

Briargate Healthcare Limited - Briargate Dementia Care Unit

Introduction

This report records the results of a Certification 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 Manatū Hauora (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 Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Briargate Healthcare Limited

Premises audited: Briargate Dementia Care Unit

Services audited: Dementia care

Dates of audit: Start date: 6 August 2024 End date: 7 August 2024

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: 38

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 tātou 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
	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
	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

Briargate Dementia Care Unit was purchased in October 2010 and is operated by Briargate Healthcare Limited. The service provides secure rest home dementia care for up to 40 residents. On the day of the audit, there were 38 residents. Significant changes to the service and facilities since the previous audit included the additional appointment of two extra registered nurses who each work 40 hours a week.

The service is managed by the owner/manager(O/M) and supported by the clinical manager (CM), two registered nurses (RNs), an administrator, a diversional therapist (DT) and a team of dedicated health care assistants (HCAs).

This certification audit process included a review of policies and procedures, a review of residents and staff files, observations, and interviews with residents and family members, the owner/manager, the clinical manager, staff, and the general practitioner. Whānau interviewed spoke positively about the care provided. Residents spoken could provide one-word answers and, at times, answered irrelevantly to questions asked.

The audit has resulted in no areas being identified as requiring improvement.

Ō tātou 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.

Briargate Dementia Care Unit (BDCU) collaborates to support and encourage a Māori worldview of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.

Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents' whānau are informed of resident's rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents were safe from abuse.

Residents and whānau receive information in an easy-to-understand format. Enduring Powers of Attorney (EPOAs) are included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Advance directives are followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.



Subsections applicable to this service fully attained.

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

Planning defines the organisation's purpose, values, direction, scope and goals. Performance is monitored and reviewed at planned intervals.

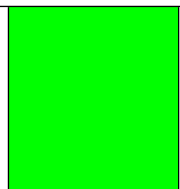
The quality and risk management systems are focused on improving service delivery and care using a risk-based approach. Whānau provide regular feedback, and staff are involved in quality activities. An integrated approach includes collecting and analysing quality improvement data, identifying trends, and leading to improvements. Actual and potential risks are identified and mitigated.

The National Adverse Events Reporting Policy is followed, with corrective actions supporting systems learnings. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet residents' cultural and clinical needs. Staff are appointed, orientated and managed using current good practice. A systematic approach to identifying and delivering ongoing learning supports safe, equitable service delivery.

Residents' information is accurately recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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.		Subsections applicable to this service fully attained.
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When people enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided during the admission process.

The service works in partnership with the residents' EPOAs and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and was evaluated on a regular and timely basis.


Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines are safely managed and administered by staff who are competent to do so.

The food service met the nutritional needs of the residents, with special cultural needs catered for. Food was safely managed.

Residents are referred or transferred to other health services as required.

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

Includes two 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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The facility meets residents' needs and was clean and well-maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible and safe, provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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

Includes five 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.

The owner/manager ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control coordinator is involved in procurement processes, any facility changes, and processes related to decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry services.

Here taratahi | Restraint and seclusion

Includes four 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 aims for a restraint-free environment. The governing body and policies and procedures support this. At the time of the audit, no residents were using restraints; however, the service is a secure dementia unit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	27	0	0	0	0	0
Criteria	0	167	0	0	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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.

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>	<p>FA</p>	<p>Brairgate Dementia Care Unit has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with iwi and Māori organisations such as Awataha Marae and Glenfield College Māori Cultural Club/ Kohanga-Chaz Pakai, and Bayview Community Centre, to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisors/local iwi and is used for residents who identify as Māori. Staff and management had completed Te Tiriti o Waitangi and healthy equity training.</p> <p>There were residents and staff who identified as Māori. The CM reported that support would be provided in accordance with the residents' individual needs and the documented needs assessment. The whānau would be involved.</p> <p>Whānau interviewed reported that staff respected residents' right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies were discussed to actively recruit and retain a Māori health workforce across roles. Staff ethnicity data is documented and trended during recruitment.</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 health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Briargate Dementia Care Unit identifies and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes. Groups such as Pacifica Group Volunteer-Universal Church are used to support residents when required.</p> <p>Residents admitted who identify as Pasifika are encouraged to participate in cultural activities in the community, and community groups are invited to share their culture and knowledge with the care home. Residents have the opportunity to identify individual spiritual, cultural and other needs as part of the care planning process. The whānau of any resident who identifies as Pasifika are consulted to ensure any individual needs and supports for the resident are identified and met.</p> <p>Whānau interviewed reported that residents' worldviews and cultural and spiritual beliefs were embraced.</p> <p>The service supports active recruitment, training, and actions to retain a Pacific workforce. Some staff identified as Pasifika.</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>Interviewed staff understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes.</p> <p>Residents' EPOAs and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p> <p>Principles of Māori mana motuhake were observed in service delivery. Residents' EPOAs were involved in the assessment and care planning processes.</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>FA</p>	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents' EPOAs and whānau confirmed that they received services in a manner that has regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. All residents have a private room.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through te reo phrases posted around the facility. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work.</p> <p>The needs of tāngata whaikaha are responded to, including their participation in te ao Māori during activities and care delivery.</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>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or EPOA/whānau interviews, or in documentation reviewed.</p> <p>Residents' property is labelled on admission, and EPOAs/whānau reported that residents' property is respected.</p> <p>Professional boundaries are maintained by staff. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism, and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model and person-centred care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear</p>	<p>FA</p>	<p>Residents' EPOAs and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to EPOAs/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p>

<p>and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>		<p>Examples of open communication were evident following adverse events and during management of any complaints. Staff knew how to access interpreter services, if required.</p>
<p>Subsection 1.7: I am informed and able to make choices 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. 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. 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>	FA	<p>Residents' EPOAs are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. EPOAs/ whānau were included in decision-making. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Advance care planning, establishing and documenting EPOA requirements and processes were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain 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>	FA	<p>A fair, transparent and equitable system is in place to receive and resolve complaints that lead to improvements. The process meets the requirements of the Code. Whānau understood their right to make a complaint and knew how to do so. BDCU's complaints register was viewed, and there were no complaints logged in the register for 2023, and two were recorded in 2024 (year to date) since the last audit. The complaints reviewed included acknowledgement, investigation, follow-up, and replies to the complainant. There were no trends identified and the complaints were closed as resolved to the satisfaction of the complainants. The service has a current complaints policy. Associated forms included the incident form, complaint form, complaint follow-up form, and complaint register. The complaints procedure policy is in line with, and reflects, the principles of the Code. The policy commits to ensuring that any complaint (or any other issue) against a staff member or volunteer is</p>

		<p>addressed in a fair and equitable manner, ensuring that an individual's dignity, including values and beliefs, is protected. There were no external complaints received.</p> <p>An interview with the CM and staff evidenced that complaint forms and information about the advocacy service are available within the facility. Residents' whānau were aware of their rights to complain, and Consumer Code of Rights posters were sighted in the facility's publicly accessible areas.</p> <p>All whānau interviewed stated they would feel comfortable making a complaint and that the service would support them throughout the process.</p> <p>Whānau lodging a complaint can, if they choose, involve an independent support person or an advocate for advice and support during the complaints process. This was confirmed during interviews. Staff also confirmed that they would document a complaint for anyone who had difficulty doing this or support the resident or family in accessing independent advocacy services.</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 highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>The governing body of BDCU assumes accountability for delivering a high-quality service by supporting the meaningful inclusion of Māori and Pasifika in the governance group. This honours Te Tiriti and focuses on improving outcomes for Māori, Pasifika, and tāngata whaikaha. The O/M and CM reported that they are using Māori consultancy processes to enable the organisation to ensure there is meaningful inclusion of Māori at the service and governance level, and that Te Tiriti o Waitangi is honoured. The management team has access to cultural training, te reo Māori, opportunities to upskill in Te Tiriti o Waitangi, and healthy equity. Training has occurred.</p> <p>Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (e.g., information in other languages for the Code of Rights, information in respect of complaints and infection prevention and control). The service continues to work towards recruiting Māori</p>

		<p>and more Pasifika staff.</p> <p>The strategic business plan (2024-2026) and quality plan (2024) outline the organisation's structure, purpose, values, scope, direction, performance and goals. The plan supports improving equitable outcomes for Māori, Pasifika, and tāngata whaikaha. Cultural safety is embedded in business and quality plans and staff training. Ethnicity data is being collected to support equity.</p> <p>The service is owned by two owners/managers, and they have two facilities in Auckland. One owner/manager manages the other facility. The management team demonstrated responsible governance and remained close to service delivery by supporting and providing additional activities. The CM reports to the owner/manager monthly. Monthly management meetings showed adequate information to monitor performance, including potential risks, contracts, human resources and staffing, growth and development, maintenance, quality management, and financial performance.</p> <p>The management team is committed to quality and risk through policy, processes, and feedback mechanisms. This includes receiving regular information from the CM. The clinical governance group is appropriate to the organisation's size and complexity.</p> <p>The O/M and CM confirmed knowledge of the sector and regulatory and reporting requirements and maintained currency within the field. The CM, who is a registered nurse with considerable management experience, manages the service.</p> <p>The service holds contracts with Te Whatu Ora Waitematā for dementia care service with up to a maximum of 40 beds. On the day of the audit, 38 beds were occupied: thirty-six dementia care residents, and two long term support-chronic health care (LTS-CHC) under 65 years of age requiring dementia level 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>FA</p>	<p>BDCU has a range of documents that contribute to quality and risk management, and which reflect the principles of quality improvement processes. These include a clinical risk management policy, document control, quality improvement policy, health and safety</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>strategy, and critical incident/accident/sentinel event policy. Relevant corrective actions are developed and implemented to address any shortfalls, and these are benchmarked at the facility level. Progress against quality outcomes is evaluated. Quality data is communicated and discussed, and this was confirmed by records sighted and by staff at the interview.</p> <p>The annual quality review meeting and quarterly review of the social programme, medication management, infection prevention and control, restraint and behaviour management, staffing levels, and falls prevention programme, have been completed. Documentation to support this was sighted.</p> <p>Residents, through their whānau and staff, contribute to quality improvement through staff meetings, resident/whānau meetings, newsletters, and compliments.</p> <p>The outcomes from the whānau satisfaction survey conducted in March 2024 were favourable. Minimal corrective actions were identified, and these have been implemented. An external consultant has updated all policies and procedures reviewed to meet the requirements of the Ngā Paerewa Standard.</p> <p>The policies reviewed covered all necessary aspects of the service and contractual requirements. Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. The CM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies.</p> <p>Staff documented adverse and near-miss events in accordance with the National Adverse Events Reporting Policy. A sample of incident forms reviewed showed that these were fully completed, incidents were investigated, action plans were developed, and actions were followed up in a timely manner.</p> <p>The O/M and CM understood and complied with essential notification reporting requirements. Since the last audit, no Section 31 notifications have been reported to the Ministry of Health and no notifications to Public Health.</p>
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		<p>Positive outcomes for Māori and people with disabilities are part of quality and risk activities. The management team reported that high-quality care for Māori is embedded in organisational practices, and this is further achieved by using and understanding Māori models of care, health and wellbeing, and culturally competent staff. Staff and management have completed cultural safety training.</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>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are met. Those providing care reported there were adequate staff to complete the work allocated to them. Whānau interviewed supported this. At least one staff member on duty has a current first aid certificate. The two registered nurses cover the morning and afternoon shifts, and the CM fills in as required. The CM works 40 hours a week from 8am - 4pm, Monday to Friday, and is available on-call 24/7, supported by the registered nurses and O/M.</p> <p>The employment process, which includes a job description defining each role's skills, qualifications and attributes, ensures that services are delivered to meet residents' needs.</p> <p>Continuing education is planned annually, including mandatory training requirements. Training includes abuse and neglect, care planning, complaints management, cultural safety, privacy and dignity, restraint minimisation, falls prevention, infection prevention and control, medication management, de-escalation and challenging behaviours, Code of Rights, falls prevention, skin integrity and civil defence procedures. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. The kitchen staff, laundry staff, cleaner and diversional therapist complete role-specific training, such as safe use of chemicals, food handling, dementia care and orientation of residents. High-quality Māori health information is accessed and used to support training and development programmes,</p>

		<p>policy development, and care delivery.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority education programme, to meet the requirements of the provider's agreement with the funders.</p> <p>Approximately 15 health care assistants (HCAs) are employed permanently. Several casual HCAs are available for relief shifts when needed. Three HCAs have completed NZQA Level 2 requirements, four have completed Level 3, six have completed Level 4, one has completed Level 5, and one is in training. Seven HCAs have completed dementia care education as set out in the age-related residential care (ARRC) agreement, and seven are currently in training.</p> <p>The records reviewed demonstrated completion of the required training and competency assessments. Staff reported feeling well-supported and safe in the workplace.</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 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>	<p>FA</p>	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of six staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role.</p> <p>Records were kept confirming that all regulated staff and contracted providers had current annual practising certificates with their regulatory bodies, such as the New Zealand (NZ) Nursing Council, the NZ Medical Council, the Pharmacy Council of New Zealand, and other allied health service providers.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, which was evidenced in the files reviewed. As confirmed in the records reviewed, opportunities to discuss and review performance occur three months following the appointment and yearly thereafter.</p> <p>Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in accordance with the Health Information Standards Organisation (HISO) requirements. Following incidents, the</p>

		management is available for any required debriefing and discussion. Staff have access to the Employee Assistance Programme if required.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. The clinical notes were current, integrated, legible, and met current documentation standards. No personal or private resident information was on public display during the audit. Archived records are held securely on-site and clearly labelled for easy retrieval. Residents' information is held for the required period before being destroyed.</p> <p>The service uses an electronic information management system and a paper-based system. Staff have individual passwords to the electronic record, medication management system, and interRAI assessment tool. The visiting general practitioner (GP) and allied health providers also document as required in the residents' records. Policies and procedures guide staff in the management of information. The CM reported that staff have their own logins. An external provider holds backup database systems.</p> <p>There is a consent process for data collection. The records sampled were integrated. The CM reported that Enduring Powers of Attorney (EPOAs) can review residents' records in accordance with privacy laws, and records can be provided in a format accessible to the resident concerned.</p> <p>BDCU is not responsible for the National Health Index registration of people receiving services.</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>	FA	<p>Residents enter the service when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community and understood by staff. Residents' EPOAs have consented for residents' admission to the service. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the</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. 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>information that had been made available to them on admission.</p> <p>Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed, including decline rates for Māori.</p> <p>BDCU has developed partnerships with Māori communities and organisations and supports Māori and their whānau when entering the service.</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>FA</p>	<p>The multidisciplinary teamwork in partnership with the residents' EPOAs and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by suitably qualified staff following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded.</p> <p>Assessment is based on a range of clinical evaluations and includes residents' EPOAs and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. Staff understood and support Māori and whānau to identify their own pae ora outcomes in their care plan. This was verified by sampling residents' records, and from interviews of clinical staff and whānau.</p> <p>Management of any specific medical conditions was well documented, with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress is different to that expected, changes are made to the care plan in collaboration with the resident's EPOA or whānau. Whānau and EPOAs confirmed active involvement in the process. The care plans evidenced service integration with other health providers, including specialist services, medical and allied health professionals. Changes in residents' health were escalated to the general practitioner (GP) or specialist services. Referrals to relevant specialist services were consented for by the residents'</p>

		<p>EPOAs. The GP confirmed satisfaction with communication received from the clinical team and stated that care provided to residents was appropriate to meet their needs.</p> <p>Tāngata whaikaha participate in service development through their EPOAs. Examples of choices and control over service delivery were discussed with staff and whānau. Tāngata whaikaha and whānau are supported to access information.</p> <p>Residents' records, observations, and interviews verified that care provided to residents was consistent with their assessed needs. A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs.</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>	FA	<p>A diversional therapist leads the activities programme. Activity needs assessments are completed in a timely manner in consultation with the resident's EPOA or whānau. Twenty-four-hour activity plans were completed for all residents. The activities programme supports residents to maintain and develop their interests and was suitable for their stages of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' interests, ordinary patterns of life, and included normal community activities. Opportunities for Māori and whānau to participate in te ao Māori are facilitated. Community initiatives meet the needs of Māori. National cultural events are celebrated. Residents have access to the secure garden around the facility. Residents were observed participating in a variety of activities on the days of the audit.</p> <p>Feedback on the programme is provided through family satisfaction surveys completed. Whānau and EPOAs interviewed confirmed they found the programme meets residents' 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>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. 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>system was observed on the days of audit. All staff who administer medicines were competent to perform the function they managed. Current medication administration competencies were available in the staff files.</p> <p>Medication reconciliation occurs. All medications sighted were within current use-by dates.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices meet requirements. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>There were no residents who were self-administering medication. The clinical manager stated that no residents self-administer medicine due to impaired cognition. Residents' EPOAs, including for Māori residents, are supported to understand their medications.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service is in line with recognised nutritional guidelines for people using the services. The menu was reviewed by a registered dietitian on 15 April 2023. Recommendations made at that time have been implemented.</p> <p>All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration that expires on 29 October 2025.</p> <p>Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. Menu options that are culturally specific to te ao Māori are provided.</p> <p>Evidence of resident satisfaction with meals was verified by whānau interviews, satisfaction surveys, and whānau meeting minutes.</p>

		Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.
<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>Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident's EPOA or whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau and EPOAs reported being kept well informed during the transfer of their relative.</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>	FA	<p>The building has a current building warrant of fitness that expires on 23 January 2025. BDCU has a 12-seater van to take residents out, which has a current warrant of fitness, registration and first aid kit. The service has a designated transport officer who drives the van and works 40 hours a week. The physical environment supports the independence of the residents. Corridors have safety rails and promote safe mobility with the use of mobility aids. Residents were observed moving freely with mobility aids in their respective wings. There are comfortable-looking lounges for communal gatherings and activities at the facility. Quiet spaces for residents and their whānau to utilise are available inside the lounges and dining rooms and outside on the open deck areas.</p> <p>The planned maintenance schedule included electrical testing and tagging of electrical equipment, resident equipment checks, and calibrations of the weighing scales and clinical equipment. The scales are checked annually. Hot water temperatures are monitored monthly, and the reviewed records were within the recommended ranges. The maintenance officer and certified tradespeople carry out reactive maintenance where required. One of the owners/managers is the</p>

		<p>maintenance person and gardener. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes.</p> <p>All bedrooms are single occupancy with their own toilet and hand basin. There are other toilets available for staff and visitors. All communal toilets and shower facilities have a system that indicates if it is engaged or vacant. All the washing areas have free-flowing soap and paper towels in the toilet areas. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the consumer group. Whānau interviewed reported that residents were able to move around the facility, and staff assisted them when required.</p> <p>Residents' rooms are personalised according to their preferences. All rooms have external windows to provide natural light, appropriate ventilation, and heating. The grounds and external areas were well maintained. External areas are independently accessible to residents. All outdoor areas have seating and shade. There is safe access to all communal areas. There were no residents who smoked on the audit days.</p> <p>The management reported that when there is a planned development for new buildings, there shall be consultation and co-design of the environments to ensure that they reflect the aspirations and identity of Māori. Care staff interviewed stated they have adequate equipment to safely deliver care for residents.</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 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>FA</p>	<p>The policies and guidelines for emergency planning, preparation, and response are displayed and easily accessible by staff. Civil defence planning guidelines direct the facility in its preparation for disasters and describe the procedures to be followed in the event of a fire or other emergency. Fire and Emergency New Zealand (FENZ) has approved the fire evacuation plan in place, and it is current. A trial evacuation drill was performed on 27 May 2024. The drills are conducted every six months and added to the annual training programme. The staff orientation programme includes fire and security training.</p>

		<p>There are adequate fire exit doors, and the main car park area is the designated assembly point. An external contractor checks all required fire equipment within the required timeframes. A civil defence plan was in place. There were adequate supplies in the event of a civil defence emergency, including food, water, candles, torches, and a gas BBQ to meet the requirements for 40 residents, including rostered staff. The amount of emergency water available met The National Emergency Management Agency recommendations for the region. There is no generator on site, but one can be hired from an approved external provider. The owner/manager reported that plans were underway for the facility to purchase a generator. Emergency lighting is available and is regularly tested. Registered nurses, the activities team, transport officer and care staff hold current first aid certificates. There is a first aid trained staff member on duty 24/7. The staff interviewed confirmed their awareness of the emergency procedures. There is an appropriate call bell system in place. Staff are trained to manage residents with challenging behaviour. The maintenance officer checks call bells monthly. Whānau confirmed that staff respond to residents' concerns promptly.</p> <p>Appropriate security arrangements are in place. Doors are locked at predetermined times in the evenings. Whānau knew the process of alerting staff when they needed access to the facility after hours. A closed-circuit television and video (CCTV) system monitors the entrance, garden, and communal areas. CCTV signage was displayed around the facility.</p> <p>A visitors' policy and guidelines are available to ensure resident safety and well-being are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors' registers.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p>	<p>FA</p>	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress,</p>

<p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>issues and significant events to the governing body.</p> <p>An emergency plan has been documented and reviewed. Sufficient resources and personal protective equipment (PPE) are readily available and accessible to staff. All staff and whānau have received training and updates on managing the current pandemic. Training records are well maintained.</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. 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 coordinator (IPCC) is responsible for overseeing and implementing the IP programme, with reporting lines to senior management. The IPCC has appropriate skills, knowledge and qualifications for the role, and confirmed access to the necessary resources and support. Their advice has been sought when making decisions around procurement relevant to care delivery, policies and design of the new building. The IP programme is linked to the quality improvement programme, was last reviewed on 24 June 2024, and was approved by the owner/manager.</p> <p>The infection prevention and control policies reflected the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.</p> <p>Staff were familiar with policies through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources are available in te reo Māori.</p> <p>A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</p> <p>Staff were familiar with policies for decontamination of reusable medical devices, and there was evidence of these being appropriately decontaminated. The process is audited to maintain good practice. Single-use medical devices are not reused.</p>

<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.</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-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>	FA	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Surveillance tools were used to collect infection data and standardised surveillance definitions are used. Monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Ethnicity was included in surveillance data. Results of the surveillance programme are shared with staff and senior management in staff meetings and management meetings. An infection outbreak reported since the last audit was managed effectively. Communication between service providers and EPOAs for residents experiencing a health care-associated infection (HAI) was confirmed by the EPOAs to be culturally safe.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and</p>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p> <p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Staff involved have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p>

<p>transmission of antimicrobialresistant organisms.</p>		<p>Residents' EPOAs and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.</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 service has a current restraint policy and aims to maintain a restraint-free environment. The governance body demonstrated a commitment to this, supported by the management team. At the time of the audit, no resident was using a restraint. Documentation confirmed that restraint was discussed at staff meetings, quarterly service review and management meetings, and annual quality review meetings.</p> <p>The policies and procedures reviewed meet the standards' requirements. The CM is the restraint coordinator, who provides support and oversight should restraint be required in the future. The role is outlined in the job description. As part of the education programme, staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The approval for any use of restraint would, in the first instance, be put forward to the restraint approval group, which includes the clinical team. The management team meets every month to discuss whether restraint is to be used. The team would consider approval of any restraint, approval of the method of restraint, guidelines, education of staff, observations, and evaluation, and they would ensure that the correct equipment was used.</p> <p>Restraint protocols are covered in the facility's orientation programme and are included in the education programme (which includes annual restraint competency). Restraint use is identified as part of the quality programme and reported at all levels of the organisation.</p> <p>All staff have completed annual training around de-escalation and management of challenging behaviour in the last year.</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.

No data to display

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 audit.

No data to display

End of the report.