p> <p>The facility follows the UCG national adverse event reporting policy for internal and external reporting (where required) to reduce preventable harm by supporting system learnings.</p> <p>Notifications to HealthCERT under Section 31 were noted for the appointment of the VM, CSM, two pressure injuries and ongoing reporting regarding the lack of RN cover for shifts throughout 2021-22.</p> <p>High quality health care and equality for Māori is clearly stated within the Māori health plan and policy.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen</p>	<p>PA Low</p>	<p>Ultimate Care Rosedale policy includes the rationale for staff roster and skill mix, inclusive of the UCG facility manager's roster allocation tool to ensure staffing levels are maintained at a safe level for</p>

<p>to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>Rosedale given the combined care facility and village homecare staffing requirements. Interviews with residents, relatives and staff confirmed that staffing levels are sufficient to meet the needs of residents. Rosters reviewed evidenced that staff were replaced when sick by other staff members picking up extra shifts and the utilisation of agency staff. Village homecare staff are noted separately on the roster from facility staff to ensure both areas are covered adequately. Laundry staff are rostered on seven days per week for all laundry which is carried out on site. Care staff distribute clean laundry to residents each day. Cleaning staff are rostered on seven days per week.</p> <p>The VM and CSM each work 40 hours per week, Monday to Friday, and are available on call for emergency issues. Additionally, staff are supported by the UCG on-call clinical support helpline.</p> <p>Due to staff turnover the facility does not have full 24/7 RN cover for all shifts The VM with the assistance of head office human resources staff is currently advertising and recruiting for vacant positions. Findings in this audit relating to staff shortages should be read in the context of a national health workforce shortage at the time of audit.</p> <p>There are three interRAI trained RNs and caregivers complete Careerforce training in New Zealand Qualification Standards (NZQA) to level four.</p> <p>There is an implemented annual training programme. Annual performance appraisals were not consistently completed for all staff requiring these, as well as three-monthly reviews for newly appointed staff. Staff competencies and education scheduled are relevant to the needs of aged-care residents, including those receiving hospital non acute medical cares. All RNs and level four caregivers are current first aid certificate holders. Due to COVID-19 pandemic interrupting education programmes in 2021 the facility is in catch up mode this year with high levels of attendance, in order to meet training requirements.</p> <p>An annual resident and relative satisfaction survey was completed in</p>
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		2021, with an average rating of 90% approval.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	PA Moderate	<p>Human resource management practices follow policies and processes which adhere to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisation's policy is consistently implemented and records are maintained. The recruitment processes include: police vetting; reference checks and a signed contract agreement with a job description. Current practicing certificates were sighted for all staff and contractors who require these to practice. Personnel involved in driving the van held current driver licences and first aid certificates.</p> <p>There is a documented and implemented orientation programme and staff training records show that training is attended. There was recorded evidence of staff receiving an orientation, with a generic component specific to their roles, on induction. Staff interviews confirmed completing this and stated that it was appropriate to their role.</p> <p>Records reviewed showed that ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements</p> <p>The previous findings relating to staff appraisals remain open.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau.</p>	FA	<p>The admission policy requires the collection of information that includes but is not limited to ethnicity; spoken language; interpreter requirements; iwi; hapū; religion; and referring agency. Ethnicity, including Māori, is being collected and analysed by the service.</p> <p>The organisation has a Māori health action plan. The plan identifies that Ultimate Care Group Limited (UCG) aims to improve outcomes for Māori and that all residents identifying as Māori will be offered the opportunity to have iwi/hapū and/or whānau representation contacted and present.</p>

<p>Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Resident care plans are developed using an electronic system.</p> <p>Initial care plans are developed with the residents enduring power of attorney (EPOA) consent within the required timeframe. They are based on data collected during the initial nursing assessments, which includes dietary needs; pressure injury; falls risk and social history and information from pre-entry assessments completed by the needs assessment coordination service or other referral agencies. The interRAI assessment is completed within three weeks of the residents' admission to the facility. Long term care plans (LTCPs) are developed from information gathered following admission. However, development of the LTCPs within the required timeframe requires improvement.</p> <p>Long term care plans describe interventions in sufficient detail to meet residents' current assessed needs. The electronic system allows for recording of early warning signs and risks however, these are not recorded in sufficient detail to guide safe care when there is deterioration in a resident's condition.</p> <p>Short-term care plans are developed for the management of acute problems.</p> <p>Interview with residents and family/whānau confirmed that they had consented to and had had input into the care planning process. All resident files contained a signed informed consent form.</p> <p>The residents' activities assessments are completed by the diversional therapist (DT) in conjunction with the RN within three weeks of the residents' admission to the facility. Information on residents' interests, family and previous occupations is gathered during the interview with the resident and/or their family/whānau and</p>

		<p>documented. The activity assessments include a cultural assessment which is designed to gather information about cultural needs, values, and beliefs, however these require improvement.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) or nurse practitioner (NP) within the required timeframe following admission. Residents have reviews by the GP/NP within required timeframes and when their health status changes. There is documented evidence of the exemption from monthly GP/NP visits when the resident's condition is considered stable. Contact details for family are recorded on the electronic system. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status. Documentation and records reviewed were current. The GP visits the facility weekly and at interview stated that there was effective communication with the service and that they were informed of concerns in a timely manner. The GP provides after-hours service. A physiotherapist visits the facility weekly and reviews residents referred by the GP/NP, CSM or RNs.</p> <p>There was evidence of wound care products available at the facility. Review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Staff receive handover at the beginning of their shift via the electronic system with additional input from the RN as required.</p> <p>Policies and protocols are in place to ensure continuity of service delivery. The nursing progress notes are recorded and maintained.</p> <p>Monthly observations such as weight and blood pressure were</p>
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		<p>completed and are up to date. Neurological observations are recorded following all unwitnessed falls.</p> <p>Long term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and if there is a change in the resident's condition. The evaluations include the degree of achievement towards meeting desired goals and outcomes. When progress is different from expected, changes to the care plan are initiated in consultation with the resident and/or family. The residents' activity needs are reviewed six monthly at the same time as the care plans and are part of the formal six-monthly multidisciplinary review process.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>The Māori care plan, which is part of the electronic system, is used for any resident who identifies as Māori. It is developed to assist Māori residents to identify their own pae ora outcomes. However, there were no residents who identified as Māori in the facility on the day of the audit.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>The residents' activities programme is implemented by a DT. They are assisted by two activities officers. Activities for the residents are provided Monday to Friday 09.15am to 4.30pm and Saturday 09.00am to 12.00. The activities programme is displayed in the communal area and on the individual resident noticeboards. The activities programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. For those residents who choose not to take part in the programme, one on one visits from the DT occur regularly.</p> <p>A volunteer chaplain visits the facility three times a week. Church services are held once a month and a bible study group meet once a fortnight.</p> <p>The resident under the YPD contract can choose activities of their</p>

		<p>preference from a range of opportunities. They are able to visit family or go to the movies independently; they draw and paint and enjoy exercising. Exercise equipment is available. The DT assists when required or requested.</p> <p>The activity programme includes cultural activities, for example, Pacific peoples music sessions, Māori weaving, Māori singing, and a Mexican happy hour. Recently Matariki was celebrated, and a mid-winter Christmas dinner was held. Van outings into the community occur on Tuesday, Wednesday, and Thursday. Family/whānau participation in the programme is encouraged.</p> <p>Regular resident meetings are held and include discussion around activities. The residents and their families reported satisfaction with the activities provided. Over the course of the audit, residents were observed engaging and enjoying a variety of activities.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>A current medication management policy identifies all aspects of medicine management in line with relevant legislation and guidelines.</p> <p>A safe system for medicine management using an electronic system was observed on the day of audit. Prescribing practices are in line with legislation, protocols, and guidelines. The required three-monthly reviews by the GP/NP were recorded electronically.</p> <p>The service uses pharmacy pre-packaged medicines that are checked by the RN on delivery to the facility. All stock medications sighted were within current use by dates. A system is in place for returning expired or unwanted medication to the contracted pharmacy. The medication refrigerator temperatures and medication room temperatures are monitored and are within the required range. The area for improvement from the previous audit is now closed (1.3.12. in the 2008 standards).</p> <p>Medications are stored securely in accordance with requirements. Medications are checked by two staff for accuracy in administration. Weekly checks of medications and six monthly stocktakes are</p>

		<p>conducted in line with policy and legislation.</p> <p>The staff observed administering medication demonstrated knowledge and compliance with the medicine administration policies and procedures. At interview they demonstrated clear understanding of their roles and responsibilities related to each stage of medication management and complied with the medicine administration policies and procedures. Current medication competencies were evident in staff files. The RN oversees the use of all pro re nata (PRN) medicines however documentation made regarding effectiveness on the electronic medication record requires improvement.</p> <p>Resident allergies and sensitivities are documented on the electronic medication chart and in the resident's electronic record. The area for improvement from the previous audit is now closed (1.3.12. in the 2008 standards).</p> <p>Education for residents regarding medications occurs on a one-to-one basis by the GP/NP, CSM or RN. Medication information for residents and whānau can be accessed online as needed.</p> <p>There were three residents self-administering medication on the day of the audit. Assessment, GP/NP approval, ongoing competency assessment and provision of secure storage for residents who are self-administering medication requires improvement.</p> <p>Standing orders are not used.</p> <p>The UCG medication policy describes the use of over-the-counter medications and traditional Māori medications and the requirement for these to be discussed with, and prescribed by, a medical practitioner. Interview with the GP confirmed that they would discuss the use of over-the-counter medications and traditional Māori medications with residents and their whanau when required.</p> <p>The UCG medication policy and Māori health plan outlines the requirements for support, advice, and treatments options for Māori</p>
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		residents.
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>A nutritional assessment is undertaken by the RN for each resident on admission, to identify the residents’ dietary requirements and preferences. The nutritional profiles are communicated to the kitchen staff and updated when a resident’s dietary needs change. Diets are modified as needed and the cook at interview confirmed awareness of the dietary needs of residents. These are accommodated in daily meal planning.</p> <p>All meals are prepared on site and served in the dining rooms or in the residents’ rooms if requested. The temperature of food served is taken and recorded. Residents were observed to be given sufficient time to eat their meal and assistance was provided when necessary. Residents and families interviewed stated that they were satisfied with the meals provided.</p> <p>The food service is provided in line with recognised nutritional guidelines for older people. The seasonal menu has been developed by a dietitian. The food control plan expiry date is June 2023.</p> <p>The kitchen staff have relevant food handling and infection control training. The kitchen was observed to be clean, and the cleaning schedules sighted.</p> <p>All aspects of food procurement, production, preparation, storage, delivery, and disposal sighted at the time of the audit comply with current legislation and guidelines. The cook is responsible for purchasing the food to meet the requirements of the menu plans. Food is stored appropriately in fridges and freezers. Temperatures of fridges and the freezer are monitored and recorded daily. Dry food supplies are stored in the pantry and rotation of stock occurs. All dry stock containers are labelled and dated.</p> <p>Discussion and feedback on the menu and food provided is sought at the two monthly residents’ meetings and in the annual residents’ survey. Residents and families interviewed stated that they were satisfied with the meals provided. However specific options to address</p>

		resident's cultural needs are not available within the current menu.
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>There is an UCG resident transfer/discharge policy.</p> <p>Transition, exit, discharge, or transfer is managed in a planned and coordinated manner and includes ongoing consultation with residents and family/whānau. The service facilitates access to other medical and non-medical services. Residents/whānau are advised of options to access other health and disability services and social support or Kaupapa Māori agencies if indicated or requested.</p> <p>A transfer form accompanies residents when a patient is moved to another service or facility.</p> <p>Where needed, referrals are sent to ensure other health services, including specialist care is provided for the resident. Referral forms and documentation are maintained on resident files. Referrals are regularly followed up. Communication records reviewed in the residents' files, confirmed family/whānau are kept informed of the referral process.</p> <p>Interviews with the CSM and RN and review of residents' files confirmed there is open communication between services, the resident, and the family/whānau. Relevant information is documented and communicated to health providers.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely</p>	FA	<p>A current building warrant of fitness is displayed in the entrance to the facility. Buildings, plant, and equipment comply with relevant legislation.</p> <p>A preventative and reactive maintenance schedule is implemented. This includes monthly maintenance checks of all areas and specified equipment such as hoists. Staff identify maintenance issues on an electronic system. This information is reviewed by the maintenance person and attended to as required. Interviews confirmed staff awareness of the processes for maintenance requests and that repairs were conducted in a timely manner.</p>

<p>throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>Interviews with staff and visual inspection, confirmed there is adequate equipment available to support care. The facility has an up-to-date annual test and tag programme. Evidence of checking and calibration of biomedical equipment, such as hoists was sighted. All resident areas can be accessed with mobility aides. There are accessible external courtyards and gardens. All external areas have outdoor seating and shade and can be accessed freely by residents and their visitors.</p> <p>Residents have their own room, and each is of sufficient size to allow residents to mobilise safely around their personal space and bed area, with mobility aids and assistance. Observation and interviews with residents confirmed that there was enough space to accommodate: personal items; furniture; equipment and staff as required.</p> <p>Areas can be easily accessed by residents, family/whānau, and staff. There are areas that are available for residents to access with their visitors for privacy, if they wish. Observation and interviews with residents and family/whānau confirmed that residents can move freely around the facility and that the accommodation meets residents' needs</p> <p>Interview with the RCM advised that any planned alterations or additions for the facility would be identified in the Māori health plan and the service would link into Te Whatu Ora – Health New Zealand Waitematā Māori health unit for consultation.</p> <p>The previous findings (1.4.2.1 in 2008 standards) relating to residents' room fridges temperature monitoring, and chemical dispensing are now fully attained.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on</p>	<p>FA</p>	<p>An approved fire evacuation plan was sighted. Interviews with staff and review of documentation confirmed that fire drills are conducted at least six-monthly. There is a sprinkler system installed throughout the facility and exit signage displayed. Staff interviews, and training records confirm that fire wardens received warden training and staff have undertaken fire training. Staff files and training records</p>

<p>emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>demonstrated that orientation and mandatory training includes emergency and disaster procedures and fire safety.</p> <p>There are systems and process in place to ensure the facility is secure over night with all exits being checked and locked at dusk with a call bell for visitors or returning residents to alert staff and security staff checks throughout the night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control (IPC) programme is appropriate for the size and complexity of the service. The IPC programme is reviewed annually and is linked to the quality and business plan.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to IPC and include policies for hand hygiene, aseptic technique, transmission-based precautions, prevention of sharps injuries, prevention and management of communicable infectious diseases, management of current and emerging multidrug-resistant organisms (MDRO), outbreak management, single use items, healthcare acquired infection (HAI) and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE) were available should a resident infection or outbreak occur. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Ultimate Care Group have a pandemic response plan in place which is reviewed and tested at regular intervals.</p> <p>The UCG clinical operations group (COGS) involve staff at site level in the review of policies and procedures. The infection prevention and control nurse (ICN) has input when IP policies and procedures are reviewed.</p> <p>The ICN is an RN who has completed training for the role. The infection control committee meets monthly.</p>

		<p>The ICN is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The ICN has access to an online training system with resources, guidelines, and best practice. The ICN has completed infection control audits.</p> <p>At site level the CSM has responsibility for purchasing thermometers, face masks and face shields. All other equipment/resources are purchased at national level.</p> <p>Infection prevention input into new buildings or significant changes occurs at national level and involves the head of resident risk and the regional managers.</p> <p>There is a policy in place for decontamination of reusable medical devices and this is followed. Single use medical devices are not reused.</p> <p>Educational resources in te reo Māori can be accessed online if needed. All residents are included and participate in IPC. Staff are trained in cultural safety.</p> <p>There have been three outbreaks since the previous audit, all Covid 19. The outbreaks were managed effectively with input and advice from the MOH, GP/NP/NP and Public Health.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-</p>	<p>FA</p>	<p>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the UCG surveillance policy. The ICN uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective</p>

<p>drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>actions are established where trends are identified. These, along with outcomes and actions are discussed at the infection control meetings, quality, and staff meetings. Meeting minutes are available to staff.</p> <p>Staff are made aware of new infections at handovers prior to each shift, and via progress notes and clinical records. Short term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents when required.</p> <p>Ultimate Care Group collects data on all residents which includes ethnicity.</p> <p>Education for residents and their whānau regarding infections occurs on a one-to-one basis by the GP/NP, CSM, ICN or RN and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation.</p> <p>Ministry of Health information and Covid-19 information is available to all visitors to the facility.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The restraint approval process is described in the UCG restraint minimisation policy. Policies and procedures meet the requirements of the restraint minimisation and safe practice standards and provide guidance on the safe use of restraint. Assessment covers the need, alternatives attempted, risk, cultural needs, impact on the family/whānau, any relevant life events, any advance directives, expected outcomes and when the restraint will end. The internal audit schedule was reviewed and included review of restraint minimisation. The content of the internal audits includes the effectiveness of restraints, staff compliance, safety, and cultural considerations.</p> <p>The UCG restraint lead is the head of resident risk, and they described the organisation's commitment to restraint minimisation and implementation across the organisation.</p> <p>Use of restraint is reported to the UCG governing body and includes data gathered and analysed monthly that supports the ongoing safety</p>

		<p>of residents and staff. Data includes types of restraint used, reasons for using restraint and length of time restraint is used. The GP/NP at interview confirmed involvement with the restraint approval process. Family/whānau approval is gained should any resident be unable to consent and any impact on family/whānau is also considered.</p> <p>Restraint is used as a last resort when all alternatives have been explored. This was evident from interviews with staff who are actively involved in the ongoing process of restraint minimisation. Regular training occurs. Review of restraint use is completed and discussed at all staff meetings. The area requiring improvement from the previous audit is now closed. (2.1.1. in the 2008 standards).</p> <p>On the day of the audit, there was one resident using a restraint (bedrails).</p>
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Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our 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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	There is not consistently 24/7 RN cover for the facility as required under the Te Whatu Ora – Health New Zealand Waitematā Aged Related Residential Contract (ARRC) agreement. When no staff or agency RN are available, these shifts are covered by level four caregivers.	Registered nurses are not consistently available 24/7 as required by the ARRC contract.	<p>The provider is to ensure there is 24/7 RN cover</p> <p>90 days</p>
<p>Criterion 2.4.3</p> <p>Professional qualifications shall be validated prior to employment, including evidence of registration and scope of practice for health care and support workers.</p>	PA Moderate	Review of staff files evidenced four of six files did not have current performance appraisals.	Staff performance appraisals are not consistently completed in the required timeframes.	<p>Ensure all staff performance appraisals are completed in a timely manner</p> <p>90 days</p>
Criterion 3.2.1	PA Low	Interim care plans are developed within 24	Long term care plans are	Ensure that long term

<p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>		<p>hours of admission to the facility. However, long term care plans are not consistently developed within the required timeframe. In two out of five files reviewed the long-term care plan had not been developed within three weeks of admission. One of the files was for the resident under the YPD contract and the other a rest home level resident.</p>	<p>not developed consistently within the required timeframe following admission.</p>	<p>care plans are developed within the required timeframe following admission.</p> <p>30 days</p>
<p>Criterion 3.4.3 Service providers ensure competent health care and support workers manage medication including: receiving, storage, administration, monitoring, safe disposal, or returning to pharmacy.</p>	<p>PA Moderate</p>	<p>All staff administering medication have completed competency requirements as per UCG policy. However, in five out of twelve medication charts reviewed, effectiveness following PRN analgesia administered was not recorded.</p>	<p>Recording of the effectiveness following all PRN medication administration is inconsistent and not in line with UCG policy and best practice.</p>	<p>Ensure the effectiveness is documented for all PRN medication administered.</p> <p>30 days</p>
<p>Criterion 3.4.6 Service providers shall facilitate safe self-administration of medication where appropriate.</p>	<p>PA Moderate</p>	<p>A record is kept of medication that has been self-administered by residents. However, the approval, assessment, competency checks and secure storage for residents self-administering medications is not conducted in accordance with UCG policy. There were three residents self-administering medications, the initial assessments for competence had been only partially completed, ongoing competency checks had not occurred, and lockable storage was not provided.</p>	<p>Self-administration of medication procedures are not maintained in accordance with UCG policy and best practice.</p>	<p>Ensure that self-administration of medication procedures are maintained as per UCG policy.</p> <p>30 days</p>

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection 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 subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our 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.