

Phantom 2021 Limited - Bradford Manor

Introduction

This report records the results of a Certification 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: 21 September 2023 End date: 22 September 2023

Proposed changes to current services (if any): The previous letter to HealthCERT dated 8 November 2022 request a reconfiguration of one room to a double room for one couple. This provider confirmed on the day of the audit that request is invalid for the purposes of this audit and the provider request the beds to remain at 26.

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 sections contained within the Ngā Paerewa Health and Disability Services Standard:

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

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

Key to the indicators

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

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

General overview of the audit

Bradford Manor is under ownership of Phantom 2021 Limited since December 2022. Bradford is one of four facilities owned by the provider and provides dementia level of care for up to 26 residents, with 26 residents on the day of audit.

This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard and the services contract with Te Whatu Ora Health New Zealand - Southern. The audit process included a review of policies and procedures, the review of residents and staff files, observation, and interviews with family/whānau, staff, management and the general practitioner.

There have been no changes in key personnel since the last audit. The new owners have completed several improvements including implementation of new policies and procedures. Several environmental and equipment upgrades were made since change of ownership. An experienced facility manager oversees the day-to-day operations of the facility. They are supported by a clinical manager and experienced caregivers.

There are quality systems and processes being implemented. Feedback from family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver safe care.

This certification audit identified no improvements required. The service was awarded a continuous improvement rating for implementation of their policies and the provision of meaningful activities.

Ō tatou motika | Our rights

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

Subsections applicable to this service fully attained.

Bradford Manor provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights and obligations. A Māori health plan and Pacific health plan are documented for the service. The service works collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. This service supports culturally safe care delivery to Pacific peoples.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences. The service effectively communicates with residents about their choices and preferences. There is evidence that family/whānau are involved and kept informed.

The rights of the resident supported by their family/whanau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Phantom 2021 Limited has a documented organisational structure. Services are planned, coordinated, and are appropriate to the needs of the residents. The facility manager oversees the day-to-day operations of the service. The business plan informs the site-

specific operational objectives which are reviewed on a regular basis. Bradford Manor has a documented quality and risk management system. Quality and risk performance is reported across meetings and to the directors. Bradford Manor collates clinical indicator data and comparison of data occurs. There are human resources policies including recruitment, selection, orientation and staff training and development.

The service has an induction programme in place that provides new staff with relevant information for safe work practice. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. Health and safety systems are in place for hazard reporting and management of staff wellbeing. The staffing policy aligned with contractual requirements and included skill mixes. Family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.
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Bradford Manor has an admission package available prior to or on entry to the service. Care plans viewed demonstrated service integration. 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 medication competent caregivers are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

The activities programme meets the individual needs, preferences, and abilities of the residents. The activities staff member provides and implements a wide variety of activities which include cultural celebrations. The programme includes van outings,

entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

All food and baking is prepared and cooked on site in the kitchen. Residents' food preferences and dietary requirements are identified at admission. The menu is designed by a dietitian at an organisational level. Individual and special dietary needs are accommodated. Family/whānau interviewed responded favourably to the food that is provided. Additional snacks are available twenty-four hours a day, seven days a week. A current food control plan is in place.

Transfer between services is coordinated and planned

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building has a current warrant of fitness displayed. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. Resident rooms are spacious and personalised. The facility is secure with a secure enclosed outdoor area.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Security of the facility is managed to ensure safety of residents and staff.

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

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

Subsections applicable to this service fully attained.

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. Infection control practices support tikanga guidelines.

Antimicrobial usage is monitored and reported on. 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 on in a timely manner. Comparison of data occurs.

The service has a robust pandemic and outbreak management plan in place. Covid-19 response procedures are included, and sufficient supply of protective equipment is available. The internal audit system monitors for a safe environment. There were no outbreaks since the last audit.

There are documented processes for the management of waste and hazardous substances in place, 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

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

Subsections applicable to this service fully attained.

The restraint coordinator is the clinical manager. 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 and evidence leadership commitment. 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	27	0	0	0	0	0
Criteria	2	166	0	0	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>	<p>FA</p>	<p>The Māori Health plan is documented within the cultural awareness and cultural safety policy. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Bradford Manor is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau as documented in the resident care plan. Māori mana motuhake is recognised and residents are supported to make choices around all aspects of their lives where possible.</p> <p>At the time of the audit there were Māori staff. The facility manager (FM) stated that they support a culturally diverse workforce and encourage increasing the Māori capacity within the workforce; the Good Employer policy documented the leadership commitment. The FM interviewed stated they will interview Māori applicants when they do apply for employment opportunities. The Māori health plan and business plan 2022-2025 documents the commitment of Bradford Manor to build cultural capabilities, partnering with Māori, government, and other businesses to align their work with and for the benefit of</p>

		<p>Māori. The quality and risk plan evidence a statement on cultural safety in provision of care. The FM described how at a local level they have established relationships with the Māori community, local iwi, and Māori community disability services in Dunedin. The service has relationships with Te Roopu Tautoko Ki Te Tonga Community Health & Social Services.</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>Bradford Manor has a Pacific people’s policy and ‘Health of Pacific peoples in Aotearoa is everyone’s business’ which notes the Pasifika worldviews, and the need to embrace their cultural and spiritual beliefs. The Pacific Health and Wellbeing Plan 2020-2025 forms the basis of the policy related to Pacific residents. There is a cultural awareness and cultural safety policy that aim is to uphold the cultural principles of all residents and to provide an equitable service for all. The service has established links with Pacific organisations through their Pasifika staff and has an established relationship with Pasifika leaders that sighted and signed the Pacific Peoples policy. Staff have been introduced to the Fonofale model as part of the training outcomes for the cultural training attended in May 2023.</p> <p>On admission all residents state their ethnicity. There are currently no residents who identify as Pasifika. The FM interviewed stated Pacific peoples’ cultural beliefs and values, knowledge, arts, and identity are respected when in their care. 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 spiritual needs in care planning.</p> <p>Code of Rights is accessible in Tongan and Samoan. There are staff that identify as Pasifika. The FM described how Bradford Manor increases the capacity and capability of the Pacific workforce through equitable employment processes as documented in the good employer policy.</p>

		Interviews with nine staff (four caregivers, one registered nurse (RN), one cook, one maintenance person, one cleaner, one activities coordinator) identified that the service provides person-centred care.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>Enduring power of attorney (EPOA), family/whānau, or their representative of choice, are consulted in the assessment process to determine residents' wishes and support needs when required.</p> <p>Details relating to the Health and Disability Consumers' Rights (the Code) are included in the information that is provided to new residents and their family/whānau. The FM or CM discusses aspects of the Code with residents and their family/whānau on admission. The Code is displayed in multiple locations in English and te reo Māori. Five family/whānau interviewed reported that the service respects residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support and links are documented in the spirituality and counselling policy. The service strengthens the capacity for recognition of Māori mana motuhake and this is reflected in the Māori health plan and objectives of the business plan. Church services are held. Staff received education in relation to the Health and Disability Consumers' Rights (the Code) at orientation and through the annual education (completed August 2023) and training programme which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process</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</p>	FA	Bradford Manor annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The Māori Health Plan and objectives in the business plan reflects how Te Tiriti o Waitangi is incorporated in day-to-day service delivery. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata whaikaha

<p>experiences.</p>		<p>when planning or changing services. Te reo Māori is celebrated and opportunities are created for residents and staff to participate in te ao Māori. Cultural training has been provided and covers Te Tiriti o Waitangi, tikanga Māori, te reo Māori, health equity and the impact of institutional racism and cultural competency.</p> <p>It was observed that residents are treated with dignity and respect and was also confirmed during interviews with family/whānau.</p> <p>An intimacy and sexuality policy is in place with training as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships. There were no married couples in the facility. At the time of the audit all rooms were single occupancy and no shared rooms. Staff were observed to respect residents' privacy by knocking on bedroom doors before entering.</p> <p>Staff were observed to use person-centred and respectful language with residents. Family/whānau interviewed were positive about the service in relation to their whānau values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available.</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>The good employer policy acknowledges cultural diversity, includes how institutional and systemic racism is addressed and staff are educated to look for opportunities to support Māori. The Māori health plan aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi to ensure wellbeing outcomes for Māori are prioritised.</p> <p>The Māori health plan and business plan reflect cultural strategies that include a goal to understand the impact of institutional, interpersonal, and internalised racism on a resident wellbeing and to improve Māori health outcomes through clinical assessments and education sessions. An abuse and neglect policy is being implemented. There are</p>

		<p>educational resources available.</p> <p>Cultural days are held to celebrate diversity. Staff completed Code of Conduct and Abuse and Neglect training, and the education encourage reflectiveness, self-awareness and thoughtfulness within the team and fosters the desire to be effective with people they come into contact with.</p> <p>All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias and the understanding of injustices through policy readings, cultural training, available resources, and the house rules (staff code of conduct).</p> <p>Family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The staff interviewed stated they are supported with a positive working environment that promotes teamwork.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with RNs and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The philosophy of Bradford Manor as stated in the business plan and quality assurance policy promotes a holistic strength-based model of care that ensures equitable 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</p>	<p>FA</p>	<p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Twelve accident/incident forms sighted have a section to indicate if family/whānau have been informed (or not) of an accident/incident. This is also documented in the progress notes. Family/whānau interviewed confirmed they are kept informed.</p> <p>Contact details of interpreters are available. Interpreter services are used where indicated. Support strategies and interpretation services</p>

<p>them about their choices.</p>		<p>are documented to assist with communication needs when required. All but one resident could speak and understand English. Staff interviewed explained how they manage to interact with the one resident who does not speak English.</p> <p>Non-subsidised residents enduring power of attorneys (EPOAs) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau and EPOA are informed prior to entry of the scope of services and any items that are not covered by the agreement. There is information available to family/whānau related to dementia care and how the facility manage behaviour that is distressing.</p> <p>The service communicates with other agencies that are involved with the resident such as Te Whatu Ora-Southern specialist services and other allied health professionals including a physiotherapist, district nurse, dietitian, speech language therapist, mental health services for older adults, and pharmacist. The delivery of care includes a multidisciplinary team and EPOA or family/whānau provide consent and are communicated with regarding services involved. The CM described an implemented process around providing residents with support from family/whānau time for discussion around care, time to consider decisions, and opportunity for further discussion when planning care, if required. There was documented evidence that family/whānau are invited to six monthly review meetings or have input into to care planning and review process of residents.</p> <p>Family/whānau interviewed confirm they know what is happening within the facility through emails and phone calls and interactive closed group Facebook page and felt informed regarding events or other information. Family/whānau stated the FM, CM and staff are transparent, easily accessible, and approachable to address any questions. Staff have completed annual education related to communication with residents' cognitive disabilities.</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</p>	<p>FA</p>	<p>A policy on informed consent is in place that includes the guidance on advance directives. Informed consent processes are discussed with family/whānau on admission. Six resident files were reviewed and</p>

<p>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>written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Specific consent had been signed by the activated power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and providing personal care. All EPOA have signed the new informed consent forms to align with the new policy implementation process.</p> <p>The admission agreement is appropriately signed by the EPOA. Enduring power of attorney documentation is filed in the residents' files and is activated for all residents. All residents have a medical certificate for incapacity on file.</p> <p>Advance directives for health care including resuscitation status have been completed by the GP. Interviews with family/whānau identified that the service informs them of any health care changes. Discussions with the caregivers and RN confirmed that staff understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around Code of Rights that included informed consent.</p> <p>The service follows relevant best practice tikanga guidelines in relation to consent. The informed consent policy guides the cultural responsiveness to Māori perspective in relation to informed consent.</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>There is a documented process to address concerns and complaints. The complaints procedure is provided to family/whānau on entry to the service. The FM maintains a record of all complaints, both verbal and written, by using a complaint register. There was one low risk complaint documented for 2023 year to date. There were no complaints from external agencies.</p> <p>The FM provided documentation including follow-up letters to demonstrate that the complaints process is in accordance with guidelines set by the Health and Disability Commissioner (HDC). The complaints register documentation evidence complaints can be allocated a theme and a risk severity rating. The FM stated they are</p>

		<p>confident in investigating and provide a root cause analysis when they do receive serious complaints. Family/whānau confirm during interview the FM is available to listen to concerns and acts promptly on issues raised. Family/whānau making a complaint can involve an independent support person in the process if they choose. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The FM acknowledged their understanding that for Māori there is a preference for face-to-face communication and to include family/whānau participation.</p> <p>Family/whānau have a variety of avenues they can choose from to make a complaint or express a concern. Staff are informed of complaints (and any subsequent corrective actions) in the staff meetings (meeting minutes sighted).</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 situated in Dunedin and one of four age care facilities owned by Phantom 2021 Limited. Bradford Manor provides care for up to 26 rest home dementia level of care residents, with 26 residents (including one resident on long term support- chronic health contract (LTS-CHC)) living at the facility on the day of the audit. All other residents were under the age-related residential care (ARRC) contract.</p> <p>Phantom 2021 Limited is a family-owned company and took ownership of Bradford Manor in December 2022. At the time of ownership, the managers (FM and CM) remained the same. There are two owners/ directors, and both have experience in aged care management and working with residents with dementia. The FM stated there was a smooth transition during change of ownership.</p> <p>The FM and staff interviewed stated both owners are very involved in the operations of the facility. One director visits weekly and completes a facility walk through with the FM and maintenance person followed by a weekly face-to face meeting with the FM. The facility manager provide a weekly managers report to the directors which covers all aspects of the service. At the time of the audit a quarterly clinical review meeting was introduced and include all facility managers,</p>

	<p>clinical managers, pharmacist and two GPs that support clinical governance for three facilities in Dunedin. The first meeting minutes held 9 August were sighted and include observations and reporting requirements of residents of concern, prescribing practices, and clinical issues of concern. Each CM provide clinical oversight of their facility. There were regular monthly facility managers meetings for 2023 where all facility managers and directors meet and discuss all aspects of the service including quarterly benchmarking.</p> <p>There is a business plan for 2022- 2025 that includes a mission and philosophy statement and operational objectives. Clear specific business goals are documented to manage and guide quality and risk and are reviewed at regular intervals. The annual review of the quality assurance and risk programme will be reviewed annually by the FM, CM, and directors.</p> <p>The directors (interviewed) understand their responsibility in the implementation of health and disability services standards and explained their commitment to Te Tiriti obligations. The obligations to proactively help address barriers for Māori and to provide equitable health care services is documented in the business plan scope and review section of the business, quality and risk management plan. The Māori Health plan that is documented within the cultural awareness and cultural safety policy reflects a leadership commitment to collaborate with Māori (sighted input in policy development) and aligns with the Ministry of Health strategies.</p> <p>The directors have completed cultural training. The service has acquired Māori and Pacific leaders that have input into policy, ensuring equitable services are provided to tāngata whaikaha and Māori and other residents. Training around cultural safety and the Treaty of Waitangi has been completed by all staff.</p> <p>The facility manager (non-clinical) is responsible for the day-to-day running of the home, implementation of the business strategy and quality plan. She has been in her role for the past 19 years. Clinical oversight is provided by an experienced full time clinical manager who has been in the role for more than two years and has vast experience in the aged care sector. They are supported by a team of experienced long-standing staff. There is collaboration between the sister facilities</p>
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		<p>for peer support.</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home. .</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>FA</p>	<p>Bradford Manor is implementing a quality and risk management programme. Cultural safety is embedded within the documented quality programme and staff training. The Māori health plan and business plan supports outcomes to achieve equity for Māori and addressing barriers for Māori. There are quality focussed goals documented and the progress are discussed at monthly managers meetings with the directors.</p> <p>The quality system and resident files are paper based. Bradford Manor business plan documents implementation of newly acquired suite of policies. A documentation review was completed and confirmed policies and procedures provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. There are procedures to guide staff in the management of clinical and non-clinical practices. Bradford Manor have adopted the quality system and policies developed by an aged care industry leader. It is the FMs responsibility to provide document control that is site specific. The FM at Bradford Manor reviewed the policies in December 2022 and a printed suite of policies are available to staff. There is documented evidence that updated and new policies are discussed at staff meetings and staff sign when they read policies. The swift implementation of the policies ensured that good practice reflects through all aspects of service delivery and at the time of the audit the policies were well and truly embedded. The service has been awarded a continuous improvement rating for the implementation of their policies.</p> <p>Quality initiatives are documented, monitored, and discussed with staff. Initiatives and implementation of activities that assist with deescalating of behaviour has been successfully implemented. A continuous improvement rating is awarded for the activities.</p> <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical</p>

	<p>indicator data that include falls, pressure injuries, behaviours that challenge, medication errors, skin tears, bruising, fractures, restraint (if any) etc. Quality data are discussed through combined staff and quality meetings and opportunities are discussed to minimise risks that are identified. Corrective action plans are well documented, followed up and signed off. Corrective action progress is reported monthly in the manager's report to the directors. Combined staff and quality meetings taking place as planned to address service improvements. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom and nurses' station. Internal audits were completed for 2023 year to date.</p> <p>The communication policies document guidelines for tāngata whaikaha to have meaningful representation through family/whānau meetings, complaints management system and annual satisfaction surveys. Family/whānau interviewed confirm opportunities to provide feedback and are involved.</p> <p>The FM has an open and transparent decision management process that includes regular staff meetings and correspondence to family/whānau either when they visit the facility or through regular emails as evidenced through family/whānau interviews. High levels of satisfaction were indicated through interviews with family/whānau, and feedback sighted from six post admission surveys.</p> <p>A health and safety system is in place. One director is responsible for overseeing the health and safety programme implementation on each site. The FM provides a monthly report to be discussed at facility managers meetings. Hazard identification forms are completed, and an up-to-date hazard register were reviewed (sighted). Health and safety policies are implemented. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. There were no serious staff injuries in the last 12 months.</p> <p>Incident reports are completed for each resident incident/accident, ethnicity is recorded, immediate action is documented with any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed (witnessed and unwitnessed falls, behaviours that challenge, skin tears). Opportunities to minimise future risks are identified by the</p>
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		<p>CM in consultation with the staff. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator data. Benchmarking activities occur by doing comparisons between months; internal benchmarking between facilities occur quarterly. Results are discussed in the staff meetings and facility managers meetings.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori. Quality data analysis occurs to ensure a critical analysis of Bradford Manor practice to improve health equity. Facility managers meeting minutes (sighted) with the directors reflect Māori health equity considerations.</p> <p>Discussions with the facility manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been no section 31 notifications required to be submitted.</p> <p>Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>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. The roster sighted provides sufficient and appropriate coverage for the effective delivery of cultural and clinical safe care and support. There is a person with a first aid certificate on every shift.</p> <p>Interviews with family/whānau 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 manager (registered nurse) works 40 hours per week and is available for after-hours clinical support. In the absence of the CM, clinical support will be provided by one of the sister facilities.</p>

	<p>There were no vacancies at the time of the audit. Family/whānau received emails to communicate any changes in staffing levels. Staffing requirements and occupancy are discussed as part of the combined staff and quality meetings and monthly facility manager’s meeting. There are medication competent caregivers on morning, afternoon and night shifts to perform medication administration duties. There are three caregivers on the morning and two on afternoon shift and two caregivers on at night.</p> <p>Cleaners and kitchen staff perform non-clinical duties. Caregivers perform laundry tasks seven days a week and confirm the workload to be manageable.</p> <p>The clinical manager is interRAI trained. Staff are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications in Health and Wellbeing through Careerforce. There are nine long-term staff with several years’ experience at the facility and are deemed as NZQA level 4 equivalent and have completed the relevant dementia qualifications. There is a total of 13 caregivers. Three caregivers are enrolled and evidence sufficient progress to complete their dementia standards within the required 18 months’ timeframe as required by the contract. One staff member has recently been employed and not yet enrolled.</p> <p>There is a documented annual training programme that includes clinical and non- clinical staff training that covers mandatory topics. The training schedule is being implemented for 2023. Training topics and attendances were reviewed and evidence high attendance numbers. Training and education is provided monthly and include guest speakers. Dementia specific training include the management of behaviours that challenge. The clinical manager has access to external education through Te Whatu Ora-Southern and completed infection control and antimicrobial stewardship training.</p> <p>The service collects resident ethnicity to inform data regarding Māori health information; this is an agenda topic at monthly facility manager’s meetings. The service is implementing an environment that encourages and support cultural safe care through learning and support. Staff attended cultural awareness training in May 2023. Training provides for a culturally competent workforce to provide safe cultural care, including a Māori world view and the Treaty of Waitangi.</p>
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		<p>The training content provided resources to staff to encourage participation in learning opportunities that provide them with up-to-date information on Māori health outcomes, health equity and disparities through sharing of high-quality Māori health information.</p> <p>Competencies are completed by staff, which are linked to the education and training programme. All caregivers and CM are required to complete annual competencies for restraint, hand hygiene, correct use of personal protective equipment (PPE) and moving and handling. A record of completion is maintained. Medication competencies are completed.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings and performance appraisals. Staff interviewed stated the FM and CM has a transparent process when making decisions that affects staff.</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. 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. A schedule of individual training records was on file. 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 cleaners, 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</p>

		<p>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 (HISO) 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. Staff are supported with rehabilitation and to return to work as part of staff injury management.</p>
<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>	<p>FA</p>	<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. The FM is the privacy officer. 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 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>FA</p>	<p>An implemented admission policy and procedures safely guide service provision and entry to the service. All residents have a needs assessment completed prior to entry that identifies the need for dementia level of care required. Potential enquiries are screened to ensure Bradford Manor can meet the required level of care and specific needs of the resident. There is an information pack available for family/whānau at entry, with specific information regarding admission to the dementia unit. The admission information pack outlines access, assessment, and the entry screening process. The service operates twenty-four hours a day, seven days a week. Comprehensive information about the service is made available to referrers, potential residents, and their family/whānau. Resident agreements contain all details required under the ARRC. The six admission agreements reviewed meet the requirements of the ARRC and were signed and dated. Exclusions from the service are included in the admission agreement.</p> <p>The RN is available to answer any questions regarding the admission process. The service communicates with potential residents' family/whānau during the admission process. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. The service can collect ethnicity information at the time of admission from individual residents, with the facility being able to identify entry and decline rates for Māori. Ethnicity reports are provided to the directors as part of the weekly manager's report. The RN reported they have made links and are strengthening working partnerships with local Māori health practitioners and Māori health organisations to improve health outcomes for current and future Māori residents. Staff who identify as Māori are also available to provide support for Māori residents and whānau where required.</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>FA</p>	<p>Six resident files were reviewed including one person on a long-term support- chronic health contract (LTS-CHC); all other residents were on ARRC. The RN conducts all assessments for the development of care plans. Consent forms for assessments and delivery of care were</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>completed and signed by family/whānau.</p> <p>All residents have admission assessment information and an initial care plan completed within required timeframes. Risk assessments conducted on admission include those relating to falls, pressure injury, behaviour, continence, nutrition, skin, and pain. For the resident files reviewed the outcomes of the assessments formulate the basis of the long-term care plan. All interRAI assessments (including one on LTS-CHC), re-assessments, care plans development and reviews have been completed within the required timeframes. All residents have a behaviour assessment and a behaviour plan included in the long-term care plan. These identify risks and supports needed and includes strategies for managing/diversion of behaviours.</p> <p>The service supports Māori and family/whānau to identify their own pae ora outcomes in their care plan. Specific cultural assessments are completed for all residents, and values, beliefs, and spiritual needs are documented in the care plan. Barriers that prevent tāngata whaikaha and whānau from independently accessing information are identified and strategies to manage these documented.</p> <p>Care plan evaluations are scheduled and completed at the time of the interRAI re-assessment; long-term care plan evaluations reviewed demonstrated progress towards meeting the goals.</p> <p>The service contracts a medical practice which specialises in supporting rest homes for weekly visits and is available on call. The GP has seen and examined the residents at admission and completed three monthly reviews. The GP (interviewed) is new to the service and commented positively on the service. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. A podiatrist visits regularly and a dietitian, speech language therapist, local hospice, mental health services for older people, and wound care specialist nurse are available as required through Te Whatu Ora- Southern service. A physiotherapist is available as needed.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit. Caregivers complete the progress notes every shift. The RN documents in the progress notes at</p>
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		<p>least weekly to complete regular RN reviews of the care provided and when there is an incident or changes in health status. Visiting allied health professionals document in the progress notes.</p> <p>When a resident's condition alters, the RN initiates a review with the GP. There is a family/whānau communication page providing evidence that family/whānau have been notified of changes to health, including GP visits, infections, accident/incidents, medication changes and other changes to health status. This was confirmed through the interviews with family/whānau members.</p> <p>There was one post-surgical wound on the days of the audit. There is a documented process of assessments and wound management plans including wound measurements when there is a wound. There is access to wound expertise from the wound care nurse specialist at the local hospital. Caregivers and RNs interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. There is access to a continence specialist as required.</p> <p>Care plans reflect the required health monitoring interventions for individual residents. Caregivers complete monitoring charts including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts and blood glucose levels. Monitoring charts had been completed as applicable and as scheduled. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. These are routinely evaluated by the RN. Neurological observations have routinely and comprehensively been completed for unwitnessed falls as part of post falls management. Incident reports reviewed evidenced timely follow up by an RN, and any opportunities to minimise future risks were identified and implemented.</p> <p>Short-term issues such as infections, weight loss, and wounds are incorporated into the long-term care plan.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p>	<p>FA</p>	<p>Bradford Manor employs an activities coordinator who works 18 - 20 hours per week between 9:00 am and 3:00 pm Monday to Friday. The activities coordinator implements a varied activities programme that caters for all resident needs. The programme reflects the physical and</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>cognitive abilities of the resident groups. There is a weekly programme displayed on the notice boards. Residents participate in a range of activities that are appropriate to their cognitive and physical capabilities. These include but are not limited to exercises, music therapy, newspaper reading, reminiscing, ball skills, sensory activities, church services, furniture restoration, craft, and van trips. Residents who prefer to stay in their room or who need individual attention, have one-on-one visits to check if there is anything they need and to have a conversation. The facility has a van available for outings which are at least weekly.</p> <p>The service ensures that staff support Māori residents in meeting their health needs, aspirations in the community and facilitates opportunities for Māori to participate in te ao Māori. The use of te reo Māori words and phrases is encouraged with naming of rooms, days of the week. Residents are supported to maintain links with the community. On the day of the audit, activities involving music enjoyment and a van outing were observed.</p> <p>There are various denominational church services held in the facility. Entertainers and pet therapy groups visit regularly. Special events like birthdays, St Patricks day, Matariki, Easter, Father's Day, Anzac Day, Christmas, and other theme days are celebrated.</p> <p>Residents have an activity assessment completed by week three which describes the residents past hobbies and present interests, career, and family. Resident files reviewed identified comprehensive activity plan based on the resident's assessed needs. Activity plans are evaluated at least six-monthly. Family/whānau and residents have the opportunity to provide feedback through one-on-one feedback, a six-week post admission and annual survey satisfaction surveys.</p> <p>Resident care plans had 24-hour activity plans which included strategies for distraction, de-escalation, and management of behaviours that challenge. All interactions observed on the day of the audit evidenced engagement between residents and the activities team.</p> <p>Residents observed and family/whānau interviewed expressed satisfaction with the activities offered. The service was awarded a continuous improvement rating for the implementation of meaningful</p>
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		activities.
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	FA	<p>Bradford Manor has policies and procedures in place for safe medicine management. Medications are stored safely. RNs and medication competent caregivers who administer medications have been assessed for competency on an annual basis. Staff were observed to be safely administering medications. The RN and caregivers interviewed could describe their role regarding medication administration. The service currently uses blister packs for regular medication and 'as required' medications.</p> <p>Education around safe medication administration has been provided with the last training completed in March 2023. The RN has completed syringe driver training.</p> <p>Medications were appropriately stored in the medication room. Controlled medications are stored safely in the medication room and the medications are logged into the controlled drug register on receipt from the pharmacy by the RN and medication competent caregiver. The medication fridge temperature is monitored daily with recorded temperatures within acceptable ranges. All medications are checked on delivery against the prescription and signed on the pack and electronic medication management system. Any discrepancies are fed back to the supplying pharmacy. Expired medications are returned to pharmacy in a safe and timely manner. There are policies and procedures requiring weekly stock take of controlled drugs.</p> <p>All eyedrops and creams have been dated on opening. All over the counter vitamins or alternative therapies residents choose to use, are reviewed, and prescribed by the GP Twelve electronic medication charts were reviewed. All medication charts reviewed identified that the GP had reviewed them three-monthly, and each medication chart had photo identification and allergy status identified. All 'as required' medications had prescribed indications for use. The effectiveness of 'as required' medication had been documented in the electronic medication system. The service does not use standing orders and there are no vaccines kept on site. There were no residents self-administering medications.</p>

		<p>The clinical files included documented evidence that the EPOAs, family/whānau are updated about medication changes, including the reason for changing medications and side effects. The RN described an understanding of working in partnership with Māori residents and family/whānau to ensure appropriate supports are in place if needed, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes for Māori.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The meals at Bradford House are all prepared and cooked on site. The service employed a new full-time cook who has 40 years of experience and has food safety and hygiene courses qualifications. The cook works Monday to Friday and supports the care staff to provide meals for Saturday and Sunday. All caregivers have completed food handling training.</p> <p>The kitchen was observed to be clean and well organised, and a current approved food control plan (expiry March 2024) was sighted. There is a four-week seasonal menu that is designed and reviewed by a registered dietitian. The cook receives resident dietary information from the RN and is notified of changes to dietary requirements (vegetarian, pureed foods) or of any residents with weight loss. The cook (interviewed) was aware of resident likes, dislikes, and special dietary requirements. Cultural, religious and food allergies are accommodated. Alternative meals are offered for those residents with dislikes or religious preferences. Care staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff and mirrors the intent of tapu and noa. There are 24/7 snacks, including fruit and sandwiches, available for residents. On the day of audit, meals were observed to be well presented.</p> <p>Kitchen fridge and freezer temperatures are monitored and recorded daily on the temperature monitoring records. Food temperatures are checked at all meals. These are all within safe limits. Meals are plated in the kitchen and immediately served to the residents in the adjacent dining room. Staff were observed wearing correct personal protective clothing in the kitchen and as they were serving meals. Staff were observed assisting residents with meals in the dining room and modified utensils, such as lip plates, are available for residents to</p>

		<p>maintain independence with meals. Caregivers interviewed are knowledgeable regarding a resident's food portion size and normal food and fluid intake and confirm they report any changes in eating habits to the RN and record this in progress notes.</p> <p>The residents and families/whānau can offer feedback on a one-to-one basis and through surveys.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The transfer documents include (but not limited to) transfer form, copies of medical history, admission form with family/whānau contact details, resuscitation form, medication charts and GP clinic records. Family/whānau were involved for all exits or discharges to and from the service. Discharge notes are saved in the resident folder and discharge instructions are incorporated into either a long- or short-term care plan. Families/whānau are advised of options to access other health and disability services and social support or kaupapa Māori agencies when required</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>	FA	<p>There is a current building warrant of fitness that expires 20 December 2023. The service is meeting the relevant requirements as identified by relevant legislation, standards, and codes. The service employs a full-time maintenance person with a trades background who works Monday to Friday and divides their time between Bradford House and Thornbury House. This role undertakes maintenance of the site, contractor management and gardening. Essential contractors, such as plumbers and electricians, are available 24 hours a day, every day as required.</p> <p>Maintenance requests are logged and followed up in a timely manner. The annual maintenance plan includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures. Visual</p>

	<p>checks of all electrical appliances belonging to residents are checked when they are admitted. Checking and calibration of electrical and medical equipment, hoists and scales is next due in May/June 2024. There are adequate storage areas for the hoist, wheelchairs, products, and other equipment. The staff interviewed stated that they have all the equipment referred to in care plans to provide care.</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 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 several 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</p>
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		<p>summer months arrive and to purchase new patio furniture.</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>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service in June 2009. Fire evacuation drills have been completed every six months with the last one completed 5 September 2023. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored centrally and checked at regular intervals.</p> <p>In the event of a power outage, there is back-up generator available (not on site) and gas for cooking. There are adequate supplies in the event of a civil defence emergency, including water stores to provide each resident and staff with at least three litres per day for a minimum of three days. Emergency management is included in staff orientation and training plan. A minimum of one person trained in first aid is always available in the facility and for resident van outings.</p> <p>There are call bells in the residents' rooms, communal toilets, bathrooms and lounge/dining room areas. Sensor mats are available to residents when required.</p> <p>The building is secure after hours and staff complete security checks at night. The facility has CCTV in the communal areas. The facility is always secure with entry to the unit being by pressing a doorbell with staff opening for visitors and exit is by entering a number combination on a keypad. Visitors and contractors are instructed to sign in and complete visiting protocols. Staff are easily identifiable.</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 respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of Bradford Manor business and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors. Expertise in infection control and AMS can be accessed through Public Health, Te Whatu Ora- Southern and Southern community laboratories. Infection control and AMS resources are accessible.</p> <p>There is a facility infection control committee is part of the combined staff and quality meetings. Infection rates are presented and discussed. The data is summarised and analysed for trends and patterns. This information is also displayed on staff noticeboards. Any significant events are managed using a collaborative approach involving the support team, the GP, and the Public Health team. There is a documented communication pathway for reporting infection control and AMS issues to the directors.</p> <p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control and AMS programme is reviewed annually by the external contractor that developed the policies in collaboration with the FM and CM who the infection control coordinator (IC). The annual review is due for December 2023.</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 scope of our services.</p>	<p>FA</p>	<p>The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by an industry leader, FM, and the CM. Policies are available to staff. The response plan is clearly documented to reflect the current expected guidance from Te Whatu Ora - Southern.</p> <p>The IC coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship</p>

	<p>(AMS). The IC has completed an online training in infection control. The CM has access to a network of professional aged care peer support within Dunedin when required.</p> <p>The IC coordinator was interviewed, described the pandemic plan, and confirmed the implementation of the plan proof to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour staff were observed to adhere to infection control policies and practices. The IC audit monitors the effectiveness of education and infection control practices.</p> <p>The IC has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted and these are regularly checked against expiry dates. The IC resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures.</p> <p>The service has infection prevention information and hand hygiene posters in te reo Māori. The IC coordinator and caregivers work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention and acknowledging the spirit of Te Tiriti. Staff interviewed understood cultural considerations related to infection control practices.</p> <p>There are policies and procedures in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. The procedures to check these are monitored through the internal audit system.</p> <p>Meeting minutes (sighted) evidence a clear process of involvement from the IC during recent refurbishments of the building.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. Staff have completed hand hygiene, personal protective equipment competencies. Resident education occurs as part of the daily cares. Family/whānau are kept informed and updated through</p>
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		<p>emails and an interactive closed group Facebook page.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap.</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>	FA	<p>The service has antimicrobial use policy and procedure. A report on the usage of antibiotics or antimicrobials (if any) is collated. The CM includes the type of antibiotic, duration of treatment and effectiveness in the data collated as evidenced in the monthly infection control data reviewed for 2023. Antimicrobial use is included in the monthly report provided to the director. The monitoring process includes evaluation and monitoring of medication prescriptions, and antibiotic use through the electronic medication system. The CM communicates with the GP if she has any concerns. As per the infection criteria there is no antibiotics prescribed for prophylactic use. The CM verifies the prescription with laboratory results, and resident clinical symptoms. The CM described a review process for antibiotics use required for more than 10 days.</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>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Bradford Manor infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends and patterns, benchmarking between the sister facilities is completed quarterly. Infection control surveillance is discussed at combined quality and staff meetings. The service is incorporating ethnicity data into surveillance methods and analysis of ethnicity is documented as part of the analysis of infection rates. Meeting minutes and graphs are displayed for staff. Action plans where required for any infection rates of concern, are documented, and completed. Internal infection control audits are completed with</p>

		<p>corrective actions for areas of improvement. Clear communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare associated infection (HAI).</p> <p>The service receives information from the local Te Whatu Ora - Southern for any community concerns. There have been no outbreaks since the provisional audit.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</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 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 seven days a week. 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 with good quality linen. The infection control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing IC practices in relation to the building. The Infection prevention and control during construction, renovations and maintenance policy guide the input required from the IC. The washing machines and dryers are checked and serviced regularly. Staff completed chemical safety training. The cleaner interviewed demonstrated a very good knowledge of infection control and the importance of cleaning high touch areas. The cleaner</p>

		could describe in detail cleaning practices required during an outbreak.
<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>	FA	<p>Restraint policy confirms that restraint consideration and application must be done in partnership with families, and the choice of device must be the least restrictive possible. At all times when restraint is considered, Bradford Manor will work in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit, the facility continues to be restraint free with no residents using restraints. The clinical manager (restraint coordinator) confirmed that Bradford Manor is committed to providing services to residents without use of restraint thus maintaining a restraint free environment.</p> <p>A review of the documentation available for residents potentially requiring restraint, included processes and resources for assessment, consent, monitoring, and evaluation. The restraint approval process includes the EPOA, GP, restraint coordinator and cultural advisor (if required).</p> <p>The use of restraint (if any) would be reported in the combined quality and staff meetings. Challenging behaviour training which includes policies and procedures related to restraint, cultural practices and de-escalation strategies is completed as part of the mandatory training plan and orientation. Dementia training was last completed by staff in February 2023. Staff restraint competencies were all up to date. Non-restraint environmental audit was completed and demonstrated compliance with expected standard.</p>

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.

No data to display

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	CI	<p>Bradford Manor management realised the policies at the time of the provisional audit provide minimum guidance in meeting the requirements of the Ngā Paerewa Standard. As a result, Bradford Manor has adopted the quality system and policies developed by an aged care industry leader in December 2022. Clinical files and non- clinical procedures continue to be paper based. The project included a swift implementation of the new suite of policies with a six-week phased approach to familiarise staff with the policies; followed by another six weeks of implementation of all new clinical and non- clinical documents. Progress was monitored for each phase and reported on.</p>	<p>Management collaborated with staff around the best approach to swiftly introduce and embed the policies into practice. A short and effective process of the implementation of the new suite of policies ensured that by the time of the audit the service provided evidence that policies are embedded into daily practice. It is the FMs responsibility to provide document control that is site specific. The FM at Bradford Manor reviewed the policies in December 2022 and a printed suite of policies are available to staff. There is documented evidence that the new policies were discussed at staff meetings and staff signed when they read the policies.</p> <p>There are procedures to guide staff in the management of clinical and non-clinical practices. Bradford Manor implemented the documented quality system. Management and staff confirmed</p>

			<p>improved communication practices using comprehensive meeting templates and agendas. Documentation for reporting of analysis of trends in quality data (including infection control surveillance) is comprehensive with comparisons between months. Benchmarking between facilities and inclusion of Māori considerations as part of the facility manager's report to the director improved reporting on Māori health equity. Staff and management interviewed confirm the new implemented policies improved documentation and clinical practice as also evidenced in the resident's care plan documentation. Family/whanau confirmed satisfaction with the service.</p>
<p>Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	CI	<p>The achievement of a continuous improvement is awarded to the service. Quality initiatives is beyond the expected full attainment of the criteria. Incidences of behaviours that challenge within the dementia community were identified occurring mostly during 'transition into care' period. Quality goals were established early to ensure the transition period into care is managed through effective communication with family/whānau and provision of meaningful activities/de-escalation techniques. The service has conducted a project where a review process has occurred, including analysis and reporting of their findings for the management of behaviours that challenge. There is evidence of action taken based on the analysis of the behaviour within the dementia community. The project includes working with the team and include family/whānau.</p>	<p>For the continuous improvement rating the narrative focus on initiatives related to activities:</p> <p>Initiatives included a 'peg board' with vegetable cards situated near the nurse's station to provide visual cues and use as reminiscence therapy. A new resident was observed wandering and pacing in the corridor and was provided with tasks to combine vegetables, the resident was observed to use the peg board, identifying the vegetables and completed the task in a playful manner.</p> <p>The owners improved the outdoor areas (deck, seating, shade, and general landscaping) to provide a comfortable living environment, easy safe navigation, and sensory stimulation through colours (colourful fence art, flower planters). Evidence was provided where residents were interactive creating and filling raised vegetable gardens that improve social interaction in a playful, enjoyable manner. Several residents including two newly admitted</p>

			<p>residents were observed during the audit days to walk the pathway and enjoy outdoors. Staff completed annual dementia related training including management of behaviours that challenge. Staff interviewed confirm to be knowledgeable around new residents' routine and habits. There was evidence of post admission surveys feedback completed for six residents six weeks post admission in 2023 that evidence family/whānau satisfaction related to a smooth transition process. Quality data related to challenging behaviour is benchmarked and evidenced a decrease in occurrences.</p>
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End of the report.