



General Overview: -

Mary Shapley is a Bupa residential care facility. The service currently provides care for up to 78 residents at hospital (medical and geriatric) and rest home level care. On the day of the audit there were 77 residents.

This surveillance audit was conducted against a subset of the Health and Disability Standards and the contract with the district health board. The audit process included the review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family, management and staff.

The care home manager has been in the role since April 2018. She is an experienced registered nurse and has significant experience managing hospice care services. The acting clinical manager has been in the role since January 2019 whilst recruitment processes are progressed.

The shortfall identified as part of the previous audit has been addressed. This was around care plan documentation

This audit has identified improvements required around documentation of implemented care, medication management and self-medication management, and ensuring an appropriate, and safe physical environment.

Health and Disability Sector Standards

Consumer Rights - The service has a culture of open disclosure. Families are regularly updated of residents' condition including any acute changes or incidents. Complaints processes are implemented and managed in line with the Code. Residents and family interviewed verified ongoing involvement with the community.

Organisational Management - There is a business plan with goals for the service that has been regularly reviewed. Bupa Mary Shapley has a fully implemented, robust, quality and risk system in place. Quality data is collated for accident/incidents, infection control, internal audits, concerns and complaints and surveys. Incidents are appropriately managed.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation and training programme that provides staff with relevant information for safe work practices. The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care.

Continuum of Service Delivery - Care plans are developed by the registered nurses who also have responsibility for maintaining and reviewing care plans. Care plans reviewed were individually developed with the resident, and family/whānau involvement is included where appropriate, they are evaluated six-monthly or more frequently when clinically indicated. There is a medication management system in place. Each resident is reviewed at least three-monthly by their general practitioner. A range of individual and group activities is available and coordinated by the diversional therapist. All meals are prepared on-site. There is a seasonal menu in place, which is reviewed by a dietitian. Residents' food preferences are accommodated, and the residents and relatives reported satisfaction with the food service.

Safe and Appropriate Environment - There is a current building warrant of fitness.

Restraint Minimisation and Safe Practice

The service has policies and procedures to ensure that restraint is a last resort and safely used when required, and that enabler use is voluntary. There were three residents using restraints and two with enablers at the time of the audit.

Infection Prevention and Control

The infection control programme and its content and detail are appropriate for the size, complexity and degree of risk associated with the service. Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Total out of 101 HDSS criteria reviewed (NB: ARC contract criteria reviewed at audit are not counted here)	CI	FA	PA	UA	NA
	0	39	4	0	58

Continuous Improvement (CI) - *Criterion are fully attained, with the service demonstrating continued review and improvement in this area.*

Fully Attained (FA) - *The service can clearly demonstrate the implementation of processes, systems and structures that meet the criterion.*

Partially Attained (PA) - *There is evidence of processes and systems without required supporting documentation or evidence of a documented process but the care home is unable to demonstrate full implementation*

Unattained (UA) - *The service is unable to demonstrate appropriate processes, systems or structures to meet the criterion.*

Not Audited or Not Applicable (NA)