

Phantom 2021 Limited - Bradford Manor

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (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 Manatū Hauora 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: 6 November 2025	End date: 7 November 2025
Proposed changes to current services (if any):	None	
Total beds occupied across all premises included in the audit on the first day of the audit:	24	

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

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

Key to the indicators

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

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

General overview of the audit

Bradford Manor is certified to provide dementia level of care for up to 26 residents. There were 24 residents on the days of audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Standard 2021 and contracts with Health New Zealand Te Whatu Ora. The audit process included a review of organisational and quality documentation; resident and staff files; observations; and interviews with family/whānau, management and staff.

There has been no change in management since the last audit. Internal refurbishments are ongoing as residents vacate their rooms.

The facility manager is responsible for the day-to-day operations of the facility and supported by a clinical lead (registered nurse) and a team of 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 care.

There were no shortfalls identified at the previous certification audit to follow up on.

This surveillance audit has identified no shortfalls.

Ō tātou 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.

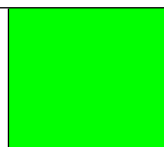


Subsections applicable to this service fully attained.

There is a Māori health plan in place for the organisation. Te Tiriti O Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs. Bradford Manor demonstrates their knowledge and understanding of resident's rights, and ensures that residents and family/whānau are well informed in respect of these. Residents are kept safe from abuse and staff are aware of professional boundaries. There are established systems to facilitate informed consent and to protect resident's property and finances. The complaints process is responsive, fair and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

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



Subsections applicable to this service fully attained.

Bradford Manor has a well-established and robust governance structure, including clinical governance that is appropriate to the size and complexity of the service provided. The business plan includes a mission statement and operational objectives which are regularly reviewed. Barriers to health equity are identified, addressed and services delivered that improve outcomes for Māori. The service has effective quality and risk management systems in place that take a risk-based approach and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting policy, and management have an understanding and comply with statutory and regulatory obligations in relation to essential notification

reporting. There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. An orientation programme and staff training plan are in place to support staff in delivering safe quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight 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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The registered nurse assesses, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans demonstrate service integration. Interventions are documented in detail to address medical, physical, social and cultural needs. Resident files included medical notes by the contracted general practitioner and visiting allied health professionals.

All staff responsible for administration of medication complete education. The electronic medicine charts reviewed were reviewed at least three-monthly by the general practitioner. The kitchen staff cater to individual cultural and dietary requirements. The service has a current food control plan.

All residents' transfers and referrals occur in a coordinated manner.

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

Includes two 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 holds a current building warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

Includes five 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.
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All policies, procedures, the pandemic plan, and the infection control programme have been developed and approved by the directors. Infection control education is provided to staff at the start of their employment, and as part of the annual education plan.

Surveillance data is undertaken, including the use of standardised surveillance definitions, and ethnicity data. Infection incidents are collected and analysed for trends, and the information used to identify opportunities for improvements. Benchmarking occurs. There has been one outbreak reported since the last audit.

Here taratahi | Restraint and seclusion

Includes four 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.
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The directors are committed to maintain a restraint-free environment. The restraint coordinator is the clinical lead. The facility has no residents using restraint. Safe restraint use is included as part of the education and training plan. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only uses 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	19	0	0	0	0	0
Criteria	0	49	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.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan is documented for the service, which Bradford Manor utilises as part of their strategy to embed and enact Te Tiriti o Waitangi in all aspects of service delivery. At the time of the audit, the service had no residents or staff who identified as Māori. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan of the facility.</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>	FA	<p>The Ola Manuia Pacific Health and Action Plan and Te Mana Ola are the chosen models for the Pacific health plan and Pacific cultural safety policy. At the time of the audit there were residents who identified as Pasifika. There were staff who identified as Pasifika who could confirm that cultural safety for Pacific peoples, their worldviews, cultural, and spiritual beliefs are embraced at Bradford Manor.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager interviewed, demonstrated how it is also provided in welcome packs in the language most appropriate for the resident and their family/whānau, to ensure they are fully informed of their rights. Interviews with four family/whānau confirmed they are informed of their rights and their relative's choices are respected.</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>	FA	<p>The Phantom 2021 Limited organisational policies provide guidelines to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies, and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff at Bradford Manor are trained in and aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Four staff (three caregivers and one cook) and management (facility manager and clinical lead) demonstrated an understanding of professional boundaries when interviewed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to</p>	FA	<p>There are policies around informed consent that meet the requirements of the Code. Resident files reviewed included completed general consent forms and consents for influenza and Covid-19 vaccinations. Family/whānau interviewed could describe what informed consent was and knew they had the right to choose. Consent forms were appropriately signed by the activated enduring power of attorney (EPOA) or welfare guardians. All documentation regarding EPOA, and activation is on file.</p>

<p>make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</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. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is provided to residents and their family/whānau during the resident's entry to the service. Access to complaints forms is located at the entrance to the facility or on request from staff. The Code and complaints process is visible, and available in te reo Māori, and English. A complaints register is being maintained which includes all complaints, dates and actions taken.</p> <p>There have been three complaints made since the last audit. One concern raised triggered an issue-based audit/investigation by HealthCERT on 16 August 2024. The complaint was not substantiated and there were no findings related to the investigation. One other complaint (January 2025) was investigated through Health New Zealand and has been closed off in March 2025 by Health New Zealand. The recommendations related to the complaint have been implemented by the facility (2 April 2025). This audit has not identified any issues raised in the complaints. There were no trends identified.</p> <p>Complaints documentation reviewed included follow up and outcome letters demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The facility manager is responsible for the management of complaints. Family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. Discussions with family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The complaints policy acknowledged that for Māori, there is a preference for face-to-face communication and to include family/whānau participation.</p>
<p>Subsection 2.1: Governance</p>	<p>FA</p>	<p>Bradford Manor is located in Dunedin and is one of four aged care</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>facilities owned by Phantom 2021 Limited. Bradford Manor provides care for up to 26 dementia level of care residents; with 24 residents, including one resident on long term support- chronic health care (LTS-CHC) contract, and one on a close to age and need contract, living at the facility on the day of the audit. All other residents were under the age-related residential care (ARRC) contract. There are no shared/double rooms.</p> <p>Bradford Manor has a 2025-2028 business plan that includes a mission, philosophy, and objectives of the service. The previous year`s business plan was signed off in May 2025. The current business plan is reviewed annually against set goals as part of the managers` meetings.</p> <p>The managing directors (husband/wife team) have owned the facility since December 2022. The facility manager (non-clinical) is responsible for the general day to day non-clinical oversight of the facility.</p> <p>The managing directors are the governing body for Phantom 2021 Limited. The directors receive a facility manager/clinical report weekly and monthly from each facility. The facility manager has overall responsibility for implementation of the quality and risk programme, including the implementation and close out of corrective actions. The experienced facility manager had been in their role for 23 years.</p> <p>The directors are knowledgeable around contractual and legislative requirements and completed cultural training. The directors have a six-weekly managers` meetings with the managers across the four facilities. The meetings with the directors include related operational activities and reporting on the quality and risk management programme, including business goals; nursing practice (medication reviews, resident reviews, restraint reviews, incident reviews); training; health and safety/maintenance; infection prevention and control; staffing (roster and orientation); internal audits; complaints (if any); cultural safety/ethnicity; and survey results.</p> <p>The managers` meeting minutes reviewed confirmed the team analyse internal processes, business planning, and service development, to improve outcomes and achieve equity for Māori; and to identify and address barriers to provide equitable service delivery.</p> <p>The facility manager (non-clinical) is supported by a clinical lead (registered nurse) that works at Bradford Manor for the last four years and provides clinical oversight. Both managers have undertaken professional</p>
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		<p>development activities related to managing an aged care facility. The facility manager stated each facility operates independently and they are responsible for oversight of clinical governance of each facility, and reporting to the directors occurs as part of the six-weekly managers' meeting.</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 has implemented a quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. The implementation of the quality and risk programme is overseen by the facility manager. The previous year's internal audit results were reported in an annual review report provided by the facility manager.</p> <p>A meeting schedule is implemented and evidence staff participation in the quality programme. Internal audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Internal audits schedule includes clinical audits, which include monitoring against policy and contractual requirements. Resolved issues are signed off and discussed at staff meetings. Quality data on infections, restraint use (or elimination), incidents, behaviour, medication errors, skin tears, and wounds are collected, analysed, and reviewed at management and staff meetings.</p> <p>Data is compared to previous months and the previous year; quarterly benchmarking between the four facilities and plans are developed to respond to any areas of concern. Progress with the quality programme/goals has been monitored and reviewed through the management and staff meetings. Quality improvement initiatives include a focus on advance directives and advance care planning. The actions related to maintaining the continuous improvement rating (related to the activities and quality and risk programme) given at the previous certification audit are still ongoing.</p> <p>Family/whānau satisfaction surveys are conducted annually. The November 2024 results indicate high levels of satisfaction with the service.</p> <p>Each incident/accident is documented. A sample of adverse event forms reviewed indicated the forms are completed in full and signed off by the</p>

		<p>registered nurse. Incident and accident data is collated monthly and reported in the management meeting, staff meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by the registered nurse. Opportunities to minimise future risks are identified by the registered nurse.</p> <p>Health and safety meetings occur as part of the management and staff meetings. Hazards are documented and addressed. Staff received education related to hazard management, and health and safety at orientation and annually. The hazard and risk register was last reviewed in January 2025. The management meeting minutes evidence leadership commitment to health and safety and staff wellbeing.</p> <p>Discussions with the facility manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. Section 31 notifications were made where required. One Section 31 was sighted related to a non-facility acquired pressure injury. There were no notifications required to be completed to Health Quality and Safety Commission. A gastroenteritis outbreak was reported to the Public Health authorities in May 2024. The service had recently their second (in September 2025) an Optional Protocol to the Convention Against Torture (OPCAT) audit from the Ombudsman, with no findings reported.</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>	FA	<p>The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager is available full time from Monday to Thursday and also provides after-hours on-call cover for non-clinical issues. The clinical lead (registered nurse) works 35 hours per week; full days Monday-Thursdays and half day on Fridays. The clinical lead interviewed stated they are supported by clinical leads of the other facilities in the group to assist with clinical oversight, interRAI completion and care plan reviews during planned absences.</p> <p>A selection of staff hold first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The roster reviewed evidenced that short notice absences are covered by casual</p>

		<p>staff. The clinical lead (registered nurse) is on call for clinical issues. There are sufficient numbers of caregivers allocated on each shift to meet the care needs of residents. There are separate kitchen staff, cleaners, maintenance and a gardener. Laundry duties are completed by caregivers and caregivers interviewed stated the workload is manageable.</p> <p>There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training, as well as a range of topics related to caring for the older person. Staff reported they are provided with formal face to face, training quizzes, and online training. Educators from Health New Zealand presented topics related to effective communication with residents with cognitive deficits; challenging behaviour de-escalation; understanding dementia; and recognising triggers that might cause distress. Health and Disability advocates completed training for staff related to Code of Rights and the complaints process.</p> <p>All staff are required to complete competency assessments as part of their orientation and annually, and includes hand hygiene; correct use of personal protective equipment (PPE); manual handling and transfer; restraint; medication; food handling; observations; and hydration and nutrition competencies. Staff who administer medication complete an annual medicine competency. Completed records are maintained on the employees' files; all competencies reviewed were current.</p> <p>Caregivers are supported to complete the required dementia standards. There are 11 caregivers and 10 have completed the required training, and one is enrolled and in process of completing the standards within the required timeframe. The RN completes training on Healthlearn as and when required to meet RN competency requirements.</p> <p>A record of completion is maintained on an individual employee register. The RN has maintained their interRAI competency.</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</p>	<p>FA</p>	<p>Five staff files (the clinical lead [RN], one cook and three caregivers) reviewed included evidence of completed orientation, training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes</p>

<p>mix of people in adequate numbers meet my needs. 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. 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>outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice, and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports the RN and caregivers to provide a culturally safe environment for Māori. All staff who have been employed for a year or more, have a current performance appraisal on file.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five resident files were reviewed: including one LTS-CHC and one under a close to age and need contract. The registered nurse (RN) is responsible for all residents' assessments, care planning and evaluation of care. Care plans are based on data collected during the initial nursing assessments, which include dietary needs, pressure injury, falls risk, social history, and information from pre-entry assessments.</p> <p>Initial assessments and long-term care plans were completed for residents, detailing needs, and preferences. Initial care plans are completed within 24 hours of admission. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI assessments (including close to age and need) sampled had been completed within three weeks of the residents' admission to the facility. The resident on the LTS-CHC contract did not require an interRAI to be completed; however, had a suite of assessments and LTCP in place to meet all their needs.</p> <p>Documented interventions and early warning signs meet all of the residents' assessed physical, medical, social, cultural needs and all associated risks. Behaviour care plans address mood, cognitive deficits and behaviour strategies and described how the service supports any behaviour management over a 24-hour period.</p> <p>The activity assessments include a cultural assessment which gathers information about cultural needs, values, and beliefs, hobbies, interest, past occupation, relationships and community links. Information from</p>

	<p>these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the RN. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments, and when there is a change in the resident's condition. Evaluations are documented by an RN and include the degree of achievement towards meeting desired goals and outcomes.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. The GP visits monthly and as required. Medical documentation and records reviewed were current. The GP was not available to be interviewed on the day of the audit. The contracted GP is also available after hours for support. Medical specialists and allied health support are available as required through Health New Zealand.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken for all wounds, including skin tears. There were three active wounds managed, including a stage I pressure injury. One historic complex wound (non-facility acquired) required additional specialist input, this was initiated, and a wound nurse specialist was consulted.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following all un-witnessed falls. Monitoring of care is completed as required and stated in the care plans, and include (but not limited to) intentional rounding, behaviour monitoring, regular toileting, and food and fluid management.</p>
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<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>At the time of the audit there was no diversional /recreational therapist available to oversee the activities programme and not allocated on the roster. There were no diversional therapist/activities coordinator for three months prior to the audit due to a struggle to recruit. Recruitment was well underway for an activities coordinator (DT) with an offer made and they were working out their notice period and to start within two weeks. The registered nurse and facility manager oversee the programme. The facility manager stated then that activities and the development of the activities programme were supported by a dementia educator from Health New Zealand. There was a printed activities programme available and a closed Facebook that kept families informed of what activities are provided (photos). The RN completes the social history and activities assessments' of the residents and creates the activities programme on HCSL. There is a book with activities attendance. On the day of the audit various activities were held during the day in the lounge, and the residents were observed to being engaged. Four family/whānau interviewed confirmed that there were various activities provided.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications on the days of the audit have been assessed for competency on an annual basis. Education around safe medication administration has been provided as part of the competency process.</p> <p>Staff were observed to be safely administering medications. The registered nurse and medication competent caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the facility medication rooms. The medication fridge and medication room temperatures are monitored daily, and all were within accepted ranges. All stored medications are checked and replaced when expired. Eyedrops have been dated on opening and all within the expiry date. Regular physical checks and reconciliation of medication have been completed.</p> <p>Ten electronic medication charts were reviewed. The medication charts</p>

		reviewed identified that the GP had reviewed all resident medication charts three-monthly, and each drug chart has photo identification and allergy status identified. Pro re nata (PRN) medications prescribed are minimal; however, indications for use were noted, and when used, the effectiveness of PRN medications was documented in the electronic medication management system. Self-administration of medication is not considered within the dementia setting. No standing orders are used.
<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>	FA	<p>Food preferences and cultural preferences are encompassed into the menu. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated, including food allergies.</p> <p>There is a verified food control plan that has been verified within the last month. The family/whānau interviewed were complimentary regarding the standard of food provided.</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>There were documented policies and procedures to ensure discharging or transferring residents have a documented transition, transfer, or discharge plan, which includes current needs and risk mitigation. Planned discharges or transfers were coordinated in collaboration with the resident (where appropriate), family/whānau and other service providers to ensure continuity of care.</p>
<p>Subsection 4.1: The facility</p>	FA	<p>The buildings, plant, and equipment are fit for purpose at Bradford Manor, and comply with legislation relevant to the health and disability services</p>

<p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>		<p>being provided. The environment is inclusive of people's cultures and supports cultural practices. There is a team of three maintenance personnel that deal with maintenance issues across the four facilities. A monthly maintenance plan is documented, implemented, and include annual calibration of medical equipment, checking performance of a hoist testing, and tagging of electrical equipment (last January 2025). The records were reviewed to be all up to date. Weekly hot water temperatures are completed across the facility and evidence to be within the appropriate parameters. The Building Warrant of Fitness expires in December 2025. The facility and outdoor areas are secure. There are weekly scheduled walks around the gardens with the director and maintenance manager to ensure the fences are secure.</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>	FA	<p>There is an infection, prevention, and antimicrobial programme and procedure that has been developed by an external aged care consultant and their infection control specialists, which includes the pandemic plan. The infection control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, the infection control team, and training and education of staff. Policies and procedures are reviewed annually by the facility manager and RN (clinical lead/ infection control coordinator). The infection control programme links to the overarching quality programme and the infection control programme is reviewed, evaluated, and reported on annually.</p> <p>The pandemic plan is available for all staff and includes scenario-based training completed at intervals. Staff education includes (but is not limited to): standard precautions; isolation procedures; recognised signs and symptoms of infections; hand hygiene competencies; and donning and doffing personal protective equipment (PPE).</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</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the infection control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed</p>

<p>ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>		<p>for trends, monthly and annually. Benchmarking occurs. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at management and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. Internal infection control audits are completed with corrective actions for areas of improvement. The service receives regular notifications and alerts from Health New Zealand.</p> <p>Infections, including outbreaks, are reported and reviewed, so improvements can be made to reduce healthcare acquired infections (HAI). One gastroenteritis outbreak was reported in May 2024 since the last audit. Debrief meetings and daily updates occurred. Staff reported the outbreak was well managed and only a third of the residents were affected.</p>
<p>Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The directors demonstrate a commitment to eliminating restraint in their facilities and Bradford Manor maintains a restraint-free environment. There is a suite of restraint policies and procedures documented and available to staff. The Restraint, Philosophy and Purpose Policy states “We are committed to promoting a restraint-free environment and providing the staff with good guidelines to prevent the need for restraint. We will use restraint only as a last resort. Our practice is guided by ethical principles that include acting for the resident’s good, avoiding harm to the resident and others, and respecting the resident’s dignity and human rights”.</p> <p>The facility maintains a focus on ensuring care is provided in the least restrictive way possible. There were no residents using restraint. The registered nurse (clinical lead) undertakes the restraint portfolio and drives the ongoing philosophy of eliminating restraint.</p> <p>Training for all staff occurs at orientation and annually, as sighted in the training records. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Restraint competencies are completed on orientation and annually.</p>

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Specific results for criterion where corrective actions are required

Where a subsection is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the subsection. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 My service provider shall embed and enact Te Tiriti o Waitangi within all its work, recognising Māori, and supporting Māori in their aspirations, whatever they are (that is, recognising mana motuhake) relates to subsection 1.1: Pae ora healthy futures in Section 1 Our rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

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

No data to display

End of the report.