

Masonic Care Limited - Masonic Court

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Masonic Care Limited

Premises audited: Masonic Court Rest Home and Hospital

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 12 February 2015 End date: 12 February 2015

Proposed changes to current services (if any): Six beds to be approved for dual use.

Total beds occupied across all premises included in the audit on the first day of the audit: 48

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 outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. 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 standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards 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 standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards 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 standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Masonic Court Rest Home and Hospital (Masonic Court) provides rest home and hospital level care for up to 49 residents in suburban Palmerston North. On the day of the audit there were 48 residents. The service is managed by a facility manager, with support from a care manager and management assistant. Residents and family members interviewed during the audit spoke positively about the care and support provided and the environment at Masonic Court.

This unannounced surveillance audit was against a sample of the Health and Disability Services Standards and includes relevant contract requirements. In early 2014 Masonic Court requested approval to have six beds designated as dual use (that is, for both rest home and hospital level care). In February 2014 a complaint was made to the Health and Disability Commissioner and a decision was made to defer assessment of the facility's ability to manage these beds until this complaint was resolved. This has now occurred and reference to Masonic Court's ability to manage an additional six dual purpose beds is referred to in this report.

Two areas for improvement identified at the certification audit in 2013 have been addressed in relation to review of residents' care plans and review of the menus by a dietitian. Two new areas for improvement have been identified relating to checking the temperature of the medication fridge and appropriate storage of food.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
--	--	--

There is evidence of communication with residents and family members. Residents' files record notification when events occur as well as routine contact and communication. Interviews with residents and family members confirms that people are satisfied with the communication of information and the relationships staff members develop with them over time.

The process for making a complaint is accessible throughout the facility. The compliments, concerns and complaints register is up to date and demonstrates that residents and family members are aware of how to raise issues when they occur. Records of communication with complainants shows respectful and timely responses which meet the requirements of the Code of Health and Disability Services Consumers' Rights.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.		Standards applicable to this service fully attained.
---	--	--

Masonic Court has been owned by Manawatu Masonic Association Trust. It is now part of the Masonic Care Ltd group of aged care facilities. The management structure includes a facility manager, care manager and management assistant, all of whom are registered nurses. The facility manager has appropriate skills, knowledge and experience to undertake her role with overall responsibility for the operation of the facility.

There is an implemented quality and risk management system. This encompasses the development, review and control of policies, procedures, forms and other documents; the monitoring of quality systems and analysis of events which occur in the facility; analysis of data and development of corrective action plans; quality improvement initiatives and health and safety and risk management.

Human resources are managed by the facility manager and management assistant. Recruitment, selection and appointment of new staff members occurs with appropriate checks, and ongoing monitoring of staff performance also occurs. There is a comprehensive programme of staff training and development. Staffing levels meet the needs of residents, and the facility's processes for safe staffing.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
--	--	--

Assessing, planning and delivery of care

Residents at Masonic Court have detailed and comprehensive care plans. These are developed by registered nurses in a timely manner, updated when residents' needs changed, and regularly reviewed. Care plans describe the support/interventions necessary to address identified needs, and this has addressed the shortfall identified at the previous audit. Each resident is reviewed at least three monthly, or earlier if clinically indicated, by their general practitioner. All residents and family members and one general practitioner interviewed stated they were very satisfied with the services provided. At least one registered nurse was on duty 24 hours a day, providing guidance and support to care delivery staff.

Medication management

All medications are administered by registered nurses or senior caregivers, all of whom have been assessed as competent in that role. The regular monitoring of the temperature of the medication fridge in the rest home wing requires improvement, but otherwise the management of medications is safe and appropriate, and complies with all legislative and professional requirements.

Food services

The previous certification audit identified that the menu had not been reviewed by a dietitian within the required timeframe, and this has been addressed. Residents reported satisfaction with the food provided to them, noting there were always alternatives available if they did not like what was on the menu. While the kitchen is maintained in a hygienic manner, with evidence of regular cleaning and the maintenance of equipment, the safe storage of food in the chillers and freezers is an area where improvement is required.

Activities

Two qualified and experienced diversional therapist coordinate the activities programme. All residents are assessed to identify their individual activity preferences, which is then reflected in individualised care plans and evaluated on a regular basis. Residents are able to participate in a range of activities, including entertainment, outings in the facility van, exercises and games. The wishes of residents who chose not to participate in organised activities are respected.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.

Standards applicable to this service fully attained.

There is a current building warrant of fitness for the facility which expires on 11 April 2015. The six rooms identified to be dual use rooms have had their doorways widened. If approval is given for the higher level of care, ceiling hoists will be installed when hospital level care residents are admitted.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.		Standards applicable to this service fully attained.
---	--	--

The restraint minimisation and safe practice system includes the voluntary use of enablers and the facility actively practices a restraint minimising philosophy. There are four residents who use equipment for safety currently and three of these are enablers. Records for all three residents demonstrate that the use of the enabler is voluntary.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.		Standards applicable to this service fully attained.
---	--	--

Detailed records demonstrate a systemic and organised approach to infection surveillance and for responding to the surveillance results. Surveillance data is reported to the quality meeting and also to the health and safety and staff meetings.

Summary of attainment

The following table summarises the number of standards 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)
Standards	0	15	0	1	1	0	0
Criteria	0	41	0	1	1	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)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

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

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

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

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

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	<p>Masonic Care's compliments, concerns and complaints process is widely available in the facility and complies with Right 10 of the Code of Health and Disability Services Consumers' Rights (the Code). Since the last onsite audit in 2013 the service has had a complaint made to the Health and Disability Commissioner (HDC). Although the facility was found not to have breached the Code several recommendations were made in the final decision letter from the Commissioner in October 2014. These recommendations were to conduct training for staff in pain management, to update the falls management policy and procedure and to develop a post falls assessment process. These actions have all been completed and evidence sent to HDC, who have responded with a letter dated 4 February 2015 which accepts the action taken and advising the manager that no further action is required. (Specific reporting of each action is included in the relevant standards.)</p> <p>The manager maintains a current complaints and concerns register. This was reviewed with her on the day of the audit, as well as the comprehensive folder of documents in relation to the HDC complaint. All documentation sighted were well organised. Correspondence and communication in response to complaints is respectful and timely. A complainant was interviewed in relation to a complex complaint. They reported satisfaction with the response to their complaint and</p>

		<p>action taken to both resolve that issue and to improve the relationship overall.</p> <p>The complaint register is up to date and includes action taken in response to each complaint and dates.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to effective communication.</p>	FA	<p>The manager, a range of staff members, residents and family members were interviewed during the on site audit. Their feedback confirms that open disclosure is practised when events occur. Review of residents' files and associated records further confirms that there is appropriate notification and communication with residents and family members.</p> <p>There is a policy which guides staff in obtaining interpreter services for any resident if and when these may be required to aid communication. On the day of the audit, there are no residents at Masonic Court for whom English is their second language, or who require alternative forms of communication.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Masonic Court Rest Home and Hospital (Masonic Court), is a member of Masonic Care Ltd. A previous management arrangement between the Manawatu Masonic Association Trust and Masonic Care Ltd (based in Wellington) changed to a formal merger in 2014. Masonic Court is now a member of the Masonic Care Ltd group of aged care facilities. Masonic Care Ltd is the business arm of the Masonic Villages Trust which operates aged care facilities in Wellington, Horowhenua and the Manawatu regions.</p> <p>Masonic Court has a maximum of 49 residents. The facility's certification encompasses the provision of rest home and hospital level care for people over the age of 65. On the day of the audit there were 37 rest home and 11 hospital residents. Masonic Court has a facility manager with overall responsibility for the facility. This person is a registered nurse who maintains their practising certificate. The facility manager is supported by a care manager and a management assistant, both of whom are registered nurses with current practising certificates. The facility manager has been in her role at Masonic Court for 15 years. She has appropriate skills, knowledge and experience to undertake her role. This is confirmed through interview during the onsite audit, review of her monthly reports to the Masonic Care Ltd's CEO, all of which reflect her understanding of the requirements and</p>

		responsibilities of her position.
Standard 1.2.3: Quality And Risk Management Systems The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.	FA	<p>Masonic Court has a well described quality and risk management system which is implemented within the facility, which encompasses all requirements of these standards and the contracted services. There is a registered nurse who has assigned responsibility for quality management and undertakes some of the internal audits and quality monitoring activities, along with a senior caregiver who has responsibility for health and safety.</p> <p>Policies and procedures are maintained by the management assistant and the system was reviewed with them on the day of the audit. Documents reviewed are current, and there is a routine cycle of review and updating of policies and procedures. When required, any document can be reviewed earlier than this schedule as was seen with the falls assessment policy and procedure. The management team had begun review and redevelopment of this process prior to receiving the HDC final decision with this requirement. They completed a comprehensive review and redevelopment of the process to assess falls risk, evaluate contributing factors following a fall and to assess needs for falls prevention. The policy and procedure has been implemented in the facility, sent to the HDC, and their use reviewed during this audit. All other policies, procedures and forms seen during this onsite audit were current and up to date.</p> <p>There is a quality improvement (QI) committee which meets every two months. This group reviews all event data and identifies trends, develops corrective actions when needed and reviews the systems in use at the facility to respond to individual events. Minutes of the QI meetings and interviews with several staff members demonstrates that the committee functions well, is integrated within the staff structure and is able to make decisions appropriately. The minutes also reflect progress against the annual quality plan.</p> <p>Corrective action plans are developed, when needed, on event report forms, internal audit documents, and through a quality improvements log maintained by the registered nurse with assigned responsibility for quality management. These are reported and discussed at the QI meetings, and progress tracked and recorded in the meeting minutes.</p> <p>The risk management plan identifies business and operational risks to the facility, with strategies for controlling and managing these risks. The monitoring activities identified with the plan are appropriate to the risks and review of documentation and</p>

		<p>interviews confirmed that monitoring activities are occurring as described.</p> <p>The merger with Masonic Care Ltd is requiring some changes in systems and processes from those used to date. The transition from Manawatu Masonic Association Trust to Masonic Care Ltd was evident during the on site audit, as a planned and well managed process. The manager, care manager and management assistant reported that there is an effective process, with appropriate support from the CEO and their colleagues at other Masonic Care Ltd facilities.</p>
<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	FA	<p>Statutory reporting and essential notification is included in the adverse events policy and meet the requirements of this standard.</p> <p>All adverse events are reported and recorded on a range of forms appropriate to the type of event. These are known and understood by staff members, who were interviewed during the audit. In the case of a fall, the event reporting process now includes a falls evaluation form which gathers specific information about the cause of the fall and all possible effects of the fall. This part of the process is completed by a registered nurse.</p> <p>All event data is collated monthly and reported to the QI committee at their two monthly meetings and is graphed monthly by the senior caregiver / health and safety officer. Through the calendar year, collated event data is progressively collated. These graphs are shared with all staff so that they can review this information. The QI committee reviews the data more closely, looking for trends and any other indicators for alternative management in an individual's care or support. With the Masonic Care merger Masonic Court are looking forward to the ability to be able to benchmark their event data against other similar aged care facilities.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	FA	<p>The system for human resources management includes the validation of qualifications at appointment and annual monitoring of registration and practising certificates for those staff members who are registered health professionals. There is also monitoring of these details for contracted health professionals who provide services to residents, to ensure safe service delivery. The facility manager monitors practising certificates and this system was reviewed with her during the audit. Registered nurses employed by Masonic Court have current practising certificates. Sampling of externally contracted health professionals practising certificates</p>

		<p>occurred and these are also current.</p> <p>The recruitment, selection and appointment procedures include procedures to ensure the appointment of staff who will provide safe services. Many staff members at Masonic Court have worked in the facility for a number of years. The usual sample was extended to review newly appointed staff members specifically, so as to verify that the facility's processes are being implemented; this was confirmed.</p> <p>A comprehensive training and development programme is in place which includes orientation and induction for new staff through to regular and ongoing in-service training for all staff, with additional specific training for groups of staff (eg, registered nurses, kitchen staff, caregivers) to ensure that professional development needs are met as well as the requirements of these standards and contracts for services. A specific requirement of the HDC finding was the delivery of pain management training for all nursing and caregiving staff and this was completed across 2014. While compulsory for staff providing direct care, all other staff members were able to attend if they wished, and many took this opportunity. All 38 of the care staff on staff have completed this training. Pain management is now included in the routine in-service calendar and is included in the 2015 calendar sighted during the audit.</p> <p>An adjunct to the in-service training attended by staff for many sessions are competency assessments. These are included with the sessions on medication management, restraint and abuse and neglect, informed consent, advocacy and open disclosure and food safety. There are observations of techniques / practice with the hoist and manual handling and hand-washing sessions.</p> <p>Nursing staff attend professional development sessions external to the facility as part of their professional development requirements of their practising certificates. Caregivers, house-keeping and kitchen staff members are able to complete relevant national certificate qualifications relevant to their roles. During 2014 16 staff members (including nurses, caregivers, the facility manager and care manager) completed the nine modules of Hospice New Zealand's Fundamentals of Palliative Care course.</p>
<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	FA	<p>Masonic Court has a safe staffing and skill mix policy which guides the preparation of weekly rosters in the facility. Over the past year there has been a conscious decision to increase the numbers of registered nurses in order to provide sufficient nursing staff to meet the needs of the additional six dual use beds for which they are seeking approval. These registered nurses are currently used to complete</p>

		<p>interRAI assessments, the routine care plan reviews if needed and other nursing paperwork. The rosters were reviewed with the manager during this unannounced audit and clearly show the additional nursing resource. There is adequate caregiving resource, house-keeping and additional staffing of the facility to meet the needs of residents as required by contracts, these standards and the organisation's requirements for safe service delivery.</p> <p>There are currently 54 staff members, with 14 of these registered nurses, a mix of full and part time. There are 23 caregivers and two diversional therapists. The remaining staff are house-keeping, kitchen and a 'handyman'.</p>
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	PA Low	<p>Masonic Court has appropriate medicine management processes in place to ensure that residents receive medicines in a safe and timely manner consistent with safe practice requirements and legislation, with one exception. The temperature of the rest home medication fridge is not being regularly monitored to ensure it remains within the appropriate temperature range. The temperature of the hospital medication fridge is monitored weekly and maintained within the appropriate temperature range.</p> <p>Only staff who have been assessed as 'medication competent' administer medications. Medications in the rest home are usually administered by senior caregivers, with registered nurses undertaking administration in the hospital. Medications are received from the pharmacy using the blister pack system for regular medications and these are checked by a registered nurse on arrival at the facility, as sighted in records. Expired or discontinued medications are returned promptly to the pharmacy.</p> <p>Observation of a medication round by a senior caregiver confirmed that medications were administered to residents in a safe manner. Prior to administration medications were checked against the medication chart, the resident was identified by their photograph in the medication chart, and then verbally identified. No resident were currently self-medicating, although this option was available. Twelve medication charts were reviewed (eight rest home and four hospital). All charts included the resident's NHI number and known allergies. Each medication had been individually signed by the provider, with discontinued medications dated and signed by the prescriber. All medications charts contained evidence of a minimum of three-monthly medication reviews by the prescriber and administration records were complete.</p>

		<p>All medications in both medication trolleys and the stock cupboards were within current use dates. Controlled medication is checked weekly and the pharmacy has recently conducted a full medication audit. All eye drops currently in use had the date of first use recorded. The facility no longer uses 'standing orders'.</p> <p>Masonic Court is planning to implement the Medi-Map medication management system at the end of March.</p>
<p>Standard 1.3.13: Nutrition, Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>	PA Moderate	<p>The nutritional needs of each resident are assessed on admission and reviewed six monthly or earlier if required, as sighted. The kitchen is then advised of the resident's dietary needs. Food dislikes and special diets are recorded on a whiteboard in the kitchen. A range of feeding equipment, such as specialised cutlery, and lip plates, is available. The kitchen caters for a range of dietary requirements, including diabetics, weight reduction, soft and pureed diets. Most rest home residents choose to eat their main meal in the spacious rest home dining room. During observation of the lunch time meal, staff were observed to comply with food safety requirements, meals were provided in a calm and unhurried manner, with individual preferences reflected in the plating of each meal. All residents and family members interviewed during the audit visit expressed their satisfaction with the meals provided to them.</p> <p>Training records verify that kitchen staff have attended recent training in food handling (2014) and hold appropriate qualifications in food safety. Food safety is included in the 2015 in-service training calendar.</p> <p>There is a four week summer and winter menu cycle, with the menu having been approved by a registered dietitian in November 2013, addressing a previous shortfall.</p> <p>Residents' records reviewed demonstrated regular monitoring of the resident's nutritional status, including monthly weighing and referrals to the GP when weight loss or weight gain became a concern.</p> <p>An experienced cook leads the food services team but was not available for interview the day of the audit. All but several recently-appointed kitchen staff have completed food safety qualifications, with the new staff booked in for this training later this year.</p> <p>On inspection the kitchen was clean. There was evidence of regular cleaning schedules and servicing schedules. There was irregular monitoring of</p>

		temperatures in the fridge, chiller and freezers. Food was stored appropriately in the pantry with evidence of stock rotation and all stock being dated. Storage of food in the chiller and freezer does not meet requirements.
Standard 1.3.5: Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	FA	The previous certification audit identified improvement was needed in relation to care plans reflecting the assessed needs of residents. This has been addressed. All eight of the care plans reviewed showed evidence of planned interventions that were resident focused. Registered nurses reported they used assessment information from a range of sources, such as interRAI assessments, medical notes, clinical assessment tools, and resident/family interviews when developing the plans, and this was reflected in the plans reviewed. All plans clearly identified the desired outcomes for the resident.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	All residents and families interviewed reported their satisfaction with how the services they are receiving meets their needs and desired outcomes, with several residents describing Masonic Court and its staff as "wonderful" or "of the highest quality". Registered nurses are on duty 24 hours a day and well-established communication processes in place ensure that caregivers receive appropriate support and guidance. One GP interviewed expressed comfort with the care provided at Masonic Court, being notified in a timely manner should a resident's condition change, and that any care prescribed is implemented.
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	Two qualified diversional therapists, both of whom have worked at Masonic Court for ten years, coordinate the formal activities programme for residents, which is available six days per week. Individual resident's assessments and activities care plans, developed by the diversional therapists in a timely manner after admission, were sighted in all eight files reviewed. Activities plans are evaluated six monthly with detailed comments noted related to resident's individual progress in achieving their goals. A range of organised activities are available to residents, including games, outings in the facility van, music therapy, entertainers, weekly church services, shopping trips and exercises. The diversional therapists advised that activities are planned to reflect residents' preferences, with bingo now being offered twice weekly because that was what residents had asked for. Seasonal and topical celebrations are

		<p>incorporated into the activities programme, such as the planned celebrations for the upcoming Valentine's Day. Residents' meetings are held two monthly.</p> <p>All residents interviewed confirmed their satisfaction with the activities programme, especially the recent bus trip to Whanganui. Residents reported they were invited to participate in all activities, but if they did not wish to attend their wishes are respected.</p>
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	<p>All six residents' plans reviewed demonstrated regular (at least six monthly) evaluation of progress towards achieving goals. There is also evidence of plans being updated in a timely manner when a resident's needs changed. Short-term care plans are used frequently, reflecting ongoing resident assessment, with progress towards the short-term goals frequently evaluated on a daily basis. Residents' progress notes also evidenced detailed and timely documentation by registered nurses when residents' needs changed, or goals were not being met.</p>
Standard 1.4.2: Facility Specifications Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.	FA	<p>There is a current building warrant of fitness for the facility, which expires on 11 April 2015.</p> <p>The six rooms identified as additional dual use rooms will be suitable for hospital level with the installation of ceiling hoists. The manager stated during the audit that once approval for dual use of these rooms is given ceiling hoists will be installed in the rooms.</p>
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	<p>Infection surveillance is well managed at Masonic Court and the type and range of surveillance appropriate for the size and complexity of the facility. Infections that are regularly monitored include lower respiratory tract, skin and soft tissue, urinary, multi-resistant organisms, eyes and gastrointestinal infections, as well as infection outbreaks. Evidence was sighted of detailed analysis of surveillance results on a monthly basis as well as ongoing comparisons across and between years, and the calculation of infection rates per 1000 bed-days.</p> <p>Although the Infection Control Manager was not available for interview on the day of the audit, the manager's assistant advised that surveillance results are reported to the quality meeting and the individual area staff meetings. Records of this were sighted.</p>

Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	<p>The system for restraint minimisation and safe practice includes the voluntary use of enablers. The restraint coordinator was unavailable on the day of the audit and the management assistant was interviewed in their place. She reported that enablers are used when residents are able to give consent to the use of equipment which assists them to remain mobile and/or safe. In many cases the resident initiates the use of the equipment by requesting it. The same system for monitoring the equipment when it is in use as for restraints is implemented, so that the facility ensures safety at all times.</p> <p>The restraint and enabler register was reviewed with the management assistant. It clearly records the voluntary nature of the enablers currently in use by four residents at Masonic Court and the emphasis by the facility on active minimisation of restraint use and promotion of safety overall. Documentation on two of the four residents' files clearly records appropriate levels of information and there is regular monitoring of the use of equipment when it is in use to ensure safety and comfort, and review of the use of the equipment to ensure that it is still voluntary and appropriate for the resident's needs.</p>

Specific results for criterion where corrective actions are required

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

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer 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)
Criterion 1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.	PA Low	Temperatures of the medication fridge in the hospital have been monitored weekly and maintained within an appropriate temperature range. Monitoring of the rest home fridge temperature has not been undertaken for several months. All other aspects of the medicines management system complied with legislation, protocols and guidelines.	The rest home medication fridge is not regularly monitored to ensure the temperature is maintained within the appropriate range.	Provide evidence that the rest home medication fridge temperature is maintained within the appropriate range. 180 days
Criterion 1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current	PA Moderate	The storage of food in the chiller and freezers does not comply with food safety guidelines. There were a number of packets of food in all three freezers (mostly meat) that were unlabelled, undated, and sometimes unsealed.	The storage of food in the chiller and freezers does not meet food safety requirements. There is irregular monitoring of the temperature of the chiller and freezers; packets of unlabelled, undated, and sometime unsealed food in all three	Ensure that the storage of food in the chiller and freezers complies with food safety requirements.

legislation, and guidelines.		<p>Although the chiller was generally tidy, a container of raw meat, undated and only partially covered, was sitting immediately adjacent an uncovered salad vegetable. Several other items in the chiller were also undated, and leftover food had been in the chiller for inappropriately long periods. The pantry was tidy with evidence of the dating and rotation of stock</p> <p>The temperature of the chiller and freezers had not been regularly monitored to ensure temperatures were maintained within the appropriate range.</p>	<p>freezers; items of undated/unlabelled or inadequately covered food in the chiller; meat is not stored separately from other food, including food that would not be cooked before use, and leftover food is being kept for inappropriately long periods.</p>	90 days
------------------------------	--	--	--	---------

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard 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 standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

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

No data to display

End of the report.