

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

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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: | 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: 16 April 2024 End date: 17 April 2024 |
| 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: | 74 |



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 |
|-----------|--|---|
| | 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 provides hospital (geriatric and medical), and rest home services for up to 78 residents. There were 74 residents on the days of audit.

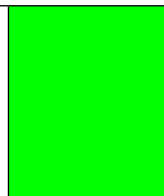
This certification audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora - Hauora a Toi Bay of Plenty. The audit process included the review of policies and procedures, the review of resident and staff files, observations, and interviews with residents, family/whānau, management, staff, and a general practitioner.

The general manager is appropriately qualified and experienced and is supported by a clinical manager (registered nurse). There are quality systems and processes being implemented. 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.

This audit identified areas for improvement related to implementation of the quality programme, staff roster, implementation of the education programme and care plan interventions.

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.

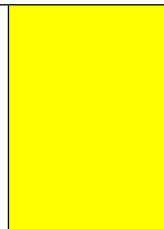
Bupa Mary Shapley provides an environment that supports resident rights and safe care. Staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. The service works to embrace, support, and encourage a Māori worldview of health and provide high-quality and effective services for residents. A Pacific health plan is also in place.

Services and support are provided to people in a way that is inclusive and respects their identity and their experiences. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents.

The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service.

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.



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 quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, and meetings were documented as taking place as scheduled.

There is a staffing and rostering policy documented. There are human resources policies which cover recruitment, selection, orientation and staff training and development. The service had an induction programme in place that provides new staff with relevant information for safe work practice and support. There is an in-service education/training programme documented and external training is supported. The organisational staffing policy aligns with contractual requirements and includes skill mixes. Residents and families/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

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. | | 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 prior to or on entry to the service. The registered nurse assesses, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and whānau input and are responsible for each stage of service provision. The care plans demonstrate service integration. 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, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

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 are reviewed at least three-monthly by the general practitioner. Medications are stored securely.

All food and baking is prepared and cooked on site. Residents' food preferences, dietary and cultural requirements are identified at admission. The menu has been reviewed by a dietitian and meets the required nutritional values.

Residents are referred or transferred to other health services as required.

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. |
|---|--|--|

The building has a current building status certificate and an approved fire evacuation scheme. Fire drills occur six-monthly. There is a planned and reactive maintenance programme in place. Security arrangements are in place in the event of a fire or external disaster. Visitors and staff are clearly identifiable. There is a staff member on each shift who holds a current first aid certificate. Residents reported a timely staff response to call bells.

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.

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.

Education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported on. Pandemic response plans are in place and the service has access to personal protective equipment supplies. There have been two Covid-19 outbreaks since the previous audit.

Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services. Incidents are documented in a timely manner and as per policy. Chemicals are stored securely and safely. Fixtures, fittings, and flooring are appropriate for cleaning.

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.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. Clinical and quality oversight is provided by the restraint coordinator (a registered nurse). There were two residents using restraints at the time of audit. A comprehensive assessment, approval, and care planning with regular reviews occurs for any restraint used. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions. Regular quality reviews occur, and restraint use is benchmarked against other Bupa facilities.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection | 0 | 26 | 0 | 3 | 0 | 0 | 0 |
| Criteria | 0 | 172 | 0 | 4 | 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> | <p>FA</p> | <p>A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori.</p> <p>The Māori Health strategy supports increased recruitment of Māori employees, by embedding recruitment processes that utilise te reo Māori and engage with local iwi for recruitment strategies at a local level. Ethnicity data is regularly reported in individual’s dashboards to monitor success. At the time of the audit, there were Māori staff members. The service could demonstrate they support increasing Māori capacity by employing Māori applicants when they do apply for employment opportunities at Bupa Mary Shapley. Bupa Mary Shapley has links to the local Ngati Awa Marae for community support.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Clinical staff described their commitment to supporting Māori residents and their whānau by identifying what is important to them, their individual values and beliefs and enabling self-determination and authority in decision-making that supports their health and wellbeing.</p> <p>Residents and whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs,</p> |

| | | |
|---|----|--|
| | | evidenced in interviews with twelve residents (five hospital and seven rest home) and one family member (hospital level), management and thirteen staff interviewed (three caregivers, one diversional therapist, one activities coordinator, one infection control coordinator, one business coordinator, one household supervisor, maintenance, kitchen manager, and three registered nurses) described how the delivery of care is based on each resident's values and beliefs. |
| <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>During the admission process, the resident's whānau are encouraged to be present to assist with identification of all needs including cultural beliefs. On admission all residents' ethnicities are captured. Individual cultural beliefs are documented for all residents in their care plan and activities plan. Cultural awareness training introduced the staff to components of the Fonofale of Pacific Health Model. There were no residents at Bupa Mary Shapley of Pacific descent.</p> <p>The Bupa organisation developed a comprehensive Te Mana Ola: Pathways to Pacific Peoples Health Equity plan that sets the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes. Bupa partners with a Pacific organisation and/or individual to provide guidance. The service has no links with Pacific groups in the local community. The service is able to access pamphlets and information on the service in most Pacific languages, should these be needed, and these are displayed at the entrance to the facility. There are currently no staff that identify as Pasifika. The general manager confirmed how they would encourage and support any staff that identify as Pasifika through the employment process.</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</p> | FA | <p>Bupa policies and procedures are being implemented that align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau and posters are displayed in multiple locations in English and te reo Māori. The general manager, clinical manager or unit coordinator discuss aspects of the Code with residents (where appropriate) and their family/whānau on admission.</p> |

| | | |
|---|-----------|--|
| <p>requirements.</p> | | <p>Information about the Nationwide Health and Disability Advocacy is available on the noticeboards in each wing and in the information packs provided. Other formats are available such as information in te reo Māori, and Pacific languages. Resident and relative meetings provide a forum for residents to discuss any concerns.</p> <p>The staff interviewed confirmed their understanding of the Code and its application to their specific job role and responsibilities. Staff receive education in relation to the Code at orientation and scheduled for the 2024 annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: independence, sovereignty, authority, as evidenced through interviews and in policy.</p> |
| <p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p> | <p>FA</p> | <p>Caregivers and registered nurses (RNs) interviewed described how they support residents to choose what they want to do and provided examples of the things that are important to residents, which then shape the care and support they receive. Residents interviewed reported they are supported to be independent and are encouraged to make a range of choices around their daily life and stated they had choice over what activities they wished to participate in. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support.</p> <p>The Bupa annual training plan demonstrates training that is responsive to the diverse needs of people across the service. A sexuality and intimacy policy is in place. Staff interviewed stated they respect each resident's right to have space for intimate relationships.</p> <p>The spirituality policy is in place and is understood by care staff. Staff described how values and beliefs information is gathered on admission with relative's involvement is integrated into the residents' care plans. Staff interviewed could describe professional boundaries, and practice this in line with policy. Spiritual needs are identified, church services are available according to resident need, and spiritual</p> |

| | | |
|--|-----------|---|
| | | <p>support is available.</p> <p>It was observed that residents are treated with dignity and respect. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. The storage and security of health information policy is implemented. Orientation for staff covers the concepts of personal privacy and dignity. The September 2023 and March 2024 resident/family surveys identified increasing levels of satisfaction around privacy, dignity, and respect, including cultural needs.</p> <p>Residents' files and care plans identified resident's preferred names.</p> <p>Matariki and Māori language week are celebrated at Bupa Mary Shapley. Caregivers interviewed described how they use common te reo Māori phrases when speaking with Māori residents and for everyday greetings. Te reo Māori signage was evident in a range of locations. Cultural training and policies are implemented which incorporate Te Tiriti o Waitangi and tikanga Māori. The service responds to tāngata whaikaha needs and enable their participation in te ao Māori. The Māori health plan acknowledges te ao Māori, referencing the interconnectedness and interrelationship of all living & non-living things. Written information referencing Te Tiriti o Waitangi is available for residents and staff to refer to.</p> |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>An abuse and neglect policy is being implemented. Bupa Mary Shapley policies prevent any form of discrimination, coercion, harassment, or any other exploitation. Bupa as an organisation are inclusive of all ethnicities, and cultural days and celebrations are held regularly to celebrate diversity. A staff code of conduct is discussed during the 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 environment. Staff received code of conduct training through Bupa Learn platform. The staff engagement survey of</p> |

| | | |
|--|-----------|--|
| | | <p>November 2023 (with 97% engagement) evidenced staff are participating in creating a positive workplace. There is a safe anonymous pathway for staff to report issues related to racism and harassment, and the Māori Health Equity policy addresses institutional racism.</p> <p>Staff complete education during orientation; however not annually as per the training plan on how to identify abuse and neglect (link 2.3.4). All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds through an external agency. Professional boundaries are defined in job descriptions. Interviews with registered nurses and caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>The service promotes a strengths-based and holistic model `Person First Care` to ensure wellbeing outcomes for their Māori residents is prioritised. Review of resident care plans identified goals of care included interventions to promote positive outcomes. On interview, care staff (three caregivers, three registered nurses) confirmed an understanding of holistic care for all residents. Cultural awareness training completed during orientation includes recognition of explicit and non- explicit bias and supports the recognition and reduction of bias in health care.</p> |
| <p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with</p> | <p>FA</p> | <p>Information about the service is provided to residents and family/whanau on admission. Quarterly resident, and family meetings identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not). Twelve accident/incident forms reviewed</p> |

| | | |
|---|-----------|--|
| <p>them about their choices.</p> | | <p>identified family/whānau are kept informed; this was confirmed through interviews with family/whanau. The care home sends monthly newsletters and photos of their resident to keep family informed of what has been happening around the facility and what is planned.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English; however, staff interviewed advised they have used hand and facial gestures in addition to word cards, and family members acting as translators when required with previous residents.</p> <p>Non-subsidised residents (or their appointed representative) are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident, such as the hospice and Health New Zealand Te Whatu Ora - Hauora a Toi Bay of Plenty specialist services. The management team hold fortnightly head of department meetings to enhance internal communication and facilitate a holistic approach to care. The registered nurses described an implemented process around providing residents and families/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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</p> | <p>FA</p> | <p>There are policies around informed consent. Resident files reviewed included appropriately signed general consent forms. The residents and family/whanau interviewed could describe what informed consent was and knew they had the right to choose. There is an advance directive policy.</p> <p>In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines and welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with family/whanau</p> |

| | | |
|--|-----------|--|
| <p>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>confirmed that they are involved in the decision-making process, and in the planning of resident's care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) were on resident files for those lacking capacity.</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 equitable and is provided to residents and family/whanau on entry to the service. The general manager maintains a record of all complaints, both verbal and written, by using a complaint register which is kept electronically. There have been twenty-nine complaints logged and investigated since last audit which included two from the Health and Disability Commissioner (HDC). The complaints included an investigation, follow up, and reply to the complainant. Staff are informed of complaints (and any subsequent correlating corrective actions) in the quality and staff meetings (meeting minutes sighted). Documentation demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>The general manager interviewed advised complaints logged were classified into themes (operational issues, quality of care, communication, customer rights) in the complaint register. There have been two complaints from the Health and Disability Commissioner (HDC) which remain open awaiting outcome from HDC. Information has been submitted to HDC and remedial work completed at the care home to prevent future similar incidents occurring. There were no issues identified in this audits in relation to these complaints.</p> <p>The welcome pack included comprehensive information on the process for making a complaint. Interviews with residents and family/whanau confirmed they were provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility.</p> <p>A suggestions box is adjacent to where the complaints forms are held. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Resident and family/whānau meetings are held quarterly, chaired by the general manager. The</p> |

| | | |
|--|-----------|--|
| | | <p>contact details for a resident advocate from advocacy services is posted in large print on resident noticeboards. Residents or family/whanau making a complaint can involve an independent support person in the process if they choose. The general manager was aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management are open and transparent in their communications.</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 care home located in Whakatane. The service is certified to provide care for up to 78 residents at hospital and rest home level care. The care home is certified for 25 dual purpose beds. There are no double or shared rooms.</p> <p>On the day of the audit, there were 74 residents: 34 hospital level care including three on palliative care contract, and 40 rest home residents. All the remaining residents were under the age-related residential care contract (ARRC).</p> <p>Bupa has an overarching strategic plan in place with clear business goals to support their person-centred 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 operations manager for Northern district reports to the national operations director. The Bupa Board and executive team have attended cultural training to ensure they are able to demonstrate expertise in Te Tiriti, health equity and cultural 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 is governed by Bupa strategy, purpose, and values. Each director has an orientation to their specific role and to the senior leadership team. The directors</p> |

| | |
|--|--|
| | <p>are knowledgeable around legislative and contractual requirements and are experienced in the aged care sector.</p> <p>The Bupa NZ Māori Health Strategy was developed in partnership with a Māori health consultant. The strategy aligns with the vision of Manatū Hauora (Ministry of Health) for Pae ora (Healthy futures for Māori) which is underpinned by the principles of Te Tiriti o Waitangi for the health and disability system. Bupa NZ is committed to supporting the best health outcomes for Māori and guidance for their employees by developing cultural safety awareness around Māori health equity, and disparities in health outcomes, including in aged residential care. The Towards Māori Health Equity policy states Bupa is committed to achieving Māori health equity for residents in their care homes by responding to the individual and collective needs of residents who identify as Māori, to ensure they live longer, healthier, happier lives.</p> <p>Bupa has engaged with a cultural advisor to work alongside the Bupa Leadership team. Bupa leadership team has undertaken the Te Kaa Māori immersion training programme. Additional training has been undertaken by the leadership team to ensure competence with Te Tiriti, health equity, and cultural safety through shared learning, presentations at leadership team meetings and completion of online modules. The cultural advisor collaborates with the Boards and senior management in business planning and service development to improve Māori and tāngata whaikaha health outcomes. Tāngata whaikaha provide feedback around all aspects of the service, through resident meetings and satisfaction surveys, which provides the opportunity to identify barriers and improve health outcomes.</p> <p>Bupa has a Clinical Governance committee (CGC), Risk and Governance committee (RGC), a Learning and development governance committee and a Work Health Safety Governance committee where analysis and reporting of relevant clinical and quality indicators is discussed in order to improve. The Clinical Services Director chairs the CGC with oversight from Bupa's second line Clinical Governance and Compliance team and the Chief Medical Officer. The clinical support improvement team (CSI) includes clinical specialists in restraint, infections and adverse event investigations and a customer engagement advisor, based in head office. The</p> |
|--|--|

| | | |
|--|---------------|--|
| | | <p>organisation benchmarks quality data with other NZ aged care providers. Each region has a regional quality partner who supports the on-site clinical team with education, trend review, internal audits and management.</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 the quality meetings, and there are quality action forms that are completed for any quality improvements/initiatives during the year. Quality improvements include (but not limited to) those related to formation of the men's group, establishment of the new whanau room with installation of the fountain and use of continence products.</p> <p>The general manager (non-clinical) has been employed in the role at Bupa Mary Shapley since December 2022. The general manager has 17 years as a manager in an aged care environment and 16 years management experience in the hospitality sector. The general manager is supported by a clinical manager (who has been in the role since October 2023), one unit coordinator, registered nurses, an experienced care staff team, the regional operational manager, and regional quality partner.</p> <p>The general manager and the clinical manager have both completed more than eight hours of training related to managing an aged care facility and includes Bupa regional managers forums, Māori health plan, pandemic and infectious disease planning, and infection control teleconferences.</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</p> | <p>PA Low</p> | <p>Bupa Mary Shapley is implementing a quality and risk management programme. The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data.</p> <p>Monthly quality 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; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place; however, corrective actions related to</p> |

| | |
|--|---|
| <p>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>audits were not always followed up on and signed off when completed. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and held in folders in the staffroom. Benchmarking occurs on a national level against other Bupa facilities.</p> <p>Resident and family satisfaction surveys are managed by head office who phones and surveys families/whānau. An independent contractor is sent to survey residents using direct questioning and a tablet. The March 2024 resident satisfaction survey have been collated and analysed at head office and indicate that residents have reported good levels of satisfaction with the service provided compared to quarter 3 (2023) results. Results have been communicated to residents in the facility newsletter.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. New policies or changes to policy are communicated and staff sign as acknowledgement.</p> <p>A health and safety system is in place with an annual identified health and safety goal that is directed from head office; however, the goals have not been measured and evaluated. A health and safety team meets monthly, and the elected health and safety representatives have achieved relevant unit standards via external training. An up-to-date hazard register (last reviewed May 2023) was sighted. Health and safety policies are implemented and monitored by the health and safety committee. The noticeboards in the staffroom and nurses' stations keep staff informed on health and safety issues. In the event of a staff accident or incident, a debrief process is documented. There were no serious work-related staff injuries.</p> <p>Electronic incident and accident reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in twelve accident/incident forms reviewed. Incident and accident data is collated monthly and analysed. The system generates a report that goes to each operational team/governance team, with automatic alerts depending on the risk level. Results are discussed in the quality and staff</p> |
|--|---|

| | | |
|--|---------------|---|
| | | <p>meetings and at handover.</p> <p>Discussions with the general manager and clinical manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications submitted appropriately for registered nurse shortage (weekly), stage III pressure injury (non-facility acquired) and health and safety risk related to resident behaviours. There have been two outbreaks which was appropriately notified. Staff have completed cultural training to ensure the service can deliver high quality care for Māori.</p> |
| <p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. 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. 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>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>There is a staffing policy that describes rostering. The roster does not currently provide sufficient and appropriate coverage of 24/7 registered nurses for the effective delivery of care and support. 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. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The general manager, clinical manager, and unit coordinator are available Monday to Friday. On-call cover for all Bupa facilities in the region is covered by a rotation of one care home general manager and one clinical manager each week.</p> <p>There is an annual education and training schedule being implemented for 2024. The education and training schedule lists compulsory training (learning essentials and clinical topics), which includes cultural awareness training; however, the training schedule / programme has not been fully implemented since last audit.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Forty-four</p> |

| | | |
|---|----|---|
| | | <p>caregivers are employed. The Bupa orientation programme qualifies new caregivers at a level two NZQA. Of the 44 caregivers, 33 have achieved a level 3 NZQA qualification or higher.</p> <p>All staff are required to complete competency assessments as part of their orientation. Annual competencies include (but are not limited to) restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Caregivers who have completed NZQA level 4 and have undertaken extra training, complete many of the same competencies as the registered nurse staff (eg, medication administration, controlled drug administration, nebuliser, blood sugar levels and insulin administration, oxygen administration, and wound management). Additional RN specific competencies include subcutaneous fluids, syringe driver, and interRAI assessment competency. There are seven registered nurses (not including the clinical manager and the unit-coordinator). Two of the registered nurses are interRAI trained. All registered nurses are encouraged to attend the Bupa qualified staff forum each year and to commence and complete a professional development recognition programme (PDRP). All registered nurses attend relevant quality, staff, registered nurses, restraint, health and safety, and infection control meetings when possible. External training opportunities for care staff include training through Health New Zealand Te Whatu Ora- Hauora a Toi Bay of Plenty, and hospice. A record of completion is maintained on an electronic register.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities of the 'take five' Bupa wellness programme. A staff recognition programme is in place, and a range of initiatives are in place, including flu vaccinations, quit smoking programmes and having fruit available for staff. Staff welfare is promoted through provision of regular cultural themes and shared meals at staff meetings. Signage supporting the Employee Assistance Programme (EAP) were posted in visible staff locations. Facility meetings provide a forum to share quality health information.</p> |
| Subsection 2.4: Health care and support workers | FA | There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The Bupa |

| | | |
|---|-----------|---|
| <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | | <p>recruitment team advertise for and screen potential staff, including collection of ethnicity data. Bupa has commenced the process of formally collecting ethnicity data on existing staff. Once applicants pass screening, suitable applicants are interviewed by the Bupa Mary Shapley general manager. Nine staff files reviewed (three caregivers, one kitchen hand, one diversional therapist, one registered nurse, clinical manager, business coordinator and one cleaner) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. Staff sign an agreement with the Bupa code of conduct. This document includes (but is not limited to): the Bupa values; responsibility to maintain safety; health and wellbeing; privacy; professional standards; celebration of diversity; ethical behaviour; and declaring conflicts of interest.</p> <p>There are job descriptions in place for all positions that include outcomes, accountability, responsibilities, authority, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals (eg, registered nurses, general practitioners, pharmacy, physiotherapy, podiatry, and dietitian). All staff who have been employed for over one year have an annual appraisal completed.</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 RNs and caregivers to provide a culturally safe environment for Māori.</p> <p>An orientation programme and policy for volunteers is in place. Information held about staff is kept secure and confidential. Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p> |
| <p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> | <p>FA</p> | <p>Resident files and the information associated with residents and staff are retained electronically and in hard copy. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented Bupa business continuity plan in</p> |

| | | |
|--|-----------|---|
| <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p> | | <p>case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents archived files are securely stored in a locked room and easily retrievable when required.</p> <p>Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident’s individual record. An initial care plan is also developed in this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | <p>FA</p> | <p>On enquiry, a Bupa information booklet detailing entry criteria is provided to prospective residents and their family/whānau.</p> <p>Residents who are admitted to Bupa Mary Shapley are assessed by the needs assessment service coordination (NASC) service to determine the required level of care. Completed NASC authorisation forms for rest home, and hospital level of care residents were sighted. The general manager and clinical manager screen prospective residents prior to admission.</p> <p>A policy for the management of inquiries and entry to service is in place. The admission pack contains all the information about entry to the service. Assessments and entry screening processes were documented and communicated to the enduring power of attorney (EPOA) and whānau of choice, where appropriate, local communities, and referral agencies. The records reviewed confirmed that admission requirements were conducted within the required timeframes and signed on entry. Family/whānau were updated where there was a delay in entry to the service. Residents and family/whānau interviewed confirmed that they were consulted and received ongoing sufficient information regarding the services provided.</p> |

| | | |
|--|---------------|---|
| | | <p>The business coordinator and general manager reported that all potential residents who are declined entry are recorded. When an entry is declined, the resident and family/whānau are informed of the reason for this and made aware of other options or alternative services available. The resident and family/whānau are referred to the referral agency to ensure the person will be admitted to the appropriate service provider. Routine analysis to show entry and decline rates, including specific data for entry and decline rates for Māori, is implemented.</p> <p>The service has existing engagements with local Māori communities, health practitioners, and organisations to support Māori individuals 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. Nine resident files were reviewed (four hospital and five rest home) Initial care plans are developed with the residents/whanau 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 NASC or other referral agencies.</p> <p>All residents have interRAI assessments completed. All interRAI initial assessments and reassessments have been completed within expected timeframes. The long-term care plans (LTCP) are individualised and developed with information gathered during the initial assessments and the interRAI assessment. These had been completed within three weeks of the residents' admission to the facility; however, documented interventions do not always meet the residents' current assessed needs. The residents who identified as Māori all had a Māori health care plan in place which describes the support required to meet their needs. The registered nurses interviewed describe removing barriers, so all residents have access to information and services required to promote independence and working alongside residents and family/whanau when developing care plans so residents can develop their own pae ora outcomes. Short-term care acute problems, for example, infections, wounds, and</p> |

| | |
|--|--|
| | <p>weight loss are documented on short term care plans and signed off once resolved. 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.</p> <p>There is a contracted GP who cares for 62 residents. The remaining residents have their own GP. The contracted GP completes video conferences twice weekly with the unit coordinator and visits once a month. After hours is covered by Third Age. The residents with their own GP may have to go to the accident and emergency department if their GP cannot be contacted after hours. The initial medical assessment is undertaken by the resident's general practitioner (GP). Residents have reviews by the GP within required timeframes and when their health status changes. Documentation and records reviewed were current. The contracted GP interviewed stated that there was good communication with the service and that they were informed of concerns in a timely manner. A contracted physiotherapist works four hours a week. A podiatrist visits six weekly.</p> <p>The whānau interview and resident records evidenced that whanau 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. Two chronic ulcers had been reviewed by the wound care nurse specialist. There were eleven residents with wounds on the day of audit. There is currently one stage one pressure injury.</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.</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>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</p> |
|--|--|

| | | |
|--|----|--|
| | | RN. |
| <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 is supported by an activities coordinator who works 35 hours a week. Between them they cover seven days a week. The monthly and weekly activities programme is displayed on the noticeboards around the facility and includes individual and group activities. The programme is available to family/whānau on request.</p> <p>The DT completes a social/leisure assessment on admission for all residents which informs the activity plan for each resident. The activity plan is reviewed at least six monthly or earlier as required. Activity attendance records are maintained. Residents' life story is documented in the nursing care plan. There are frequent cultural themes- they have just had a Scottish and Indonesian day. Māori cultural days include Waitangi, Matariki and Māori language week. The kitchen will do 'boil ups and fried bread to help celebrate. Happy hour is held weekly, and entertainers often come in for this. The planner has one on one activities such as wheelchair walks, massage, shopping, manicures, reading, and sensory activities. There are van outings twice weekly, weekly church services and a prayer meeting on Sundays. There is a facility cat. Some residents go out to the fishing club or the RSA.</p> <p>There are currently residents who identify as Māori. The activities team work to ensure that te reo Māori and Tikanga Māori are actively promoted and included in the activities programme. There are frequent visitors from the marae. Some Māori residents go out to daycare twice weekly (Ngāti Awa and Matata). Residents and whanau interviewed spoke positively of the activities programme. Residents' meetings are held two monthly.</p> |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to</p> | FA | <p>Policies and procedures are in place for safe medicine management. Medications are stored safely in the two nurses' medication rooms.</p> <p>Registered nurses and medication competent caregivers administer medications, and all have completed medication competencies</p> |

| | | |
|--|-----------|--|
| <p>access appropriate medication and blood products. 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>annually. RN's 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 were three residents 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.</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>Eighteen 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. One registered nurse was observed administering medications correctly on the day of audit. There are no standing orders.</p> <p>The clinical manager, unit coordinator and RNs can describe how they work in partnership with residents who identify as Māori and their whānau to ensure they have appropriate support in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes.</p> |
| <p>Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration</p> | <p>FA</p> | <p>The kitchen service complies with current food safety legislation and guidelines. There is a fulltime chef , relieving cooks and kitchen hands. All food and baking are prepared and cooked on-site. The kitchen is well organised. Food is prepared in line with recognised nutritional guidelines for older people. The verified food control plan expires May 2024. The menu has been reviewed by the Bupa dietitian. Kitchen staff have current food handling certificates.</p> |

| | | |
|--|-----------|---|
| <p>needs are met to promote and maintain their health and wellbeing.</p> | | <p>Diets are modified as required and the kitchen staff confirmed awareness of the dietary needs of the residents. Residents have a nutrition profile developed on admission which identifies dietary requirements, likes, and dislikes. All alternatives are catered for as required. The residents' weights are monitored regularly, and extra protein and supplements are provided to residents with identified weight loss issues. Special utensils and lip plates are used to promote independence.</p> <p>The chef serves directly to residents from a bain-marie in the rest home dining room and food is delivered to the hospital dining room in a hot box. Dining areas were observed to be quiet, and meals were well presented.</p> <p>The kitchen and pantry were observed to be clean, tidy, and well-stocked. Regular cleaning is undertaken, and all services comply with current legislation and guidelines. Labels and dates were on all containers. Records of temperature monitoring of food, chiller, fridges, and freezers are maintained. All decanted food had records of use by dates recorded on the containers and no expired items were sighted. Family/whānau and residents interviewed indicated satisfaction with the food service. The resident satisfaction survey showed an increase in satisfaction from 60 to 79/100. The aim is to reach 80/100 by the end of 2024.</p> <p>The kitchen staff reported that the service prepares food that is culturally specific to different cultures. This includes menu options that are culturally specific. 'Boil ups' ,Māori bread and pork were included on the menu, and these are offered to residents who identify as Māori when required.</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>FA</p> | <p>The transfer and discharge of resident management policy ensures a smooth, safe, and well organised transfer or discharge of residents. The registered nurses interviewed stated that discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their whanau were involved for all discharges and transfers to and from the service and have the opportunity to ask questions. The service</p> |

| | | |
|--|-----------|---|
| <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | | <p>utilises the 'yellow envelope' transfer documentation system. A copy of the advance directives, advance care plan (where available), a transfer report is completed, and medication chart are included in the yellow envelope. A verbal handover is provided. Referral to other health and disability services is 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-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | <p>FA</p> | <p>The facility is all on one level. All rooms are single. Fourteen rooms have ensuites, ten share ensuites and the rest have hand basins but share communal toilets/showers. There are adequate numbers of accessible bathrooms and toilets throughout the facility near activity, dining, and lounge areas. Appropriately secured and approved handrails are provided in the toilet/shower areas and ensuites, and other equipment/accessories are available to promote residents' independence. Adequate personal space is provided to allow residents and staff to move around within their bedrooms safely. Rooms are personalised with furnishings, photos and other personal items displayed.</p> <p>The building has a current building status certificate which expires on 10 June 2024. The service has a full-time maintenance person, who is available Monday to Friday. There is a contracted gardener. There are essential contractors who can be contacted 24 hours a day. Maintenance requests are completed in books held at the nurses' stations and these are checked off once completed by the maintenance person.</p> <p>There is a preventative maintenance schedule documented and maintained. The planned maintenance schedule includes electrical testing and tagging, resident equipment 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. Equipment includes (but not limited to); standing hoists, full body hoists with a range of slings, mobility equipment, sit on weigh scales, wheelchair scales, pressure relieving equipment and sensor mats.</p> <p>There are comfortable lounges for communal gatherings and activities at the facility. Quiet spaces for residents and family/whānau</p> |

| | | |
|---|-----------|---|
| | | <p>to utilise are available inside and outside in the gardens and courtyards. All outdoor areas have seating and shade. All rooms have natural light and ventilation.</p> <p>All toilets/showers and ensuites have free-flowing soap and paper towels in the toilet areas. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. All areas are easily accessible to the residents. The furnishings and seating are appropriate for the resident group. In the rest home heating is by ceiling heaters which are thermostatically controlled. In the hospital there is air conditioning. There is a designated outdoor smoking area for residents.</p> <p>The service has no current plans to build or extend; however, should this occur in the future, general manager advised that the service will liaise with local Māori providers to ensure aspirations and Māori identity are included.</p> |
| <p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p> | <p>FA</p> | <p>Emergency management policies, including the pandemic plan, 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. 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 (last held 21 February 2024). There are emergency management plans in place to ensure health, civil defence and other emergencies. The service has adequate resources including food and water to last for at least two weeks. Civil defence supplies are stored in a centrally located cupboard. There is no generator onsite; however, the manager reports there are generators available to hire if required.</p> <p>There are call bells in the residents' rooms and ensuites, communal</p> |

| | | |
|--|-----------|--|
| | | <p>toilets/showers and lounge/dining room areas. Residents were observed to have their call bells in close proximity. Residents and family/whanau interviewed confirmed that call bells are answered in a timely manner.</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>There is a visitors' policy and guidelines available to ensure resident safety and wellbeing are not compromised by visitors to the service. Visitors and contractors are required to complete visiting protocols.</p> |
| <p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p> | <p>FA</p> | <p>There are two registered nurses who undertake the role of infection control coordinator to oversee infection control and prevention across the service. The job description outlines the responsibility of the role. The organisational infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually by the infection control and prevention specialist at Bupa head office, who reports to and can escalate any significant issues to Board level. Documentation review evidenced recent outbreaks were escalated to the executive team within 24 hours. Bupa has monthly infection control teleconferences for information, education and discussion and updates. Infection rates are presented and discussed at quality and staff meetings. Infection prevention and control are part of the strategic and quality plans.</p> <p>The service has access to an infection prevention clinical nurse specialist from Health New Zealand -Hauora a Toi Bay of Plenty, in addition to expertise at Bupa head office. Residents and staff are offered influenza and Covid-19 vaccinations.</p> <p>Visitors are asked not to visit if unwell. There are hand sanitisers strategically placed around the facility.</p> |

| | | |
|---|-----------|---|
| <p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | <p>FA</p> | <p>The two designated infection control coordinators are supported by the clinical team and Bupa infection control lead. The service has a Covid-19 and pandemic response plan which includes preparation and planning for the management of lockdown, screening, transfers into the facility and Covid-19 positive tests. There are outbreak kits readily available, and a personal protective equipment (PPE) cupboard and trolleys set up ready to be used. The PPE stock is regularly checked against expiry dates. There are supplies of extra PPE equipment available and accessible. The Bupa infection control lead and the infection control officer have input into the procurement of good quality PPE, medical and wound care products. There are no plans to change the current environment; however, the organisation will consult with the infection control coordinators if this occurs.</p> <p>The infection control coordinators have completed courses in the basics of infection control, Ministry of Health online learning, and other training through Health New Zealand- Hauora a Toi Bay of Plenty. There is good external support from the GP, laboratory, and the Bupa infection control lead.</p> <p>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 quarterly by Bupa in consultation with infection control coordinators/officers. Policies are available to staff. Aseptic techniques are promoted through handwashing, and sterile single use packs for catheterisation and wound care, to create an environment to prevent contamination from pathogens to prevent healthcare-associated infections. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. Infection control is included in the internal audit schedule and evidenced full compliance. Hospital acquired infections are collated along with infection control data.</p> <p>The infection control policy states that the facility is committed to the ongoing education of staff and residents. Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic response (including Covid-19) and staff were informed of</p> |
|---|-----------|---|

| | | |
|---|----|---|
| | | <p>any changes by noticeboards, handovers, toolbox talks, and emails. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Residents and families/whānau are kept informed and updated on Covid-19 policies and procedures through emails.</p> <p>The service incorporates te reo Māori information around infection control for Māori. Posters in te reo Māori are in evidence throughout the facility and additional information in te reo Māori is readily available. The Māori health strategy includes the importance of ensuring culturally safe practices in infection prevention. The infection control coordinators have access to a Māori health advisor as needed. Staff interviewed were knowledgeable around providing culturally safe practices to acknowledge the spirit of Te Tiriti o Waitangi.</p> |
| <p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>The service has an antimicrobial use policy and procedure. The service and organisation monitor compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Antibiotic use and prescribing follow the New Zealand antimicrobial stewardship guidelines. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported in a monthly quality report and presented at meetings. The Bupa infection control lead is responsible for collating and analysing the electronic medication management system with pharmacy support. The monitoring and analysis of the quality and quantity of antimicrobial prescribing occurs annually.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Monotherapy and narrow spectrum antibiotics are preferred when prescribed.</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</p> | FA | <p>Infection surveillance is an integral part of the infection control programme and is described in the Bupa infection control policy manual. Monthly infection data is collected for all infections based on</p> |

| | | |
|--|-----------|---|
| <p>surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by 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>signs, symptoms, and definition of infection. Infections are entered into the register on the electronic database and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Benchmarking occurs with other Bupa facilities. The service incorporates ethnicity data into surveillance methods and data captured around infections. Infection control surveillance is discussed at infection control, quality and staff meetings. Meeting minutes and graphs are displayed for staff. Action plans are required for any infection rates of concern. The service receives regular notifications and alerts from Health New Zealand - Hauora a Toi Bay of Plenty.</p> <p>There have been two Covid -19 outbreaks (August 2023 and March 2024). These were managed appropriately, with Health New Zealand, and Public Health being appropriately notified. There was evidence of regular communication with the Bupa infection control lead, clinical director, aged care portfolio manager and Health New Zealand - Hauora a Toi Bay of Plenty infection control nurse specialist. Daily outbreak management meetings and toolbox meetings (sighted) capture `lessons learned` to prevent, prepare for and respond to future infectious disease outbreaks. Outbreak logs are completed. Staff confirmed resources, including PPE, are plentiful.</p> |
| <p>Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p> | <p>FA</p> | <p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharp's containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are sluice rooms (with sanitisers) with personal protective equipment available, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>There is a laundry in the service area of the facility. There are areas for storage of clean and dirty laundry and a dirty to clean flow is evident. There are sufficient number of commercial washing</p> |

| | | |
|--|-----------|---|
| | | <p>machines and dryers. Material safety datasheets are available, and all chemicals are within closed systems. All laundry is processed on site by dedicated housekeepers seven days per week. Linen was seen to be transported on covered trolleys.</p> <p>Cleaners' trolleys are attended at all times and are locked away in the cleaners' cupboard when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The numerous linen cupboards were well stocked with good quality linen. The washing machines and dryers are checked and serviced regularly. Laundry staff have also completed chemical safety training.</p> <p>The staff interviewed had good knowledge about cleaning processes and requirements relating to infection prevention and control.</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>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the HDSS:2021 Standard. The regional restraint group is responsible for the Bupa restraint elimination strategy and for monitoring restraint use in the organisation. Restraint is discussed at the clinical governance and Board level. Restraint data is included in quality data collation and analysis. Bupa have well developed strategies in place to eliminate the use of restraint. Benchmarking with other Bupa facilities is available.</p> <p>If a resident who is Māori requires restraint, prior to this decision cultural advice is sought alongside whānau to explore spiritual and cultural values.</p> <p>At the time of the audit, two hospital residents were using restraint (two lap belts). When restraint is used, this is a last resort when all alternatives have been explored. The restraint coordinator (RN) has a defined role of providing support and oversight for any restraint management. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques.</p> |

| | | |
|---|-----------|--|
| <p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p> | <p>FA</p> | <p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Family/whānau confirmed their involvement in the process. Access to advocacy is facilitated, as necessary. A restraint register is maintained and reviewed at each restraint meeting. The register contained enough information to provide an auditable record. Staff and restraint meeting minutes, and quarterly reports to the national restraint coordinator documented discussions about restraint.</p> <p>There is a restraint policy that describes a process to manage emergency restraint. If emergency restraint is required, the registered nurse will consult with the restraint coordinator and family/whānau. There have been no incidents of use of emergency restraint.</p> |
| <p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p> | <p>FA</p> | <p>There is an annual review with the restraint coordinator and the regional quality partner which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated.</p> |

Specific results for criterion where corrective actions are required

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

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

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

| Criterion with desired outcome | Attainment Rating | Audit Evidence | Audit Finding | Corrective action required and timeframe for completion (days) |
|---|-------------------|---|--|--|
| <p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p> | PA Low | <p>The quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data. Monthly staff, registered nurse and quality meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Meetings have been completed as scheduled since last audit; however, review of the goals set and discussed in the health and safety meeting in 2023 did not have progress towards meeting them measured and evaluated. Internal audits were completed as scheduled; however, where there were corrective actions identified and documented there was no evidence of follow-up and sign off when completed.</p> | <p>(i). There is no documented evidence of 2023 health and safety goals progress being measured and evaluated as scheduled for the year.</p> <p>(ii). Where audits have been completed and there are corrective actions identified, there is no evidence of actions that have been put in place being followed up and signed off when completed.</p> | <p>(i). Ensure progress towards goals is measured and evaluated.</p> <p>(ii). Ensure corrective actions are followed up and signed off when completed</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> | <p>PA Low</p> | <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>The service has been unable to provide a registered nurse on site 24/7 as per the ARRC agreement D17.4. It was noted that the service has attempted to mitigate the risk of this situation by utilising the Emergency consult virtual on call nurse and senior caregivers who are all overseas registered nurses working at level 4 and some awaiting their New Zealand registration. Interview with the general manager and clinical manager confirmed that they are in the process of recruiting into the two positions with one registered nurse due to start the following week.</p> | <p>The service does not have sufficient numbers of registered nurses to have a registered nurse on duty at all times in the hospital level care as per ARRC agreement D17.4.</p> | <p>Ensure there is adequate coverage of all shifts by a registered nurse to meet the requirements of the ARRC contract D17.4.</p> <p>90 days</p> |
| <p>Criterion 2.3.4</p> <p>Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.</p> | <p>PA Low</p> | <p>There is a documented annual training programme for Bupa Mary Shapley that includes clinical and non-clinical staff training covering mandatory topics. The general manager and clinical manager acknowledge the importance of a well-trained workforce in terms of outcomes for the residents; however, evidence sighted at the time of audit confirms that the training schedule / programme has not been fully implemented since last audit especially for core topics in 2023 including (but not limited to) feedback and complaints, code of rights, abuse and neglect and sexuality and intimacy. The service has started to implement the 2024 staff training programme.</p> | <p>The annual training programme since last audit has not been fully implemented.</p> | <p>Provide evidence that training is being conducted for all staff as per annual education and training plan.</p> <p>90 days</p> |

| | | | | |
|--|---------------|--|--|---|
| | | | | |
| <p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> | <p>PA Low</p> | <p>Each resident has an individualised long term care plan which is developed with information from the initial and interRAI assessments. Care plans are developed by an RN in partnership with residents and family/whānau. The care plans are holistic in nature and have been developed within expected timeframes; however, not all care plan interventions documented meet residents current needs.</p> | <p>Two hospital and two rest home care plans have interventions that do not match the residents' current assessed needs.</p> | <p>Ensure care plan interventions are current and meet residents assessed needs.</p> <p>90 days</p> |

| | | | | |
|---|--|--|--|--|
| (h) People's care or support plan identifies wider service integration as required. | | | | |
|---|--|--|--|--|

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.