

Bupa Care Services NZ Limited - Mary Shapley Rest Home & Hospital

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 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:	Bupa Care Services NZ Limited
Premises audited:	Mary Shapley Rest Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 November 2022 End date: 23 November 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	61



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

Bupa Mary Shapley is certified to provide hospital (geriatric and medical), and rest home levels of care for up to 78 residents. There were 61 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 Te Whatu Ora – Health New Zealand. The audit process included the review of policies and procedures, the review of residents and staff files, observations, and interviews with residents, family, management, staff, and a general practitioner.

The interim care home manager is appropriately qualified and experienced and is supported by a relieving clinical manager. Feedback from residents and families/whānau was very 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.

Three of four shortfalls from the previous certification audit in relation to neurological observations, the complaints process, and the timeliness of conducting staff performance appraisals has been addressed. The previous shortfall around quality data reporting continues.

This audit identified further areas for improvement related to RN staffing shortages and meeting timeframes.

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.

Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. A Māori health plan is in place for the organisation. The organisation is working towards developing a Pacific health plan. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

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.

Some subsections applicable to this service partially attained and of low risk.

The business plan includes a mission statement and operational objectives. The service has documented quality and risk management systems that take a risk-based approach. Quality improvement projects are implemented. Internal audits, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

There is a staffing and rostering policy. A role specific orientation programme and regular staff education and training are in place.

At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.

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.

Some subsections applicable to this service partially attained and of low risk.

The service promotes equity of access to their facility through a well-documented entry and decline process. There is a Bupa admission package available to residents and families/whānau prior to or on entry to the service. The registered nurses assess, plan, review and evaluate residents' needs, outcomes, and goals with the resident and/or family/whānau input and are responsible for each stage of service provision.

The care plans demonstrate service integration; there is a process in place for registered nurses to review assessments and care plans on the resident's six-month anniversary. Resident files include medical notes by the general practitioner and allied health professionals.

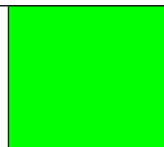
The activities team provides and implements a wide variety of activities which include cultural celebrations. The programme includes community visitors and outings.

Medication policies reflect legislative requirements and guidelines. The registered nurses and caregivers are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking are prepared and cooked on site in the centrally located kitchen. Residents' food preferences, dietary and cultural requirements are identified at admission.

Te aro ki te tangata me te taiao haumarū | 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.

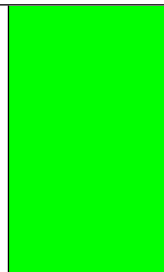


Subsections applicable to this service fully attained.

The building has a current building status certificate which expires on 12 June 2023 and an approved fire evacuation scheme. Fire drills occur six-monthly. There are pandemic supplies and a policy documented. Security arrangements are in place in the event of a fire or external disaster.

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 consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers.

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

personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place.

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 facility strives to maintain a restraint-free environment. At the time of the audit, there was one resident using a restraint. Restraint minimisation training is included as part of the annual mandatory training plan, orientation booklet and annual restraint competencies are complete.

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	17	0	3	0	0	0
Criteria	0	50	0	3	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

There may be subsections in this audit report with an attainment rating of ‘not applicable’ which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>A Māori health plan and cultural safety policy is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for Aotearoa New Zealand. The aim is to co-design health services using a collaborative and partnership model with Māori. There were staff identifying as Māori at the time of the audit. The interim care home manager interviewed confirmed the service actively supports and encourages applications from Māori and supports increasing Māori capacity by employing Māori staff members when they do apply for employment opportunities at Mary Shapley.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa (HDSS.2021:1.2)</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</p>	Not Applicable	<p>Work is underway by the Bupa organisation to partner with a Pacific organisation (or leader who identifies as Pasifika) to provide guidance and consultation as the Bupa Pacific health plan is developed and implemented. At the time of the audit, there were staff who identified as Pasifika at Bupa Mary Shapley.</p>

<p>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>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>Interviews with staff, residents and family members confirmed Māori mana motuhake is being upheld. Māori tikanga principles are documented in flip charts, and are placed throughout the facility, including at reception, at the nursing stations and in the staffroom. Caregivers receive Māori mana motuhaka training during their orientation to the service, in accordance with achieving a level two New Zealand Qualification Authority (NZQA) Careerforce qualification and must complete a competency questionnaire to reflect their learnings.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	FA	<p>Signage in te reo Māori is in place in various locations throughout the facility and common words and greetings in te reo Māori are used by staff daily. Staff are assisted further in the use of te reo Māori by those staff who are able to speak/understand this language.</p> <p>The staffrooms contain flip charts on Māori tikanga practice. Interviews with four caregivers confirmed their understanding of tikanga best practice with examples provided. This training is also included in the caregiver orientation programme and is supported by a competency questionnaire.</p> <p>Staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori and to ensure that staff participate in te ao Māori.</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>	FA	<p>A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>environment.</p> <p>A strengths-based and holistic model is prioritised to ensure wellbeing outcomes for all residents, including Māori. At the time of the audit, there were Māori residents. A Māori care plan captures any required Māori health and cultural information for each Māori resident; however, this has not been well utilised (link 3.2.7).</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There are policies around informed consent, and the service follows the appropriate best practice tikanga guidelines in relation to consent. Five resident files reviewed included general consent forms signed by the resident, enduring power of attorney (EPOA) or next of kin. Other consent forms include vaccinations. Ten staff interviewed (four caregivers, two registered nurses (RNs), one diversional therapist, one kitchen manager, one maintenance, and one cleaner) and four (hospital) family/whānau members interviewed could describe what informed consent was and knew the residents/family had the right to choose.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>The complaints procedure is an equitable process, provided to all residents and relatives on entry to the service. The interim care home manager maintains a record of all complaints, both verbal and written, by using an electronic complaint register that is held on Riskman. Documentation including follow-up letters and resolution demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). The finding at the previous audit related to HDSS:2008 Criterion 1.1.13.3 has been fully addressed.</p> <p>There have been ten complaints lodged in 2021 since the previous (certification) audit that took place on 27 April 2021. There have been thirty-three complaints lodged year to date in 2022. No trends were</p>

		<p>identified, and the majority of the complaints were of a minor nature. The interim care home manager explained the high number of complaints were as a result of a high focus upon reporting and recording even the most minor expression of dissatisfaction, as a corrective action following on from the finding in this area at the previous audit.</p> <p>One complaint has recently been received via HDC, to which the organisation has responded with the required clinical records and are now awaiting a further response.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on the complaints process. Residents have a variety of avenues they can choose from to make a complaint or express a concern, including resident meetings, surveys and one-to-one interaction with staff and management. The complaints process is available in te reo Māori.</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>Bupa Mary Shapley is a purpose-built facility located in Whakatane. The service is certified to provide care for rest home, and hospital (geriatric and medical) levels of care for up to 78 residents.</p> <p>All rooms are certified as dual purpose. On the day of the audit there were 61 residents: 31 rest home level and 30 hospital level. The service has taken a conscious decision to cap the number of resident admissions to 63 due to ongoing registered nurse availability issues. All residents were on the age-related residential care contract.</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their philosophy of 'Helping people live longer, healthier, happier lives and making a better world. We take pride in endeavouring to delivering quality care with a personal touch.' The business plan includes a mission statement and operational objectives with site specific goals. The Bupa executive team reports to Asia Bupa based in Melbourne. There is a New Zealand based managing director that reports to a New Zealand based Board. The acting head of clinical service improvement reports to the managing director. The Bupa Board and executive team have commenced cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural</p>

	<p>safety.</p> <p>The governing body of Bupa consists of directors of clinical, operations, finance, legal, property, customer transformation, people, risk, corporate affairs, and technology. This team are governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team.</p> <p>Tāngata whaikaha provide input through annual satisfaction surveys and resident meetings. Bupa provides feedback to residents and relatives/whānau through newsletters.</p> <p>Bupa is developing a Te Ao Māori strategy to introduce and implement te ao Māori related standards alongside a Māori health consultant. The goals will be embedded in the plan and outcomes from the plan will be managed.</p> <p>Bupa has a clinical governance committee (CGC) with terms of reference. There is a quarterly CGC meeting and a CGC pack produced and distributed to the committee members prior to meetings. There is a risk governance committee (RGC) which aligns and interfaces with the CGC to manage quality and risk systems. External benchmarking of incident data with other NZ aged care providers is included.</p> <p>A vision, mission statement and objectives are in place. Annual goals for the facility have been determined, which link to the overarching Bupa strategic plan. Goals are regularly reviewed in each monthly meeting.</p> <p>The organisation has plans in place to ensure the strategic plan reflects collaboration with Māori, aligns with the Ministry of Health strategies and addresses barriers to equitable service delivery. The quality programme includes a quality programme policy, quality goals (including site specific business goals) that are reviewed in quality meetings and quality action forms that are completed for any quality improvements/initiatives during the year. The interim care home manager (registered nurse with current practising certificate) has been in the role at Bupa Mary Shapley since August 2022 and has worked for Bupa in this role for four years. Recruitment is under way for a permanent general manager.</p>
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		<p>The interim care home manager is supported by a relieving clinical manager (recruitment is under way for a permanent clinical manager), registered nurses, care staff team, regional operations manager, and the regional quality partner.</p> <p>The interim care home manager and the relieving clinical manager have both completed more than eight hours of training related to managing an aged care facility.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>There is a documented quality and risk management system which includes performance monitoring through internal audits and through the collection of clinical indicator data. Benchmarking occurs on a national level against other Bupa facilities and aged care provider groups.</p> <p>Internal audits, meetings, and collation of data were documented as taking place with corrective actions implemented to address service improvements. Evidence of progress and sign off when achieved was sighted. Quality data and trends in data are posted on a quality noticeboard, located adjacent to the staffroom. Corrective actions are discussed at quality meetings to ensure any outstanding matters are addressed with sign-off when completed. Monthly quality meetings and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); staffing; and education; however, meeting have not occurred as scheduled in 2022.</p> <p>The trending and reporting of quality data, internal audits and complaints are an improvement from the previous audit (HDSS.2008 Criterion 1.2.3.6); however, this criterion continues to be an area requiring improvement due to meetings not being held regularly. As the service has made improvements in this area around quality reporting the risk remains low.</p> <p>Staff completed cultural competency and training to ensure a high-quality service and cultural safe service is provided for Māori.</p> <p>The 2022 family satisfaction surveys indicate satisfaction with the services provided by Bupa Mary Shapley. Results have been</p>

	<p>communicated to residents in resident meetings (minutes sighted).</p> <p>A quarterly and annual review of the quality programme provide a critical analysis of practice to improve health equity. New policies or changes to policy are communicated to staff.</p> <p>Individual fall prevention strategies are in place for residents identified at risk of falls. A physiotherapist attends twice-weekly.</p> <p>Electronic reports using Riskman are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in ten accident/incident forms reviewed (witnessed and unwitnessed falls, skin tears and bruises). Incident and accident data is collated monthly and analysed. Results are discussed in the quality and staff meetings and at handover. Each event involving a resident reflected a clinical assessment and follow up by a registered nurse. Relatives are notified following incidents. Opportunities to minimise future risks are identified by the relieving clinical manager.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office. Health and safety training begins during the new employee's induction to the service. Contractors are also orientated to health and safety, including awareness of hazards. Hazard identification forms and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. There are regular manual handling training sessions for staff. A noticeboard keeps staff informed on health and safety. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Discussions with the interim care home manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been a number of Section 31 notifications required since the previous audit. These included registered nurse shortages, and two pressure injuries. Te Whatu Ora – Health New Zealand, Hauora a Toi Bay of Plenty and Public Health authorities were informed regarding the respiratory and Covid outbreaks at the facility.</p>
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<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy that describes rostering requirements; however, the service has been unable to provide a registered nurse on site at times for hospital level care residents. At the time this audit was undertaken, there was a significant national health workforce shortage.</p> <p>It was noted that the service has attempted to mitigate the risk of this situation by utilising an overnight virtual nurse service, with a senior caregiver acting as night shift duty lead on site when this occurs. The service has an agreement for the use of the overnight virtual nurse service (AKA Emergency Consult Ltd) with the funder in order to cover their obligations under ARC during the nation-wide RN shortage.</p> <p>The service has three current registered nurse vacancies and is recruiting for a permanent clinical manager and second unit coordinator. The registered nurses and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7.</p> <p>Interviews with staff confirmed that their workload is manageable, and that management are very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The interim care home manager, relieving clinical manager and unit coordinator are on-site Monday to Friday. On-call cover is shared between the management team.</p> <p>The roster is formed as follows:</p> <p>A community - Rest home (42 rooms/31 residents): four long shift (07.00-15.00), and one short shift (08.00-13.30) caregivers cover the AM shift. On the PM shift there are two caregivers at 15.00-23.00 and one working 15.00-22.00. There are two caregivers from 23.00-07.00 on the night shift.</p> <p>B Community – Hospital (36 rooms/30 residents): On the AM there are six caregivers working 07.00-15.00. On the PM shift there are four caregivers from 15.00-23.00 and one at 15.00-22.00. Two caregivers cover the night shift 23.00-07.00.</p> <p>In the AM there is an RN 06.45-15.15 (covered by the unit coordinator Monday to Friday), PM 14.45-23.15 and night 23.00-07.00. The service has contracted one full-time and one part-time agency nurse to support</p>
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		<p>the roster in the short term.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists all compulsory trainings, which includes cultural awareness training. External training opportunities for care staff includes speakers from Te Whatu Ora, and hospice. Staff are rostered to attend a minimum of one full day of education and training per year.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Fifty-two caregivers are employed. The Bupa orientation programme qualifies new caregivers at a New Zealand Qualification Authority (NZQA) level two. Thirty-four caregivers have achieved a level four NZQA qualification (or higher), and six caregivers hold a level three qualification.</p> <p>A competency assessment policy is being implemented. All staff are required to complete competency assessments as part of their orientation and annually. Level four caregivers complete many of the same competencies as the RN staff. Additional RN specific competencies include subcutaneous fluids, syringe driver, female catheterisation, and interRAI assessment competency. Four RNs are employed, with three interRAI trained. All RNs are encouraged to attend the Bupa qualified staff forum each year. All RNs attend relevant quality, staff, RN, restraint, health and safety, and infection control meetings when possible.</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</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Five staff files were selected for review (two caregivers, one kitchen assistant, one diversional therapist and one registered nurse). Staff files are held in an electronic format with hard copy orientation programmes retained in the interim care home manager's office, in a locked filing cabinet. A recruitment process is being implemented which includes interviews, reference checking, signed employment contracts, police checking and completed orientation.</p> <p>The service has a role-specific orientation programme in place that</p>

<p>culturally safe, respectful, quality care and services.</p>		<p>provides new staff with relevant information for safe work practice and includes buddying with a more experienced staff when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports RNs and caregivers to provide a culturally safe environment to Māori. Caregivers are awarded a level two NZQA qualification after they have completed their orientation.</p> <p>A register of practising certificates is maintained for all health professionals (eg, RNs, GPs, pharmacy, physiotherapy, podiatry). There is an appraisal policy. All staff who had been employed for over one year have an annual appraisal completed, as evidenced in the five staff files sampled. The finding at the previous audit related to staff appraisals (HDSS:2008 Criterion 1.2.7.5) has been addressed.</p> <p>A volunteer policy is documented for the organisation that describes the on-boarding process. Each volunteer is required to complete a police screening check. Volunteers have not been utilised over the past two years due to Covid. An orientation programme for volunteers is in place.</p> <p>Information held about staff is kept secure, and confidential. Staff ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 3.1: Entry and declining entry (HDSS.2021:3.1)</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</p>	<p>Not Applicable</p>	<p>The admission policy requires the collection of information that includes (but is not limited to): ethnicity; spoken language; interpreter requirements; iwi; hapu; religion; and referring agency. Interviews with residents and families/whānau and review of records confirmed the admission process was completed in a timely manner.</p> <p>The service is currently working towards developing meaningful partnerships with Māori communities and organisations at a facility level to benefit Māori individuals and whānau. The service is currently working towards gathering ethnicity entry and decline rates specific to Māori.</p>

<p>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>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>PA Low</p>	<p>Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed (three hospital and two rest home). Initial care plans are developed with the residents/EPOA consent within the required timeframe. 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 completed by the Needs Assessment team (NASC) or other referral agencies.</p> <p>The individualised long-term care plans (LTCP) are developed with information gathered during the initial assessments and the interRAI assessment and all but one, had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs. The residents who identified as Māori did not have a Māori health care plan in place. The registered nurses interviewed described removing barriers (including cultural) to assist residents to have access to information and services required to promote independence.</p> <p>Short-term care acute problems (eg, infections, wounds, and weight loss) are documented on short-term care plans and signed off once resolved.</p> <p>The initial medical assessment is undertaken by the resident's general practitioner (GP) but not always within the required timeframe following admission. Residents have reviews by the GP within required timeframes and when their health status changes. Documentation and records reviewed were current. The GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. After-hours service is provided by the hospital accident and emergency. A contracted physiotherapist works six hours a week. A podiatrist visits six-weekly.</p> <p>Contact details for family/whānau are recorded in the resident files. Family/whānau/EPOA interviews and resident records evidenced that family are informed where there is a change in health status.</p>

		<p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos were taken for all wounds. One chronic ulcer had been reviewed by the district nurse and the hospital specialist. There were nine residents with wounds on the day of audit. There were no residents with a pressure injury.</p> <p>The nursing progress notes are recorded and maintained. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations were noted to be recorded following all un-witnessed falls. A previous corrective action around neurological observations (HDSS:2008 1.3.6.1) has been resolved.</p> <p>Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift.</p> <p>Tāngata whaikaha have input into their care plans, and provide feedback on the service through regular resident meetings, multidisciplinary meetings and satisfaction surveys.</p> <p>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 the RN. The evaluations include the degree of achievement towards meeting desired goals and outcomes.</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. 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>	FA	<p>The diversional therapist (DT) works 37.5 hours a week and has been at the facility for just under 30 years. The DT is supported by an activities coordinator who works 35 hours a week. The weekly activities programme is displayed on the noticeboards around the facility and includes individual and group activities.</p> <p>There are cultural themes once a month - October was Dutch and this month is Indonesian. During the Māori cultural day, the kitchen provided a 'boil up' and fried bread. They also celebrate birthdays, Matariki, Māori language week, Anzac, Easter, and Christmas. Happy</p>

		<p>Hour is held weekly, and entertainers come in for this.</p> <p>There are currently three Māori residents one of whom speaks fluent te reo. This resident performs all the blessings for the facility. The activities team works to ensure that te reo Māori and tikanga Māori are actively promoted and included in the activities programme.</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>Policies and procedures are in place for safe medicine management. Medications are stored safely in the two nurses' medication rooms. The internal audit schedule includes medication management six-monthly.</p> <p>Registered nurses and medication competent caregivers administer medications, and all have completed medication competencies annually. Registered nurses have completed syringe driver training. All medication robotic packs are checked on delivery against the electronic medication charts. Policies and procedures for residents self-administering are in place and this includes ensuring residents are competent, and safe storage of the medications. There was one resident self-administering medications on the day of the audit. Registered nurses advised that over-the-counter medications are prescribed by the GP. All medication errors are reported and collated with quality data. Residents and their family/whānau are supported to understand their medications when required. The RNs and the GP stated that appropriate support and advice will be provided when requested by Māori.</p> <p>The medication fridge and room temperatures are recorded and maintained within the acceptable temperature range. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy.</p> <p>Ten electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The GP had reviewed the medication charts three-monthly for those residents that had been at the facility for longer than three months. 'As required' medications had prescribed indications for use and were administered appropriately with outcomes documented in progress notes. Standing orders are not used. One registered nurse and one medication competent caregiver were observed administering</p>

		medications correctly on the day of audit.
<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>The kitchen manager was interviewed on the day of audit and advised they receive resident dietary profiles and are notified of any dietary changes for residents from the RNs. The residents have a nutritional profile developed on admission, which identifies dietary requirements, likes, and dislikes.</p> <p>The kitchen manager stated that differing cultural needs can be met. The facility recently held a Māori cultural day, and the kitchen provided a 'boil up' and fried bread. The kitchen manager has completed food safety and cultural training which includes understanding of tapu and noa.</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>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. Documented transfers to hospital (on the files reviewed) were appropriate. The registered nurses interviewed described exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. The service utilises the 'yellow envelope' system, which is a Te Whatu Ora transfer documentation system. A copy of the advance directives, advance care plan (where available), a completed transfer report, and medication chart are included in the yellow envelope. A verbal handover is provided. Referral to other health and disability services was evident in the resident files reviewed.</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-</p>	FA	<p>The building has a current building warrant of fitness. The service has a full-time maintenance person, who is available Monday to Friday. Other part-time staff assist with gardening. There is a preventative maintenance schedule which is maintained. The planned maintenance schedule includes electrical testing and tagging, resident's equipment</p>

<p>centred and culturally safe for Māori and whānau. 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>checks, calibrations of weigh scales and clinical equipment and testing, which are all current. Weekly hot water tests are completed for resident areas and are below 45 degrees Celsius. Weekly air temperatures are completed including the nursing treatment rooms. The air temperature is set manually for the facility but can be adjusted to suit individual resident requirements. Residents are encouraged to decorate their room with personal effects.</p> <p>Management advised that any future development would include consultation with local Māori iwi to ensure they reflect aspirations and identity of Māori.</p>
<p>Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	FA	<p>Emergency management policies, including the pandemic plan, outline the specific emergency response and evacuation requirements as well as the duties/responsibilities of staff in the event of an emergency. The emergency management procedure guides staff to complete a safe and timely evacuation of the facility in the case of an emergency. Civil defence supplies are stored in a centrally located cupboard. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Fire evacuation drills are held six-monthly.</p> <p>The building is secure after hours and staff complete security checks at night. There is security lighting, CCTV cameras and two security patrols by an external company each night.</p>
<p>Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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>	FA	<p>The service has an infection prevention and control manual and a pandemic plan which includes a Control Covid-19 response plan that provides guidelines and communication pathways in an event of an outbreak. Staff received training in infection control practices and management of an outbreak. There are outbreak kits readily available and sufficient supplies of personal protective equipment. These are checked regularly. The service has incorporated te reo Māori information around infection control for Māori residents. The staff who</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>identify as Māori utilise their links to provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The service has tikanga flip charts displayed and these are integrated into policy. The staff interviewed described implementing culturally safe practices in relation to infection control.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Infection surveillance is an integral part of the infection control programme and is described in the organisation's control policy manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into an infection register and surveillance of all infections (including organisms) are collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at RN and quality/staff meetings. The service is working towards incorporating ethnicity data into surveillance methods and data captured around infections.</p> <p>There have been four outbreaks since the previous audit (Covid in March, April, July 2022 and respiratory in September 2022). The facility followed their pandemic plan. There were clear communication pathways with responsibilities and included daily outbreak meetings with residents, relatives, and staff. Staff wore personal protective equipment, cohorting of residents occurred to minimise risks, and families were kept informed by phone or email. Visiting was restricted.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Bupa is committed to minimising restraint and offers guidance on this to their facilities. The service's restraint policy confirms that the organisation is working to actively minimise the use of restraint. The restraint coordinator is responsible for ensuring this commitment is maintained. Strategies implemented include working in partnership with family/whānau to ensure the service maintains the dignity of the resident while using the least restrictive practice.</p> <p>At the time of the audit, only one resident was using a restraint. The restraint coordinator interviewed confirmed care staff receive regular training on restraint minimisation, which begins during their period of</p>

		<p>orientation. Staff training records evidenced that guidance is given on restraint minimisation.</p> <p>Restraint is reported at staff meetings and to Bupa head office.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	PA Low	<p>A quality management framework is documented. Staff and management turnover has been high year to date, quality systems have not been fully maintained and a corrective action plan to address the issue is in place.</p>	<p>Quality data, including internal audit results and clinical indicators are collected, have trend analysis, and results are shared with staff when meetings occur; however, between January and November 2022 meetings have not been held regularly as scheduled.</p>	<p>Ensure meetings occur as scheduled</p> <p>90 days</p>
<p>Criterion 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	<p>At the time this audit was undertaken, there was a significant national health workforce shortage. Findings in this audit relating to staff shortages should be read in the context of this national issue.</p> <p>As per the ARC contract with Te Whatu Ora – Health New Zealand, an aged care facility</p>	<p>The service does not have sufficient numbers of registered nurses to have an RN on duty at all times as per the ARC contract D17.4 a. i.</p>	<p>Ensure a registered nurse is on duty at all times to meet the requirements of the ARC contract D17.4 a. i.</p>

		providing hospital level care is required to have at least one registered nurse on duty at all times; however, the service has been unable to provide a registered nurse on site at times for hospital level care residents. It was noted that the service has attempted to mitigate the risk of this situation by utilising an overnight virtual nurse service, with a senior caregiver acting as night shift duty lead on site when this occurs.		180 days
<p>Criterion 3.2.1</p> <p>Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.</p>	PA Low	The individualised LTCP's are developed with information gathered during initial assessment and interRAI assessment. A GP undertakes an initial medical assessment.	<p>(i). Three resident files evidenced that a GP had not seen the resident within five days of admission (eight, fifteen and twenty-eight days late).</p> <p>(ii). One LTCP was not completed within 21 days (over three weeks overdue).</p>	<p>(i). Ensure residents are seen by their GP within five days of admission.</p> <p>(ii). Ensure LTCP's are completed within the 21- day timeframe</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

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

No data to display

End of the report.