

Masonic Care Limited - Woburn Masonic Care

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

The abbreviations used in this report are the same as those specified in section 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:	Masonic Care Limited
Premises audited:	Woburn Masonic Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 27 November 2020 End date: 27 November 2020
Proposed changes to current services (if any):	This partial provisional audit has been undertaken to establish the level of preparedness of Woburn Masonic to transfer the hospital and rest home level services currently provided In Woburn to new premises, known as Kelvin House in Manor Park, with 31 dual service rooms.
Total beds occupied across all premises included in the audit on the first day of the audit:	0



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 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

Woburn Masonic currently provides rest home and hospital care services from its premises in Lower Hutt. This partial provisional audit has been undertaken to establish the level of preparedness of Woburn Masonic to transfer its hospital and rest home level services to Kelvin House with provision for 31 dual service beds to allow for a new build in the current location.

There is another facility on the same site which is not included in this audit. The current Woburn Masonic Care facility manager will take responsibility for the oversight of the new premises. The manager will oversee day-to-day management of the facility supported by a clinical manager; both of whom are registered nurses and hold current practising certificates. Proposed rosters identify that each shift will be adequately staffed including 24 hours per day, seven days of the week registered nurse cover. Equipment for the use of residents has not yet been transferred to the facility, this will occur at the same time as the transitioning of residents who wish to move to the new facility.

Three areas for improvement were identified. The first relates to the need to ensure staffing levels meet the assessed needs of residents who transfer into the new facility. Two others relate to fire and emergency management, education in emergency

management needs to be made available to transferring staff, onsite fire extinguishers require servicing and a fire and emergency plan relevant to Kelvin House needs to be documented and put into place.

Consumer rights

Not applicable to this audit

Organisational management

Kelvin House will work under the established Woburn Masonic Care governance structure; there are already well documented strategic and business plans, with policies and procedures in place. The strategic/business plan outlines the purpose, values, scope, direction, and goals of the organisation with regular reporting to Board level. Documented quality and risk management plans are in place reflecting good practice standards.

The appointment, orientation and management of staff will be based on current organisational processes. A training calendar identified a systematic training approach to cover all areas of service delivery as well as functional training in response to staff training requests and to resident conditions.

A proposed roster is in place working on the principle that there will be an 64% hospital level and 36% rest home assessed residents transferring, and staffing levels have been set using this principle. The roster indicated that the ratios of staff to residents will be reduced from current levels but the 24 hour per day, seven day per week cover provided by registered nurses will be maintained. Once the actual acuity of transferring residents is known, these will need to be reassessed to make sure that staffing levels are appropriate to residents assessed care needs.

Continuum of service delivery

Medication will be managed electronically and administered by staff competent to do so. Medication management policies and procedures reflect current good practice and legislative requirements. There is a secure room for the storage of medication.

Resident care plans have been adjusted since the last audit to allow for comments to be inserted and dated when care plans are reviewed.

Food services will be provided from the adjacent facility which has the capacity to cater for the 31 rooms in the Kelvin House facility. The menu has been approved by a dietician in the last 12 months and meets the nutritional needs of aged-care residents.

Safe and appropriate environment

The facility meets the needs of residents and complies with building, contractual and legislative requirements. There is a current building warrant of fitness and an approved fire evacuation plan aligned to the adjacent care facility. The facility has 31 single occupancy rooms, all of which have an ensuite shower, toilet and vanity.

Communal recreation, lounge and dining areas allow for larger and smaller spaces for resident activities and privacy. External spaces are easily accessible and have shade and seating available.

Equipment for the care and comfort of residents will be moved from the current facility in line with the transition plan for the relocation of residents and equipment. New hoists will be in place at the new facility for trial before being installed in the new build.

There are processes in place for the management of waste and hazardous substances. Personal protective equipment and clothing is currently available on the current Woburn Masonic site, these will be transferred to the new site during the transition process.

Chemicals are kept secure and have Material Data Safety Sheets available for emergency use. Cleaning will be carried out by dedicated staff currently employed by Woburn Masonic. Laundry services will be outsourced to the adjacent facility. Equipment for laundry services is on site and will be monitored by internal audit and the offsite service and chemical providers.

Restraint minimisation and safe practice

Not applicable to this audit

Infection prevention and control

There is a documented infection control programme which includes surveillance data processes for recording and reporting infections, audit, education, competencies, and emergency management. Data collection documented meets the requirements of the aged care standard.

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)
Standards	0	14	0	2	0	0	0
Criteria	0	34	0	3	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)
Standards	0	0	0	0	0
Criteria	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>Woburn Masonic Care, situated in Lower Hutt is part of the Masonic Villages Trust. The Woburn Masonic Care has a 57 bed capacity and currently have 48 residents occupying rooms. Currently the Trust has plans to rebuild a new facility of the same site. This partial provisional audit has been undertaken to establish the level of preparedness of Woburn Masonic to transfer its hospital and rest home residents to Kelvin House with provision for 31 dual service beds to allow for the rebuild. Kelvin House is located in Upper Hutt, adjacent to Manor Park Private Hospital. Kelvin House can accommodate up to 31 residents. Some of the current Woburn residents have indicated their wish to transfer with the service, others have chosen to relocate. The facility manager has advised that they will work with residents, families, and the local DHB to facilitate this. No new residents will be accepted into Woburn Masonic during the transition period. The facility manager reported that the rebuild is estimated to take approx. two years to complete.</p> <p>Kelvin House will work under the established Woburn Masonic governance structure; there is already a well-documented strategic/business plan, with policies and procedures in place. The strategic/business plan is reviewed every five years and the current plan covers the 2016-2021 period. It outlines the</p>

		<p>purpose, values, scope, direction, and goals of the organisation with regular reporting to Board level. Documented quality and risk management plans are in place reflecting good practice standards.</p> <p>The current facility manager and clinical manager will be transferred to Kelvin House. The facility manager has worked in the sector for seven years and has managed the Woburn Masonic care facility for over two years; she undertakes the administration, quality activities, and human resource management in conjunction with Woburn Masonic Head Office staff. She is supported by an experienced clinical nurse manager who has worked in the sector for approximately 20 years and at Woburn Masonic for over 20 years. She is responsible for overseeing the clinical services. The manager and clinical manager have each completed at least eight hours of professional development.</p>
<p>Standard 1.2.2: Service Management</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 absence of the manager, the clinical manager has delegated authority to manage the facility. Leave is planned so that the facility remains covered by either the manager or clinical manager. Further assistance is also available from the director of nursing, quality and risk, who operates from the Woburn Masonic Head Office.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>Woburn Masonic Care has comprehensive human resources policies including recruitment, selection, orientation, and staff training and development.</p> <p>Induction and orientation procedures are in place and these will be utilised by the service in the new facility. Orientation includes fire and emergency management, health and safety, infection control and manual handling education and training. All registered nurse staff, including the manager and clinical manager, have first aid training. In preparedness for transition to Kelvin House, an orientation day for all staff is planned prior to the opening. This will cover all emergency protocols, health and safety and familiarisation with the new facility.</p> <p>A documented continuing education plan is in place which includes all mandatory training requirements. Existing staff have undertaken training and education related to their appointed roles. Staff complete competencies specific to their role. Four of the registered nurses are interRAI trained.</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>	<p>PA Low</p>	<p>There is a documented process for determining staffing levels and skill mix to provide safe service delivery 24 hours per day, seven days per week, including registered nurse coverage. Proposed rosters sighted show how staffing levels are expected to be implemented and the facility manager was able to describe the capacity for augmenting staffing to the service to ensure residents needs can be safely met. The facility manager confirmed staff will be replaced for any unplanned absence.</p> <p>Proposed rosters reviewed indicate that the facility will be staffed 24 hours per day, seven days per week with registered nurses. There are care and ancillary staff with differing levels of experience and qualifications to meet the needs of residents. Currently the Woburn Masonic Care care facility is managed by the facility manager who works five days per week, Monday to Friday. The clinical manager also works five days per week, two of those days are set aside for clinical management. The proposed Kelvin House roster indicates these will remain the same following transfer to the new facility.</p> <p>The direct care needs of residents at Woburn Masonic are met with a mix of registered nurses (7 full-time equivalents), health care assistants (22 full-time equivalents), a 'tea aide' support (5.5 hours per day over 5 days), diversional therapy (74 hours per week) and a van driver (18 hours per week). Cleaning and laundry services are contracted. The current 'split' in acuity at the Woburn Masonic care centre is 45% hospital level care and 55% rest home level care.</p> <p>Not all staff will be transferring to Kelvin House given the reduced number of residents able to be accommodated in the facility. There is a plan in place to restructure staffing levels to meet the needs of residents transferring to Kelvin House. Discussions with staff and their representatives have commenced and are ongoing</p> <p>The proposed roster for Kelvin House allows for a coverage mix of registered nurses (5.6 full-time equivalents), health care assistants (10 full-time equivalents), diversional therapy (37 hours per week), a van driver (18 hours per week) and cleaning (six hours per day, seven days per week). The 'tea aide' support worker is not included on the roster for transfer to the Kelvin House site. The roster was based on a proposed 'split' in acuity of 54% hospital level care and 36% rest home level care.</p> <p>The actual acuity of the residents who plan to transfer to the new facility is not</p>

		<p>yet known. Once this is known, and prior to the move, staffing levels will need to be reassessed to make sure that there are sufficient staff available to meet the actual assessed needs of the residents who are transferring to Kelvin House.</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>Woburn Masonic Care has a medication management policy which identifies all aspects of medication management in line with the Medicines Care Guide for Residential Aged Care. The medicine management system is electronic and operates using two purpose-built trolleys which are lockable and will be stored securely in a passcode secure medication room. There is Wi-Fi provision at Kelvin House to ensure the electronic system can be efficiently implemented. A controlled drugs safe and register was sighted, these will be transferred to the new facility and securely stored in the secure medication room. There is a process in place for temperature checking medication refrigerators.</p> <p>All staff who administer medication hold medication competencies appropriate to their role. Medication will be supplied by the current contracted pharmacy and supplied to the facility in a pre-packaged format. There is a process to allow residents to self-medicate. Lockable medication storage facilities are available for resident use.</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>Food services to Kelvin House will be provided from the adjacent facility. The chef interviewed stated that there was capacity to provide for all of the 31 residents when the facility is fully occupied. There is a four weekly rotating menu which changes over the summer and winter seasons. Food will be delivered to the facility plated in a purpose-built food delivery trolley, these are already on site. The menu meets the nutritional guidelines for older people and is approved by a registered dietician. There is provision within the menu to support nutritional preferences and specific dietary and cultural needs and requirements.</p> <p>All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines. The food service operates with an approved food safety plan and registration issued by the Lower Hutt City Council, expiring 16 January 2021. Food temperatures, including for high risk items, are monitored and recorded appropriately. The chef has undertaken safe food handling education and the kitchen hands have completed relevant food handling training.</p>

<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>There were no resident files on site. Resident files will be transferred to the site during the transition process, provision is already available to hold them securely. Five care plans were sighted at the current Woburn Masonic site to assess ongoing plan review. All five of the plans had been reviewed in a timely manner and the review documented in a comments section which has been added to the care plans so that changes to the plan can be easily noted. This previous corrective action is now closed.</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>Woburn Masonic Care has policy and procedures identifying how the service will comply with waste management processes to meet requirements. There is no dedicated sluice within the Kelvin House facility but there are processes in place to allow access to the sluice room in the adjacent facility. All consumer rooms are ensuite with showers, toilets and hand basins for resident use. Processes have been planned for the safe storage, management and disposal of waste and hazardous substances.</p> <p>Appropriate signage is displayed where necessary and protective clothing and equipment is available in the laundry for staff to use. Further protective clothing and equipment will be moved to the site once the transition commences, good supplies of protective equipment including clothing, gloves and visors were sighted at the Woburn Masonic Trust's current site. An external company is contracted to supply and manage laundry chemicals and cleaning products, they also provide relevant staff training. Material safety data sheets were sighted for laundry and cleaning solutions currently on site, these are securely stored.</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>	FA	<p>The Kelvin House facility has space to ensure that the residents' physical environment is fit for purpose. The building has a current Building Warrant of Fitness which expires 26 February 2021.</p> <p>The corridors are wide and fitted with handrails. There was little furnishing and no equipment on site, these will be transferred with residents during the transition process. All resident rooms are single occupancy with ensuite facilities. The rooms are of a sufficient size to allow residents to move around their rooms freely and for ease of movement of beds and equipment. The facility</p>

		<p>manager confirmed that resident rooms can be personalised with furnishing, photographs and other personal items.</p> <p>There are four communal areas, one of which is large enough to allow for activities and gatherings. Other communal facilities are of differing size to allow residents to have the ability to congregate in smaller groups. One of the communal rooms will be used for dining purposes. External spaces can be easily accessed through wide sliding doors. There is seating and shade in one of the larger external areas.</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>All resident rooms are single and have ensuite toilets, hand basins, and showers. The toilet/shower area has secure handrails installed to promote resident independence.</p> <p>There are two accessible (right and left) toilets with hand basins available in close proximity to communal areas for resident use. Two further toilets with hand basins are available for staff use.</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>Resident rooms are of a size to allow for free resident movement, and the movement of equipment to support resident care. There is room for resident to manoeuvre themselves and any mobility equipment within the room space.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	FA	<p>There are communal spaces available to allow residents to meet relaxation, activity, and dining needs. There is a space large enough for activities and larger gatherings, a dining rooms for resident use, and smaller spaces to allow for quiet time or privacy to meet with family/whānau</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>There is a fully equipped laundry with good dirty to clean flow. Laundry facilities will be provided by the adjacent facility using dedicated laundry staff. Education is provided to all staff handling laundry to ensure they understand the laundry processes, dirty/clean flow, and the handling of soiled linen. Cleaning will be undertaken by staff transferring to the Kelvin House site from Woburn Masonic Care.</p>

		Laundry and cleaning processes and outcomes will be monitored through the internal audit process (sighted). Chemicals are provided by an external provider and stored in a secure area in correctly labelled containers. Material data safety sheets were sighted for all the chemicals in use.
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	PA Low	<p>Woburn Masonic Care has emergency policies and procedures for the current service. These will need to be updated as part of the transition process and education delivered to transferring staff as part of the orientation process. The new facility sprinkler system automatically calls the fire department if these are activated. Fire extinguishers are in place in the facility, but these have not been serviced since December 2018.</p> <p>The adjacent facility used a staged evacuation procedure, and it is expected that Woburn Masonic will continue with the system already in place. The doors of all resident rooms are fire rated.</p> <p>Back-up power is available onsite for up to one hour including emergency lighting. There are emergency power supplies available once this is exhausted (batteries, torches etc.). Bottled gas is available for cooking and the adjacent facility has an agreement with an out of district helicopter company to bring in supplies in the event of a major event. Emergency supplies meet the Ministry of Civil Defence requirements for the region.</p> <p>There are call bells in each of the resident's rooms and all of the communal areas. There are invisible infrared lights in four of the rooms should they be required for resident safety. The system can be turned on if a resident is assessed as a high falls risk, it sets off the call bell system to alert staff. Appropriate security arrangements to protect resident safety are in place, windows are fitted with safety catches, and doors are locked at predetermined times. An external security service patrols the facility once overnight to ensure doors are secure.</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>	FA	All resident and communal rooms have opening windows which let in natural light and air, all windows have a security catch installed. Each of the resident's rooms and communal areas are heated by heat pump which allows residents to control the temperature to their liking.

<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>Woburn Masonic Care has a documented infection prevention and control (IPC) programme to minimise the risk of infection for residents, staff, and visitors. There is a designated infection control coordinator who is the facility manager. The role and responsibilities are defined in a job description. Infection control surveillance data is reported monthly to the director of nursing, quality and risk, tabled at quality meetings, and reported at organisational level.</p> <p>The IPC programme is reviewed annually and on an ad hoc basis as part of the Woburn Masonic Care's organisational review programme to keep it in compliance with accepted good practice and legislative requirements. The programme outlines procedures for surveillance, audit, education, competencies, and emergency management. It is available for reference for staff and outlines procedures to minimise the risk of infection.</p> <p>Whilst there is no signage related to IPC currently in the Kelvin House facility, this was sighted in the Woburn Masonic facility where residents are currently housed. Signage (sighted) requires visitors to sign-in to the facility and asks that anyone who is, or has been feeling unwell not to visit. Signage will be transferred to the new facility as part of the transition process. Staff who are unwell are expected to stay away from work and seek appropriate medical assistance, there is a handbook for staff who may need to be 'stood down' for infection surveillance.</p> <p>Training programme records (sighted) confirms that infection prevention and control and hand hygiene education was delivered to staff in June 2020 and audited in March (infection control) and March and October (hand hygiene). Infection control education is provided by an education coordinator who is a registered nurse.</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 1.2.8.1</p> <p>There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	PA Low	The proposed roster indicates staffing levels based on 54% hospital level residents, and 36% rest home level. However, the actual acuity of residents transferring to the new facility is, as yet, unknown. Once the acuity of transferring residents is known, staffing levels will need to be reassessed to make sure that they are sufficient and appropriate to meet the transferring residents assessed care needs.	The actual acuity of transferring residents is not yet known. Proposed staffing levels will need to be assessed prior to transfer of residents to make sure that the transferring resident’s assessed care needs can be met.	<p>Ensure that staffing levels are sufficient to meet the assessed care needs of transferring residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.4.7.1</p> <p>Service providers receive appropriate information, training, and equipment to respond to identified emergency and security</p>	PA Low	Whilst procedures are in place for the current service, this will need to be reorganised as part of the transition process and staff will need to be educated as part of their orientation to the new facility. Fire extinguishers are in place, but these have not	Education in emergency management has not yet been organised for transferring staff and fire extinguishers have not been serviced within the last year.	Ensure that Education in emergency management is made available to transferring staff. Ensure that the fire extinguishers are

situations. This shall include fire safety and emergency procedures.		been serviced since December 2018.		serviced. Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an approved evacuation plan.	PA Low	There is a fire and emergency plan in place for the current service, but this has not been documented for the Kelvin House facility.	There is no documented fire and emergency plan for the Kelvin House facility.	Ensure that a fire and emergency plan relevant to Kelvin House is documented and put into place. Prior to occupancy days

Specific results for criterion where a continuous improvement has been recorded

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

End of the report.