

Shalom Rest Home & Hospital Limited - Raglan Rest Home and Hospital

Introduction

This report records the results of a Provisional 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:	Shalom Rest Home & Hospital Limited
Premises audited:	Raglan Rest Home and Hospital
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 24 February 2025 End date: 25 February 2025
Proposed changes to current services (if any):	The provisional audit was conducted to establish the preparedness of the prospective owner to deliver health and disability services.
Total beds occupied across all premises included in the audit on the first day of the audit:	35



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.

General overview of the audit

Raglan Rest Home and Hospital is owned and operated by the facility manager/registered nurse (FM/RN). This service is certified to provide rest home and hospital services for up to 36 residents. There were 35 residents receiving care at the time of the audit.

There have been no significant changes to the service and facilities since the previous audit.

This provisional audit was conducted against Ngā Paerewa Health and Disability Services Standard NZS 8134:2021 and the contracts the service holds with Health New Zealand – Te Whatu Ora. It included a review of policies and procedures, a review of residents' and staff files, observations, and interviews with residents and whānau, a facility manager/registered nurse, a prospective provider, staff, and a general practitioner. Residents and whānau were complimentary about the care provided.

Based on the audit findings, it was identified that improvements are required in the following areas: menu review and including ethnicity in surveillance of infections.

The prospective owner (director) was present on the audit days and was interviewed. The prospective owner had a good understanding of the Ngā Paerewa Standard. The audit was conducted to establish the organisation's preparedness to deliver a health and disability service. The proposed date for settlement is 31 March 2025.

Ō tātou motika | Our rights

Raglan Rest Home and Hospital works collaboratively to support and encourage a Māori world view 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 and their whānau are informed of their 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 and felt listened to and included when making decisions about care and treatment. Open communication is practiced. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives were followed wherever possible.

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

Hunga mahi me te hanganga | Workforce and structure

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 ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance was 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. Residents and whānau provide regular feedback, and staff are involved in quality activities. An integrated approach includes the collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks were identified and mitigated.

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

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff are appointed, orientated and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe, equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

When residents enter the service, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents 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 whānau and was evaluated on a regular and timely basis.

Residents, including young people with disabilities, were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who were competent to do so. An electronic management system is utilised.

Nutritional needs of the residents and special cultural needs are catered for. Food was safely managed.

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

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

Raglan Rest Home and Hospital met residents' needs and was clean and maintained. There was a current building warrant of fitness. Electrical and biomedical equipment had been checked and assessed as required. Internal and external areas are accessible and safe. External areas have shade and seating provided 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 was maintained.

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

The facility manager/registered nurse ensured 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 nurse leads the programme.

The infection control nurse 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, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance was 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 and cleaning services.

Here taratahi | Restraint and seclusion

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were residents using restraints at the time of the audit.

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	2	0	0	0
Criteria	0	175	0	2	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>	FA	<p>Raglan Rest Home and Hospital 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 local iwi and Māori organisations to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from cultural advisers/local iwi and is used for residents who identify as Māori.</p> <p>Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>Strategies to actively recruit and retain a Māori health workforce across roles were discussed. At the time of audit, there were staff and residents who identified as Māori. Staff ethnicity data was documented on recruitment and trended.</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</p>	FA	<p>The service 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. There were no</p>

<p>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>residents or staff who identified as Pasifika. The FM/RN reported that whānau of any resident who identifies as Pasifika were consulted to ensure any individual needs and supports for the resident are identified and met.</p> <p>Raglan Rest Home and Hospital supported increasing Pasifika staff capacity at all levels of the organisation, as vacancies and applications for employment permit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Staff interviewed 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. Posters of the Code in English, te reo Māori and sign languages were posted around the facility.</p> <p>Residents 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>Māori mana motuhake was recognised in practice as confirmed by residents who identified as Māori.</p> <p>The prospective owner knew and understood the Code and their responsibilities as a provider of health and disability services, evidenced through interview.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau confirmed they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices.</p> <p>Staff were observed to maintain privacy throughout the audit. Some residents have a private room, and a couple shared a room with their spouse with their consent.</p> <p>Te reo Māori and tikanga Māori are promoted within the service through the activities programme. Locations were labelled in English</p>

		<p>and te reo Māori. 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 were responded to, including their participation in te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>	FA	<p>Staff understood the service's policy on abuse and neglect, including what to do should there be any signs of such. There were no examples of discrimination, coercion or harassment identified during the audit through staff, resident and whānau interviews, or in documentation reviewed.</p> <p>Residents' property was labelled on admission, and they reported that their property was respected. There is a comfort account residents and their whānau can use for safe storage of money if desired.</p> <p>Professional boundaries were 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.</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. Te Tiriti: Services are easy to access and navigate and give clear 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>	FA	<p>Residents 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 relatives/whānau in a timely manner. Where other agencies were involved in care, communication had occurred.</p> <p>Examples of open communication were evident following adverse events and during management of any complaints.</p> <p>Staff knew how to access interpreter services, if required.</p> <p>All residents have access to wifi as desired. Some young people with disabilities have laptops, tablets and cell phones that they can use to maintain contact with family and friends and access information.</p>

		Alternative communication methods were utilised for residents with communication issues to promote effective communication.
<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>	FA	<p>Residents and/or their legal representative were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making.</p> <p>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. Staff were observed to gain consent for daily cares.</p> <p>Advance care planning, establishing and documenting Enduring Power of Attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate 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 leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. There were two (2) complaints in 2024 and nil in 2025 (year to date). The FM/RN reported that complaints were investigated, and corrective actions developed and closed out. The complaint process timeframes were adhered to, and service improvement measures implemented where required.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. There have been no complaints received from external sources since the previous audit.</p> <p>Residents and 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</p>

		<p>resident or family in accessing independent advocacy services. The informed consent policy considers appropriate best practice tikanga guidelines in relation to consent.</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>Raglan Rest Home and Hospital is owner operated. The current owner has been running the service for over seven years. Management assumes accountability for delivering a high-quality service to the residents.</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 (eg, information in other languages for the Code of Rights, information in respect of complaints and infection prevention and control). The kaumatua visits the service fortnightly to support residents and staff. The service continues to work towards recruiting Māori and Pasifika staff. The needs of young people with disabilities were reflected in organisational documents, policies, and procedures.</p> <p>The strategic plan outlines 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 was being collected to support equity.</p> <p>Cultural safety training has been undertaken by the management. The FM/RN was interviewed during the audit and displayed a commitment to ongoing quality improvement, resident safety, elimination of restraints, and equity principles.</p> <p>This FM/RN is a registered nurse with a current practising certificate and has extensive experience in the health sector. At Raglan Rest Home and Hospital, the facility is overseen by the FM/RN and is supported by the senior registered nurse and administration manager. The management team is suitably qualified and experienced for their roles and within the aged care sector.</p> <p>The management team is committed to quality and risk through</p>

	<p>policy, processes and feedback mechanisms. This includes receiving regular information from the nursing team. The clinical governance group is appropriate to the organisation's size and complexity.</p> <p>Compliance with legislative, contractual and regulatory requirements is overseen by the management team, with external advice sought as required. The management team maintains current knowledge on legislative changes and requirements.</p> <p>People receiving services, and their whānau, participate in planning and evaluation of services through satisfaction surveys and regular monthly residents' meetings. A sample of minutes of these showed good attendance, a comprehensive agenda, and that any concerns raised were addressed and reported back to the residents. Residents and whānau interviewed were happy with the services provided and their level of involvement.</p> <p>The prospective owner is a director for Shalom Private Limited and has experience in aged residential care. They currently run the Dementia Day Care Centre in Rotorua, which has been in operation since 2011. The current FM/RN confirmed that support will be provided to the prospective owner for a period of three to six months after taking over. The settlement date is 31 March 2025. A transitional plan is in place and was fully discussed. All staff are to have ongoing employment, and no changes will be made to the coverage of the facility.</p> <p>The FM/RN and prospective owner confirmed that the current arrangement with kaumatua will remain, providing substantive input into organisational operational policies, and any other external advice will be sought from the local community marae and Health New Zealand-Te Whatu Ora as required.</p> <p>The prospective owner has been working collaboratively with the current service provider to manage the transitional time effectively. The FM/RN reported that current staff and families will be informed after the audit. The policies and procedures of contracted service providers will remain unchanged. Health New Zealand – Te Whatu Ora has been notified about the proposed sale as part of the agreement obligations.</p> <p>Raglan Rest Home and Hospital holds contracts with Health New</p>
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		<p>Zealand – Te Whatu Ora for the provision of rest home, hospital, respite, and Long-term Support – Chronic Health Conditions (LTS-CHC), Accident Compensation Corporation (ACC), and with the Ministry for Disabled People for younger persons with a disability (YPD). At the time of the audit, there were fifteen (15) hospital-level care residents, including three YPD residents and one LTS-CHC, 20 rest home residents, including one YPD, one respite resident, one LTS-CHC, and nil ACC.</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>FA</p>	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents and complaints, audit activities, a regular resident satisfaction survey, monitoring of several resident safety/quality indicators (e.g., falls, skin tears, bruising, infections), policies and procedures, clinical incidents, and any quality improvement projects. Relevant corrective actions were developed and implemented to address any shortfalls identified from internal audit activities. Trends were analysed to support ongoing evaluation and progress across the service's quality outcomes. Benchmarking of data was conducted by comparing data with previous months' results.</p> <p>Residents, young people with disabilities, and whānau contribute to quality improvement through satisfaction surveys and residents' meetings, and staff contribute through reviewing of data as part of regular staff meetings/registered nurses (RN) forums and audit activities. Staff meeting agendas and minutes reviewed showed good attendance and comprehensive agendas covering quality and safety measures/activities. The outcomes from the resident satisfaction survey conducted in 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 prospective owner interviewed was well informed about the Ngā Paerewa Standards and will continue the quality and risk systems, audit schedule, policies, and procedures. The FM/RN reported that collecting, collating and reviewing residents' ethnicity data (Refer</p>

		<p>5.4.3) and staff to improve health equity through critical analysis of data and organisational practices, was being implemented.</p> <p>The FM/RN described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and the development of mitigation strategies. These were reported during meetings.</p> <p>Staff document adverse and near-miss events in line with the National Adverse Events Reporting Policy. A sample of 10 incident forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner. The nursing team and management were aware of the new Severity Assessment Code (SAC) 1 and 2 events reporting process.</p> <p>The service complied with statutory and regulatory reporting obligations. The management team interviewed were familiar with essential notification reporting requirements. There were no Section 31 notifications completed or notifications to Health New Zealand – Te Whatu Ora since the previous audit, and notifications to Public Health were completed as required.</p> <p>The prospective owner is well informed about the essential notification obligations and understood the processes involved.</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 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 team approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 registered nurse coverage.</p> <p>The prospective owner stated being aware of the Age-Related Residential Care Service (ARRC) contract requirements for staffing and training. Staffing will remain the same; the casual pool and the</p>

		<p>preferred contracted agency will continue to be used when required.</p> <p>The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are delivered to meet the needs of residents.</p> <p>Continuing education is planned annually, covering a wide range of topics but not limited to infection prevention and control, medication management, care planning and assessment and cultural safety, wound care management, palliative care, emergency evacuation, falls prevention, skin management, fire safety, and syringe driver training. Related competencies were assessed. High-quality Māori health information was accessed and used to support training and development programmes, policy development, and care delivery.</p> <p>Most care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora. Twelve (12) health care assistants had achieved Level 4, two Level 2, one (1) Level 1, and nine (9) were still to commence training. Records reviewed demonstrated completion of the required training and competency assessments.</p> <p>Staff reported felt 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 were based on good employment practices and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies were being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. Practising certificates were current for all regulated health professionals, including the RNs, general practitioner, pharmacists, podiatrist and dietitian.</p> <p>Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in seven files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as</p>

		<p>confirmed in records reviewed.</p> <p>Staff information, including ethnicity data, was accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements.</p>
<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. An electronic information management system was utilised. Clinical notes were current, integrated and legible and met current documentation standards. Information was accessible for all those who needed it.</p> <p>Files were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>The service is not responsible for National Health Index registration/data.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. 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>	FA	<p>Residents enter Raglan Rest Home and Hospital 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. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the 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 was documented and analysed annually, including decline rates for Māori. The FM/RN stated that no residents were declined entry to services if their level of care is provided by the service. When there was no vacancy, the prospective residents were put on the waiting list.</p> <p>The service has developed partnerships with local Māori</p>

		communities and organisations and supports Māori and their whānau when entering the service.
<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>	FA	<p>The multidisciplinary team work in partnership with the resident 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, were recorded.</p> <p>Assessment was based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff understood and supported Māori and whānau to identify their own pae ora outcomes in their care plan. Te Whare Tapa Whā model of care is adopted for residents who identify as Māori. This was verified by sampling residents' records, and from interviews with clinical staff, people receiving services 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 and/or whānau. Residents and whānau confirmed active involvement in the process.</p> <p>Tāngata whaikaha participate in service development through the assessment, care planning and care evaluation processes. Examples of choices and control over service delivery were discussed with staff/tāngata whaikaha and whānau. Tāngata whaikaha/whānau can independently access information.</p> <p>Residents' records, observations, and interviews verified that the care provided to residents was consistent with their assessed needs,</p>

		goals and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs. Residents and whānau (as applicable) confirmed being involved in the evaluation of progress and any resulting changes.
<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>The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life.</p> <p>Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and 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 met the needs of Māori and young people with disabilities. Residents were supported to access community events and programmes for young people with disabilities using the facility van, and some residents were able to go out into the community independently.</p> <p>Feedback on the programme is provided through the residents' and whānau meetings. Those interviewed confirmed they found the programme meets their 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. 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>	FA	<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 administer medicines were competent to perform the function they managed.</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 met requirements. Medicine-related allergies</p>

		<p>or sensitivities were recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements were 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>Self-administration of medication was facilitated and managed safely when required. There were no residents who were self-administering medicine at the time of the audit. Residents, including Māori residents and their whānau, were 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.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	PA Low	<p>The food service is in line with recognised nutritional guidelines for people using the services. The service operates with an approved food safety plan and registration.</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. There is a kitchenette utilised by residents to prepare hot drinks as desired. Māori and their whānau have menu options that are culturally specific to te āo Māori.</p> <p>The menu was overdue for review by a dietitian.</p> <p>Evidence of resident satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</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,</p>	FA	<p>Transfer or discharge from the service is planned and managed safely with coordination between services and in collaboration with the resident and 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 reported being kept well informed during the</p>

<p>transfer, and discharge. 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>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>	<p>FA</p>	<p>Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. The building has a current building warrant of fitness that expires on 27 April 2025.</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 were checked annually. The maintenance officer and certified trades people carry out reactive maintenance where required. There is a contracted gardener who works one day a week. The environmental temperature was monitored, and processes were implemented to manage significant temperature changes.</p> <p>There are a total of 34 dual purpose bedrooms, with two bedrooms being large enough for two residents and one of the bedrooms was occupied by a couple. The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Internal and external spaces were culturally inclusive and suited the needs of both the younger and older resident individuals and groups. Enduring Power of Attorney (EPOA)/family/whānau if needing to stay overnight also have access to the small cabin on-site.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> <p>The current environment is inclusive of people's cultures and supported cultural practices. The FM/RN and the maintenance officer</p>

		<p>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>The prospective owner stated they have no plans to change the layout of the existing facility. Ongoing maintenance will continue. The maintenance officer will continue in the role.</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>Disaster and civil defence plans and policies direct the facility in its preparation for disasters and described the procedures to be followed. These have been recently updated. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan has been approved by Fire and Emergency New Zealand (FENZ). A trial evacuation drill was performed on 10 December 2024. The drills are conducted every six months, and these were added to the annual training programme. Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Staff can provide a level of first aid relevant to the risks for the type of service provided. First aid training records were sighted, and most staff had completed requirements. There is always at least one person on duty training in first aid.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff responded promptly to call bells.</p> <p>Appropriate security arrangements were in place, including facility locking procedures. Residents and whānau were familiarised with emergency and security arrangements on admission, and as and when required.</p> <p>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to sign in and out of visitors'</p>

		registers.
<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>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>	FA	<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 management, 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, issues and significant events to the governing body.</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 nominated infection control nurse (ICN) is responsible for overseeing and implementing the IP programme with reporting lines to the FM/RN. The ICN 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, facility changes, and policies.</p> <p>The IP programme implemented is clearly defined and documented. The IP programme was approved by the FM/RN and is linked to the quality improvement programme. The IP programme is reviewed annually and was last reviewed in February 2025. 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 and infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and</p>

		<p>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 and reprocessed. The process is audited to maintain good practice. Single-use medical devices were 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 was 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>	PA Low	<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. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors and required actions. Results of the surveillance programme were shared with staff in monthly meetings and with the FM/RN. Ethnicity data was not included in infection surveillance.</p> <p>There was an infection outbreak in December 2024 which was managed effectively. Communication between the clinical staff and those residents experiencing a health care-associated infection (HAI) is culturally safe, as confirmed in interviews.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	FA	<p>A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms.</p>

<p>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 transmission of antimicrobialresistant organisms.</p>		<p>Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes were monitored for effectiveness. The infection prevention nurse, supported by the FM/RN, has oversight of the environmental testing and monitoring programme. Cleaning and laundry staff have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility 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 aims to maintain a restraint-free environment. Policies and procedures meet Ngā Paerewa HDSS 2021 requirements. The clinical team is responsible for the restraint elimination strategy and monitoring restraint use in the organisation. Restraint is discussed at staff meetings and RN forums.</p> <p>The interviewed FM/RN stated that the service is committed to a restraint-free environment and has strong strategies to eliminate restraint use. The prospective owner interviewed understood the obligations to ensure and maintain a restraint-free environment and the aim to eliminate restraint use.</p> <p>At the time of the audit, one resident was using a lap belt as a restraint. Restraint was a last resort when all alternatives had been explored. The FM/RN is the restraint coordinator and has a defined role of providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> <p>The restraint approval group, including the general practitioner (GP), is responsible for approving the use of restraints and the restraint processes. There are clear lines of accountability. All restraints have been approved, and the overall use of restraints is being monitored and analysed. Family/whānau/EPOA and residents were involved in decision-making.</p>

<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	<p>FA</p>	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of Ngā Paerewa HDSS 2021. Residents and family/whānau confirmed their involvement in the process. Access to advocacy was facilitated as necessary. A restraint register was maintained and reviewed at each restraint approval group review meeting. Restraint consent, authorisation and assessment forms were reviewed for the restraint currently in use. The register contained enough information to provide an auditable record. Staff meeting minutes, RN forums and restraint approval group review meetings documented discussions about restraint.</p> <p>The care staff monitor restraint, which is overseen by the registered nurses and the FM/RN. The monitoring considers the person's cultural, physical, physiological and psychosocial needs. Records of restraint monitoring were undertaken and included any care and support interventions while the restraint was in place.</p> <p>There has not been any use of emergency restraints in this facility. If emergency restraint is required, the registered nurse will consult with the GP, resident, family/whānau, restraint approval group and determine, depending on the situation, who will debrief the staff.</p> <p>Restraint use was evaluated at the individual and service provider levels at three-monthly intervals, and records maintained.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	<p>FA</p>	<p>The restraint approval group undertakes a six-monthly review of all restraint use, which includes all the requirements of Ngā Paerewa HDSS 2021. The outcome of the review was reported to the management. Any changes to policies, guidelines, education and processes are implemented if indicated. Benchmarking was completed internally. The benchmarking identifies trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</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 3.5.4</p> <p>The nutritional value of menus shall be reviewed by appropriately qualified personnel such as dietitians.</p>	PA Low	<p>The menu in use was last reviewed by a qualified dietitian in 2021. The FM/RN stated that attempts have been made to book for menu review on time; however, the previously booked appointments were cancelled due to different reasons. A dietitian was booked to review the menu on 18 March 2025. An email from the dietitian to confirm the booking was seen at the time of the audit. Residents' weight was monitored monthly and more frequently where weight issues were identified. Nutritional supplements were prescribed for residents as required.</p>	<p>The menu was overdue for review.</p>	<p>Ensure the menu is reviewed in a timely manner to meet the criterion requirements.</p> <p>180 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using</p>	PA Low	<p>Surveillance tools were used to collect infection data and standardised surveillance definitions are used. Surveillance did not include ethnicity data.</p>	<p>Infection surveillance did not include ethnicity data.</p>	<p>Ensure that surveillance includes ethnicity data to meet the criterion requirements.</p>

standardised surveillance definitions. Surveillance includes ethnicity data.				180 days
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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.