

South Care Limited - South Care Rest Home & Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity:	South Care Limited
Premises audited:	South Care Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 April 2023 End date: 13 April 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	45

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
Red	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

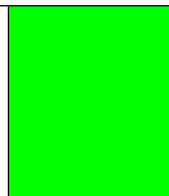
South Care Rest Home and Hospital (South Care) provides rest home and hospital services for up to 70 residents. However, only 54 beds are currently available as the upper floor is not in use due to the lift being considered unsuitable for people requiring hospital level care.

This unannounced surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff, and a general practitioner. Overall satisfaction with the care and support provided was expressed by residents and whānau.

The six areas identified as requiring improvement at the last audit have all been addressed. This has resulted in improvements to risk review processes, police vetting of staff, approval of the fire evacuation plan, emergency food supplies, cleaning processes for mops and buckets and the continuity of care. Seven areas were identified as requiring improvement during this audit. These relate to the need for an organisational Pacific Plan, internal corrective action follow-up processes, core staff training, partnerships with Māori communities, residents' goals and aspirations, medication management and aspects of the environment.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.



Subsections applicable to this service fully attained.

South Care recognises the principles of mana motuhake and Māori are provided with equitable and effective services based on Te Tiriti o Waitangi. Te reo Māori and tikanga are promoted and Māori residents are encouraged to remain involved in te ao Māori. There are not currently any staff who identify as Māori, although efforts are being made to employ them.

Personal identity, independence, privacy and dignity are respected and supported. Residents are safe from abuse and staff reported they feel comfortable to address racism should this occur. 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.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about their care. Whānau and legal representatives are involved in decision making that complies with the law. Advance directives are followed wherever possible.

Complaints are primarily verbal in nature. All are resolved promptly and effectively in collaboration with the various parties involved. Advocacy services are involved when applicable.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The director and senior management team are assuming accountability for delivering a high-quality service at South Care. This includes honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed and orientated using current good practice. There is a systematic approach to identify and deliver ongoing staff education. Equitable service delivery is a goal of the service provider.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
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When people enter the service a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and their whānau.

South Care works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans are based on comprehensive information and accommodate any new problems that might arise. Files reviewed demonstrated that care meets the needs of residents and whānau and is evaluated on a regular and timely basis.

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

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

The food service meets the nutritional needs of the residents. Food is safely managed.

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

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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There is a current building warrant of fitness on display and relevant equipment checks and tests are being completed as required. Mops and buckets are being cleaned in an appropriate manner.

An evacuation plan that has been approved by the fire service is available. Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Sufficient food supplies are available for use in an emergency.

Staff and residents understood emergency and security arrangements. A range of security systems are in place and security is maintained.

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

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained.

The governing body ensures the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the infectious diseases outbreak response plan and sufficient resources are available.

Aged care specific infection surveillance is undertaken with follow-up action taken as required and there are clear processes for communication.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained.

The governing body and organisational policies and procedures support a restraint-free environment. Restraints are not used in this service and there were no residents using a restraint at the time of audit. 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	15	0	3	3	0	0
Criteria	0	50	0	3	3	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>At the time of audit, there were no staff members who identified as Māori working in this facility. The facility manager and director described efforts that have been made to specifically recruit Māori (and Pasifika) staff. Copies of advertisements sighted confirmed these efforts have been made. Revised organisational policies and procedures require the manager to interview any applicant for any position who identifies as Māori. The facility manager informed that of all the multiple advertisements distributed for recruitment purposes, there has not yet been any such applicant to interview.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve</p>	Not Applicable	<p>A cultural safety policy and procedures that includes aspects of Pasifika cultures is available. The director informed that efforts to establish a relationship with a Pacific community have been unsuccessful. A not applicable rating has been applied as there is not yet a specific Pacific plan available that is underpinned by Pacific voices and includes Pasifika models of care.</p>

<p>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>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>South Care recognises the principles of Māori mana motuhake. Staff interviewed understood that all residents and whānau had the right to self-determination and a cultural safety policy is available to guide staff.</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>Te reo Māori and tikanga Māori are promoted within the service through policy and education of staff. Te reo Māori is promoted through the resident activities programme, bilingual signage has been introduced and key resident information, such as the Code of Rights, is displayed in te reo Māori. Tikanga guidelines are available and a booklet to guide staff in karakia and waiata has been developed. All staff have completed training on te Tiriti o Waitangi.</p> <p>The service responds to the needs of individual residents, including those with disabilities, and ways to enable participation in te ao Māori are promoted and supported by Māori staff. Residents and whānau interviewed, including those with age-related disabilities, confirmed that they receive services in a manner that has regard for their cultural identity.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe</p>	FA	<p>The staff at South Care is multicultural and those interviewed stated they felt comfortable to question any racism they encountered.</p>

<p>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>		<p>Care provision is holistic, encompassing the pillars of Te Whare Tapa Whā, and is based on the identified needs of the residents. Wellbeing outcomes, including those for Māori residents, are evaluated as part of the review and care planning process six-monthly to ensure the needs of residents are met. However, residents' personal goals are not always identified and reviewed (refer criterion 3.2.3).</p>
<p>Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Residents and/or their legal representative are provided with the information necessary to make informed decisions. Residents and whānau interviewed stated they felt empowered to actively participate in decision making.</p> <p>Nursing staff interviewed understood the principles and practice of informed consent and described involving whānau in the process.</p> <p>Tikanga guidelines are available as part of a cultural safety policy and guide staff when working with Māori and their whānau.</p>
<p>Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that only one written complaint has been received since the last audit and there was clear evidence of the investigation and communication processes and of involvement of independent advocacy services when relevant. Eleven verbal complaints were recorded in the verbal complaints register since 2021. All such documentation viewed confirmed that even issues that appear relatively minor were taken seriously and followed up appropriately. Response timeframes as</p>

		<p>required in the Code of Health and Disability Services Consumers' Rights have been upheld.</p> <p>There have been no complaints received from external sources since the previous audit. A complaint-related enquiry from Te Whatu Ora – Health New Zealand was followed up as requested, but the issue preceded the last certification audit and relevant responses had been recorded by management at the time.</p> <p>One of the four residents who identify as Māori believed they had received enough information on how to make a complaint. This person noted that they sometimes have residents' meetings, and this was a good place to express their thoughts about things, or they would go straight to the facility manager. There was documented evidence of whānau involvement when discontent and dissatisfaction had been expressed.</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>South Care is one of six care facilities under the Sound Care Group, which has a single owner/director. This facility is the only one in the South Island. The owner/director is supported by a senior management/governance team comprised of an overall clinical manager, a clinical support manager, a diversional therapy programme manager and a group services manager. At middle management level, there is a roster manager, finance manager and a payroll manager who support the senior management team, as does a quality consultancy. All are based in the North Island. A facility manager and a clinical manager oversee South Care on site. The director and senior management team visit South Care approximately every two months.</p> <p>The owner/director informed that although a Māori organisation is providing background support for residents' rights and aspects of service delivery, there is still a need to access strategic level support from Māori. This will assist the Sound Care Group facilities to establish systems that will enable them to know if they have improved outcomes</p>

		<p>and achieved equity for Māori. Discussions with a Māori contact person have commenced to progress these requirements, as well as for ensuring there is meaningful Māori representation at the strategic level. Meantime, the director, all managers and members of the senior management team as well as all staff at South Care have demonstrated expertise in Te Tiriti o Waitangi, health equity and cultural safety as core competencies.</p> <p>In addition to the aged care residents with disabilities, South Care has seven tāngata whaikaha, people with disabilities, who are specifically on the young people with disabilities contract, and the director and facility manager spoke openly of their willingness to integrate these people into the service whilst acknowledging their different needs. There was evidence to confirm that the needs of these people are being accommodated.</p> <p>The service holds contracts with Te Whatu Ora – Health New Zealand Southern to provide residential rest home and hospital services, including respite care under the aged related residential care agreement (ARRC). In addition, South Care holds a Ministry of Health contract for young people with disabilities (YPD). On the day of audit there were 45 residents receiving care and support at South Care. Twenty residents were receiving rest home level care of which one was on the YPD contract and three were receiving respite care under the ARRC agreement. Twenty-five people were receiving hospital level care, six of whom were on the YPD contract, and one was on respite under the ARRC agreement. Although the facility is certified for 70 beds, only 54 beds were available as the upper floor is not considered suitable for hospital level care residents and was not in use due to the related risk.</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</p>	<p>PA Low</p>	<p>The organisation continues to maintain a planned quality and risk system that reflects the principles of continuous quality improvement and is overseen by the governance team. Components of the system include the updating of organisational policies and procedures,</p>

<p>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>management of incidents and complaints, internal audit activities, regular patient and staff surveys and the monitoring of key performance indicators including clinical incidents and infections.</p> <p>A wide range of internal and external risks under key operational categories, including management, health and safety and clinical, have been identified and are documented. These are colour coded according to the level of risk and therefore the frequency of reporting. Management controls of these and review processes for them are documented against each. These risks are being reviewed within timeframes that are determined under the relevant category headings within relevant sections of the quality management system framework. Meeting minutes reflect these reviews under the pre-determined headings as well as internal audits, management reports and data analyses, for example. The changes to the risk management system have addressed the related areas requiring improvement raised at the last audit under criterion 1.2.3.9, Health and Disability Services Standard NZS 8134:2008 (mapped to Nga Paerewa, criterion 2.2.4).</p> <p>Appropriate and varied internal audits are undertaken, and recommendations/corrective actions are reportedly occurring. A corrective action has been raised, as despite the verbal reports of actions taken, there was limited documentation available to verify the changes made or if they had been made. Although adverse events are not reviewed as part of a surveillance audit, the managers did confirm that discussions about the use of Severity Assessment Code (SAC) ratings for risk assessment processes have commenced.</p> <p>Records provided demonstrated the facility manager has complied with essential notification reporting requirements, including for a coroner's inquest, a pressure injury and section 31 forms completed for registered nurse shortages. There have been no police investigations required.</p>
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		<p>The facility manager described how high-quality services are being delivered for Māori and this was further validated in feedback processes sighted, including reports to the senior management/governance team. The director, based in another part of the country, described how this service is contributing to addressing health inequities, especially for Māori, people with disabilities and the 'LGBT'/Rainbow communities. This was confirmed following a review of community representation within this service, evidence of equal care and opportunities being provided and the analysis of quality system data.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). Staffing levels are adjusted to meet the changing needs of residents, as per the advice of registered nurses. The facility manager informed that over several months in 2022, there had been some difficulties in getting a registered nurse on all shifts but noted this is now resolved. A review of rosters confirmed this and a file of section 31 reports showed the last registered nurse shortage was October 2022. Care staff reported there were adequate staff to complete the work allocated to them, and that at no times do they have concerns that staffing levels are unsafe. They informed that although it had been a struggle at times during Covid-19 lockdowns and immediately afterwards, this is no longer the case and has not been since around October/November 2022. Residents and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage in the hospital. In addition, a clinical manager works 40 hours a week on non-specific days. Cleaning, kitchen and laundry staff duties are also detailed on the roster.</p> <p>Continuing education is planned on an annual basis, and the schedule sighted includes mandatory training requirements. Related competencies are assessed and support equitable service delivery. Although records reviewed confirmed competencies such as medication administration, handwashing, cultural competency and</p>

		<p>manual handling, for example, are up to date, not all topics of mandatory training have been completed as required by all staff. This has been raised as an area requiring improvement. Care staff are given the opportunity to undertake a New Zealand Qualification Authority education programme.</p> <p>Staff ethnicity data is collected and analysed to enable the managers to understand the cultural mix. Although there are a range of ethnicities working in South Care, there are not currently any staff who identify as Māori working in this facility. All staff have undertaken training on cultural inclusivity, cultural needs, Te Tiriti o Waitangi, equity and Māori health needs. A resource person in the senior management team is available to staff at all times.</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>A folder containing professional qualifications and evidence of current registration of health professionals associated with South Care was sighted. A review of staff files confirmed the scope of practice for health care and support workers is validated prior to employment. Police vetting is occurring with retrospective action taken for those not previously available, as identified and raised for corrective action at the last audit under Health and Disability Services Standard NZS 8134:2008, criterion 1.2.7.3 (mapped to Ngā Paerewa, criterion 2.4.1).</p> <p>Staff files also showed that all staff had completed an orientation programme that covered the essential components of the service when they commenced with the service. Those interviewed also described the buddying process and were comfortable that there is sufficient support available for new staff.</p> <p>Information held about health care and support workers is relevant, secure, and stored in a confidential manner. All staff records are now in a password protected electronic system and are primarily managed by one of the senior management team. Ethnicity data is recorded and</p>

		used in line with health information standards.
<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>	PA Low	<p>Residents are admitted to South Care when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) Service. Enquiries are documented. However, the service was unable to provide evidence of analysis of entry and decline rates.</p> <p>Connections with Māori have occurred at national level and guidelines are available to support staff. However, South Care is yet to develop meaningful partnerships with local Māori and could not describe how Māori health practitioners or traditional healers could be accessed to benefit Māori residents.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	PA Moderate	<p>The registered nurses and a general practitioner (GP) work in partnership with the residents and whānau to support wellbeing. A care plan is developed by a registered nurse following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and considers wider service integration, where required.</p> <p>Clinical assessments including for falls risk, pressure injury risk, pain, continence, and nutritional needs inform care planning. A social profile documents resident interests and personal history. An initial care plan is completed on admission and guides care during the assessment process. interRAI assessments are completed within three weeks of admission and at a minimum of six-monthly thereafter; this was verified in the five files reviewed and in interRAI reports.</p> <p>Long-term care planning detailed strategies required to meet physical needs, and to maintain and promote independence and wellbeing. Care</p>

	<p>plans included interventions to manage behaviours that challenge if needed. However, the individual resident's personal strengths, goals and aspirations were not documented, including for cultural needs, and supports to meet these were not included in care planning, refer criterion 3.2.3.</p> <p>Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan and review timeframes met contractual requirements. This was verified by sampling residents' records, from interviews, including with the GP, and from observations.</p> <p>Short-term care plans are developed if necessary, and examples detailing care for infections and wounds were sighted. These are reviewed weekly or earlier if clinically indicated.</p> <p>Management of any specific medical conditions were well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected or new needs were identified, changes were made to the care plan.</p> <p>Residents and whānau are given choices and staff ensure they have access to information. Staff understood the need for residents and whānau, including Māori, to have input into their care and residents and whānau interviewed confirmed involvement in the assessment, care planning and review process; interviews included Māori residents and residents with a disability.</p> <p>Sufficient equipment was available and was suitable to meet the needs of residents at South Care, including pressure relieving equipment and equipment to support mobility.</p>
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		The GP interviewed reported the care was of a satisfactory standard, that nurses identified when a resident's needs changed, and the GP was called appropriately.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>An activities coordinator provides an activities programme that supports residents to maintain and develop their interests and was suitable for their ages and stages of life.</p> <p>Cultural and spiritual activities were included and opportunities for Māori and whānau to participate in te ao Māori were evident; this included celebrations of Matariki and Waitangi Day. Karakia and waiata are available, a resource booklet has been created and support is available from a Māori caregiver in addition to the activity's coordinator. Mirimiri is provided on request.</p> <p>Residents are supported to attend community activities, including church services. Staff and the activities team work to ensure residents are able to attend culturally appropriate community groups for Māori and support community initiatives; e.g., the example of attending a Māori led exercise group was discussed.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	PA Moderate	<p>The medication management policy is 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, including the recording of allergies and sensitivities. All staff who administer medicines are competent to perform the function they manage.</p> <p>Medications are supplied to the facility from a contracted pharmacy. Medicines are stored safely, including those requiring refrigeration. Medicines were stored within the recommended temperature range and all medications were within current use-by dates. However, not all</p>

		<p>medications were correctly labelled; refer criterion 3.4.1.</p> <p>Individually prescribed controlled drugs are held securely and entered into a controlled drug register. Review of the register confirmed documentation met regulations and the required stock checks occur including the six-monthly physical checks.</p> <p>Prescribing practices meet requirements, including consideration of over the counter and herbal medications. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used.</p> <p>No residents were self-administrating medication at the time of audit and the registered nurse described how this would be safely managed should the need arise.</p> <p>Residents and their EPOA/whānau are supported to understand their medications. The registered nurse discussed including residents and whānau when decisions are made and education and advice is provided to all residents, including Māori, to support their understanding. Partnerships with local Māori providers are yet to be developed to support Māori residents who wish to access traditional Māori medicines when requested.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration</p>	<p>Not Applicable</p>	<p>The food service is in line with recognised nutritional guidelines for older people. The service operates with an approved food safety plan and registration.</p> <p>Each resident has a nutritional dietary profile completed on admission to the facility and this is updated as their needs change. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan.</p>

<p>needs are met to promote and maintain their health and wellbeing.</p>		<p>The cook interviewed was aware of the requirements for each resident. Residents were given sufficient time to eat their meals in an unhurried fashion and those requiring assistance had this provided with dignity.</p> <p>There are no foods culturally specific to Māori available as yet and Māori interviewed stated they had not been asked what culturally specific food they would want provided. Cultural protocols around food are followed including the laundering of kitchen and food related items separately. Two residents interviewed, including Māori, were unhappy with the food. The other three residents and whānau interviewed stated it was 'OK'. A resident satisfaction survey has been completed; however full analysis is yet to occur.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Transfer or discharge from South Care is planned and managed safely with coordination between services and in collaboration with the resident and whānau. Transfer and discharge planning includes open communication and handover of information between all services including current needs and any risks identified.</p> <p>Handover between shifts is supported by written handover notes which are updated daily and show the changing needs of residents. Documentation available is appropriate to allow for continuity of care and transfer of information between staff. This was verified by interview and review of the documented handover notes and the corrective action raised at the last audit under criterion 1.3.3.4 (mapped to Ngā Paerewa 3.6.1) s now closed.</p> <p>Whānau reported being kept well informed during the transfer of their relative and documentation confirmed EPOA and whānau were kept informed during transfers. The general practitioner interviewed confirmed the level of communication with staff was satisfactory.</p>
<p>Subsection 4.1: The facility</p>	<p>PA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment, equipment and overall facilities meet legislative</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>Moderate</p>	<p>requirements. The building is an older style but is being kept as clean as such an environment can be. The sluice area is fully functional. A current building warrant of fitness with an expiry date of 18 February 2023 is on display near the front entrance. Equipment checks are being undertaken (September 2022 and April 2023), and items including hoists and clinical equipment are being calibrated, and hot water temperatures in all residents' rooms and communal areas are being checked monthly. Residents have individualised hoist slings.</p> <p>Spaces were culturally inclusive. The facility has multiple corridors and small ramps as well as alcove areas throughout. Some areas of the facility require urgent maintenance to ensure residents' safety, and this has been raised for corrective action.</p> <p>There are no immediate plans to rebuild or add onto this facility, which is currently being leased. The director and the facility manager are both aware of the requirements for criterion 4.1.7, to consult and co-design the environment to ensure it reflects the aspirations and identity of Māori, should they design a new building. Residents who identify as Māori are encouraged to decorate their rooms to reflect their culture.</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>A set of flip charts for emergency management was sighted and detailed emergency plans are available. These plans and associated policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan dated 8 April 2022 has been approved by the New Zealand Fire Service, which addressed an area for improvement raised at the last audit under Health and Disability Services Standard NZS 8134:2008, criterion 1.4.7.3 (mapped to Ngā Paerewa, criterion 4.2.1). Two staff training sessions on fire safety were held in February 2023 and records of the last trial fire evacuation were dated 28 November 2022. Staff confirmed their involvement in these during interview. A previously raised corrective action in relation to the sufficiency of food available in an emergency under Health and Disability Services Standard NZS 8134:2008,</p>

		<p>criteria 1.4.7.4 (mapped to Ngā Paerewa, criteria 4.2.7) has been addressed. The person responsible for the purchase and storage of emergency food supplies has changed, and the related systems have changed. Observations in the kitchen area confirmed there is now sufficient frozen and dried food as well as additional everyday stocks for use in the event of an emergency.</p> <p>Appropriate security arrangements are in place. The multiple external doors and the curtains are closed after the evening meal. All doors to the outside are alarmed and staff respond when these are activated. Keys are retained in a safe place. In addition to the call bell system, sensor mats and electronic monitoring of individuals assist with personal safety. Staff have their own 'walkie talkie' device in addition to a pager for the call bell system. There is staff training on the service provider's security arrangements, and they are advised to contact police for any security alert. Residents confirmed they feel safe.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The clinical manager who is a registered nurse is responsible for overseeing and implementing the infection prevention (IP) programme. A suite of policies has been developed; this includes a pandemic plan and an outbreak management plan. The plan was found to meet the facility's needs during a Covid-19 outbreak in 2022. There are sufficient resources available including personal protective equipment (PPE).</p> <p>Cultural resources and some IP resources such as hand hygiene posters are available in te reo Māori, however the service is yet to access educational resources for residents and whānau; refer criteria 5.2.12.</p> <p>South Care is yet to develop partnerships with Māori for the protection of culturally safe IP practice; refer criteria 5.2.13.</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>	<p>FA</p>	<p>Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection control programme. Standardised definitions are used, and monthly surveillance data is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance now includes the collection of ethnicity data. Results of the surveillance programme are shared with staff.</p> <p>There are clear processes for communication between service providers and residents. Residents and whānau interviewed were happy with the communication from staff in relation to healthcare-associated infections.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A previously raised corrective action at the last certification audit against the Health and Disability Services Standard NZS 8134:2008 criterion 1.4.6.2 (mapped to Ngā Paerewa, criterion 5.5.3 under infection prevention, environment) in relation to the laundering of mop heads and cleaning of buckets has been appropriately addressed. Systems have been changed and now meet expected hygiene processes.</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</p>	<p>FA</p>	<p>The director for the service informed, on behalf of the governance group, that the organisation is committed to maintaining a restraint free environment and noted that South Care is demonstrating leadership in this amongst the five Sound Care Group facilities. Staff supported the facility manager's statement of intent to maintain South Care as a restraint free environment.</p>

<p>restraint in the context of aiming for elimination.</p>		<p>There were no restraints in use at the time of audit and it was reported that none have been used, not even as a last resort, since the organisation changed to the current ownership around three years ago.</p> <p>Policies and procedures meet the requirements of the standards. A defined role for the restraint coordinator is documented, but other than the reporting of 'nil use of restraint' through to governance and ensuring staff have undertaken the required training, they have not needed to undertake any other duties. All staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques (October 2022 and at orientation).</p> <p>With no restraint use occurring, there is not currently a restraint approval group in this service. However, the policy documents describe the membership and role of such a group in the event of this occurring and the facility manager noted their awareness of the need to include people with lived experience, Māori and whānau in such a group should restraint be used.</p>
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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 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>As described above, a quality management framework is documented and being implemented. This includes implementation of an internal audit system, satisfaction surveys and analysis of quality and risk related data, for example, that enables the identification of areas for improvement.</p> <p>Recommendations and areas for improvement/corrective actions are being identified within the review processes of the quality and risk system, and the facility and quality managers verbally described actions taken to address these. However, there is limited documented evidence that informs of when, how or who was responsible for the actions taken, nor at what level they addressed the</p>	<p>There is a lack of documented evidence to verify that areas identified as requiring improvement within the quality and risk management system have been addressed, or if recommendations from satisfaction survey outcomes have been implemented.</p>	<p>There is clear evidence of the follow-up actions taken to address the areas identified as requiring improvement within the quality and risk management system.</p> <p>180 days</p>

		shortcoming.		
<p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p>	PA Low	<p>A range of training opportunities are provided to staff and on the day of audit a staff training session was observed to be very well attended. Staff expressed an appreciation of the training opportunities they receive and would like more.</p> <p>A staff training schedule was sighted. The manager explained why there were some gaps in the delivery of the schedule, which included the Covid-19 lockdowns and unavailability of presenters, for example.</p> <p>Staff training records reviewed showed that not all staff had completed some key core training requirements including consumer rights, complaints, and infection prevention and control, for example.</p>	Not all mandatory core training requirements of support workers have been completed within the required timeframes.	<p>The staff training system ensures all mandatory staff training requirements are fulfilled within required timeframes.</p> <p>180 days</p>
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall:</p> <p>(a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;</p> <p>(b) Work with Māori health practitioners, traditional Māori healers, and</p>	PA Low	<p>A cultural safety policy is in place which includes guidelines to support staff when working with Māori residents. However, South Care has not yet developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and does not have connections in place to access Māori health practitioners or traditional healers when requested by residents.</p>	The service has not yet developed meaningful partnerships with Māori communities and organisations to benefit Māori residents and their whānau and does not have connections in place to access Māori health practitioners or traditional healers if requested.	<p>Develop meaningful partnerships with Māori communities and organisations to benefit Māori residents and whānau ensuring connections are in place to access Māori health practitioners and traditional healers.</p> <p>180 days</p>

<p>organisations to benefit Māori individuals and whānau.</p>				
<p>Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly</p>	<p>PA Moderate</p>	<p>Informed consent underpins all care provided at South Care. Comprehensive assessments are completed on admission and at a minimum of six-monthly. Changes to a resident's condition are identified and escalated to the GP when needed. Evidence of wider service integration was evident with referrals and input from physiotherapists, occupational therapists and speech language therapists sighted.</p> <p>Care planning is completed by the registered nurse and planning for physical needs is comprehensive; however, five out of five care plans reviewed did not identify the person's individual goals related to physical needs.</p> <p>Five residents' files were reviewed, and care plans sighted included domains to consider the resident's social and cultural needs, and values and beliefs. However, the residents' personal strengths, goals and aspirations were not clearly documented, and the supports required to meet the resident's individual goals were not recorded in the care plans of five out of five files reviewed. This included for two Māori residents where general cultural considerations were available in the care plan to guide staff. Goals recorded were generic and not personalised and no</p>	<p>Care planning is based on the assessed need of the residents. However, in five of five residents' files reviewed the resident's individual strengths, goals and aspirations were not identified and supports required to meet the resident's individual goals were not documented; this included goals for both physical and social/cultural needs.</p>	<p>Ensure all residents' personal strengths, goals and aspirations are identified in relation to physical needs, social/cultural needs and their values and beliefs.</p> <p>Ensure supports to meet the residents' individual goals and aspirations are documented in the care plan.</p> <p>90 days</p>

<p>documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.</p>		<p>specific interventions were recorded. A Māori-specific care plan was available and was partially completed in one file reviewed.</p>		
<p>Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>A safe system for medicine management using an electronic system was observed on the day of audit. Medications are stored securely and there is provision for the storage of controlled drugs when required. However, not all aspects of medication storage met the required standards:</p> <ul style="list-style-type: none"> • Not all prescribed medication contained a label with the required information including the resident's name and prescription details. This included inhalers for five residents where the inhaler was not stored in the original pharmacy packaging and the label was absent, and one bottle of eye drops with no pharmacy label and no indication of which resident they were being administered to • Two bottles of eye drops with a limited use-by date once opened showed no information on the date of opening • Medicated eye ointment with a limited use-by life once opened showed no 	<p>Not all elements of the medication management system as implemented meet the expected standard for storage and labelling of medications to ensure safe administration.</p> <ul style="list-style-type: none"> • Prescribed inhalers were not stored in the original pharmacy packaging and did not contain a label with the required information including residents' names and prescription details. • Eye drops being administered to a resident were not labelled with the resident name and did not show prescription details. • Eye drops and eye ointments were not labelled with a date of opening. • Oxygen cylinders not securely stored 	<p>Ensure all medications are labelled to ensure safe administration of medication including:</p> <ul style="list-style-type: none"> • All inhalers and eye drop bottles are labelled with a pharmacy label to identify the resident and show prescription details. • All eye drop bottles and ointments are labelled with the resident's name and the date of opening once in use. • All oxygen cylinders are securely stored. <p>90 days</p>

		<p>information on the date of opening</p> <ul style="list-style-type: none"> Oxygen cylinders not currently in use were not securely stored 		
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA</p> <p>Moderate</p>	<p>The facility is an older style building that has been added to and modified over the years. Efforts to maintain worn areas have been made, additional heating sources installed, and bathroom renovations are underway. There are, however, aspects that are presenting potential safety concerns, including infection risks, that could impact on residents. Some examples of these include the presence of a hot water urn with a tap attached in an area where residents have ready access, trip hazards such as loose carpets and loose repair tape were evident, a sliding door is insecure, as is the front panel on a floor mounted heat pump, there is an inadequate locking system on a door to a room that contains confidential information, a loose broken shower plug hole and multiple areas of scraped and chipped paint.</p>	<p>Some aspects of the environment are presenting potential safety risks for residents, including for injury and/or infection.</p>	<p>A time-framed renovation plan that will ensure the facility is safe and fit for purpose is developed and subsequently implemented.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display

End of the report.