# Elsdon Enterprises Limited - Bradford Manor

## Introduction

This report records the results of a Certification 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](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

The specifics of this audit included:

**Legal entity:** Elsdon Enterprises Limited

**Premises audited:** Bradford Manor

**Services audited:** Dementia care

**Dates of audit:** Start date: 1 September 2015 End date: 1 September 2015

**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:** 26

# Executive summary of the audit

## Introduction

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

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

As well as auditors’ written summary, indicators are included that highlight the provider’s attainment against the standards in each of the outcome areas. 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 standards applicable to this service fully attained with some standards exceeded |
|  | No short falls | Standards 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 standards applicable to this service partially attained and of low risk |
|  | A number of shortfalls that require specific action to address | Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk |
|  | Major shortfalls, significant action is needed to achieve the required levels of performance | Some standards applicable to this service unattained and of moderate or high risk |

## General overview of the audit

Bradford Manor is a dementia specific facility situated in Dunedin. The service is certified to provide dementia level of care for up to 26 residents with full occupancy on the day of audit. The experienced manager is supported by registered nurses and care staff. The service continues to implement a quality and risk management programme. The activities programme is varied and designed to meet the needs of residents.

This certification audit was conducted against the Health and Disability Standards and the contract with the district health board. This audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with family, a general practitioner, management and staff.

Family/whanau and general practitioner interviewed commented positively on the standard of care and services provided at Bradford Manor rest home.

This certification audit identified an improvement required around addressing high hot water temperatures and testing and tagging of electrical equipment.

## Consumer rights

|  |  |  |
| --- | --- | --- |
| Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs. |  | Standards applicable to this service fully attained. |

Bradford Manor provides care in a way that focuses on the individual resident. Cultural and spiritual assessment is undertaken on admission and during the review processes. Policies are implemented to support individual rights such as privacy, dignity, abuse/neglect, culture, values and beliefs, complaints, advocacy and informed consent. Information about the Code and related services is readily available to residents and families/whānau. Information on informed consent is included in the admission agreement and discussed with residents and family. Care plans identify the choices of residents and/or their family/whānau. Care plans accommodate the choices of residents and/or their family. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified on-going involvement with community.

## Organisational management

|  |  |  |
| --- | --- | --- |
| Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner. |  | Standards applicable to this service fully attained. |

Bradford Manor is part of the Elsdon Enterprises Group. The manager is supported by registered nurses. Bradford Manor has implemented a quality and risk management system that supports the provision of clinical care. Quality data is collated for accident/incidents, infections, internal audits, concerns and complaints and surveys. Incidents and accidents are appropriately managed. There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice. There is an education programme covering relevant aspects of care and external training is supported. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

## Continuum of service delivery

|  |  |  |
| --- | --- | --- |
| Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation. |  | Standards applicable to this service fully attained. |

There is information available for residents and families prior to entry to the service. Residents are assessed prior to entry to the service. A registered nurse is responsible for each stage of service provision at the facility. Communication with family/whānau is documented. Care plans are individually developed with resident and family/whānau involvement included where appropriate, and evaluated six monthly or more frequently when clinically indicated. The InterRAI and other risk assessment tools and monitoring forms are available to effectively assess the level of risk and support required for residents. Short-term care plans are in use for changes in health status. Activities are provided that are meaningful and ensure that the resident maintains involvement in the community. Residents have a choice in their level of participation. Activity care plans are documented for all residents and evaluated six monthly. A medication management system is implemented and medication management policies are documented. All staff have completed annual competencies for medication administration. There are three monthly GP medication reviews. Food services are contracted to a food service company. The menu is designed by a dietitian with summer and winter menus. Staff have completed food safety training. Dietary requirements are provided where special needs are required.

## Safe and appropriate environment

|  |  |  |
| --- | --- | --- |
| Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities. |  | Some standards applicable to this service partially attained and of low risk. |

Bradford Manor has a current building warrant of fitness and there is an approved evacuation scheme. Reactive and preventative maintenance is carried out. Medical equipment has been calibrated. There is a designated laundry, which includes the safe storage of cleaning and laundry chemicals. Residents’ rooms are of sufficient space to allow services to be provided and for the safe use and manoeuvring of mobility aids. There are sufficient communal areas within the home that include lounge and dining area, and smaller seating areas. The service has implemented policies and procedures for civil defence and other emergencies and six monthly fire drills are conducted. There is a civil defence kit and evidence of supplies in the event of an emergency in line with Civil Defence guidelines. Staff receive training in first aid and are able to respond to emergency situations. There is a call bell system in all areas. General living areas and resident rooms are appropriately heated and ventilated and have good lighting. External garden areas are secure with suitable pathways, seating and shade provided.

## Restraint minimisation and safe practice

|  |  |  |
| --- | --- | --- |
| Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation. |  | Standards applicable to this service fully attained. |

The service has policies and procedures to appropriately guide staff around the use of enablers or restraints. The registered nurse is the restraint coordinator. There are no residents using enablers or restraints. Staff receive training in restraint and managing challenging behaviour.

## 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. |

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. The infection control coordinator is a registered nurse. There is a suite of infection control policies and guidelines that meet infection control standards. The infection control programme is reviewed annually. Staff receive annual infection control education. Surveillance is used to determine quality assurance activities and education needs for the facility.

## Summary of attainment

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Continuous Improvement**  **(CI)** | **Fully Attained**  **(FA)** | **Partially Attained Negligible Risk**  **(PA Negligible)** | **Partially Attained Low Risk**  **(PA Low)** | **Partially Attained Moderate Risk**  **(PA Moderate)** | **Partially Attained High Risk**  **(PA High)** | **Partially Attained Critical Risk**  **(PA Critical)** |
| **Standards** | 0 | 44 | 0 | 1 | 0 | 0 | 0 |
| **Criteria** | 0 | 92 | 0 | 1 | 0 | 0 | 0 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attainment Rating** | **Unattained Negligible Risk**  **(UA Negligible)** | **Unattained Low Risk**  **(UA Low)** | **Unattained Moderate Risk**  **(UA Moderate)** | **Unattained High Risk**  **(UA High)** | **Unattained Critical Risk**  **(UA Critical)** |
| **Standards** | 0 | 0 | 0 | 0 | 0 |
| **Criteria** | 0 | 0 | 0 | 0 | 0 |

# Attainment against the Health and Disability Services Standards

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

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

For more information on the standards, please click [here](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/health-and-disability-services-standards).

For more information on the different types of audits and what they cover please click [here](http://www.health.govt.nz/your-health/services-and-support/health-care-services/services-older-people/rest-home-certification-and-audits).

|  |  |  |
| --- | --- | --- |
| **Standard with desired outcome** | **Attainment Rating** | **Audit Evidence** |
| Standard 1.1.1: Consumer Rights During Service Delivery  Consumers receive services in accordance with consumer rights legislation. | FA | Bradford Manor dementia care has policies and procedures that align with the requirements of the Code of Health and Disability Services Consumer Rights (the Code). Five caregivers and one registered nurse (RN) interviewed were able to describe how they incorporate resident choice into their activities of daily living. Training has been provided around the code of rights, advocacy and informed consent. |
| Standard 1.1.10: Informed Consent  Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed choices and give informed consent. | FA | Informed consent and resuscitation orders were appropriately recorded, as evidenced in six of six resident files reviewed. Families interviewed confirmed that information was provided to enable informed choices to be made for their family member. Resident admission agreements sighted were signed. |
| Standard 1.1.11: Advocacy And Support  Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice. | FA | Family members are provided with a copy of the Code of Health and Disability Services Consumer Rights and Advocacy pamphlet on admission. Interviews with family confirmed they were aware of their right to access advocacy. Advocacy pamphlets are displayed in the foyer. Resident files reviewed, confirms that the service provides opportunities for the family/EPOA to be involved in decisions. The resident files include information on residents’ family/whānau and chosen social networks. |
| Standard 1.1.12: Links With Family/Whānau And Other Community Resources  Consumers are able to maintain links with their family/whānau and their community. | FA | On interview, family members confirm that they can visit at any time and are encouraged to be involved with the service and care. Residents are facilitated wherever possible and appropriate to maintain former activities and interests in the community. They are supported to attend family events. |
| Standard 1.1.13: Complaints Management  The right of the consumer to make a complaint is understood, respected, and upheld. | FA | There is a complaints policy to guide practice, which aligns with Right 10 of the Code. The manager leads the investigation of any concerns/complaints. Bradford Manor has a compliments, suggestions and complaints brochure that is visibly displayed in the main entrance. There is a suggestions/complaints box. The service has responded appropriately to two complaints received in 2015 within the required timeframes and to the satisfaction of the complainant. The complaints register is up to date. Management operate an “open door” policy. |
| Standard 1.1.2: Consumer Rights During Service Delivery  Consumers are informed of their rights. | FA | There is a welcome pack that includes information about the Code and this is discussed during the admission process with the resident and family. Six family members interviewed confirmed they received all the relevant information during admission. The information pack provided on entry includes how to make a complaint, Code of Rights pamphlet, and advocacy and Health & Disability (H&D) Commission brochure.  Relatives are informed of the scope of services and any liability for payment for items not included in the scope. This is included in the service agreement. Information is included specific to the management of challenging behaviours and the services no restraint policy. |
| Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect  Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence. | FA | There are policies in place to guide practice in respect of independence, privacy and respect. Staff were observed to be respectful of residents’ personal privacy by knocking on doors prior to entering resident rooms during the audit. Family members interviewed confirmed staff respect the resident’s privacy, and supported residents in making choice where able. Resident files are stored securely. The service has a philosophy focused around promoting quality of life, involving residents in decisions about their care, respects their rights and maintains privacy and individuality. Resident preferences are identified during the admission and care planning process with resident/family involvement. Resident files reviewed identified that cultural and/or spiritual values and individual preferences are identified on admission and integrated with the residents' care plan. |
| Standard 1.1.4: Recognition Of Māori Values And Beliefs  Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs. | FA | Bradford Manor has a Māori health plan that includes a description of how they will achieve the requirements set out in A3.1 (a) to (e). Activity assessments identify cultural beliefs and values for Māori.  There is a cultural safety policy to guide practice, including recognition of Māori values and beliefs and identify culturally safe practices for Māori. Staff interviewed were able to describe how they would ensure Māori values and beliefs are met. Staff attend cultural safety and awareness training two yearly. The service has access to a Māori advisor in response to resident and family requests or needs as required. |
| Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs  Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs. | FA | Family are invited to be involved in care planning and any beliefs or values are further discussed and incorporated into the care plan. Six resident care plans reviewed included the residents’ social, spiritual, cultural and recreational needs. Six monthly reviews occur to assess if the residents needs are being met. Discussion with family confirms values and beliefs are considered. Residents are provided with church services of their choice. |
| Standard 1.1.7: Discrimination  Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. | FA | Job descriptions include responsibilities of the position and signed copies of all employment documents are included in the seven staff files sampled. Staff comply with confidentiality and the code of conduct. Qualified staff and allied health professionals practice within their scope of practice. Staff meetings include discussions on professional boundaries and concerns/complaints as they arise (minutes sighted). Interviews with the manager, RN and care staff confirmed an awareness of professional boundaries. |
| Standard 1.1.8: Good Practice  Consumers receive services of an appropriate standard. | FA | Bradford Manor policies and procedures meet the health and disability safety sector standards. New and reviewed policies and meeting minutes are made available to staff. The education plan covers compulsory requirements and additional clinical in-services. An environment of open discussion is promoted. Staff report that the manager and registered nurse (RN) are approachable and supportive. Allied health professionals are available to provide input into resident care. Services are provided at Bradford Manor that adhere to the health and disability services standards. Staff complete relevant workplace competencies. Discussions with family were positive about the care the residents receive. |
| Standard 1.1.9: Communication  Service providers communicate effectively with consumers and provide an environment conducive to effective communication. | FA | There is a policy to guide staff on the process around open disclosure. Eight of eight incident forms reviewed for July and August 2015, identify family were notified following a resident incident/accident. The manager and RN confirm family are kept informed. The relatives interviewed confirmed they are notified promptly of any incidents/accidents. Family members advised that they are encouraged to discuss any concerns with the manager and/or registered nurse. Non-Subsidised residents’ family are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. Family are also informed prior to entry of the scope of services and any items they have to pay that is not covered by the agreement. The service has access to an interpreter service. |
| Standard 1.2.1: Governance  The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers. | FA | Bradford Manor provides care for up to 26 rest home dementia level of care residents with full occupancy on the day of audit. There were no respite residents. The service is part of the Elsdon Enterprises Group who provides governance and management support to the manager.  A non-clinical manager is responsible for day-to-day running of the home, with clinical oversight provided by an experienced registered nurse. Bradford Manor has a quality assurance and risk management programme in place. There is a business plan for 2015 – 2017 that includes a mission statement and operational objectives. There is a risk management schedule and documented quality objectives that align with the identified values and philosophy. An annual review of the quality programme is conducted by the manager. Objectives are reviewed at the quality/staff monthly meetings.  The manager has maintained at least eight hours annually of professional development activities related to managing a rest home. She has attended local provider meetings, and attends the group management forums and meetings. |
| Standard 1.2.2: Service Management  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. | FA | The manager of Bradford Manor has been in the role for nine years and works full time. The registered nurse has been in the role for four years and provides cover for the manager in her absence.  A review of the documentation, policies and procedures and from discussion with staff, identified that the service has operational management strategies, and a quality assurance programme that includes culturally appropriate care to minimise risk of unwanted events and enhance quality. |
| Standard 1.2.3: Quality And Risk Management Systems  The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles. | FA | The quality plan is included in the business, quality risk and management plan, which is reviewed yearly to measure achievement. The service has in place a range of policies and procedures to support service delivery that are reviewed at least annually. The policies include reference to the InterRAI Long-Term Care Facilities Assessment System (InterRAI LTCF).  Key components of service delivery are linked to the quality and risk management system including resident satisfaction, internal audits, health and safety, the management of adverse events, restraint minimisation and infection prevention and control. Data is evaluated and results used for quality improvement. The general staff meeting is where information on quality and risk management is conveyed to staff, as well as via handover sessions. Corrective actions are documented and implemented. Actual and potential risks are identified, documented and where appropriate communicated to residents, their family/whānau of choice, visitors, and those commonly associated with providing services. The service maintains a risk register and a hazard register. Risks are identified, monitored, analysed, evaluated and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk. Risks are actively managed. |
| Standard 1.2.4: Adverse Event Reporting  All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner. | FA | A sample of eight accident/incident forms for July and August 2015 were reviewed. There has been RN notification and clinical assessment completed within a timely manner. Accidents/incidents were recorded in the resident progress notes. There is documented evidence the family/whānau had been notified promptly of accidents/incidents.  The service collects incident and accident data and reports aggregated figures to the staff meetings. Staff interviewed confirms incident and accident data are discussed and information and graphs are made available.  An awareness of the requirement to notify relevant authorities in relation to essential notifications. |
| Standard 1.2.7: Human Resource Management  Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation. | FA | There are human resources policies to support recruitment practices. Six staff files sampled contained all relevant employment documentation and included two caregivers, two registered nurses, one diversional therapist and one kitchen hand. Current practising certificates were sighted for the RN’s, and allied health professionals. Performance appraisals were up to date. The service has an orientation programme in place that provides new staff with relevant information for safe work practice. Staff interviewed believed new staff were adequately orientated to the service on employment.  The education planner in place covers the compulsory education requirements as well as additional clinical in service and external education. The registered nurse (RN) has completed InterRAI training. The service has an on-site aged care training programme available for all staff. Staff complete competencies relevant to their role including medication, observations and safe manual handling. There are 12 caregivers employed at Bradford Manor, all have completed the required dementia unit standards. |
| Standard 1.2.8: Service Provider Availability  Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers. | FA | The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery. There is a roster that provides sufficient and appropriate coverage for the effective delivery of care and support. There is an RN on duty Monday to Sunday and on-call after hours. The clinical lead RN works Monday to Friday for 35 hours per week and another RN works 16 – 20 hours per week and covers the weekends. There is a minimum of two caregivers on duty at any one time. |
| Standard 1.2.9: Consumer Information Management Systems  Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible when required. | FA | The resident files are appropriate to the service type. All relevant initial information is recorded within required timeframes into the resident’s individual record. Resident records containing personal information are kept confidential. Individual resident files demonstrate service integration.  Entries were legible, dated and signed by the relevant caregiver or registered nurse including designation. Policies contain the service name. |
| Standard 1.3.1: Entry To Services  Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified. | FA | Residents are assessed prior to entry to the service by the needs assessment team, and an initial assessment was completed on admission in files sampled. The service has an information pack available for residents/families/whānau at entry and it includes associated information such as the Code, advocacy, informed consent, and the complaints procedure. Six of the six files reviewed included the admission agreement, which aligns with the ARC contract and exclusions from the service are included in the admission agreement. |
| Standard 1.3.10: Transition, Exit, Discharge, Or Transfer  Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services. | FA | The transfer/discharge/exit procedures included a transfer/discharge form, with the completed form placed on file. The service stated that a staff member escorts the resident if no family were available to assist with transfer, and copies of documentation are forwarded with the resident. |
| Standard 1.3.12: Medicine Management  Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines. | FA | The service uses an individualised medication system, which is checked in on delivery. Medications are managed appropriately, in line with required guidelines and legislation. Medication charts sampled were reviewed three monthly by the attending GP. Resident photos and documented allergies or nil known were evident on all 12 medication charts reviewed. An annual medication administration competency was completed for all staff administrating medications and medication training has been conducted.  The service has a policy and procedure around resident self-medicating. It is actively discouraged due to the cohort of residents. Residents and family are advised of this on admission and is included in the pre-admission information pack. There were no residents self-medicating at Bradford Manor. |
| Standard 1.3.13: Nutrition, Safe Food, And Fluid Management  A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery. | FA | An external contractor provides the food services at Bradford Manor. Food is transported to the facility via hot boxes. Staff records the temperature of hot and cold dishes prior to serving. Policies/procedures for food services and menu planning are appropriate for the services. Winter and summer menus are created by a registered dietitian. There is a kitchen manual, which contains policies and procedures related to cleaning equipment used in the kitchen and the kitchen itself, food handling, and preparation, personal hygiene in the kitchen, nutritional plan, quality aims, checking of temperatures, food storage, kitchen access, and routines. A dietary assessment is made by the RN, as part of the assessment process and this includes likes and dislikes. There was evidence of residents receiving supplements. Fridge and freezer temperatures are monitored and recorded daily in the kitchen. Food in the fridge and freezers is covered and dated. The external contractor conduct audits as part of their own food safety programme. Special or modified diets are catered for. Soft and puree dietary needs are documented. This includes consideration of any particular dietary needs (including cultural needs).  Families interviewed were complimentary of the food service. |
| Standard 1.3.2: Declining Referral/Entry To Services  Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate. | FA | The reason for declining service entry of residents to the service would be recorded on the declined entry form, and when this has occurred, the service stated it had communicated to the resident/family/whānau and the appropriate referrer. |
| Standard 1.3.4: Assessment  Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner. | FA | All residents were admitted with a care needs level assessment completed by the needs assessment and service coordination team prior to admission in files sampled. Personal needs information was gathered during admission, which formed the basis of resident goals and objectives in files sampled. Risk assessments including (but not limited to), falls, pressure area, continence, pain and nutrition were completed on admission and reviewed at least six monthly. Assessments such as behavioural assessments were completed for identified behavioural issues in files sampled. The registered nurse interviewed has completed InterRAI training and the assessment tool was evident in resident files sampled. |
| Standard 1.3.5: Planning  Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery. | FA | The long-term care plan records the resident’s problem/need, objectives, interventions and evaluation for identified issues. The service has a specific acute health needs care plan that includes short term cares. Resident files reviewed and family interviews identified that family were involved in the care plan development and on-going care needs of the resident. The initial care plan is developed from the initial assessment and identifies the areas of concern or risk. The long-term care plan recorded the resident’s current abilities, their level of independence, the problem/need, objectives and interventions for identified issues in all six files reviewed. Short-term care plans were utilised for acute health needs such as infections. Specific behavioural management strategies were included in care planning. |
| Standard 1.3.6: Service Delivery/Interventions  Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes. | FA | Care plans reviewed were current with interventions updated. Communication with family is documented on the family/whānau consultation sheet or in progress notes.  Continence products are available and resident files include a urinary continence assessment. Specialist continence advice is available as needed and this could be described by registered nurse.  Monthly weighs have been completed in all six files sampled. Referral to dietitian occurs as required as confirmed by registered nurse interview.  Dressing supplies are available and all treatment rooms are stocked for use. There is currently one resident with a pressure related wound. Wound assessment and management plan have been completed and there was evidence of referral to the General practitioner.  Short-term care plans are available for use for changes in health status. |
| Standard 1.3.7: Planned Activities  Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service. | FA | The files reviewed identified that the individual activity plan is developed based on a resident social profile and activity assessment. The activities plan has resident focused goals with a monthly progress report, six monthly evaluations and attendance record for individual residents. The programme of activities is provided seven days a week by two diversional therapists and involves maintaining the resident’s interests along with community involvement when possible. Bradford Manor has a van for outings. Activities plan is posted on the hallway noticeboard. Family interviews indicate they find the programme enjoyable and interesting. |
| Standard 1.3.8: Evaluation  Consumers' service delivery plans are evaluated in a comprehensive and timely manner. | FA | Comprehensive evaluations reviewed were completed six monthly by a RN of all goals and objectives identifying the degree of achievement and were updated as changes were noted in care requirements. Short-term care plans were in use.  GP reviews residents three monthly or when requested if issues arise or health status changes. The GP expressed satisfaction with the service and advised that nursing staff are prompt at informing of changes in the residents conditions and carry out instructions. |
| Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External)  Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs. | FA | The service facilitates access to other medical and non-medical service, e.g., diabetic services, rheumatology clinic, physiotherapist and mental health services for older people. Referrals to specialists are made by the GP. Referral forms and documentation are maintained on resident files as sighted. Family/whānau interviewed reported they are involved as appropriate when referral to another service happens. |
| Standard 1.4.1: Management Of Waste And Hazardous Substances  Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery. | FA | There are designated areas for storage of cleaning/laundry chemicals and chemicals were stored. Chemicals are labelled with manufacturer labels. Safety data charts were available for all chemicals in use. Laundry and sluice rooms are locked when not in use. Gloves, aprons, and face visors are available for staff. Safe chemical handling training has been provided. |
| Standard 1.4.2: Facility Specifications  Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose. | PA Low | Bradford Manor displays a current building warrant of fitness, which expires on 12 July 2016. Hot water temperatures are checked monthly with temperatures recorded noted to be over the acceptable limits. Medical equipment has been calibrated. Test and tagging of electrical appliances is overdue, however, the service has arranged for completion to occur. Regular and reactive maintenance occurs. Residents were observed to mobilise safely within the facility. There are sufficient seating areas throughout the facility. The exterior is secure and has been well maintained with ramps, safe paving, outdoor shaded seating, lawn and gardens. Caregivers interviewed confirmed there was adequate equipment to carry out the cares according to the resident needs as identified in the care plans.  The service has a van for transporting residents, which has a current registration and warrant of fitness. |
| Standard 1.4.3: Toilet, Shower, And Bathing Facilities  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. | FA | There are sufficient numbers of resident communal toilets in close proximity to resident rooms and communal areas. Visitor toilet facilities are available. The communal toilets are well signed and identifiable and include vacant/in-use signs. |
| Standard 1.4.4: Personal Space/Bed Areas  Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting. | FA | All resident rooms at Bradford Manor are single rooms. The resident rooms are of sufficient size to meet the resident’s assessed needs. Residents are able to manoeuvre mobility aids around the bed and personal space. All beds are of an appropriate height for the residents. Caregivers interviewed reported that rooms have sufficient room to allow cares to take place. The bedrooms were personalised. |
| Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining  Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs. | FA | Bradford Manor has resident rooms in two corridors. There is a large lounge, a sunroom and dining area. All areas are easily accessible for the residents. The communal areas are accessible to the outdoor areas. Activities take place in either of the communal areas. |
| Standard 1.4.6: Cleaning And Laundry Services  Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided. | FA | Bradford Manor has documented systems for monitoring the effectiveness and compliance with the service policies and procedures. There is a separate laundry area with separate clean and dirty areas where all linen and personal clothing is laundered by the care staff. Staff attends infection control education and there is appropriate protective clothing available. Manufacturer’s data safety charts are available. |
| Standard 1.4.7: Essential, Emergency, And Security Systems  Consumers receive an appropriate and timely response during emergency and security situations. | FA | Bradford Manor has a New Zealand Fire Service approved fire evacuation plan in place. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Emergency equipment is available at the facility. There are adequate supplies in the event of a civil defence emergency including food, water, blankets and gas cooking. Short-term backup power for emergency lighting is in place.  Visitors and contractors sign in at reception when visiting. Fire drills have been conducted six monthly. There is a staff member with a first aid certificate on each shift. There are call bells in the residents’ rooms, and lounge/dining room areas. Residents’ rooms were observed to have their call bells in close proximity. |
| Standard 1.4.8: Natural Light, Ventilation, And Heating  Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature. | FA | All communal areas and resident bedrooms have external windows with plenty of natural sunlight. General living areas and resident rooms are appropriately heated and ventilated. Family interviewed stated the environment was warm and comfortable. |
| Standard 3.1: Infection control management  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. | FA | The clinical lead registered nurse is the infection control coordinator. The infection control coordinator has a job description. Infection control committee is all staff and discussion is included in staff meetings. The infection control programme has been reviewed in January 2015. Visitors are asked not to visit if they have been unwell. There are hand sanitisers throughout the facility and adequate supplies of personal protective equipment. Residents and staff are offered influenza vaccines. There have been two outbreaks in recent times – one in June 2014 and one in July 2015. The service managed both outbreaks appropriately and notification to authorities was made in a timely manner. Both infections were contained and the spread minimised. |
| Standard 3.2: Implementing the infection control programme  There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation. | FA | Infection control is managed by the infection control coordinator. The infection control coordinator has attended external education. The infection control committee is all staff. The infection control coordinator has access to infection control personnel within the district health board, laboratory services and GP service. |
| Standard 3.3: Policies and procedures  Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided. | FA | The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes the infection control programme, responsibilities and oversight, training and education of staff. The policies have been reviewed and updated in June 2015 and reflect relevant legislation and accepted good practice. |
| Standard 3.4: Education  The organisation provides relevant education on infection control to all service providers, support staff, and consumers. | FA | The infection control coordinator is responsible for coordinating/providing education and training to staff. Infection control education is provided annually and includes wound care, hand hygiene and food safety.  Resident education is expected to occur as part of providing daily cares. |
| Standard 3.5: Surveillance  Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme. | FA | There is a policy describing surveillance methodology for monitoring of infections. Definitions of infections are in place, appropriate to the complexity of service provided.  Systems in place are appropriate to the size and complexity of the facility. The infection control coordinator collects the infection rates each month. The data is analysed to identify trends and determine infection control quality initiatives and education within the facility. Infection control data is communicated to staff and management through meetings. Care staff interviewed were knowledgeable about infection control practices. |
| Standard 2.1.1: Restraint minimisation  Services demonstrate that the use of restraint is actively minimised. | FA | There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. The policy includes restraint procedures. The policy identifies that restraint is used as a last resort. There were no enablers or restraints in use. The registered nurse is the restraint coordinator. Training in restraint and challenging behaviour has been provided. |

# 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.

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| **Criterion with desired outcome** | **Attainment Rating** | **Audit Evidence** | **Audit Finding** | **Corrective action required and timeframe for completion (days)** |
| Criterion 1.4.2.4  The physical environment minimises risk of harm, promotes safe mobility, aids independence and is appropriate to the needs of the consumer/group. | PA Low | Bradford Manor displays a current building warrant of fitness. Hot water temperatures are checked monthly by the manager. Records evidence that not all recordings were within the acceptable limit of 45 degrees Celsius or below. Advised, that the water temps had been recorded wrongly for the past six months with a faulty thermometer. A new thermometer now demonstrates that temperatures are below 45 degrees. Medical equipment has been calibrated. Test and tagging of electrical appliances is overdue and is booked in 16/09/2015. | i) Test and tagging of electrical appliances is overdue (currently booked); ii) Hot water temperatures recorded since January 2015 were recorded up to and including 52 degrees Celsius. | i) Test and tagging of electrical appliances to be completed as per legislation. ii) Hot water temperatures to be monitored at 45 degrees Celsius.  90 days |

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

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

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

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

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End of the report.