

Phantom 2021 Limited - Bradford Manor

Introduction

This report records the results of a Provisional 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 BSI Group New Zealand Ltd, 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:	Phantom 2021 Limited
Premises audited:	Bradford Manor
Services audited:	Dementia care
Dates of audit:	Start date: 4 August 2022 End date: 5 August 2022
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:	23

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.

General overview of the audit

Bradford Manor is one of four age care facilities owned by Elsdon Enterprises Limited. Bradford Manor provides dementia level of care for up to 26 residents, with 23 residents on the day of audit.

This provisional audit was undertaken to establish the level of preparedness of a prospective provider to provide a health and disability service and to assess the level of conformity of the current provider prior to the facility being purchased. A certification audit was completed with the service on 4 & 5 August 2022 and the consequent audit report was utilised as part of this provisional audit. The certification audit was conducted against the Ngā Paerewa Health and Disability Services Standards, and contracts with Te Whatu Ora. The audit process included the review of policies and procedures; sampling of resident and staff files; observations; interviews with residents, residents' family members, management, staff, and a general practitioner.

The experienced manager is non-clinical and has been in the role for 15 years. The clinical lead (registered nurse) has been in her role for 18 months and has a vast experience in age care.

The prospective owners are based in Milton and have previously been directors in Eldson Enterprises (current owner). The prospective owners have managed an age care facility in Milton since December 2021, and previously managed the facility for seven years prior to ownership. Both of the prospective owners have experience in aged care management and working with residents with dementia. The facility in Milton will become the head office. A transition plan has been developed to ensure a smooth transition of business functions. The prospective owners stated that their governance and quality management system, and policies and procedures will remain unchanged. There will be no changes to the existing management, staff, rosters, or the environment. The planned take-over date is planned for 1 December 2022.

This audit identified an area for improvement around meeting minutes.

Ō tatou motika | Our rights

The service complies with Health and Disability Commission Code of Health and Disability Consumers' Rights (The Code). Residents receive services in a manner that considers their dignity, privacy, and independence as well as facilitating their informed choice and consent.

Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Care is provided in a way that focuses on the individual and takes into account values, beliefs, culture, religion, sexual connection, and relationship status.

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse. The service has a culture of open disclosure. Complaints processes are implemented.

Care plans accommodate the choices of residents and/or their family/whānau.

Hunga mahi me te hanganga | Workforce and structure

Eldson Enterprises Limited is the governing body responsible for the services provided at this facility. The owners have an understanding of the obligation to comply with Ngā Paerewa NZS8134:2021. The organisations mission statement and vision are documented and displayed in the facility. The service has a current business plan and quality and risk management plan in place.

An experienced and suitably qualified facility manager ensures the management of the facility. A clinical nurse lead (registered nurse) oversees the clinical and care services in the facility.

The service has an effective quality and risk management programme in place with systems that meet the needs of residents and their staff. Internal audits, staff, and resident meetings are held. Collation of quality data occurs monthly, and graphs are displayed in the staffrooms. Corrective actions (where identified) are completed and improvements to service noted. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training is in place.

The service ensures the collection, storage, and use of personal and health information of residents is accurate, sufficient, secure, accessible, and confidential.

Ngā huarahi ki te oranga | Pathways to wellbeing

There is an admission package available prior to or on entry to the service. The registered nurse is responsible for each stage of service provision. The registered nurse assesses, plans, and reviews residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly.

Resident files included medical notes by the general practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines. The registered nurse and senior caregiver responsible for administration of medicines complete annual education and medication competencies.

The activity staff provide and implement an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. The service has a current food control plan.

All transfers and referrals to other services are coordinated and performed in collaboration with relatives.

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

There is a current building warrant of fitness in place. A reactive and preventative maintenance programme is implemented. External areas are secure, easily accessible and provide shade and seating.

Residents' rooms are of an appropriate size for the safe use and manoeuvring of mobility aids and allow for care to be provided. Lounges, dining rooms and spaces are available for residents and their visitors. Communal and individual spaces are maintained at a comfortable temperature.

A call bell system is in place to allow residents to access help when needed. Security systems are in place and staff are trained in emergency procedures, use of emergency equipment/supplies, and attend regular fire drills. Adequate supplies of emergency equipment were sighted. All staff have current first aid certificates.

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

Infection prevention management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources

to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one Covid-19 outbreak. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

The restraint coordinator is the clinical nurse leader. At the time of audit there were no restraints used at Bradford Manor. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	26	0	1	0	0	0
Criteria	0	145	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)
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>The organisation has a cultural policy that states that the provider aims to improve outcomes for Māori residents. The ‘guidelines for provision of culturally safe services for Māori’ aims to work in partnership with Māori residents and whānau and support their aspirations, mana motuhake, and whānau rangatiratanga. The guidelines aim to ensure that caregivers examine their own reality and attitudes they bring to each new client or staff member they encounter. The service has identified an area in the facility that can be used as required for meetings/whānau area for Māori users of the service. Where possible this should be able to be made private, have comfortable seating for several people and have access to tea, coffee, meal facilities, toilet, and telephone. The service has relationships with Te Roopu Tautoko Ki Te tonga Community Health & Social Services. The service is working on strengthening relationships with local iwi and Māori providers and communities. The cultural policy, complaint forms and admission documentation are all printed in both English and te reo. The service is in the process of reviewing the</p>

		<p>Māori Health plan. Cultural training was held in August 2021.</p> <p>The staff interviewed (one clinical lead, two caregivers, one maintenance, one kitchen hand, one activities coordinator and one housekeeper) could easily describe ways they get to know what is important to the residents and ensure residents identify their pae ora. Staff complete annual cultural training and are knowledgeable around the principle of Te Tiriti o Waitangi. The staff interviewed could describe ways they provided culturally safe services when they have had residents who identify as Māori.</p> <p>Currently there are no residents or staff who identify as Māori. The service is currently actively recruiting staff. The manager and CEO interviewed state they are supportive of applicants who identify as Māori and support all applicants through the employment process. All staff are encouraged to complete New Zealand Qualification Authority qualifications.</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 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>FA</p>	<p>The service is working towards developing Pacific policies and a Pacific Health Plan in partnership with local Pasifika communities or groups. Links are yet to be made with the local Pasifika community. There are staff members at Bradford Manor who identify as Pasifika and currently provide support for the residents who are residing at Bradford Manor who identify as Pasifika. Cultural preferences were sighted in resident's care plans.</p> <p>Family/whānau interviews stated that they were satisfied with the choices they were provided regarding their care, activities and the services provided.</p> <p>Information gathered during assessments includes identifying a resident's specific cultural needs, spiritual values, and beliefs. Assessments also include obtaining background information on a resident's cultural preferences, which includes (but is not limited to), beliefs, cultural identity, and spirituality. This information informs care planning and activities that are tailored to meet identified needs and preferences. The cultural safety policy includes consideration of</p>

		<p>spiritual needs in care planning.</p> <p>Bradford Manor is working towards developing relationships with Pacific communities and organisations, to enable better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve 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>	<p>FA</p>	<p>The service has implemented policies and procedures to ensure that services are provided in a manner that is consistent with the Health and Disability Commission Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>All staff have received education on the Code as part of orientation and the mandatory two-yearly education programme. Staff interviews confirmed awareness of the Code and observations evidenced practices that demonstrate an understanding of their obligations. Evidence that the Code is implemented in their everyday practice includes (but is not limited to) maintaining residents' privacy, providing residents with choice, and providing opportunities for family/whānau and residents to be involved in resident six-monthly reviews. The annual relative satisfaction survey held in November 2021 evidenced a high level of satisfaction around implementation of the Code of Rights.</p> <p>Residents and their families are provided with information about the Code as part of an information pack and booklet provided on admission to Bradford Manor. The booklet and admission agreement includes information on the complaints process and the advocacy service. The facility manager and the clinical nurse leader explain the Code during the admission process to ensure understanding. Posters of the Code and pamphlets were visible throughout the facility in te reo Māori and English.</p> <p>There is an advocacy policy for staff to follow to ensure the Code is upheld and residents have access to representation. It includes facilitating access to advocacy for a resident if required. This information is displayed at the facility entrance.</p>

		<p>Policy and practice include ensuring that all residents right to self-determination is upheld and they are able to practice their own personal values and beliefs. The service is still working on developing a Māori Health plan that recognises Māori mana motuhake.</p> <p>Interview with the prospective owner confirmed residents rights will continue to be upheld. The prospective owner interviewed knows and understands the Code and that is must be adhered to as per policy.</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>	<p>FA</p>	<p>The provider ensures that residents and whānau are included in planning and care, which is inclusive of discussion and choices regarding maintaining independence. Interviews with staff, relatives and observation confirmed that individual religious, social preferences, individual values, and beliefs are identified and upheld. These were also documented in resident files.</p> <p>The organisation has a policy on sexuality and intimacy that provides outlines for managing expressions of sexuality. Staff interviews confirmed that they assist residents to choose the clothing they wish to wear. Interviews with relatives confirmed that residents can choose what clothing and adornments to wear each day, including make up if they wish to.</p> <p>The organisation has policies and procedures in place to ensure that a resident's rights to privacy and dignity is upheld. They provide guidelines for respecting and maintaining privacy and dignity. There are spaces where residents can find privacy within communal areas.</p> <p>Staff were observed to knock on bedroom and bathroom doors prior to entering, ensure that doors are shut when personal cares are being provided and residents are suitably attired when taken to the bathroom. Interviews and observation confirmed that staff maintain confidentiality and are discrete, holding conversations of a personal nature in private. The spouse of a resident residing at Bradford Manor confirmed that resident privacy is respected. Satisfaction survey results evidenced a high level of satisfaction around privacy.</p> <p>Staff receive training in cultural safety. Culturally appropriate activities</p>

		<p>have been introduced such as celebrating Waitangi Day and Matariki.</p> <p>Interviews with staff confirmed that understanding of the cultural needs of Māori including in death and dying as well as the importance of involving family/whānau in the delivery of care. Values and beliefs are identified, upheld, and are inclusive of tāngata whaikaha needs to enable their participation in te ao Māori.</p> <p>The facility has community connections for the provision of te reo Māori if residents require this. A range of documentation including resident information and policies are available in te reo.</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 services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>There is policy that defines guidelines and responsibilities of staff for reporting suspected abuse. It includes definition of abuse and guidelines for managing abuse. Staff receive orientation and mandatory annual training on abuse and neglect. Staff interviews confirmed their awareness of their obligations to report any incidences of suspected abuse or neglect. Staff and family/whānau interviews confirmed there was no evidence of abuse or neglect.</p> <p>The admission agreement provides clear expectations in the management and responsibilities of personal property and finances.</p> <p>Residents and/or their family/whānau provide consent for the facility to manage the resident's comfort funds. There was no evidence of abuse of resident property or possessions.</p> <p>There are policies and procedures to ensure that the environment for residents is free from discrimination, racism, coercion, harassment, and financial exploitation. They provide guidance for staff on how this will be prevented and, where suspected, reported.</p> <p>Job descriptions include the responsibilities of the position, including ethical issues relevant to each role. Staff are required to sign and abide by the code of conduct and professional boundaries within their contract agreement. All staff files reviewed evidenced these were signed. Staff interviews confirmed their understanding of professional boundaries relevant to their respective roles. Interviews with relatives</p>

		<p>confirmed that professional boundaries are maintained by staff.</p> <p>Staff interviews described that the service promotes an environment in which residents and their families/whānau feel safe and comfortable to raise any questions or queries, and that discussions are free and frank. The service is working on updating policies to include how institutional and systemic racism is addressed.</p> <p>The service is working on developing a Māori Health plan which includes how they prioritise a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>The open disclosure policy states “Bradford Manor is committed to providing the best service available to our residents in a manner that supports transparency and the relay of timely, clear accurate information and explanations recognising that communication is a two-way process”.</p> <p>Interpreter services are available through Te Whatu Ora Southern. At the time of the audit there were no residents who required an interpreter. Information for residents and relatives can be made available in a range of languages. There is signage around the facility in te reo.</p> <p>All staff interviewed stated that family/whānau are advised as soon as possible of an event occurring. Evidence of this was sighted in the incident reports reviewed, and the monitoring of resident’s post falls was consistently applied. Relatives interviewed stated they felt well informed and were kept up to date with what was going on in the facility especially during Covid lockdown periods. Newsletters keep relatives informed of what’s been happening, including resident activities and what is upcoming within the facility. Management maintains an open-door policy which was confirmed by staff and relatives interviewed. The relative satisfaction survey also evidenced a high level of satisfaction around communication.</p> <p>The service has set up a private social media page. Access to this is approved by the facility manager and is only available to relatives of</p>

		<p>current residents residing at the facility. Consent has been signed by the enduring power of attorneys for residents' photos to be included on the social media page.</p> <p>Family/whānau interviews confirmed that staff are approachable and available to discuss queries and issues.</p> <p>The resident admission agreement signed by the enduring power of attorney (EPOA), confirms for residents, what is and what is not included in service provision.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>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.</p> <p>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.</p> <p>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>Bradford Manor has an informed consent policy which provides guidelines for staff to ensure adherence to the legal and ethical requirements of informed consent and informed choice. Staff receive orientation and training on informed consent and all staff interviewed, including non-clinical staff, demonstrated that they are cognizant of the procedures to uphold informed consent. The information pack includes information regarding informed consent. The facility manager or clinical lead discuss and explain informed consent to residents/whānau/EPOA during the admission process to ensure understanding. This includes consent for resuscitation and advance directives.</p> <p>There is a resuscitation order and advance directives policy to ensure that the rights of the resident are respected and upheld, and residents are treated with dignity during all stages of serious illness. Verbal consent is expected for activities of daily living. File reviews demonstrated that advance directives and resuscitation orders are completed in accordance with policy. Enduring power of attorneys (EPOAs) were activated. Consent for residents' photos to be published on the closed social media page is included in the service agreement.</p> <p>The informed consent policy and cultural policy acknowledges Te Tiriti Waitangi and the impact of culture and identity on the determinants of the health and wellbeing of Māori residents. These policies require health professionals to recognise these factors as relevant when issues of consent to health care of Māori residents arise. This</p>

		<p>includes whānau support and involvements in the decision-making, care, and treatment of the resident, provided the resident has given consent for the whānau to be involved.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>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.</p> <p>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>The organisation has a complaints policy and process to manage complaints in line with Right 10 of the Code. The complaint process is made available in the admission agreement and explained by the facility manager or clinical nurse lead on the resident’s admission. The complaint forms and a complaint box are also available in resident areas in the facility.</p> <p>There were no complaints made in 2021 and one verbal complaint has been received in 2022 year to date. The facility manager is responsible for managing complaints. A complaints register is in place that includes the name of the complainant, date the complaint is received, the date the complaint was responded to, the date of the resolution, as well as the date the complaint is signed off. Evidence relating to the complaint is held in the complaints register. Interview with the facility manager and a review of the complaint made, indicated that complaints are investigated promptly, and issues are resolved in a timely manner. Complaints (when there are any) are discussed at staff meetings.</p> <p>Interviews with the facility manager, staff and relatives confirmed that residents are able to raise any concerns and provide feedback on services and this includes discussing and explaining the complaints process. Relative interviews confirmed that they are aware of the complaints process and stated that they had been able to raise any issues directly with the facility manager or clinical manager. Complaint forms are available at the entrance to the facility and were available in English and te reo. The facility manager reports complaint forms can be available in a range of languages where required.</p> <p>There have been no complaints received from external agencies since the previous audit.</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>Bradford Manor is one of three age care facilities in Dunedin owned by Eldson Enterprises. Bradford Manor provides care for up to 26 rest home dementia level of care residents, with 23 residents (including one resident on respite care) living at the facility on the day of the audit. All residents, except the resident on respite, were under the age residential care (ARRC) contract.</p> <p>Eldson Enterprises is a family-owned company. With one chief executive officer (CEO) and an outgoing CEO providing mentorship. The head office is based in Christchurch. All resident admissions and human resources services are based in Christchurch. The facility managers provide a quarterly report to the CEO which covers all aspects of the service.</p> <p>There is a business plan for 2022- 2023 that includes a mission statement and operational objectives. An annual review of the quality programme is conducted by the manager and the CEO. The annual business plan is a living document and is reviewed and added to on a regular basis. The manager keeps a monthly overview of quality improvements including refurbishments. The CEO meets with the manager three-monthly to discuss the annual business plan, review towards meeting goals, and the monthly reports. Informal phone calls occur on a more regular basis, at least weekly.</p> <p>Bradford Manor has a quality assurance and risk management programme in place. There is a risk management schedule and documented quality objectives that align with the identified values and philosophy. Annual satisfaction surveys are held to gauge satisfaction with all areas of the service. Results are analysed, and any area identified as low satisfaction are acted upon.</p> <p>The CEO has completed cultural training and a course through the health and disability commissioner. The service is working towards including Māori representation at governance level to have input into policy, ensuring equitable services are provided to tāngata whaikaha and Māori residents. Training around cultural safety and the Treaty of</p>

		<p>Waitangi is planned to be rolled out to staff before the end of the year.</p> <p>The manager (non-clinical) is responsible for the day-to-day running of the home. She has been in her role for the past 18 years. Clinical oversight is provided by an experienced clinical lead/registered nurse who has been in the role for 18 months and has vast experience in the aged care sector. They are supported by a team of experienced long-standing staff.</p> <p>The manager has maintained at least eight hours annually of professional development activities related to managing a rest home. Year to date she has attended external training courses around human resources and dementia care.</p> <p>The prospective owners are based in Milton and have previously been directors in Eldson Enterprises (current owner). The prospective owners have owned an age care facility in Milton since December 2021 and managed the facility for seven years prior to ownership. Both of the prospective owners have experience in aged care management and working with residents with dementia. The facility in Milton will become the head office. The planned take over date is planned for 1 December 2022.</p> <p>The prospective owner interviewed reported there will be no changes to management, staffing, rosters, or the environment at Bradford Manor. The current policy management and quality programme is in line with the prospective owners quality programme purchased from the same external contractor. Both prospective owners interviewed are knowledgeable in the requirements to meet the Health and Disability Standards and obligations under the contract.</p> <p>It is the new owner's intention to facilitate a smooth transition at an operational level and to minimise disruption to staff and residents. A transition plan has been developed to change finance and payroll services from Eldson Enterprises Ltd to Phantom 2021 Ltd for Bradford Manor.</p> <p>There is an organisational chart with a reporting structure.</p>
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		<p>Organisational reporting will include monthly manager meetings. The manager will provide quarterly reports to include a range of operational information including (but not limited to) enquiries, occupancy, quality data, and finances.</p> <p>There is a business plan documented with a mission and philosophy statement and commitment to professional support, a stable workforce, robust quality management, business strengths, weaknesses, and opportunities.</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 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>PA Low</p>	<p>The organisation has a quality and risk management plan that is reviewed annually and developed with input from facility staff. The plan outlines the quality and risk management framework to promote continuous quality improvement. The organisation is in the process of updating policies to meet the Ngā Paerewa 2021 Services Standards.</p> <p>There is an implemented annual schedule of internal audits. Areas of non-compliance from the internal audits include the implementation of a corrective action plan with sign off by the facility manager when completed. Identified trends are raised for discussion within the quality meetings.</p> <p>The clinical lead collates a range of data monthly including (but not limited to), infections, incidents and accidents, and internal audit results. Corrective actions (where identified) are completed and signed off by both managers. Graphs of the monthly data are posted in the staffrooms and are attached to meeting minutes.</p> <p>Regular meetings are held with staff where a variety of topics are concerned. However, there was no evidence in the meeting minutes around discussion of quality data and any associated corrective actions required. There was no evidence of closure of corrective actions which arose from the previous meeting.</p> <p>There is a health and safety officer interviewed (previous director) who oversees the health and safety programme. Health and safety is</p>

		<p>discussed at staff meetings. Completed hazard identification forms reviewed and staff interviews confirmed that hazards are identified. The hazard register is relevant to the service, available to staff and has been regularly updated and reviewed. There are two maintenance men (one interviewed) employed who oversee all three facilities and attend to any health and safety issues and all maintenance. The health and safety officer meets with facility managers on a regular basis and attends staff meetings annually or as required. All contractors' complete annual inductions around hazard management and health and safety related to being in a secure environment.</p> <p>The facility follows the adverse event reporting policy for external and internal reporting (where required) to reduce preventable harm by supporting system learnings. There was an outbreak in 2022, appropriate notifications were made in a timely manner. Section 31 notifications were made for a resident absconding, this resident no longer resides at Bradford Manor. The external area is secure with a fence all around the property. There is no furniture that can be easily moved to aid absconding. The manager reported a section 31 notification was made by head office around the change in clinical manager.</p> <p>A sample of 12 incident reports were reviewed. All were fully completed and detailed a description of the incident and resident's injury. There was evidence of timely RN notification (when not on site) and follow up. Neurological observations were fully completed and signed off by the clinical lead. All reports reviewed were signed off as reviewed by the manager. All resident falls are analysed to identify the root cause and prevent future falls.</p> <p>Training around cultural safety was held in November 2021 and training records evidenced a high attendance. Further training around the Treaty of Waitangi is planned to be rolled out to staff. All staff interviewed could easily describe ways to provide high quality care for Māori residents based on past experiences. The organisation is working towards how they can improve health equity through critical analysis of organisational practices.</p>
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<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>FA</p>	<p>The Good Employer policy includes the rationale for staff rostering and skill mix to ensure staffing levels are maintained at a safe level. The aim is to ensure a safe working environment, staffing levels will be consistent with current legislation, and ensure all staff employed will be appropriately qualified.</p> <p>Interviews with relatives and staff confirmed that staffing levels are sufficient. Rosters reviewed evidenced that staff were replaced when sick by other staff members picking up extra shifts.</p> <p>The manager works 40 hours per week, Monday to Friday, and participates in the on-call roster for any non-clinical emergency issues. The clinical lead works 40 hours per week and is available for clinical support.</p> <p>Morning shift has three caregivers rostered: 1x (medication competent) 7am to 3.30pm 1x 7am to 3pm, and 1x 7am to 10am.</p> <p>Afternoon shift has two caregivers rostered from 3.30pm to 11pm. There are two caregivers rostered overnight from 11pm to 7am. Activities staff are available Monday to Friday. There is a housekeeper six mornings a week.</p> <p>The manager is currently advertising and recruiting for vacant positions. There have been seven new staff employed since January 2022. This has been due to mandates, staff retiring or moving away from the area. The clinical lead is interRAI trained. Caregivers are encouraged to complete Careerforce training in New Zealand Qualification Standards (NZQA) to level four. Currently no staff have taken this opportunity, however, there are a number of experienced staff who have been employed for more than 10 years. The service is working towards ensuring staff have validated expertise in provision of</p>

		<p>high-quality healthcare for residents in the service.</p> <p>There is an implemented two-year cycle for training. Topics include (but are not limited to) fire evacuation, chemical safety, hazard management, falls prevention, infection control, manual handling, cultural safety, Health and Disability Code of Rights, restraint, and challenging behaviour. Staff competencies and education scheduled are relevant to the needs of aged care residents with dementia. Further training is planned for staff and management around the Treaty of Waitangi. All staff have current first aid certificates. The service is working towards collecting and sharing high quality Māori health information.</p> <p>The clinical lead has access to external education through Te Whatu Ora and hospice.</p> <p>Staff are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications in Health and Wellbeing through Careerforce. The six long-term staff have several years' experience at the facility and are deemed as NZQA level 4 equivalent and have completed the relevant dementia qualifications. There are a total of 13 caregivers. The remaining seven have been employed within the last six months and are working towards completion.</p> <p>Support systems promote health care and support worker wellbeing, and a positive work environment was confirmed in staff interviews. Employee support services are available as required, as well as support for staff and whānau during Covid-19 lockdowns. A quality improvement with a sister facility was introduced to improve staff wellness, however, due to Covid and staffing limitations this has not yet been implemented. The staff interviewed described a good culture of teamwork and camaraderie throughout all shifts.</p> <p>The service collects resident ethnicity to inform data regarding Māori health information. There is a variety of information collated and reviewed monthly which would include information around Māori health, when there are residents who identify as Māori residing at the</p>
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		<p>facility.</p> <p>The prospective owner does not plan to make any changes to the management, staffing or rostering.</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>Human resource management follow policies and procedures which adhere to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisation's policy is consistently implemented and records maintained. The recruitment processes include police vetting, reference checks, signed contract agreements, and job descriptions. Current practising certificates were sighted for all staff and contractors who require these to practice. Personnel involved in driving the van held current driver licences and first aid certificates. Non-clinical staff include household, a maintenance person, and kitchen staff.</p> <p>There is a documented and implemented orientation programme and staff training records show that training is attended. There was recorded evidence of staff receiving an orientation, with a generic component specific to their roles, on induction. Staff interviews confirmed completing this and stated it was appropriate to their role.</p> <p>Annual performance appraisals were completed for all staff requiring these and three-monthly reviews had been carried out for newly appointed staff.</p> <p>Staff competencies and scheduled education are relevant to the needs of aged care residents with dementia.</p> <p>Records show that staff ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HSO) requirements. Staff meeting minutes reviewed show that staff have the opportunity to be involved in debriefing and discussion following incidents. Support for staff wellbeing is provided as required. A debrief meeting was held following the Covid outbreak. Staff have access to employee assistance programmes. The staff interviewed all stated the management team were very supportive, accessible, approachable,</p>

		and available anytime.
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>Residents' records are managed in a paper-based format, while medicines are managed in an electronic system. Residents' information, including progress notes, is entered into the resident's record in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents' progress notes are completed every shift, detailing residents' response to service provision.</p> <p>There are policies and procedures in place to ensure the privacy and confidentiality of resident information. Staff interviews confirmed an awareness of their obligations to maintain the confidentiality of resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised access. Any hard copy information is locked away when not in use. Documentation containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public.</p> <p>Each resident's information is maintained in an individual, uniquely identifiable record. Records include information obtained on admission, with input from the residents' family where applicable.</p> <p>The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals. The service is not responsible for registering residents with the National Health Index (NHI).</p>
<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</p>	FA	<p>Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Admission agreements reviewed aligned with all contractual requirements. Exclusions from the service are included in the admission agreement. Family member and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry</p>

<p>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>		<p>process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager or clinical nurse leader are available to answer any questions regarding the admission process and a waiting list is managed. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of admission from individual residents. The service collates ethnicity data along with entry and decline rates. The service also has relationships with Te Roopu Tautoko Ki Te tonga Community Health & Social Services, that would be able to provide support for future residents and relatives who identify as Māori.</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>	<p>FA</p>	<p>A sample of five resident files were reviewed including a respite resident file. There is evidence of whānau involvement in the interRAI assessments, and long-term care plans reviewed. Information is documented in paper-based progress notes and family contact forms.</p> <p>Admission assessments were completed by the clinical lead and initial care plans were developed within 24 hours of admission. Long-term care plans were developed based on a range of clinical assessments, including interRAI, referral information, resident, and family input. The interRAI assessments and care plans were completed within three weeks of admission. All residents had current interRAI assessments completed, and the relevant outcome scores have supported care plan goals and interventions in the reviewed files. Care plans were evaluated six-monthly.</p> <p>Risk assessments are conducted on admission relating to falls risk, challenging behaviour, pressure injury, skin integrity, dietary profiles, and pain. Cultural and social assessment are completed with assessment of residents' strengths, goals and aspirations and aligns with their values and beliefs in the planning process. When a resident's condition alters, the clinical lead initiates a review with the GP. Family/whānau are notified of all changes to health including</p>

		<p>infections, accident/incidents, general practitioner visits, medication changes and changes to health status. Relatives interviewed confirm they are involved in the care planning and review processes and are well informed of any changes in their resident's condition.</p> <p>The staff and clinical lead interviewed describe supporting all residents to identify their own pae ora outcomes based on information received during the admission and care planning process. The facility and clinical lead could describe identifying and reducing barriers for EPOA of residents to accessing information and services relevant to optimising resident cares. The facility is all on one floor and has easy access to all areas of the home and gardens.</p> <p>Care plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The support required to achieve these is clearly documented and communicated. Caregivers interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. The written handover document sighted was sufficient to guide caregivers. Progress notes are written daily by caregivers, and the clinical lead further adds to the progress notes if there are any incidents or changes in health status.</p> <p>The general practitioner completes medical assessments within five working days of admission, or as clinically indicated, and reviewed when a resident's condition changes. A full medical review occurs every three months. This was verified in reviewed residents' records and interviews with the general practitioner. Care plans reviewed have been evaluated at least six-monthly, with short-term care plans reviewed weekly or earlier if clinically indicated. Examples were sighted of referrals made to the general practitioner when a resident's needs changed, and timely referrals to relevant specialist services as indicated. The general practitioner interviewed reported that the service is providing a comprehensive level of care, medical orders are carried out in a timely manner and staff are very proactive at contacting the general practitioner should a resident's condition change.</p>
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<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>	<p>FA</p>	<p>The activities programme is provided by two activity's assistants covering Monday to Friday with the weekend care staff being responsible for activities provision over the weekend. Both are enrolled in a national certificate in Diversional Therapy. Individual activity plans were sighted in resident files reviewed. Monthly progress notes and six-monthly evaluations are maintained. The individualised activities plan for residents are made in association with the registered nurse and are incorporated into the interRAI assessment and care plan documents. A comprehensive assessment and history are undertaken upon the resident's admission to ascertain individual needs, interests, abilities, and social requirements. Activities for each resident consider their normal routines/activities across 24/7. The service receives feedback and suggestions for the programme through monthly meetings with residents. The activities programme is displayed prominently for residents to plan attendance.</p> <p>A resident lifestyle profile and activity assessment informs the activities plan. The activities are varied and cater for all residents, either as group participation activities, or individual activities. Activities include outings, as well as indoor and outdoor activities on site. Residents' religious and cultural preferences are considered in the planning of activities. Family members interviewed expressed satisfaction with the activities programme, and said they were included in the planning of the programme. The activities team have developed initiatives that are both colourful and interesting for visitors to look at when visiting. Two installations have been developed in the hall using old window frames which provide opportunities for residents to enjoy the pleasant picture as well as previous interests of gardening – both flower and vegetable as well as skills of sorting and taking things from the installation such as going shopping. These installations are bright and colourful and are able to be touched and rearranged. These installations address residents' need for activity</p>

		<p>and provides well known and familiar activities such as flower picking, sorting and categorising items and the familiar acts of going shopping. Which support feelings of wellbeing and the individuality and allay feelings of anxiety in residents who have dementia. These installations have been well received by families who have enjoyed the bright colours and unique type of activity and staff who see the benefits for residents and are able to use them in times of heightened anxiety for residents.</p> <p>Community visitors include entertainers, and church services when Covid restrictions allow. Residents are encouraged to maintain links to the community such as celebrations. The activities planner includes music therapy and entertainment, van trips as Covid 19 restrictions allow, celebrations and birthdays, exercises, crossword, bowls, word build, quiz, crafts, and regular music therapy.</p> <p>The service promotes staff education on Māori culture values, beliefs and practices and practicing te reo. The service celebrates Māori specific cultural days and Matariki is on the activities plan.</p> <p>There is a designated activity lounge, meeting rooms and separate dining rooms where group activities can occur. One-on-one activities such as individual walks, chats, newspaper readings occur for residents who are unable to participate in activities or choose not to be involved in group activities.</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</p>	<p>FA</p>	<p>The medication management policy is in the process of being updated. Eleven electronic medication charts were reviewed, these evidenced the recording of allergies and three-monthly reviews by the general practitioner. Interviews with families stated that consultation with family takes place during these reviews, this was evident in the medical notes reviewed and general practitioner interviewed.</p> <p>Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Regular medications and ‘as required’ medications are administered from prepacked blister packs. The</p>

<p>current legislative requirements and safe practice guidelines.</p>		<p>clinical lead checks in the medications against the prescriptions and signs and dates them and enters this on the electronic system. All medication packs received and checked by the clinical manager on delivery against medication charts every month.</p> <p>An electronic medication management system has been implemented. All medications charts sighted were current and had been reviewed three-monthly. Medications were all prescribed appropriately on the electronic system, all had allergies documented. As required medications had prescribed indications for use with outcomes and effectiveness completed in the sample medication charts reviewed. Over the counter medications are prescribed on the electronic medication system as requested by the resident and stored as other medications. Standing orders are not in use. Staff were observed administering medication following medication guidelines. Staff who administer medicines were assessed as competent and evidence was sighted. There were no residents self-administering medications within the service.</p> <p>Internal audits were completed around medication management. The medication room and medication refrigerators are checked regularly to ensure they were within the required temperature range.</p> <p>The clinical manager provides information, support and advice around medications and potential side effects with all relatives when they are not able to attend the GP review, or where required or requested. The clinical manager reported they would apply the same to any whānau within the service.</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</p>	<p>FA</p>	<p>The food service is provided on site by an experienced kitchen hand; and is in line with recognised nutritional guidelines for older people. There is a four-weekly seasonal rotating menu in use. The kitchen hand reported that opportunity is provided to family to participate in food preparation if requested. Evidence of residents' satisfaction with meals was verified by relative interviews, and from residents' meeting minutes. Bradford Manor is looking to employ a cook fulltime,</p>

<p>traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>however, have been unsuccessful to date.</p> <p>Food is served directly from the kitchen to the dining room adjacent. Residents may choose to have meals in their rooms. Meals are served warm in sizeable portions required by residents and any alternatives are offered as required. Snacks and drinks are available for residents when required. The food menu has been reviewed and approved by a registered dietitian in July 2021. A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. Residents' weights are monitored monthly and as required, supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen has a current food control plan certificate which expires on 31 August 2022. Kitchen staff completed training in food safety/hygiene. The kitchen and pantry were sighted and observed to be clean, tidy, and stocked. Labels and dates are on all containers and records of food temperature monitoring, fridges, and freezers temperatures are maintained. Regular cleaning is conducted. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. The kitchen caters for resident diet with different cultural beliefs, values, and protocols around food. All caregiving staff complete training in food safety and food handling, infection control, handwashing, and hygiene.</p> <p>Snacks are available for residents 24/7. The service described how they would incorporate Māori residents' cultural values and beliefs into menu development and food service provision.</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>FA</p>	<p>There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Planned exits, discharges or transfers are coordinated in collaboration with the relatives to ensure continuity of care. The transfer and referrals to other specialists is managed in collaboration by the clinical lead and the general practitioner, with an escort as</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>appropriate. The process facilitates and supports residents to access or seek other health and/or disability service providers as required. At the time of transition between services, appropriate information is provided for the ongoing management of the resident. There was evidence on file of transfer documentation for one resident sent to hospital which included a resident profile including contact details of next of kin, resuscitation status and medication chart. Copies of referrals were sighted in residents' files. The relatives are kept informed of the referral process, as verified by documentation and interviews with relatives. Further to this the relatives are involved for all exits or discharges to and from the service. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance.</p>
<p>Subsection 4.1: The facility</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>FA</p>	<p>A current building warrant of fitness is displayed in the entrance to the facility. Buildings, plant, and equipment comply with relevant legislation. A preventative and reactive maintenance schedule is implemented. This includes monthly maintenance checks of all areas and specified equipment. Staff identify maintenance issues on a register. This information is reviewed by the maintenance person and prioritised. Interviews confirmed staff awareness of the processes for maintenance requests and that repairs were conducted in a timely manner. Interviews with staff and visual inspection confirmed that there is adequate equipment available to support care. The facility has an up-to-date annual test and tag programme. Evidence of checking and calibration of biomedical equipment was sighted.</p> <p>Hot water temperatures are monitored with a process in place to ensure prompt action is taken in the event of anomalies. A review of recorded hot water temperatures and interview with the maintenance person confirmed that temperatures have been maintained at the recorded safe temperature.</p> <p>All resident areas can be accessed with mobility aids. The external paths provide a circuit around the facility, the facility doors are not locked during the day to allow residents to go outside if they wish. External areas are secure and have outdoor seating and shade accessible by residents and their visitors. There are adequate</p>

		<p>numbers of accessible showers, hand basins and toilets throughout the facility with communal toilet/bathing facilities and visitors' toilets. Communal toilets have a system to indicate vacancy and have disability access. All shower and toilet facilities have call bells, sufficient room, approved handrails, and other equipment to facilitate ease of mobility and to promote independence.</p> <p>Residents have their own room, and each is sufficient size to allow residents to mobilise safely around their personal space and bed area with mobility aids and assistance. Observation confirmed there is enough space to accommodate personal items, furniture, equipment, and staff as required. All residents' rooms and communal areas accessed by residents have safe ventilation and at least one external window providing natural light. Resident areas in the facility are heated in the winter. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed in interviews with relatives and staff.</p> <p>There have been a number of refurbishments and environmental improvements since the previous audit including (but not limited to), extending the secure outdoor area and parking to include extra storage. There are plans in place to install further shade once the summer months arrive and new patio furniture has been purchased. The service has purchased a new bus for resident outings.</p> <p>There are no plans for new buildings, however the management report they would be open to consultation with Māori representatives to ensure the Māori aspirations are upheld.</p> <p>The prospective owner interviewed stated there are no plans to change the existing environment, or maintenance plans.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Staff and training records demonstrated that orientation and mandatory training includes emergency and disaster procedures and fire safety. An approved fire evacuation plan was sighted. Interviews with staff and review of documentation confirmed that fire drills are</p>

<p>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>conducted at least six-monthly. There is a sprinkler system installed throughout the facility and exit signage displayed. Staff interviews, and training records confirmed that fire wardens received warden training and staff have undertaken fire training. The staff education register evidenced that there is a system to ensure staff maintain first aid currency.</p> <p>The facility has sufficient supplies to sustain staff and residents in an emergency. Alternative energy and utility sources are available in the event of the main supplies failing. These include the availability of a gas barbeque for cooking, and enough food, water, dressings, and continence supplies. The facility's emergency plan includes considerations of all levels of resident need and includes a detailed plan of facility information, if staff who were unfamiliar with Bradford Manor were working there.</p> <p>Call bells are available to summon assistance in all resident rooms, and bathrooms. Call bells are checked monthly by the maintenance person.</p> <p>Security systems are in place to ensure the protection and safety of residents, visitors, and staff. These include visitors signing in and out of the building and the facility being locked in the evenings with restricted entry after hours. Family/whānau are aware of the security measures and fire systems.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and</p>	<p>FA</p>	<p>The service has implemented an infection control and antimicrobial stewardship (AMS) programme to minimise the risk of infection to residents, staff, and visitors. The infection control and AMS management is appropriate to the size and the scope of the service. The clinical lead is the infection control coordinator. The job description outlines the responsibility of the role. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted twice a year.</p> <p>The clinical lead has access to resources for information and education, which include, the MOH website, southern community</p>

<p>respond to relevant issues of national and regional concern.</p>		<p>laboratory, and the GP. The service has access to an infection prevention clinical nurse specialist from the local hospital. The programme is guided by a comprehensive and current infection control manual.</p> <p>The service is working towards including infection control and antimicrobial stewardship in the quality assurance management plan. Quality data around infection control is collated, this was not evidenced as discussed at meetings (link 2.2.3). Infection control data is included in the quarterly report to the owner. Outbreaks are immediately reported to the owner.</p> <p>There is a notice at the main entrance to the facility requesting anyone who is or has been unwell in the past 48 hours with an infectious condition, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities. Staff were offered the influenza vaccine.</p> <p>There are hand sanitisers strategically placed around the facility. Ministry of Health traffic light controls are followed for the management of Covid-19 and visitor controls are in place. There were no residents with Covid-19 infections on the days of audit.</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.</p> <p>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.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and</p>	<p>FA</p>	<p>The infection control coordinator has completed online training and has access to external training through the local hospital when available, as verified in training records sighted. Additional support and information are accessed from the infection control team at the local hospital, the community laboratory, the GP, and public health team, as required. The clinical lead has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The clinical lead and interviewed staff confirmed the availability of resources to support the programme and any outbreak of an infection. During Covid-19 lockdown there were regular zoom meetings with Te Whatu Ora Age Residential Care clinical nurse specialist (CNS) which provided a forum for discussion and support</p>

<p>scope of our services.</p>		<p>for facilities.</p> <p>The infection prevention manual outlines a range of policies, standards, and guidelines. Annual review and approval of the infection prevention programme has been completed. The programme is linked to the incident reporting and quality improvement programme, results of infection are collated monthly, however not always discussed in meetings (Link 2.2.3).</p> <p>Staff orientation and education on infection prevention and control is conducted by the clinical lead. A record of attendance is maintained and was sighted. The training education information pack is detailed and meets current best practice and guidelines. Infection control educational posters are displayed all around the facility. Staff interviewed confirmed an understanding of how to implement infection prevention and control activities into their everyday practice. The clinical lead is involved in the purchase process of medical devices and consumables used in the resident's care and would be involved in the process of designing and renovations of the facility, as confirmed by the facility manger and CEO.</p> <p>The service has a pandemic plan which includes planning and management of Covid 19. There are plentiful supplies of personal protective clothing (PPE) supplies. There are outbreak kits readily available and sufficient additional supplies are stored in a personal protective equipment cupboard and throughout the facility. Infection control outbreak prevention and management related policies are available to staff in a pandemic folder. The facility manager and clinical lead have developed two Covid management folders. One folder is for administration/management, which contains access codes etc. The other folder contains up-to-date resident information that includes (but not limited to), NOK, advance directives, daily routines, care plans, special dietary requirements, mobility issues and a current medication list. These are updated when there are any changes of medications or changes in resident condition.</p> <p>Infection control precaution standards and isolation to prevent hospital acquired infections (HAI) are in place. There were hand basins</p>
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		<p>available for staff to wash hands with flowing soap and hand towels available. Staff were observed to perform good hand hygiene practices. There are policies and procedures in place around disinfecting reusable equipment. All shared equipment (e.g., goggles and the blood pressure cuff) are appropriately disinfected between use. Bradford Manor is working towards incorporating disinfection of equipment between use into the internal audit programme. All residents are mobile and there is no use of commodes. All single use equipment such as wound packs are used for their intended purpose and disposed of appropriately. The staff interviewed could easily describe how they perform culturally safe practices around infection control. Examples included keeping clinical and food services separate, management of laundry, and not performing any clinical procedures such as wound care around places where the residents are eating. The service is working towards accessing cultural advice around infection control practices to ensure the spirit of Te Tiriti o Waitangi is acknowledged.</p> <p>The service is working towards incorporating translation to te reo Māori information around infection control for Māori residents.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The service has antimicrobial use policy and procedure. A report on the usage of antibiotics or antimicrobials (if any) is collated. The clinical lead includes the type of antibiotic, duration of treatment and effectiveness in the data collated as evidenced in the monthly infection control data reviewed for 2021 and 2022. Antimicrobial use is included in the monthly report provided to the manager and is included in the quarterly report to the CEO. The monitoring process includes evaluation and monitoring of medication prescriptions, and antibiotic use through the electronic medication system. The clinical lead communicates with the GP if she has any concerns. As per the infection criteria there is no antibiotics prescribed for prophylactic use. The clinical lead verifies the prescription with laboratory lab results, and resident clinical symptoms.</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>The infection prevention surveillance is an integral part of the infection control and AMS programme and is described in the service policies and procedures. The surveillance programme is appropriate for the size and complexity of the organisation. Infection data is collected, monitored, and reviewed monthly and includes infections of the urinary tract, skin, eye, gastro-intestinal, the upper and lower respiratory tract, and multi-resistant organisms. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are implemented. The graphs reviewed evidenced a very low occurrence of infections at Bradford Manor. Staff interviewed reported that they are informed of resident infections at the time of the infection, through shift handovers. They are reminded of good infection control practices and reporting requirements in line with the short-term care plan interventions. The GP is informed within the required timeframe when a resident has an infection. The service is working on including ethnicity to infection control data.</p> <p>There have been two outbreaks since the previous audit (one RSV outbreak in 2021 and a Covid outbreak in 2022). The CEO was informed immediately in both cases. Documentation for both outbreaks were reviewed. This included daily logs, notification and communication with the public health team, communication with families and debrief meetings with staff. Both outbreaks were well managed. There were no residents with Covid on the day of the audit. The audit was conducted in the orange traffic light system. The service was evidenced to be compliant with recommendations and regulations in line with current restrictions.</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</p>	<p>FA</p>	<p>There is documented policy and processes for the secure storage and management of recycling, waste, infectious and hazardous substances. Appropriate signage is displayed. Staff received training by external supplier of chemicals and cleaning products. Waste is collected at scheduled intervals by contractors and the local council. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Material safety datasheets are available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. Posters provide a summary</p>

<p>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 antimicrobialresistant organisms.</p>		<p>about the use of chemicals on site. Posters and sharps boxes are in the medication room. Personal protective equipment is readily available.</p> <p>There are policies and procedures to provide guidelines regarding safe and efficient laundry services. There is separation of a clean and dirty area. All personal clothing, bedspreads and blankets are processed on site by the caregivers. There is a designated cleaner for six days a week. Staff maintain the cleaning duties on Sundays. The cleaners' chemicals were always attended and are stored safely when not in use. All chemicals were labelled. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Staff are due to complete chemical safety training, later in 2022 as sighted in the education planner. The cleaner interviewed demonstrated a very good knowledge of infection control and the importance of cleaning high touch areas. The cleaner could describe in detail extra precautions required during an outbreak.</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 restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The policy states Bradford Manor is committed to the principals of restraint elimination and 'restraint free' environments through the implementation of alternatives to restraints. The restraint policy confirms that restraint use, and application must be done in partnership with families, and the choice of device must be the least restrictive possible. The policy described the process of approvals to be taken prior to restraint use interventions. The facility was restraint free on the days of audit. The clinical lead is the restraint coordinator. The restraint coordinator described the focus on maintaining a restraint-free facility, implementing de-escalation techniques and alternative interventions at times when restraint is considered. The facility manager and clinical lead describe how they would work in partnership with Māori whānau, to promote and ensure services are mana enhancing. The clinical lead confirmed the service is committed to providing safe care to residents without use of restraint. The use of restraint would be reported in the daily handover's quality and staff meetings. Restraint is part of orientation and training is provided</p>

		<p>annually or as necessary. Staff orientation and training on de-escalation intervention and behavioural challenges is provided annually and through handover sessions as required. Staff interviewed showed a good understanding of restraint use and care of resident with restraints. The restraint register reviewed evidenced there has been no restraints used at Bradford Manor for a number of years.</p> <p>The prospective owners are very knowledgeable around restraint minimisation and requirements around restraint. There are no planned changes to current policy.</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 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	PA Low	<p>There is a documented quality plan. Internal audits are completed as scheduled, any corrective actions are actioned and signed off by the clinical manager (clinical) and/ or the facility manager. A range of quality data is collated, analysed, and posted in the staffroom. Staff interviewed stated they are informed of all current infections or any incidents at the time during handovers. Regular meeting are held. However, there is no evidence in the meeting minutes around the quality data collated and associated corrective actions.</p>	<p>i). There was no documented evidence in staff meeting minutes around quality data collated and associated corrective actions.</p> <p>ii). There was no evidence of closure of corrective actions identified at the previous meetings.</p> <p>iii). There are no identified KPI's or benchmarking of clinical risk.</p>	<p>i). & ii). Ensure meeting minutes reflect discussions held around previous corrective actions and results of quality data collated.</p> <p>iii). Ensure identified key performance indicators (KPI) are benchmarked.</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.