Final Inspection Report

Phantom 2021 Limited - Bradford Manor

14 August 2024

HealthCERT
Quality, Assurance and Safety
Regulation and Monitoring | Te Pou Whakamaru
Ministry of Health – Manatū Hauora

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1. Provider Details

Certificate:	Phantom 2021 Limited - Bradford Manor
Premises:	Bradford Manor
Premises Address:	32 Lixmont Street, Bradford, Dunedin, 9011
Contact Person:	[redacted], Facility Manager
Internal Ref:	PRMS_Audit_000034776001
Inspection Date:	14 August 2024

2. Executive Summary

This unannounced inspection was undertaken on 14 August 2024 at Bradford Manor (32 Lixmont Street, Bradford, Dunedin)

The inspection was undertaken to determine if the services being provided met the relevant Ngā paerewa Health and disability services standard (NZS8134:2021) (Ngā Paerewa). The inspection was completed by The Ministry of Health - Manatū Hauora (the Ministry) in accordance with sections 40, 41 and 43 of the Health and Disability Services (Safety) Act 2001 (the Act) to determine if healthcare services are being provided in compliance with section 9 of the Act.

Section 9 states:

- while certified by the Director-General of Health to provide health care services of that kind
- while meeting all relevant service standards
- in compliance with any conditions subject to which the person was certified by the Director-General to provide health care services of that kind
- in compliance with this Act
- if the services are rest home care or geriatric services that are hospital care, in compliance with any applicable regulations under section 53(1)(a).

The focus of the inspection was to consider aspects of the Pathways to Wellbeing section of Ngā Paerewa to determine whether clinical care was being provided to the required standard following concerns raised with the Ministry related to certain aspects of care. The inspection included review of resident's clinical records, review of some aspects of the quality management system, interviews with the manager and registered nurse and the owner via the telephone, a review of the premises and prior to the inspection the previous audit report and a review of the wound care policy.

Based on the evidence, Bradford Manor did comply fully with pathways to wellbeing section of the Ngā Paerewa. Some recommendations have been raised and were discussed during the course of the inspection.

The inspector witnessed happy well cared for residents during the course of the day and saw and heard thoughtful caring staff in their dealings with the residents.

3. Background

Law:

Providers of health care services must be certified by the Director-General of Health (Sections 9(a) and 26 of the Act) and must comply with all relevant health and disability service standards (Section 9(b)).

The relevant service standards are approved under the Health and Disability Services (Safety) Notice 2008. The standard approved is the Ngā paerewa Health and disability services standard NZS 8134:2021.

Bradford Manor is one of four facilities owned by Phantom 2021 Limited and provides dementia level of care for up to 26 residents. Bradford Manor was bought in December 2022 by Phantom 2021 Limited. The facility currently is certified until 19 December 2027, having gained a four-year certification in December 2023. The last certification audit was completed in September 2023. At this audit all subsections (criterion) were fully attained. In addition, two criteria were awarded a continuous improvement in relation to a quality management framework (criterion 2.2.2), and meaningful activities (criterion 3.3.1).

4. Inspection Team

The inspection was undertaken by Chris McLelland, Senior Advisor, HealthCERT, under delegated authority of the Director-General of Health.

5. Inspection Methodology

The following methodology was used during the inspection:

- Interview with Facility Manager and the Registered Nurse
- Observation of residents
- Physical inspection of premise / equipment
- Review of Clinical Records
- Review of policies and procedures.

6. Inspection Limitations

The scope of the inspection was limited to the concerns that had been raised.

7. Entry Meeting

On arrival at the premises, Chris McLelland, Senior Advisor, HealthCERT, met with the registered nurse, who greeted her at the facilities locked entrance. The nurse advised that the facility manager was on a day off and the owners were overseas; however, the registered nurse rang the facility manager who immediately arrived at the rest home and stayed for the day.

Chris explained the purpose of the visit and gave a letter addressed to [redacted] (the provider's nominated contact person) to the Facility manager outlining the authorisation to undertake the unannounced visit. A copy of the Director-General of Health's delegation was also given to the Facility Manager and an explanation on how the inspection would be undertaken was given.

The Facility Manager did contact the owners via text and advise them of the inspection. The owner rang the facility when received the message and had a conversion with Chris McLelland.

Facts:

Concerns had been raised to HealthCERT related to the care of one resident about wound care management. The concerns raised implied that the care was sub-standard. There was a concern that the concerns raised could be systemic and therefore other residents care could be at risk. Documentation had been supplied to HealthCERT to support the concerns.

Prior to the inspection all documentation sent to HealthCERT had been reviewed, along with the wound care policy of the organisation, as too had photographic evidence of the pressure injuries. There were some areas of concern agreed upon and therefore an inspection was deemed appropriate.

On discussion with the facility manager and registered nurse the inspector discovered that they had undertaken a full investigation into the residents' care, following the residents' transfer to a hospital level care facility. They wanted to review where they could make improvements in the future, as they felt that the residents' condition had deteriorated much quicker than they had expected, and wanted to learn how best to manage this situation from occurring in the future.

Their investigation was thorough and identified a couple of areas where they could have acted earlier than they did. This investigation was shared with the inspector and was discussed at length. One consideration that is often omitted from an investigation is the family's input and their wants and needs. However, in this case the residents' family member who had Enduring Power of Attorney (EPOA) had very much been involved with decision making; however, it must be acknowledged that they are not always in a position to know what is best for their family member and therefore rely on staff to advise.

The documentation was reviewed and gaps in documentation were discussed. Further photographic evidence of the pressure areas was sighted and some progress in wound healing was evidenced, and demonstrated a marked improvement from the earlier photographs sighted. Discussion did occur related to how this evidence should be downloaded in the future and placed within the residents' clinical record. This was agreed as an action to happen in the future should a similar event occur.

Six resident records were randomly selected and reviewed whilst onsite. All demonstrated that interRAI assessments were undertaken as required and that there were good processes in place for maintaining the currency of these documents. All reviews had been undertaken as required. Resident focussed assessments had been completed and changes made as required. These assessments included pain, falls, behaviour, wound and skin integrity, nutrition and weight monitoring. The care plans were all up to date and short-term care plans had been completed when required. The care plans were person specific and showed consideration of all the resident's needs, not just the physical requirements. The registered nurse demonstrated respect and empathy and interest in the residents' wellbeing with her documentation in the care plans and gave encouragement to the health care assistants to allow residents to do as much as possible for themselves before assisting them to enable the residents to maintain as many skills as possible.

Daily progress notes were written for each shift by the health care assistants and weekly documentation was evident by the registered nurse, utilising a sticker by the documentation to make the entry easy to identify as the registered nurses. Discussion was had around ensuring that more frequent documentation was written in the progress notes when residents were unwell, it became evident during discussion that residents were seen more frequently when unwell, but documentation was not always completed. The registered nurse acknowledged this and agreed to the action. This is raised as a recommendation.

The general practitioner notes had basic documentation at times and did not give details as to assessments undertaken, findings and any treatment given or ordered for the resident. This is raised as a recommendation.

There had been some discussion prior to the inspection that whilst the registered nurse was on annual leave for one week, no registered nurse cover had been provided. An Enrolled nurse had been provided to assist where required, there was some concerns expressed that an Enrolled nurse had to work under the direction or delegation of a registered nurse. Evidence was sighted during the inspection where the facility manager had discussed the registered nurse's annual leave at the managers meeting that is held with the owners and other facility managers and agreed that a registered nurse would be available as required, this had been done on previous occasions by the nearby facility that also provided hospital level of care. A registered nurse from the other facility had seen the resident during the annual leave period.

Overall, the care of the residents appeared to be of a high standard. This was supported by the previous audit certification audit result where no findings were raised and two continuous improvements had been awarded.

8. Inspection Findings

No findings were raised from the inspection visit.

9. Summation Meeting

Present: Chris McLelland HealthCERT, Facility Manager and the Registered Nurse

Chris thanked the facility for their participation and approach to the investigation recognising that this was an unannounced inspection. It was explained that there were no

findings to be raised related to this inspection; however some recommendations would be raised, all of which had been discussed throughout the visit. The provider was advised that this investigation report would be published on the Ministry's website.

Key Issues raised at the summation were:

- The general practitioner to document in more detail in the progress notes. They are required to enter findings, the details of any treatment given or ordered and give clear instructions as to what further actions they wish staff to undertaken when caring for the resident.
- Improve the documentation in the progress notes when the health status of the residents' changes, giving clear direction as to what is required and what is required to be reported on.
- Ensure all evidence of actions undertaken such as photographic monitoring of pressure injuries is integrated into the residents' records. This includes each time the registered nurse sees the resident it is documented in the progress notes.
- Update the care plan in a timely manner as to the changes made in the care of the resident.
- Review registered nurse hours, to assess if adequate for the work required to be undertaken.

10. Conclusion

Under Section 9 of the Act, certified providers must meet all relevant standards and comply with any conditions subject to which the provider was certified by the Director-General of Health. Phantom 2021 Limited – Bradford Manor currently do meet these standards.