

The O'Conor Institute Trust Board- The O'Conor Memorial Home

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

The abbreviations used in this report are the same as those specified in section 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 O'Conor Institute Trust Board
Premises audited:	The O'Conor Memorial Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 7 June 2023 End date: 8 June 2023
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:	63

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 are fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service are 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 are partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some subsections applicable to this service are 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 subsections applicable to this service are unattained and of moderate or high risk

General overview of the audit

The O’Conor Memorial Home is certified to provide rest home, hospital, and dementia level care for up to 68 residents. The facility is owned by The O’Conor Institute Trust Board and is managed by a general manager who is a registered nurse. Residents interviewed stated that the care provided was of a high standard.

This surveillance audit was conducted against a subset of Ngā Paerewa: Health and Disability Services Standard NZS 8134:2021 and the service provider’s agreement with Te Whatu Ora - Health New Zealand Te Tai o Poutini West Coast. The audit process included review of policies and procedures, review of residents’ and staff files, observations, and interviews with residents, family/whānau, governance, managers, staff, and a general practitioner.

Improvements are required in relation to Pasifika models of care and care for Māori and tāngata whaikaha (people with disabilities), risk management, staff education, staffing levels, collection of ethnicity data, care planning, and medication management.

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.

Some subsections applicable to this service are partially attained and of low risk.

The O'Conor Memorial Home management works with staff to support residents. There were residents and staff who identified as Māori in the service and these residents confirmed that they were treated equitably and that their mana motuhake (self-determination) was supported. The service was socially inclusive and person-centred.

Residents confirmed that they were treated with dignity and respect and family/whānau interviewed supported this. There was no evidence of abuse, neglect, or discrimination.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

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 are partially attained and of medium or high risk and/or unattained and of low risk.

The O'Connor Institute Trust Board is the governing body and is responsible for the service provided. The trustees work with a management committee and the general manager to monitor organisational performance and ensure ongoing compliance. Planning ensures the purpose, values, direction, scope, and goals for the organisation are defined and monitored. Performance is monitored and reviewed at planned intervals.

There is a documented and implemented quality and risk management system which includes processes to meet health and safety requirements. Quality data collection for adverse events, infections, compliments and complaints, and internal audits is outlined in the quality management programme. Adverse events, infections, and compliments and complaints are being reliably reported, addressed, and recorded with corrective actions taken where this is necessary. The service complies with statutory and regulatory reporting obligations.

Workforce planning in the service is fair, equitable, and respects input from staff. The general manager and clinical manager have the required skills and experience for the levels of care provided. Staff are employed and rostered to be on site 24 hours a day, seven days a week. Staff are suitably skilled and experienced, and competencies are defined and monitored, including specific competencies for the Development West Coast secure dementia area of the facility. There is always a first aid qualified person on each duty and staff working in the Development West Coast secure dementia unit either have completed, or been enrolled in, the appropriate education programme for the service.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.</p>
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On admission to O’Conor Memorial Home, residents received a person-centred and family/whānau-centred approach to care. The service conducted routine analysis of entry rates, which included specific data for entry rates for Māori.

Residents and their family/whānau participated in the development of a pathway to wellbeing, through ongoing assessment.

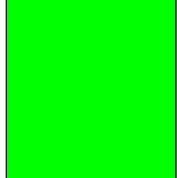
All activity plans were completed in consultation with residents and their family/ whānau with residents noting their activities of interest.

Medicines were safely managed and administered by staff who were competent to do so. All residents, including Māori residents and their whānau, were supported to understand their medications.

The food service met the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau had menu options that were culturally specific to te ao Māori.

There was a planned and documented transfer or transition plan, developed in collaboration with the resident and their family/whānau when needed.

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 are fully attained.
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The environment is safe and fit for purpose and a current warrant of fitness is displayed. The facility is designed and maintained in a manner that supports independence. Resident areas are personalised. Spaces are culturally inclusive, suited to the needs of the resident groups, and reflect cultural preferences.

Fire and emergency and civil defence procedures are documented, and related staff training has been conducted. Emergency supplies are available. All staff are trained in the management of fire and other emergencies. Security is maintained and hazards are identified and addressed.

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 are fully attained.
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The O'Connor Memorial Home ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. The programme was coordinated by the clinical manager. There was a pandemic plan in place which had been assessed periodically.

Surveillance of infections was undertaken, and results were monitored. Action plans were implemented as and when required.

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 are fully attained.
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The O’Conor Memorial Home has implemented policies and procedures that support the elimination of restraint. No restraint has ever been used at O’Conor Memorial Home and no restraint was in use at the time of audit. Should restraint be required, there is a comprehensive assessment, approval, consent, and monitoring process for restraint requiring regular review. Restraint would be used only as a last resort and when all other interventions/strategies have failed.

The restraint coordinator is the general manager of the service who is a registered nurse. The restraint coordinator has a defined role to provide support and oversight for restraint management should this be required. Staff interviewed demonstrated a sound knowledge and understanding of restraint processes.

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	14	0	3	4	0	0
Criteria	0	41	0	4	6	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>	FA	<p>The trustees of the O’Conor Memorial Home (O’Conor) have policies, procedures, and processes to enact Te Tiriti o Waitangi in all aspects of its work. They are aware of the requirement to recruit and retain a Māori workforce across all levels of the organisation. There were residents and staff at O’Conor who identified as Māori. Māori staff were employed across several organisational roles, including in leadership roles. The service engages with external Māori supports.</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 tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable</p>	Not Applicable	<p>A Pacific health plan is in place documenting care requirements for Pacific peoples to ensure culturally appropriate services are delivered. The plan, however, does not include a specific Pasifika model (or models) of care to inform care activities for Pasifika, nor has it had input from cultural advisers. There were no Pasifika staff employed at O’Conor and no Pasifika residents in the facility during the audit .</p>

<p>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>	<p>FA</p>	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. Residents who identified as Māori were evidenced to have their mana motuhake (self-determination) recognised and respected. The service is guided by the cultural policies that outlined cultural responsiveness to residents who identify as Māori.</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>	<p>PA Low</p>	<p>Records reviewed (six) confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff at O'Conor Memorial Home (O'Conor) had not received any education on Te Tiriti o Waitangi but interviews with staff verified that staff understood what Te Tiriti o Waitangi meant to their practice. Te reo Māori was being promoted, however, this was not evidenced in regard to tikanga Māori. The organisation had acknowledged tikanga practices in the policies and procedures reviewed but this was also not evidenced in practice.</p> <p>Residents and their family/whānau reported that their values, beliefs, and language were respected in the care planning process, including for residents who identified as Māori.</p> <p>O'Conor was evidenced to respond to tāngata whaikaha (young people with disabilities) needs daily. There had been no formal specific engagement with tāngata whaikaha to enable their participation in te ao Māori if residents required this.</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> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>Policies and procedure outlined the service’s commitment to promoting an environment that does not support institutional and systemic racism. Open discussion on institutional and systemic racism, and the ability to question its existence at O’Conor if it was thought to exist, was encouraged.</p> <p>The general manager (GM) and quality manager (QM) stated that any observed or reported racism, abuse, or exploitation at O’Conor would be addressed promptly and noted that they were guided by a code of conduct.</p> <p>Residents and family/whānau interviewed expressed that they had not witnessed any abuse or neglect. Residents reported that were treated fairly, they felt safe, and protected from abuse and neglect.</p> <p>During interview with the GM, it was stated that a holistic model of health at O’Conor was promoted. The model encompassed an individualised approach to care and support that ensured best outcomes for all.</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>PA Low</p>	<p>Appropriate best practice tikanga guidelines around informed consent were not in place in policy documentation to guide staff. Two staff members who identified as Māori, residents’ whānau, and a resident’s independent advocate assisted staff to support residents with informed consent. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff had not received training on cultural safety and tikanga best practice in relation to consent (refer criteria 1.7.9). This is an area requiring attention.</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. 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. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of consumer rights legislation. All residents and their family/whānau are provided with information on entry regarding the complaints process and advocacy services. Information regarding the complaints process is displayed in the facility along with advocacy information.</p> <p>There have been four formal complaints, and one informal (verbal) complaint received from residents or their family/whānau in the last 12 months. All complaints have been followed up appropriately and closed. The complaints policy does not, as yet explain how complaints from Māori will be managed, but the general manager was able to explain how the service would manage such complaints in an equitable manner. There is an independent advocate associated with the service who identifies as Māori, and they would assist the service to ensure that complaints from Māori are managed in a culturally respectful and equitable fashion. Residents and family/whānau interviewed understood their right to make a complaint and knew how to do so.</p> <p>There have been no complaints received from external sources since the last audit. One issue in 2023 has been dealt with by the Police and this was managed appropriately by the facility.</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. 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. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>O'Conor is governed by the trustees of The O'Conor Institute Trust Board. The trustees are appointed based on their roles in the wider community and not all live locally. They have appointed a local management committee to assist them in the governance role. The trustees with the management committee assume accountability for delivering a high-quality service, honouring Te Tiriti o Waitangi and defining the leadership structure that is appropriate to the size and complexity of the organisation. There is a Māori health plan in place that guides care for Māori. There was no evidence of infrastructural, financial, physical, or other barriers to equitable service delivery for Māori, Pasifika, or tāngata whaikaha. This was supported by interviews with residents and their family/whānau, a member of the management committee, managers, and with staff.</p>

		<p>The trustees have demonstrated expertise in Te Tiriti o Waitangi, health equity, and cultural safety. The members of the management committee do not, as yet, have competencies in Te Tiriti o Waitangi, health equity, and cultural safety but there is a plan in place to rectify this (refer criterion 2.1.10). Services that improve outcomes and achieve equity for tāngata whaikaha are encapsulated in the service's governance statement.</p> <p>O'Connor is certified to accommodate 68 residents. The service holds contracts with Te Whatu Ora - Health New Zealand Te Tai o Poutini West Coast (Te Whatu Ora West Coast) or the Ministry of Health for the provision of age-related residential care (ARRC), rest home and hospital care and secure dementia care. Contracts are also held for palliative care, younger person disabled (YPD) care, close in age and condition, respite care, mental health respite care, and day care. On the day of audit, 64 residents were receiving services: 19 at rest home level, 28 at hospital level, 15 under a secure dementia care contract, one on an MoH YPD contract, and one receiving day care.</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>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>PA Moderate</p>	<p>The trustees of O'Connor, in collaboration with the management committee are responsible for identifying the purpose, values, direction, scope, and goals for the organisation, and monitoring and reviewing performance at planned intervals. There is a documented quality and risk management system which includes processes to meet health and safety requirements. This includes a risk management plan and policies and procedures which clearly describe all potential internal and external risks and corresponding mitigation strategies in line with the National Adverse Event Reporting Policy.</p> <p>Leadership commitment to quality and risk management was evident in quality and risk documentation and board reporting documents, however, not all activities related to risk management (e.g., internal audits and meetings) have taken place in 2022-2023 (refer criterion 2.2.2). Positive outcomes for Māori and tāngata whaikaha are part of quality and risk activities. High-quality care for Māori is embedded in organisational policies and the efficacy of this was confirmed by Māori residents and their whānau. The service uses the Whare Tapa Whā model of care for Māori, however, staff could not describe the model of</p>

		<p>care, and education on the model or any other related education in relation to the care and support of Māori, had not taken place (refer criterion 2.2.7). Staff did not understand the constructs or oranga (wellbeing) for Māori (refer criterion 3.2.7).</p> <p>Quality activities require data and/or information collection on incidents/accidents, infection and outbreak events, complaints/compliments, internal audits, through quality and staff meetings, and resident and family/whānau satisfaction surveys. Other than internal audits, meetings, and satisfaction surveys (refer criterion 2.2.2), all are being analysed to identify and manage issues and trends. A sample of quality and risk and other documentation showed that where monitoring activities identify a need for improvement, corrective actions are implemented until improvement occurred.</p> <p>The service complies with statutory and regulatory reporting obligations. Nine section 31 notifications have been made since the last audit, eight in relation to registered nurse (RN) shortage due to the nationwide shortage of nurses, and one due to a pressure injury.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen 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>PA Moderate</p>	<p>There is a documented process for determining staffing levels and skill mix to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). There is a staff member on duty 24/7 who holds current first aid certification. The facility adjusts caregiving staffing levels to meet the changing needs of residents. Care staff reported there were adequate staff to complete the work allocated to them. Residents interviewed supported this. Family/whānau expressed some concerns around activities being unavailable and staffing shortages.</p> <p>Rosters reviewed showed that there is an RN on site in the service 24/7. This is managed through having the GM and CM 'pick up' RN shifts and through having senior caregivers rostered on night shifts while the GM and CM stay over on site. There are insufficient RNs in the service to cover the facility 24/7 without these strategies (refer criterion 2.3.1). Section 31 notifications of shortages to the Ministry of Health (MoH) and Te Whatu Ora West Coast have been appropriately made.</p> <p>The RNs are supported by caregivers: nine (or ten) in the morning,</p>

		<p>eight in the afternoon and three on night shift. Activities staff are rostered to be available to provide the recreation programme five days per week but are currently being utilised to cover caregiving shifts (refer criterion 2.3.1). Domestic (cleaning and laundry) and food services are conducted by dedicated staff seven days per week.</p> <p>Continuing education is planned on an annual basis and includes mandatory training requirements. Education includes mandatory training topics such as medication management, infection control (including management of COVID-19, hand hygiene and donning and doffing of personal protective equipment), management of fire and emergencies and civil defence response, manual handling and safe transfer, resident cares, and residents' rights. The service also has the requirement for cultural values and competency in their education programmes, including information on cultural safety, Te Tiriti o Waitangi, and Māori and Pasifika models of care. The education programme has not, however, been consistently delivered in 2022-2023 (refer criterion 3.3.4).</p> <p>All staff who administer medicines are annually competency-assessed to ensure compliance with known best practice and safe procedures in medicine management.</p> <p>Care staff have access to a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora West Coast. Staff who work in the Development West Coast (DWC) secure dementia unit either have the requisite qualification to work in that area or have been registered for it. There are two RNs in the facility who maintain interRAI competency.</p>
<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</p>	<p>PA Low</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. Records are kept confirming that all regulated staff and contracted providers have proof of current practising certification with their regulatory bodies (e.g., the Nursing Council of New Zealand, the New Zealand Medical Council, and the New Zealand Pharmacy Board). All new staff engage in a comprehensive orientation programme tailored for their specific role,</p>

<p>needs of Māori. 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>		<p>which includes being 'buddied' with a peer and provided with documentation covering the major aspects of the service and its delivery. Staff files reviewed showed that induction and orientation had been completed for all staff, and staff interviewed confirmed that the programme had prepared them for their role.</p> <p>Personnel records are accurate and stored in ways that are secure and confidential. Records contain information that meets the requirements of the Health Information Standards Organisation (HISO). Staff ethnicity data is not yet collected and recorded at O'Connor (refer criterion 2.4.6).</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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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. 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>FA</p>	<p>O'Connor conducts routine analysis of entry and decline rates, which included specific data for entry rates for Māori. There had been no residents who had been declined entry into O'Connor in the last year.</p> <p>O'Connor has developed formal meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau. There was a local Māori Health provider in the area that had been identified as a connection and they offered access to traditional Māori healers and organisations to benefit Māori and whānau. Files of residents reviewed in the secure unit had specialist's authorisation for placement and a Protection of Personal Property Rights (PPPR) application, or an activated Enduring Power of Attorney (EPOA) in place.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Moderate</p>	<p>The multidisciplinary team at O'Connor worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Six residents' files were reviewed. Three from the hospital, one from the rest home and two from the secure unit. Files included residents under 65 years, one a young person with a disability (YPD) contract, and residents being cared for under the ARRC contract. File reviews included residents who identified as Māori, residents with a pressure injury, residents with behaviours that challenged, and residents with several co-morbidities. Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including</p>

	<p>consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment was based on a range of clinical assessments and included resident and their family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment and initial care plan met contractual requirements. Long-term care plans however had not been updated in a timely manner or as residents' needs changed (refer criterion 3.2.4). Two residents who identified as Māori had no plan in place that identified the support required to achieve their pae ora outcomes. A resident with an unstageable pressure injury had been reviewed by the wound care team three months ago. Documentation and observations evidenced the wound had deteriorated. A request for further review by the wound care team was initiated on the day of audit, and a Section 31 notification to the MoH and Te Whatu Ora West Coast was also sent. Files reviewed of residents in the DWC secure unit had a behaviour assessment and behaviour management plan, however these plans had not been reviewed within at least the last six months. These were areas requiring attention.</p> <p>Files reviewed of residents in the DWC secure unit had activated EPOAs in place and a specialist authorisation for placement.</p> <p>This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>The GP had been actively involved in providing medical support to the staff and residents at O'Conor for several years. The GP visited twice weekly and was available for any support if needed, especially during the times of RN shortages. The GP was complimentary of the care provided by O'Conor. Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and their family/whānau. Residents and family/whānau confirmed active involvement in the process, including residents with a disability.</p> <p>A resident residing in the rest home had an up-to-date interRAI assessment and a care plan in place that was implemented in April</p>
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		<p>2021. Progress and medical notes verified the resident was stable, however the care plan had not been updated to address a number of changes in the personal cares being provided. The resident and the family member interviewed expressed an overall satisfaction with the care provided by O’Conor, however mentioned staffing shortages, and an absence of ongoing activities as an area requiring improvement.</p> <p>Interviews with the staff verified their familiarity with most aspects of the care these residents required. Updates on care are provided by verbal instruction, a handover report and RN guidance.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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>Three diversional therapists are employed in the rest home, hospital and DWC secure unit at O’Conor to provide a diverse activities programme five days a week. The programmes aim is to support all residents to maintain and develop their interests and aspirations. The service encouraged their workforce to support community initiatives that meet the health needs and aspirations of residents and their whānau.</p> <p>Opportunities for Māori, staff and whānau to participate in te ao Māori were facilitated. Matariki, Māori language week and Waitangi Day had been celebrated. Kapa haka groups visited O’Conor and residents were enabled to attend a kapa haka festival in Westport. Anzac Day celebrations included singing the Māori version of the National Anthem. The rest home’s yearly gala was supported by the Māori Women’s Welfare League who cook the kai (food) for the gala. Activities at O’Conor included baking Māori bread, making poi, singing, and teaching Māori language.</p> <p>The programmes in all three areas had been run sporadically over the past year, as a result of building work, staffing shortages and natural disasters. Activities staff were often required to provide resident care, due to staffing shortages. At these times no activities were provided (refer criterion 2.3.1).</p> <p>Residents in the DWC secure unit had a 24-hour care plan in place that addressed the residents’ 24-hour needs.</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>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administered medicines had been assessed as competent to perform the function they managed.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use by dates.</p> <p>Medicines were stored securely, including controlled drugs. The required stock checks had been completed.</p> <p>Medicines stored were not evidenced to be within the recommended temperature range for the storage of medication and this required immediate attention. (refer criterion 3.4.1).</p> <p>Prescribing practices met requirements. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>A process was in place to identify, record and communicate residents' medicine related allergies and sensitivities.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication.</p> <p>Standing orders were used at O'Conor, and instructions met standing order guidelines.</p>
<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</p>	<p>FA</p>	<p>Each resident had a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. An interview with the cook verified the service's ability to provide menu options that were culturally</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>specific to te ao Māori. Puha and pork bones have been served up previously.</p> <p>Family/whānau were welcome to bring culturally specific food for their relatives. The interviewed residents and family/whānau expressed satisfaction with the food options.</p> <p>Residents in the DWC secure unit had access to food anytime, night or day.</p>
<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>	<p>FA</p>	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and family/whānau.</p> <p>The GP verified there has been no required transfer of residents to Te Rau Kawakawa (Buller Hospital) in the last six months.</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 throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, maintained and that they meet legislative requirements. The building warrant of fitness for the facility is current, expiring on 29 June 2023. Spaces promote independence and safe mobility, are culturally inclusive, and suited the needs of the resident groups, with smaller spaces for the use of residents and their visitors. Residents and their family/whānau reported that they were happy with the environment, including heating and ventilation, privacy, and maintenance.</p> <p>There are plans for further building projects at O'Connor, though these are in the early stages and are dependent on the requisite funding being available. The plans include an extension to the current DWC secure dementia service and the building of a new wing at the facility to</p>

		provide hospital level services. The trustees and the management committee are aware of the requirement to consult and co-design with Māori should the projects go ahead.
<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 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>	FA	<p>The fire evacuation scheme was reviewed and approved by Fire and Emergency New Zealand on 24 May 2017. Residents and staff were familiar with fire and emergency, civil defence, and security arrangements. There are comprehensive plans in place for any fire or civil defence emergency. Emergency management procedures have been reviewed since the facility was evacuated in February 2022 due to the risk of flooding.</p> <p>Appropriate security arrangements are in place. External doors and windows are locked at a predetermined time each evening. These are accessible from the inside but not from outside the building. Security into and out of the DWC secure dementia unit is by swipe card/pin pad. Closed-circuit television cameras (CCTV) are available within and externally in the facility (though not in private spaces) and notices advising of the use of these were sighted. Staff wore uniforms and identification badges on the days of audit.</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>	FA	<p>A pandemic preparedness plan was in place, and this was reviewed at regular intervals. The plan was evaluated during and following COVID-19 outbreaks in January and May 2022. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>O'Connor had no educational resources available in te reo Māori that were accessible to Māori. Partnerships with Māori for the protection of culturally safe IP practices had not been established.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection</p>	FA	<p>Surveillance of health care-associated infections (HAI) at O'Connor were appropriate to those recommended for long term care facilities and was</p>

<p>(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-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>in line with priorities defined in the infection control programme. Surveillance data is collected, including ethnicity data.</p> <p>There were culturally safe processes for communicating between service providers and people receiving services who developed an HAI.</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 trustees and management committee at O’Conor are committed to a restraint free environment and the service has always been restraint free. The restraint coordinator (RC) is a defined role undertaken by the GM who is an RN and who would provide support and oversight should restraint be required in the future. There is a job description that outlines the role, and the RC has had specific education around restraint and its use. Documentation confirmed that restraint would be reported by the GM to the trustees and management committee of the O’Conor Board if restraint was to be used. Information on restraint is shared with staff at staff meetings.</p>

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 1.4.6</p> <p>Service providers shall respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p>	PA Low	Staff at O’Conor were observed to be responding to the needs of tāngata whaikaha, however, there was no evidence staff demonstrated an awareness of the need to enable their participation in te ao Māori.	Service providers had no specific formal engagement with tāngata whaikaha to assist with enabling their participation in te ao Māori.	<p>Provide evidence staff can respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p> <p>180 days</p>
<p>Criterion 1.7.9</p> <p>Service providers shall follow the appropriate best practice tikanga guidelines in relation to consent.</p>	PA Low	Residents’ whānau, and a resident’s independent advocate assisted staff to support residents with informed consent. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. The Māori health	Staff have not received training on the appropriate best practice guidelines in relation to consent.	<p>Provide evidence staff at O’Conor are trained on best practice guidelines relating to consent.</p> <p>180 days</p>

		plan includes tikanga guidelines, however, no training had been provided on best practice tikanga guidelines in relation to consent.		
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Moderate</p>	<p>The service has a quality management framework using a risk-based approach to improve service delivery and care. Data and/or information from most quality indicators are being collected and analysed, with corrective actions arising from the activities used to improve services. The exception is for internal audit outcomes, quality meetings and meetings with staff to disseminate quality information, and satisfaction surveys. There have been no internal audits conducted since August 2022. Quality and staff meetings to analyse and disseminate quality information have not been held in 2023, and a satisfaction survey has not been completed in 2022 or 2023.</p>	<p>Not all quality activities required by the quality management framework of the organisation have been completed.</p>	<p>Provide evidence that all quality activities are being completed as per the requirements of the quality management framework of the organisation.</p> <p>90 days</p>
<p>Criterion 2.2.7</p> <p>Service providers shall ensure their health care and support workers can deliver highquality health care for Māori.</p>	<p>PA Moderate</p>	<p>The service uses the Whare Tapa Whā model of care for Māori. On interview, staff could not describe the model of care, and education on the model, along with education on Te Tiriti o Waitangi, te reo Māori, and tikanga guidelines had not taken place. There was no</p>	<p>The service was not able to demonstrate that their health care and support workers can deliver high-quality health care for Māori. Education on the Whare Tapa Whā model of care, Te Tiriti o Waitangi, te reo Māori, and tikanga guidelines to support Māori oranga had not</p>	<p>Provide evidence that health care and support workers can deliver high-quality health care for Māori through appropriate education on the Whare Tapa Whā model of care, Te Tiriti o Waitangi, te reo Māori, and tikanga</p>

		evidence that staff understood the constructs of oranga in relation to their Māori residents.	been delivered.	guidelines to support Māori oranga. 90 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	<p>There are insufficient RNs (five) employed to maintain 24/7 cover of the facility. One RN is away on planned leave and two of the others are employed as the GM and CM for the service. Four weeks of roster were reviewed. Over that time, the GM or CM covered 52 RN shifts, often managing a double shift with a 'sleepover' for some of the night duty. When this occurred, there was an experienced and qualified caregiver on duty. Whilst both the GM and CM reported that they were managing this and were not tired, this remains a health and safety risk. Added to this, activities staff covered 31 caregiving shifts over the period and were, therefore, unable to deliver the scheduled recreation programme to residents, including the residents in the DWC dementia unit. There is a plan in place to rectify this. The service is currently supporting internationally qualified nurses to gain New Zealand RN registration and it is anticipated that at least three of these will enter the service in 2023. The service is also continuing to recruit from overseas.</p>	<p>Overall, staffing levels remain challenging, particularly due to the ongoing difficulties recruiting RNs into the region. Further efforts are needed to successfully recruit and retain staff to ensure safe and sustainable staffing levels are maintained, releasing management and activities staff to return to their areas of work. Staffing levels and skill mix remain a risk for the service.</p>	<p>Continue to successfully implement recruitment efforts for RNs and care staff to ensure sustainable safe staffing levels and skill mix.</p> <p>180 days</p>

<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	<p>PA Moderate</p>	<p>There is a plan in place to identify, plan and record ongoing learning and development for staff. However, staffing shortages along with COVID-19 outbreaks and natural disasters (flooding and a cyclone) have meant that the programme has not been delivered to schedule. There was minimal education delivered in 2022 and none in 2023 beyond orientation (which was done well) and annual competencies. There is a plan in place to rectify this, but this is dependent on staff stabilisation.</p>	<p>Education/training has not been delivered in the service to ensure staff can continue to provide high-quality and safe services for residents at O'Conor.</p>	<p>Provide evidence that the education programme to facilitate learning and development of staff has been delivered at O'Conor, or that alternative interventions have been put into place to take the place of the learning and development programme so that staff have the knowledge to provide high-quality safe services.</p> <p>90 days</p>
<p>Criterion 2.4.6</p> <p>Information held about health care and support workers shall be accurate, relevant, secure, and confidential. Ethnicity data shall be collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements.</p>	<p>PA Low</p>	<p>Ethnicity information on staff applying for a position at O'Conor is not yet being collected. While the management team were aware of some of the staff ethnicity, this was not fully captured. Ethnicity data is not yet being collected, recorded, or used in accordance with Health Information Standards Organisation (HISO) requirements at O'Conor.</p>	<p>Ethnicity data for staff is not being collected, recorded, or used in accordance with Health Information Standards Organisation (HISO) requirements at O'Conor.</p>	<p>Provide evidence that ethnicity data for staff is being collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements at O'Conor.</p> <p>90 days</p>
<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the</p>	<p>PA Moderate</p>	<p>A review of six residents' files identified care plans in the files had not consistently been updated in a timely manner and to reflect changing resident need. An</p>	<p>The documentation describing the care the resident required was not consistent with meeting the resident's assessed needs.</p>	<p>Provide evidence the care plans describe the care the resident requires to meet their assessed needs.</p>

<p>person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>interview with the GM identified the care plans had been updated, however these had not been printed out for care staff to read. A number of these care plans were subsequently printed out; they did not, however, always reflect current changes. One care plan identified the resident required care in the secure unit, however the resident now resided in the hospital area of the facility. A resident with a care plan that documented intact skin, had a pressure injury requiring a dressing, and preventative strategies. This was not documented, though was occurring. A resident with a medication added to monitor mood, had no documentation in the care plan, and staff were unaware of the change or the need to monitor the effectiveness of the change. A resident’s care plan identified the resident had no pain, when the resident had recently had pain management implemented. The residents who identified as Māori had no Māori health plan in place that comprehensively addressed their cultural needs.</p>		<p>90 days</p>
<p>Criterion 3.2.7 Service providers shall understand Māori constructs of oranga and implement a process to support Māori and</p>	<p>PA Moderate</p>	<p>Evidence was not sighted to verify staff understood the Māori constructs of oranga or that they had an implement process to support Māori to identify their own</p>	<p>Service providers did not understand Māori constructs of oranga and residents had not identified their own pae ora outcomes.</p>	<p>Provide evidence that staff have been given education on the Māori constructs of oranga so that they can support residents to identify</p>

<p>whānau to identify their own pae ora outcomes in their care or support plan. The support required to achieve these shall be clearly documented, communicated, and understood.</p>		<p>pae ora outcomes, with the support required clearly documented.</p>		<p>their own pae ora outcomes.</p> <p>90 days</p>
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the first day of audit. Medicines required to be stored in the fridge, had no evidence to verify they had been stored at the right temperature, as there were no fridge temperature records recorded since August 2021. The freezer compartment on the medication fridge in the rest home was iced up and needed defrosting. The temperatures of the medication rooms were not being recorded. The recording of temperatures commenced during the audit, and the freezer compartment was defrosted.</p>	<p>There was no evidence sighted to evidence medications are stored within the required temperature ranges.</p>	<p>Provide evidence medications are stored at the required temperature ranges.</p> <p>90 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.