

# Bob Scott Retirement Village Limited - Bob Scott

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## Introduction

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

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

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

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

The specifics of this audit included:

**Legal entity:** Bob Scott Retirement Village Limited

**Premises audited:** Bob Scott

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

**Dates of audit:** Start date: 23 November 2016 End date: 23 November 2016

**Proposed changes to current services (if any):** Bob Scott Retirement Village is a new Ryman facility which opened in stages from the 5th August. This partial provisional including verifying level four which includes 34 bed rest home. The service is intending to open the floor 19 December 2016.

**Total beds occupied across all premises included in the audit on the first day of the audit: 44**



# Executive summary of the audit

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## Introduction

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

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

## General overview of the audit

Bob Scott Retirement Village is a new Ryman Healthcare facility. The service has been opening each floor in stages. Levels one, two and three are open and the service currently provides rest home, hospital (medical and geriatric) and dementia level care for up to 111 residents. There were 44 residents on the day of audit including three residents in serviced apartments.

This partial provisional audit included verifying stage four of the build. This includes verifying level four (34 bed rest home) which is planned to open on 19 December 2016. At the completion of the building, the service will have a total of 145 beds (inclusive of 30 serviced apartments able to provide rest home level care).

This audit was conducted against the relevant Health and Disability Standards and the contract with the district health board. The audit process included a tour of the new facility, review of documentation, medication management and food service and interviews with management.

The village and clinical managers are experienced in management and have completed specific Ryman inductions for their role. They are supported by a Ryman regional manager.

This audit identified level four environment, staff roster, equipment requirements, established systems and processes are appropriate for providing rest home level care.

The improvements required by the service are all related to the completion of the unit and implementation of the new service.

## **Consumer rights**

N/A

## **Organisational management**

The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital, (medical and geriatric) and dementia care. The staff and purpose-built facility are appropriate for providing these services and in meeting the needs of residents.

The organisation provides documented job descriptions for all positions, which detail each position's responsibilities, accountabilities and authorities. Organisational human resources policies are implemented for recruitment, selection and appointment of staff. The service has an implemented induction/orientation programme which includes packages specifically tailored to the position such as caregiver, senior caregiver, registered nurse (RN) and so on.

Determining Staffing Levels and Skills Mix policy is the documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a planned transition around opening of the rest home floor and this is reflective in the draft rosters and processes around employment of new staff. A number of current staff working in the dual-purpose unit are rostered for the new rest home unit.

## **Continuum of service delivery**

The medication management system includes medication policy and procedures that follows recognised standards and guidelines for safe medicine management practice in accordance with the guideline. The medication system is established in the other areas. The rest home has a secure medication treatment room.

The facility has a large workable kitchen in a service area off the care centre. There is a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is to be transported in hot boxes via lifts to the rest home kitchenette. Nutritional profiles are to be completed on admission and provided to the cook.

## **Safe and appropriate environment**

The service has waste management policies and procedures for the safe disposal and management of waste and hazardous substances. There is appropriate protective equipment and clothing for staff. There is a secure sluice and locked cleaners' cupboards. There are two lifts between the floors that are large enough for mobility equipment. The organisation has purchased all new equipment and furniture. The facility includes a modern call bell system that encourages independence and will enable residents to call for assistance. A certificate for public use has been obtained for the current floors. A code of compliance is yet to be obtained for level four. The landscaping of some external areas has been completed.

All bedrooms have ensembles and there are adequate numbers of toilets which are easily accessible from communal areas. Fixtures, fittings, floor and wall surfaces in bathrooms and toilets are made of accepted materials for this environment.

Resident rooms are of sufficient space to ensure care and support to all residents and for the safe use of mobility aids. Communal areas are well designed and spacious and allow for a number of activities. There are two large lounges.

The Ryman group has robust housekeeping and laundry policies and procedures in place. There is a large laundry in the service area including a separate area for clean linen to be sorted. The facility has a secure area for the storage of cleaning and laundry chemicals. Laundry and cleaning processes will be monitored for effectiveness.

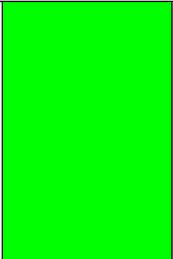
There are emergency and disaster policies and procedures. There is an approved evacuation scheme that currently includes level one and three only.

General living areas and resident rooms are to be appropriately heated and ventilated. All rooms have windows.

## Restraint minimisation and safe practice

N/A

## Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
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Infection prevention and control (IPC) is the responsibility of the clinical manager. There are clear lines of accountability to report to the infection prevention and control team on any infection prevention and control issues. There is a reporting and notification to Head Office policy in place. Monthly collation tables are forwarded to Ryman Head Office for analysis and benchmarking. IPC is an agenda item in the monthly staff meeting.

## Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
<b>Standards</b>	0	13	0	2	0	0	0
<b>Criteria</b>	0	33	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
<b>Standards</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Health and Disability Services Standards

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

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

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	<p>FA</p>	<p>Bob Scott Retirement Village is a new Ryman Healthcare facility located in Lower Hutt. The service opened in stages from 20 May 2016. The facility is across four levels. Currently the service can provide care for up to 111 residents with occupancy of 44 residents.</p> <p>Level one opened 31 May and level three opened on 6 August 2016. Level one (ground floor) includes service areas and serviced apartments. Level three of the facility includes a 41 bed dual-purpose unit (hospital and rest home) and serviced apartments. Level three currently includes 30 residents (7 hospital, 20 rest home and three rest home respite).</p> <p>Level two opened in September and includes 2 x 20 bed dementia units. Currently one dementia unit is open with 11 of 20 residents.</p> <p>The service is also certified to provide rest home level care for up to 30 residents in serviced apartments. There are currently three RH residents in apartments (two on level one, one on level three).</p> <p>This partial provisional audit included verifying stage four of the build. This includes verifying level four (34 bed rest home) which is planned to open on the 19 December 2016. The service is intending to move the current rest home residents</p>

		<p>out of level three into level four. Level three will then be hospital only (although certified as dual-purpose).</p> <p>At the completion of the building, the service will have a total of 145 care centre beds (inclusive of 30 serviced apartments able to provide rest home level care).</p> <p>Ryman Healthcare has an organisational total quality management plan and a key operations quality initiatives document. Quality objectives and quality initiatives are set annually. The organisation-wide objectives are translated at each Ryman service by way of the TeamRyman programme that includes a schedule across the year. Quality objectives are being implemented at Bob Scott around the implementation of the new service. There is a specific transition plan around the opening of each stage.</p> <p>The organisation completes annual planning and has comprehensive policies/procedures to provide rest home care, hospital (geriatric and medical) and dementia level care. The village manager commenced in February 2016 and has a background in management roles including some in health. The manager has completed specific manager orientation with Ryman and attended the annual Ryman manager's conference.</p> <p>The clinical manager (RN) has been with Ryman in the role since October 2015. The managers are to be supported by a unit coordinator in each area. There is currently a unit coordinator in the hospital and one in the dementia unit with one for the rest home unit yet to be appointed.</p> <p>The management team is supported by the Ryman management team including the regional manager.</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>The clinical manager (RN) will fulfil the manager's role during a temporary absence of the village manager with support by the regional manager. The organisation completes annual planning and has comprehensive policies/procedures to provide rest home, hospital (medical and geriatric) and dementia level care.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted</p>	FA	<p>There are documented job descriptions for all positions which detail each position's responsibilities, accountabilities and authorities. Additional role descriptions are in place for infection prevention control coordinator, restraint</p>

<p>in accordance with good employment practice and meet the requirements of legislation.</p>		<p>coordinator, in-service educator, health and safety officer, fire officer and quality assistant. The management team are in the process of employing staff for the opening of the dementia units.</p> <p>The service is in the process of interviewing for more staff with the intention to have these appointed prior to occupancy, noting the service has sufficient staff to open the rest home floor. Advised they are looking to employ two more caregivers to cover the roster, housekeeping x1, and an activity coordinator – 5 days a week. The unit coordinator role in the rest home is initially being covered by two RNs 7 days a week until the unit coordinator position is full.</p> <p>The majority of the staff rostered for the rest home floor have completed the induction programme. All new staff will or have completed the 'all employees induction', plus fire safety, manual handling and standard precautions.</p> <p>Ryman have a national training plan which is being implemented nationally at present to ensure InterRAI is run in conjunction with their existing platform (ie, VCare Kiosk). There are currently nine RNs at Bob Scott. Only two are InterRAI trained. Advised that the next training staff can access is not until 2017. In the meantime, the RNs trained are given time off the floor to ensure assessments are completed and up-to-date.</p> <p>Health practitioners and competencies policy outlines the requirements for validating professional competencies. Copies of practising certificates are held by the village manager. There is a training plan that has been implemented on opening. Staff education and training includes the Careerforce programme for caregivers and there is an annual in-service programme in operation that includes monthly in-service education.</p> <p>Ryman ensures RNs are supported to maintain their professional competency. There is an RN journal club that has commenced meeting. They will continue two-monthly. Training requirements are directed by Ryman Head Office and reviewed as part of the facility reporting.</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>FA</p>	<p>Staffing and rostering policy provides the documented rationale for determining staffing levels and skill mixes for safe service delivery. Ryman has developed a number of draft rosters for increase in resident numbers across the rest home.</p> <p>There is a RN rostered morning shifts across seven days a week. A unit</p>

		<p>coordinator is yet to be employed for the rest home.</p> <p>A contract for GP services is in place 2 days a week and after-hours is in place. Advised that the GP service is currently increasing from 2-3 days. Another GP has also been contracted to provide extra medical services.</p> <p>A physiotherapy contract is in place with physiotherapy hours currently 6 hours a week.</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>	<p>FA</p>	<p>Medicines management and one-chart (electronic medication system) is currently established in the rest home/hospital on level three and the dementia unit on level two. Policies and procedures reflect current medication legislation and residential care facilities. Only registered nurses/enrolled nurses/senior caregivers who have been assessed as competent are permitted to administer medicines to residents. Training occurred during induction for senior staff. The clinical services manual includes a range of medicines management policies and associated procedures. The service is planning to use four-weekly blister packs as per Ryman policy in the rest home unit. There is a dedicated secure treatment room. A new medication fridge has been purchased for the treatment room and temperatures are to be commenced as per current process in the other units.</p> <p>A contract with a pharmacy is in place.</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>	<p>FA</p>	<p>There is a food service manual that includes (but not limited to): food service philosophy, food handling, leftovers, menu, dishwashing, sanitation, personal hygiene and infection control and special diets.</p> <p>There is a large workable kitchen in the service areas on level one (ground floor). This kitchen was designed for the increase in resident numbers. There is a head chef supported by kitchen staff (2 cooks assistants, 2nd chef, and kitchen assistant).</p> <p>The kitchen includes a walk-in chiller and pantry. The menu is designed and reviewed by a registered dietitian at an organisational level. Food is currently transported in hot boxes to all areas and this will include level four when opened. Food will be transported between floors in lifts and serviced from the kitchenette on level four.</p>

		<p>Bob Scott is the pilot for Ryman's new food service 'Project Delicious'. They are offering choices for the midday meal and evening meal including a vegetarian, gluten free and diabetic option. The meal service has also been changed from other Ryman facilities with all meals being dished in the kitchen by the chef and cook's assistant and then transported to their tables in hot boxes. The hot boxes are heated and also have a cooling area for desserts. The manager advised this has been working well across all areas.</p> <p>Ryman has an organisational process whereby all residents have a nutritional profile completed on admission which is provided to the kitchen. The chef will have nutritional information on all residents electronically. There is access to a community dietitian.</p> <p>An audit of the kitchen fridge/freezer temperatures and food temperatures has been undertaken. Food in the pantry is kept off the ground. Food in the fridge and chillers is covered and dated.</p>
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>There are documented processes for waste management. The policies document procedures for the safe and appropriate storage, management, use and control and disposal of waste and hazardous substances. There is a sluice in the rest home unit with a key padlock yet to be installed (link 1.4.2.1). There are secure cleaning cupboards on the floor.</p> <p>Waste management audits are part of the internal audit programme.</p> <p>All staff are required to complete training regarding the management of waste during induction. Chemical safety training is a component of the compulsory two-yearly training and orientation training.</p> <p>Gloves, aprons and goggles have been purchased and to be installed in the sluice and cleaners' cupboards. Infection control policies state specific tasks and duties for which protective equipment is to be worn. Training on the use of PPE is included in the 'all employees' induction programme.</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</p>	PA Low	<p>The facility is purpose built and the design modelled on more recently opened Ryman facilities. Levels one, two and three were opened in stages since May 2016. All building and plant have been built to comply with legislation. The organisation has purchased all new equipment for level four. There is a 12 seat</p>

<p>purpose.</p>	<p>VW transporter on-site available to transport residents. There is an employed van driver.</p> <p>There is a full-time maintenance person employed. Medical equipment calibration and servicing is captured within the Ryman quality programme and scheduled annually. This is serviced by a nationwide contract. This process is well established throughout Ryman services. Ryman researches appropriate equipment and furniture for this type of setting and the needs of the residents.</p> <p>A certificate for public use has been issued for all floors currently open; a code of compliance is yet to be obtained for level four.</p> <p>Resident rooms have ceiling fans. These fans have been raised since the previous partial provisional audit; however it is still identified as a potential risk if a tall resident raises an arm to undress. This should be included as part of the hazard register. The landscaping is completed at the front of the service and is still in the process of being completed at the rear of the service.</p> <p>The rest home units has carpet throughout with vinyl/tiled surfaces in bathrooms/toilets and kitchen areas. There is adequate space in the wing for storage of mobility equipment. The floor is designed with a service area consisting of a centrally located open-nurse station. Access to a treatment room and nurses working/computer office is within close vicinity to this area. These service areas are situated adjacent to the open plan dining and lounge area.</p> <p>The level four (34 bed rest home) is designed with a service area consisting of a centrally located nurse station that has access to a treatment room and staff rooms set up with computer terminals. There is also another meeting room available. These service areas are situated adjacent to the spacious open plan dining and open plan lounge area. The centrally located nurse station directly off the open plan aspect of the dining and lounge areas, ensures that staff are in close contact with residents even when attending to paper work or meetings. There are handrails in ensembles and dobe ledges in hallways. All rooms and communal areas allow for safe use of mobility equipment. Hilo and electric beds have been purchased. There are a number of landing strips purchased and sensor mats. There is another spacious quiet lounge room. A Juliet balcony gate ensures when the sliding doors are open off the large open plan lounge that it is safe.</p> <p>The building of the village is yet to be completed and tradesmen and equipment are still on-site. There are some external areas that have been landscaped to provide residents with safe and accessible external areas. Those areas where</p>
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		workmen are onsite are fenced off.
<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>There are adequate numbers of toilets and showers with access to a hand basin and paper towels for residents and separate toilet areas for staff and visitors. Every resident's room has an ensuite with a disability friendly shower, toilet and hand basin with under floor heating. There are also well placed communal toilets near the communal areas including the lounge and dining room. These areas are still being completed (link 1.4.2.1).</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>Residents rooms in the level four rest home are spacious and allow care to be provided and for the safe use and manoeuvring of mobility aids. Mobility aids can be managed in ensuites. The two lounge areas on level four are spacious. There is one double-room suited for a married couple.</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>Level four rest home has a large open-plan living area. One side is a spacious lounge and the other side is the dining area and kitchenette. There is also another large lounge. The centrally located nurse station is directly off the open plan aspect of the dining and both lounge areas.</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>The organisation provides housekeeping and laundry policies and procedures which are robust and ensure all cleaning and laundry services are maintained and functional at all times. The laundry is in the service area and has separate entrances for dirty and clean laundry. The laundry is large and has commercial washing machines and dryers. The Ecolab manual includes instructions for cleaning. Linen is transported to the laundry in covered linen trolleys. There are laundry staff in place. The number of laundry staff will be increased as occupancy increases. Cleaning staff have been appointed for all floors.</p> <p>The Ryman group has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. Laundry and cleaning audits have commenced as per the Ryman quality programme.</p> <p>The service has a secure area for the storage of cleaning and laundry chemicals.</p>

		<p>Laundry chemicals are within a closed system to the washing machine. Material safety data sheets are available. Chemicals and supporting literature are provided by EcoLab.</p>
<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>	<p>PA Low</p>	<p>The Ryman group emergency and disaster manual includes (but not limited to): dealing with emergencies and disasters, essential locations, internal emergencies and external emergencies. Emergencies, first aid and CPR is included in the mandatory in-services programme every two years and the annual training plan includes emergency training. Orientation includes emergency preparedness. There are staff employed across 24/7 with a current first aid certificate.</p> <p>The service has alternative power systems in place to be able to cook in the event of a power failure. Battery operated emergency lighting is in place which runs for at least two hours if not more. There is a civil defence kit for the whole facility and drinkable water is stored in large holding tanks. There is a Civil Defence folder that includes procedures specific to the facility and organisation. The facility has ordered an on-site diesel generator to run essential services. The site has analogue telephones and there is a reserve battery back-up system in place for it to operate its PABX system. Ryman's technology systems allow it to communicate nationally in the event that one or more of its sites experience communication problems.</p> <p>The "Austco Monitoring programme" call bell system is available in each resident room. There are call bells and emergency bells in common areas. There is a nurse presence bell, when a nurse/carer is in the resident room a green light shows staff outside that a colleague is in a particular room. The call bell system has a cascading system of call recognition that will cascade if not responded to within a certain time from the primary nurse (caregiver) to the unit coordinator, to the clinical manager and to the village manager. The system software is able to be monitored.</p> <p>The fire evacuation plan has been approved for each floor. An updated fire evacuation plan is yet to be approved for level four. Fire training and drill occurred on opening of level two, and three. Fire training was completed during induction of staff at Bob Scott.</p> <p>A security camera is installed at the entrance. There are documented security procedures.</p>

<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	<p>FA</p>	<p>General living areas and resident rooms are appropriately heated and ventilated. There is under-floor heating throughout the facility. There is air-conditioning in common areas. General living areas and resident rooms are appropriately heated and ventilated. Each room has an external window with plenty of natural light. There are fans installed in resident rooms (link 14.2.1).</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	<p>FA</p>	<p>There is comprehensive infection prevention control (IPC) policies in place that meet the Infection Prevention and Control Standard SNZ HB 8134.3.1.2008. There are clear lines of accountability to report to the IPC team on any infection control issues including a reporting and notification to head office policy. There is an IPC responsibility policy that includes chain of responsibility and an IPC officer job description. IPC is currently being managed by the clinical manager. The IPC programme is set out annually from head office and is directed via the Ryman Quality Programme annual calendar. Infection control is an agenda item in the two-monthly Head Office H&amp;S committee. The programme is reviewed annually through head office. The first H&amp;S/IC committee meeting is scheduled for December. Infection control is an agenda item in the staff meetings that have commenced.</p> <p>The IPC manual includes a policy on (i) Admission of resident with potential or actual infections policy, (ii) Infectious hazards to staff policy, (iii) Outbreak management, (iv) Staff health policy and (v) Isolation policy.</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)
Criterion 1.4.2.1 All buildings, plant, and equipment comply with legislation.	PA Low	The facility has been purpose-built and levels one, two and three has opened at various stages since May 2016. For the purpose of the audit, level four was assessed (34-bed rest home). There are two lifts between the floors that are large enough for mobility equipment. There is a current CPU for levels one, two and level three. Hilo and electric beds have been purchased for all rooms. The service has purchased all new equipment including medical equipment. As per other Ryman facilities, furnishings, floorings and equipment are designed to minimise harm to residents.	(i) Level four is still in progress and therefore the code of compliance has not yet been signed out; (ii) Resident rooms have ceiling fans. These fans have been raised since the previous partial provisional audit; however it is still identified as a potential risk if a tall resident raises an arm to undress. This should be included as part of the hazard register.	(i) Ensure the CPU or code of compliance is completed prior to occupancy; (ii) Ensure the fans are managed as part of the hazard register.  Prior to occupancy days
Criterion 1.4.7.3 Where required by legislation there is an	PA Low	The fire evacuation plan is currently approved for level one, two and level three. An updated fire evacuation plan is yet to be approved to include levels four. Advised this will be	An updated fire evacuation plan is yet to be approved to include level four.	Ensure the fire evacuation plan is approved by the fire service.

approved evacuation plan.		completed 8 December 2016.		60 days
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display
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End of the report.