

Ruapehu Masonic Association Trust - Masonic Court Rest Home

Introduction

This report records the results of a Partial Provisional 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 BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 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:	Ruapehu Masonic Association Trust
Premises audited:	Masonic Court Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 13 August 2021 End date: 13 August 2021
Proposed changes to current services (if any):	The addition of hospital – medical and geriatric services and associated conversion of 43 of 56 rest home service beds into dual-service beds.

Total beds occupied across all premises included in the audit on the first day of the audit: 51

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.

General overview of the audit

Masonic Court rest home provides rest home level of care for up to 56 residents. On the day of the audit there were 51 residents.

This partial provisional audit was conducted to establish the level of preparedness of Masonic Court to provide hospital (geriatric and medical) level care. The audit included a review of the environment, policies, training, equipment and staffing. The manager, clinical manager and chef were interviewed.

Masonic Court rest home is governed by a Trust Board. The facility manager is experienced in elderly care management and is responsible for the daily operations for the facility. She is supported by a full-time clinical nurse leader.

The previous audit shortfall around neurological observations has been addressed.

The audit identified shortfalls around the employment for registered nurses for hospital level care and medication management.

Consumer rights

Not applicable.

Organisational management

Masonic Court rest home has a documented quality and risk management system. Policies and procedures are in place that support clinical care and hospital level care. Quality management processes are reflected in the quality improvement plan's objectives and goals. Quality data is collated for infections, accident/incidents, concerns and complaints and surveys.

There are human resources policies including recruitment, job descriptions, selection, orientation and staff training and development. The service has an orientation programme that provides new staff with relevant information for safe work practice.

There is an education programme covering relevant aspects of care, including hospital level care and external training is supported.

The staffing policy aligns with contractual requirements and includes appropriate skill mixes to provide safe delivery of care at hospital level care.

Continuum of service delivery

The registered nurses and medication competent caregivers are responsible for administration of medicines and complete annual education and medication competencies. There are policies and procedures in place to safely manage medications. The service uses a combination of paper based and electronic medication charts.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met.

Safe and appropriate environment

There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. The building holds a current warrant of fitness. A range of new equipment has been purchased to ensure the safe care of hospital level needs residents including beds and safety equipment.

Residents can freely access communal areas with safe access to the outdoors, seating and shade. Resident bedrooms are personalised and large enough to accommodate mobility aids. All bedrooms have ensuite toilets or full ensuites.

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.

A civil defence/emergency plan is documented for the service. There is a staff member on duty at all times with a current first aid certificate.

Restraint minimisation and safe practice

Restraint minimisation and safe practice policies and procedures are in place to guide staff in the use of an approved enabler and/or restraint should this be required. At the time of the audit there were no restraints or enablers in use.

Infection prevention and control

Infection control 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 hospital level needs residents and provides information and resources to inform the service providers.

Documentation evidenced that relevant infection control education is provided to all service providers as part of their orientation and as part of the ongoing in-service education programme.

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	14	0	1	1	0	0
Criteria	0	34	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
<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>	<p>FA</p>	<p>Masonic Court rest home provides care for up to 56 rest home level of care residents. On the day of audit there were 51 residents, which included one resident on respite, seven on an intermediate care DHB contract and one funded through ACC. All other residents were on the age-related residential care (ARRC) contract.</p> <p>This audit included verifying rooms 38-42, and 51-55 in A wing and rooms 1-33 in B wing as suitable for dual-purpose level care.</p> <p>Masonic Court rest home is governed by a trust of nine board members with a range of experience and skills including clinical expertise. Masonic Court's philosophy and values flow from the principles of the freemasonry and underpins the business plan, quality goals and objectives. There is a 2021 business, risk and quality plan which reflects the service philosophy and has documented quality objectives. The plan included adding hospital level beds to the service. Weekly visits by a board member ensure that the board of trustees are kept up to date with service issues and attainments.</p> <p>There is a quality plan implemented that includes an audit schedule, regular policy reviews, three monthly analysis of falls, behaviours that challenge and</p>

		<p>medication errors. Monthly staff meeting ensure that staff are kept up to date with quality data. Clinical policies are up to date and reflect the addition of hospital level care beds.</p> <p>The facility manager (non-clinical) works full-time and has been in the position since October 2020, she has experience in aged care and has a diploma in business. The facility manager is supported by a clinical nurse leader. The clinical nurse leader has been in the position since January 2021. She has previous experience as a nurse manager.</p> <p>The facility manager has maintained at least eight hours annually of professional development activities related to managing a rest home. The facility manager and clinical nurse leader have access to a regional aged care education/consultant.</p>
<p>Standard 1.2.2: Service Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>	FA	<p>The facility manager reported that in the event of her temporary absence the clinical nurse leader fills the role with support from the RNs and other care staff.</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>	PA Low	<p>There are human resources policies to support recruitment practices. Five staff files (one RN, and four caregivers) were reviewed. The recruitment and staff selection process require that relevant checks are completed to validate the individual's qualifications, experience and suitability for the role. Annual performance appraisals were current. Current practising certificates and a syringe driver competency were sighted for the two current RNs.</p> <p>The clinical nurse leader has completed interRAI training and the two RNs are interRAI trained. The service has an orientation programme in place to provide new staff with relevant information for safe work practice. The RNs and caregivers' complete competencies relevant to their role such as medications. There is an education planner in place that covers compulsory education requirements over a two-year period. Hoist competencies have been completed with staff.</p> <p>The service has interviewed additional RNs and is in the process of offering places for them. This will enable the service to provide an RN for each shift over</p>

		<p>a 24-hour period over seven days a week. There is an in-depth orientation planned for the new RNs, the orientation includes caregivers' competencies as well as RN specific training including (but not limited to) resident emergencies, wound care, call out procedure and documentation, referrals to specialist teams, resident assessment, care planning, restraint use and speciality areas such as infection control, and special diets.</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>	<p>FA</p>	<p>The service has a documented rationale for determining staffing levels and skill mixes for safe service delivery which includes the additional staff needed for hospital level care. The facility manager and clinical nurse leader both work 40 hours per week Monday to Friday and are available on call 24/7. There is a first aid trained staff member on each shift.</p> <p>The draft roster for the initial admission of hospital residents includes additional RN for each shift.</p> <p>The RN is supported by five caregivers (three long and two short shifts) on the morning shift.</p> <p>The PM shift will have one RN and four caregivers (two until 10 pm and two until midnight).</p> <p>The night shift will have one RN and two caregivers.</p> <p>The current rosters sighted confirmed that staff are replaced on the roster. Resident acuity is monitored, and additional staff are available to assist with more dependant residents. There are dedicated activity, cleaning, laundry and food services staff.</p> <p>The service is in the process of employing additional RNs who will be additional to the current caregiver staffing which will not change.</p> <p>The service has commenced with a new local GP service including a nurse practitioner. This will ensure that Medimap can be fully integrated into service delivery and hospital level care by the GP and NP services.</p> <p>A physiotherapist is available to the service as needed. The physiotherapist provides advise and support for resident care and also provides manual handling training for staff.</p>

<p>Standard 1.3.12: Medicine Management</p> <p>Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures in place for safe medicine management that meet legislative requirements. Clinical staff that administer medications (RNs and senior caregivers) have been assessed for competency on an annual basis and attend annual medication education. All medication is checked on delivery against the medication chart. The medication fridge and room are maintained within the acceptable temperature range. All eye drops, and ointments were dated on opening. There were no residents self-medicating on the day of audit.</p> <p>The service uses a combination of paper-based charts and electronic charts. Ten medication charts were reviewed and both paper-based charts and electronic charts did not all meet legislative requirements. It was also noted on the day of audit that the medication room was not secured (door left open).</p> <p>Medications had been signed as administered in line with prescription charts. Appropriate practice was demonstrated on the witnessed medication round.</p> <p>The medication room (when secured) is large and appropriate for hospital level care medication storage. A new medication trolley has been ordered to replace a smaller trolley. The orientation for new staff includes medication competencies, including insulin.</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>	<p>FA</p>	<p>All meals are prepared and cooked on site. Food services staff have attended food safety and chemical safety training. The menu has been reviewed by a dietitian. Cultural preferences and special diets are met. The cook receives a resident dietary profile for all residents and is notified of any dietary changes. Likes and dislikes are known and accommodated. Special diets are accommodated including allergies and modified food textures. Individual breakfast trays have individual teapots, each with a brightly knitted tea cosy.</p> <p>Fridge and freezer temperatures are taken and recorded daily. End-cooked food and serving temperatures are recorded daily. Perishable foods sighted in all the fridges were dated. The dishwasher is checked regularly by the chemical supplier. Chemicals are stored safely. A maintenance and cleaning schedule is maintained. The food control plan has been verified until August 2022. Resident weights are monitored regularly and no residents had unintentional weight loss at the time of audit.</p> <p>The chef has worked for a large elderly care provider and supervised a kitchen to produce meals for rest home, dementia and hospital level residents. The chef</p>

		reported that the kitchen and the kitchen staff would be able to provide meals for the higher level of care with ease.
<p>Standard 1.4.1: Management Of Waste And Hazardous Substances</p> <p>Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.</p>	FA	<p>Documented processes for the management of waste and hazardous substances are in place to ensure incidents are reported in a timely manner. Safety datasheets for chemicals are readily accessible for staff and posted on the wall in the laundry. Chemicals are stored in locked areas throughout the facility. Personal protective clothing is available for staff and were seen to be worn by staff when carrying out their duties on the day of audit. Staff have completed chemical safety training. There are two sluice rooms, one in each wing, both have a sanitiser.</p>
<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The building has a current building warrant of fitness that expires 22 June 2022. Maintenance staff undertake preventative and reactive maintenance and grounds management. Daily maintenance requests are addressed. There is an annual maintenance plan, which includes monthly checks, for example, hot water temperature, call bells, resident equipment and safety checks. Electrical equipment has been tested and tagged. Clinical equipment has been calibrated and/or serviced. Essential contractors are available 24-hours. The facility has wide corridors with sufficient space for residents to safely mobilise using mobility aids. The outside area for residents is well designed and appropriate for residents who like to go outside.</p> <p>The service has ordered hospital level beds (low beds and standard beds) with high level pressure relieving mattresses. The service will continue replacing beds as residents leave the service. Additional equipment has included: a nebuliser, an oxygen concentrator, ten lazy boy chairs, pressure relieving cushions, lifting and repositioning aids, sensor mats, a hot box to transport meals to rooms, food moulds for puree meals. There are a range of hoists already at the service including sling hoists, and standing hoists. Sitting scales are already in place.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured</p>	FA	<p>There are sufficient communal showers and toilets to meet the needs of the residents in both wings. There are bathrooms large enough to accommodate residents with mobility aids and lifting equipment. Each proposed hospital level</p>

<p>privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>		<p>room has an ensuite toilet.</p> <p>Hand basins, toilets and shower facilities are of an appropriate design. The communal toilets and showers have privacy locks.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	<p>FA</p>	<p>All rooms are spacious. The designated dual service rooms have wide doors and rooms are easily large enough room to safely manoeuvre mobility aids or hoists. Residents and families are encouraged to personalise bedrooms. A tour of the facility evidenced personalised rooms, which included the residents own furnishing and adornments.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p> <p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>	<p>FA</p>	<p>There is a large recreation area where most group activities take place. The service has a large lounge and a large dining area as well as smaller quiet lounges, and several smaller seating areas. All communal areas are accessible to residents. Caregivers assist to transfer residents to communal areas for dining and activities as required.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	<p>FA</p>	<p>There are policies and procedures to provide guidelines regarding the safe and efficient use of laundry services. There are dedicated laundry staff on duty five days a week and cleaning staff on duty seven days a week. All laundry is completed on site. The laundry staff have completed chemical safety training and laundry processes. The laundry has a designated dirty to clean flow which the laundry person was able to explain. There is appropriate personal protective-wear readily available. The cleaners' trolleys are stored in a locked area when not in use. Internal audits monitor the effectiveness of the cleaning and laundry processes.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	<p>FA</p>	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. There are emergency and disaster management plans in place to ensure health, civil defence and other emergencies are included. Six-monthly fire evacuation practice documentation was sighted. A contracted service provides checking of all facility equipment including fire equipment. Fire training and security situations are part of orientation of new staff and include competency</p>

		<p>assessments. There are adequate supplies in the event of a civil defence emergency including food, water, blankets, a generator, and gas cooking.</p> <p>Emergency equipment is available at the facility. Short-term backup power for emergency lighting is in place. A minimum of one person trained in first aid and cardiopulmonary resuscitation (CPR) is available at all times. All RNs hold a current first aid certificate. There is a new call bell system in place and there are call bells in the residents' rooms, and lounge/dining room areas. Call bells have display boards in all corridors and the nurse's station. The facility manager reported that the new call bell system has reduced the time for call bell answering, which is closely monitored by the service. Residents were observed to have their call bells in close proximity.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and comfortable temperature.</p>	FA	<p>Residents are provided with adequate natural light and safe ventilation. The environment is maintained at a safe and comfortable temperature.</p>
<p>Standard 3.1: Infection control management</p> <p>There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.</p>	FA	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service, including hospital level care residents. It is linked into the quality management system. A RN (clinical nurse leader) is the designated infection control coordinator with support from other members of the infection control team. Infection control is reported monthly to the quality meeting and there are quarterly infection control meetings. Minutes are available for staff. Internal audits have been conducted and include hand hygiene and infection control practices. Education is provided for all new staff on orientation. The infection control programme has been reviewed annually.</p> <p>The infection control policy includes pandemic response (Covid-19) and there are stores of PPE available to staff. Staff training around PPE has been provided.</p>
<p>Standard 2.1.1: Restraint minimisation</p> <p>Services demonstrate that the use of restraint is actively minimised.</p>	FA	<p>The facility is restraint free. An RN oversees the enabler/restraint process within the facility. There were no residents on restraint and no residents using an enabler at the time of the audit. There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. There are clear</p>

		guidelines in the policy to determine what restraint is and what an enabler is. Training around behaviours that challenge has been provided as part of the training schedule.
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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)
<p>Criterion 1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	PA Low	The service is in the process of recruiting registered nurses to ensure 24/7 RN cover for the service. An in-depth and comprehensive orientation programme has been developed for RNs when they commence employment. There are sufficient number of caregivers to cover the roster of hospital residents.	The service is in the process of recruiting registered nurses to ensure 24/7 RN cover for the service.	<p>Ensure there are sufficient RNs recruited and orientated to provide 24-hour service coverage over seven days a week.</p> <p>Prior to occupancy days</p>
<p>Criterion 1.3.12.1</p> <p>A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration,</p>	PA Moderate	There are robust policies and procedures in place for medication management. The service uses an electronic medication system for the majority of residents and paper-based medication charts for most of the intermediate care residents. The	(i) One short term resident did not have a medication chart; staff were administering using the pre-packaged medications pack and DHB information on discharge (intermediate care).	(i) and (ii) Ensure that each resident has a fully documented medication chart that complies with guidelines.

<p>review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>		<p>documented systems in place for medication management are not always fully implemented</p>	<p>(ii) Two paper-based charts (intermediate care) did not have allergies documented.</p> <p>(iii) One electronic chart did not record if the morning insulin had been given.</p> <p>(iv) One electronic chart had not been reviewed three-monthly (the most recent review was due for April and was not documented as occurring). The same chart had Fortisip prescribed but had not been given as the special authority had not been reviewed and updated. A review of the resident file documented a stable weight.</p> <p>(v) The medication room door was not secured.</p>	<p>(iii) Ensure that medications are signed for when administered.</p> <p>(iv) Ensure that medications charts document a three-monthly review by the GP and that medication prescribed is available.</p> <p>(v) Ensure that the medication room is secure.</p> <p>30 days</p>
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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.