

# Radius Residential Care Limited - Radius Millstream

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## Introduction

This report records the results of a Partial Provisional Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by Health and Disability Auditing New Zealand Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

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

The specifics of this audit included:

**Legal entity:** Radius Residential Care Limited

**Premises audited:** Radius Millstream

**Services audited:** Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care

**Dates of audit:** Start date: 18 September 2017 End date: 18 September 2017

**Proposed changes to current services (if any):** This audit has verified the service as suitable to provide rest home level care in the 19 serviced apartment unit for up to a total of nine residents.

**Total beds occupied across all premises included in the audit on the first day of the audit: 79**



# Executive summary of the audit

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## Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

## General overview of the audit

Millstream Care Home is to be part of the Radius group of facilities. The facility is a purpose-built facility providing three levels of care (hospital/medical, rest home and dementia) for up to 80 residents.

This partial provisional audit included verifying the preparedness of the service to provide rest home level care in an adjoining apartment block. This audit verified the serviced apartments block (19 units) across two levels as suitable to provide rest home level care for up to nine residents.

Millstream Care Home has a transition plan to guide the service through the transition to introducing rest home level residents into the serviced apartments. The apartment building is a new building and not yet occupied by any residents

Standardised policy and procedure, annual education programme, core competency assessments and orientation programmes are implemented at all Radius sites. The apartment building will be staffed by increasing the hours of existing part-time staff. Radius has robust quality and risk management systems implemented across its facilities. The opening of the apartment building is

planned for as soon as all compliance and legal requirements are met. The manager (RN) has many years aged care experience and has been in the role for one year. She is supported by a clinical manager that is new to the role and an experienced regional manager.

The shortfall identified at the previous audit around monitoring of neurological observations following a potential head injury continues to require addressing.

This audit identified improvements required around completing the required actions to obtain the CPU (light switches and adjustment of the lift), landscaping, turning on and monitoring hot water temperatures and obtaining a NZ Fire Service approved updated evacuation plan to incorporate the new building.

## **Consumer rights**

N/A

## **Organisational management**

The organisation has well developed policies and procedures that are structured to provide appropriate care for residents that require geriatric hospital (medical), rest home and dementia level care. A business plan April 2016 – March 2019 has been developed and includes business plan targets for 2016/17. There is a transition plan to guide the transition to providing rest home level care for residents in the serviced apartments.

There is a comprehensive human resources policies folder including recruitment, selection, orientation and staff training and development. The service has a comprehensive orientation programme that provides new staff with relevant information for safe work practice. The orientation programme is developed specifically to worker type (eg, RN, support staff) and includes documented competencies.

An annual education schedule is being implemented and includes all required topics. A draft staffing roster is in place for the serviced apartments.

## **Continuum of service delivery**

The organisations medication policy and procedures follow recognised standards and guidelines for safe medicine management practice.

The service uses blister packs. Medication for residents in the serviced apartments will be stored in the secure current treatment room in the existing facility and be administered by registered nurses or senior caregivers that have completed a medication competency assessment.

The kitchen is spacious and includes two areas; one for cooking and one for clearing up. The large spacious kitchen included freezers, a chiller and walk-in pantry. The food service provided by an external contractor and is well able to cater for the additional residents.

Each serviced apartment has a kitchenette and the communal dining area in the apartment area has a kitchenette. An additional hot box has been purchased to transport the pre-plated food from the main kitchen to the kitchenette in the serviced apartment area.

## **Safe and appropriate environment**

The serviced apartment block is owned by the village adjacent to Radius Millstream and the village will be responsible for maintenance. The building has been built to comply with legislation. Residents in the apartments are responsible for furnishing them as they are LTO's. Millstream has sufficient equipment such as shower chairs to meet residents' needs. Residents that deteriorate to require specialist equipment will be required to move into the existing care centre.

There is a small nurses station in the apartment building. Resident files will be stored in the existing hospital staff area, which is situated close to the apartment area, which is adjacent to and attached to the existing facility.

All apartments and the communal area allow for safe use of mobility equipment. The apartment building has carpet throughout with vinyl surfaces in bathrooms/toilets and kitchen areas.

All apartments are completed with curtains, carpets and heat pumps. The rooms and ensuites are large enough to cater for residents requiring rest home level care.

There is a large, open plan lounge/dining area for use by serviced apartment residents. Each apartment on the ground floor has an external ranch slider and upstairs apartments have a small balcony.

Appropriate training, information and equipment for responding to emergencies has been provided for staff as part of the annual training programme. The call bell system is functioning and alerts via a pager system and on visual display panels in the existing facility.

The facility is appropriately heated and ventilated. There are heat pumps with wall based thermostats in each serviced apartment and ceiling heat pumps in hallways and lounge areas.

## **Restraint minimisation and safe practice**

N/A

## **Infection prevention and control**

The infection control (IC) programme and its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. There is a job description for the IC coordinator and clearly defined guidelines. The IC programme is designed to link to the quality and risk management system. The programme is reviewed annually at an organisational level.

## Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	13	0	2	1	0	0
<b>Criteria</b>	0	32	0	3	1	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)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Radius Millstream is part of the Radius group of facilities. The facility provides three levels of care (rest home, hospital and dementia) for up to 80 residents. This audit has assessed the 19 newly built serviced apartments over two levels, adjacent to and attached to the existing facility as suitable to provide rest home level care for up to nine residents. At the time of the audit, there were a total of 79 residents (37 rest home level residents including three on respite care, 20 hospital level residents - including 2 residents on respite, and 20 residents in the 20-bed dementia unit). All residents except those on respite care were under the Aged Related Residential Care (ARRC).</p> <p>Millstream Care Home has set a number of quality goals around the opening of the facility and these also link to the organisations strategic goals. A business plan April 2016 - March 2019 has been developed and includes business plan targets for 2016/17. A transition plan has been developed to guide the service as it transitions to having rest home level residents in the serviced apartments. The apartment building is owned and maintained by the adjacent retirement village and residents licence to occupy is with the village. Radius have contracted to provide care and support to the residents and the apartments will come under their certification.</p>



		<p>The facility manager is a qualified registered nurse (RN), has been in the role since September 2016 and has 10 years' experience in aged care management. A clinical manager/RN appointed in September 2017 supports her. The clinical manager has had clinical experience within the aged care environment. The facility manager and clinical manager are supported by a regional manager.</p> <p>Radius provides a comprehensive orientation and training/support programme for their facility managers and clinical managers and regular forums for both occur across the year. The facility manager has maintained at least eight hours annually of professional development activities related to managing a hospital/rest home.</p>
<p><b>Standard 1.2.2: Service Management</b></p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>In the event of the facility manager being absent, the clinical manager will fill the managers role with support from staff and the regional manager.</p>
<p><b>Standard 1.2.7: Human Resource Management</b></p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Human resources policies include recruitment, selection, orientation and staff training and development. Five staff files reviewed (two RNs, two healthcare assistants and one activities coordinator) included a recruitment process (interview process, reference checking, police check), signed employment contracts, job descriptions and completed orientation programmes. A register of registered nursing staff and other health practitioner practising certificates is maintained. Staff files sampled contained current performance appraisals. Existing staff will fill the roster that covers the serviced apartments with some currently part-time staff having hours increased.</p> <p>The orientation programme provides new staff with relevant information for safe work practice. An education and training plan is being implemented and includes in-service education and competency assessments. There is an attendance register for each training session and an individual staff member record of training. Staff are required to complete written core competencies during their induction. These competencies are repeated annually.</p> <p>Registered nurses are supported to maintain their professional competency. There are implemented competencies for registered nurses including (but not</p>

		<p>limited to) medication competencies and insulin competencies.</p> <p>There is a total of seven registered nurses (plus the facility and clinical managers) and five of these have completed interRAI training.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>A policy is in place for determining staffing levels and skills mix for safe service delivery. Rosters implement the staffing rationale. The facility manager and clinical manager, both RNs, work full-time Monday to Friday. The rest home/hospital units (thirty-seven rest home level and twenty-two hospital level residents) is staffed with two RNs on the morning and one on the afternoon shifts and on the night shift. Six healthcare assistants are scheduled to work during both the morning and afternoon shifts and two are scheduled to work during the night shift.</p> <p>In the dementia unit (twenty residents) there is one RN that covers the morning and afternoon shifts with the hospital RN on duty covering the night shift. The RNs are supported by two healthcare assistants on the morning and afternoon shifts and one on the night shift.</p> <p>The prepared roster for the serviced apartments when rest home level residents are admitted, has one senior healthcare assistant on morning shift (7 am to 3 pm) and one on afternoon shift (3 pm to 11 pm). The registered nurses will also cover the serviced apartment residents. The call bells in the serviced apartments are connected to the main facility system and the existing staff in the rest home/hospital units will provide regular checks and support of rest home level residents in the serviced apartments overnight.</p>
<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>There are medication management policies and procedures that comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Medications for residents in the serviced apartments will be stored in the existing secure treatment room which is close to the serviced apartment area. Registered nurses and HCAs that administer medications have completed annual medication competencies and medication education. The HCAs working in the serviced apartments will administer medication. These will be senior HCAs and all senior HCAs hold a current medication competency. Medications are checked by an RN on delivery. All medications were within the expiry dates. The medication fridge temperature</p>

		<p>is monitored and within acceptable limits.</p> <p>Medication charts are hand written by the GPs and meet legislative prescribing requirements for regular and 'as required' medications. Medication charts had photo identification and allergy status identified. The GP reviews the medication charts at least three-monthly.</p> <p>Residents at the facility continue with their own GPs. The pharmacy has agreed to supply medications for the additional residents in the serviced apartments.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	FA	<p>There is a fully functional kitchen and all food is cooked on-site by a contracted service. The kitchen manager (chef) is responsible for the daily meal service. Food services staff have completed food safety training and chemical safety training. The summer and winter menus have been reviewed by a dietitian. The food will be transported in a hot box (purchased) to the kitchenette in the serviced apartment area. A resident nutritional profile is developed for each resident on admission and provided to the kitchen staff. The chef is notified of any changes to resident's dietary requirements. Resident dislikes are known and accommodated. Special diets accommodated include gluten free, dairy free, diabetic desserts and modified/pureed diets.</p> <p>The temperatures of refrigerators, freezers, end cooked foods and serving temperatures are monitored and recorded daily. All food is stored appropriately and dated.</p>
<p>Standard 1.3.6: Service Delivery/Interventions</p> <p>Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.</p>	PA Moderate	<p>Five resident files were sampled – two hospital, two rest home and one dementia. All care plans described interventions for all identified resident needs. Registered nurses (RNs) and healthcare assistants follow the detailed electronic care plans and report progress against the care plan each shift. If external nursing or allied health advice is required, the RNs will initiate a referral. If external medical advice is required, this will be actioned by the GP. Families confirmed on interview that they are kept informed of health changes and this communication is entered into the electronic system.</p> <p>Staff have access to sufficient medical supplies. Sufficient continence products are available and a resident electronic file includes a continence assessment and plan as appropriate. Specialist continence advice is available as needed and this</p>

		<p>could be described.</p> <p>Wound assessments, wound management plans and evaluations were viewed on the electronic resident based system for the eight current wounds. There were no pressure injuries on the day of audit. The RNs have access to specialist nursing wound care management advice through the DHB.</p> <p>Monitoring records were electronically completed for weights, behaviours, pain, turns and intentional rounding.</p> <p>In incident forms sampled neurological observations had not always been completed when there was a possible head injury. The previous shortfall continues to require addressing.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are policies in place to guide staff in waste management. Gloves, aprons and goggles are in each sluice. The sluice in the existing facility nearest to the serviced apartment area will be used to meet requirements in the serviced apartment area. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. The service has a contract with Ecolab to provide chemicals. Safety datasheets are available in the laundry and the sluices in each unit. Each sluice has a sanitiser. There are locks installed on sluice rooms and cleaners' cupboards for the safe storage of chemicals.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	PA Low	<p>The serviced apartment building is a new building, adjacent to and attached to the existing facility. The serviced apartment area is on two levels with a lift (which still requires final adjustments) between the floors. The organisation has purchased additional lifting belts and shower chairs. Other required equipment will be used from the existing facility. Any resident whose needs become more complex and require equipment such as sensor mats will be supported to move into the existing rest home area for closer supervision.</p> <p>There is a small nurses' station on the ground floor.</p> <p>Serviced apartment residents furnish their own apartments. Maintenance of the new building will be completed by the maintenance staff from the village next door that owns the building. Advised that for urgent minor issues the Millstream maintenance person is available. All electrical equipment and other machinery in</p>

		<p>the existing facility has been tested and tagged, calibrated and serviced. Any equipment in the serviced apartment area is to be checked as part of the annual maintenance and verification checks.</p> <p>All apartments and communal areas allow for the safe use of mobility equipment. The apartment building and all apartments are carpeted throughout with vinyl surfaces in bathrooms/toilets and kitchen areas. There is adequate space in each apartment for storage of mobility equipment and a large parking/charging garage for mobility scooters.</p> <p>The building is near completion with lift adjustments and reattaching light switch fitting to walls to be completed prior to the certificate for public use being issued.</p> <p>All rooms are completed (other than the light switches) including flooring, bathrooms and curtains.</p> <p>The hot water temperatures in the existing facility are tested and maintained at a safe temperature. The hot water has not yet been turned on in the serviced apartment area.</p> <p>The outdoor landscaping is in the process of being completed.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>Each serviced apartment has a large 'wet area' ensuite with safety rails and non-slip flooring.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents' rooms in the serviced apartments are spacious and suitable for residents requiring rest home level care. Mobility aids can be managed in ensuites and the communal toilet near the communal lounge. The open plan lounge/dining area is spacious. Ambulance stretchers can be fitted into the lift.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age</p>	FA	<p>There is a communal lounge/dining area for all serviced apartment residents including those receiving rest home level care on the ground floor of the apartment building. The building is not large (nine apartments on the ground</p>

<p>appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>floor and ten on the first floor and is within walking distance from all apartments, including for residents with impaired mobility. Residents on the first-floor can use the lift to access the lounge/dining area.</p> <p>Additionally, each apartment has a lounge and kitchenette.</p>
<p><b>Standard 1.4.6: Cleaning And Laundry Services</b> Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>The laundry in the existing facility is large and includes two entrances/exits. There is a clear dirty to clean flow and areas available for the sorting and storage of clean linen. Linen is contracted off-site and only personals are completed at Millstream. Apartment residents will have their personal washing completed in the current laundry and the current laundry staff have sufficient time and resources to achieve this.</p> <p>There are dedicated cleaning staff appointed and locked cleaning cupboards in each area. The standard of cleanliness is monitored through the internal audit programme. Existing cleaning staff that are part-time are having hours increased to provide a cleaning service for the serviced apartment area.</p>
<p><b>Standard 1.4.7: Essential, Emergency, And Security Systems</b> Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>PA Low</p>	<p>There are emergency and disaster manuals to guide staff in managing emergencies and disasters. There is a minimum of one first aid trained staff member on each shift. The existing facility has a fire evacuation plan that has been approved by the fire service but the amended evacuation scheme has not yet been approved. All staff have had training around the management of emergencies including a fire drill in September 2017 that included the serviced apartment area. Smoke alarms, sprinkler system and exit signs are in place. A generator, gas barbeque and torches are available in the event of a power failure. Emergency lighting is in place. A civil defence kit is in place. Supplies of stored water are in tanks. These are sufficient to meet the needs of the additional residents. Electronic call bells are evident in the lounge, bedroom and bathroom of each apartment. These are connected to staff pagers, including those in the existing facility.</p> <p>There are security policies around locking of the facility from dusk to dawn. A security firm will complete drive-bys at night.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>Every apartment has external access and large windows to allow natural light. Ground floor apartments open to courtyards and first floor apartments each have a small balcony. Each apartment has a heat pump which can be individually controlled. Communal areas and hallways are heated by heat pumps.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>Radius Millstream has an established infection control programme (last review November 2016). The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. A registered nurse is the designated infection control nurse with support from the clinical manager and regional manager (RN).</p> <p>Visitors are asked not to visit if they are unwell. There are hand sanitisers appropriately placed throughout the facility. Outbreak kits are readily available.</p>

## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>PA Moderate</p>	<p>Resident files sampled contained evidence that all routine monitoring is regularly completed and documented on the electronic database. Examples included the monitoring of pain for residents requiring PRN pain relief, two hourly or four hourly turning charts, intentional rounding records for residents requiring this and regular weight monitoring for residents that had lost weight. However, neurological observations were not always completed following unwitnessed fall or falls where a resident had hit their head.</p>	<p>Three of the six incident forms sampled where the resident had a potential head injury, did not have neurological observations completed.</p>	<p>Ensure neurological observations are completed for residents with a potential head injury.</p> <p>60 days</p>
<p>Criterion 1.4.2.1</p> <p>All buildings, plant, and equipment comply with</p>	<p>PA Low</p>	<p>The serviced apartment building is nearing completion. The lift adjustments and attaching of light fittings to walls require completing before the issuing of a</p>	<p>(i) The lift must be in full functioning order. (ii) Light switches must be reattached to walls. (iii) The certificate</p>	<p>(i) Ensure the adjustments to the lift are completed to a level where it meets legal safety requirements. (ii) Ensure all light switch fittings are</p>



legislation.		certificate for public use. Radius policy includes the monitoring of hot water temperatures and this is being undertaken in the existing facility. The hot water had not been switched on in the serviced apartment area at the time of the audit.	for public use has not yet been issued. (iv)The hot water had not been turned on at the time of the audit.	reattached to walls. (iii) Provide a copy of the certificate of public use to HealthCERT and the DHB. (iv) Ensure hot water is turned on and the temperature is monitored.  Prior to occupancy days
Criterion 1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.	PA Low	Garden areas are to be maintained by the gardeners from the adjacent village. Landscaping was being completed at the time of the audit.	Landscaping had not been completed for the serviced apartment areas.	Ensure landscaping is completed.  Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	The existing facility has an evacuation plan that has been approved by the fire service. The amended plan to include the serviced apartment building has not been approved.	The New Zealand Fire Service has not yet approved the amended evacuation plan.	Ensure a fire service approved amended evacuation plan is obtained.  90 days

## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.