

Masonic Care Limited - Edale Aged Care

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 the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity:	Masonic Care Limited
Premises audited:	Edale Aged Care
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 15 March 2022 End date: 16 March 2022
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	26

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā Paerewa Health and Disability Services Standard:

- ō tatou motika | our rights
- hunga mahi me te hanganga | workforce and structure
- ngā huarahi ki te oranga | pathways to wellbeing
- te aro ki te tangata me te taiao haumarū | person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita | infection prevention and antimicrobial stewardship
- here taratahi | restraint and seclusion.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the subsection in each of the sections. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All subsections applicable to this service fully attained with some subsections exceeded
	No short falls	Subsections applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some subsections applicable to this service partially attained and of low risk

Indicator	Description	Definition
Yellow	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
Red	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

Edale Aged Care is one of five aged care facilities owned and operated by Masonic Care Ltd. It is located in Marton, one hour's drive from Palmerston North. The service is certified to provide rest home, hospital, and dementia levels of care for up to 30 residents. Due to the difficulty of recruiting registered nurses (RNs) no hospital level residents have been admitted to the service. On the day of audits there were 26 residents.

This certification audit was conducted against the relevant Health and Disability services standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, and management.

An experienced aged care management team oversee the service. The facility nurse manager (registered nurse) commenced December 2021 and has many years of experience working in management roles in the mental health and aged care sectors. The facility manager is supported by a Masonic Care chief executive officer, general manager, director of nursing, quality and risk and service manager.

Policies, procedures, and processes have been established to meet the Health and Disability Services Standard and contracts. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care.

This audit identified four improvements that are required around staffing, medication checks, monitoring refrigerator and freezer temperatures, and hot water temperatures.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.

Subsections applicable to this service fully attained

Edale Aged Care provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Treaty obligations. There is a Māori health plan and a kaumātua who is employed to ensure the service is providing culturally safe care. The service works 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.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau.

There is evidence that residents and family are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk
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The structure of the organisation extends from a board/governance level to operations. The chief executive officer reports directly to the board. A clinical governance committee is in place to provide clinical direction. The governing board is kept informed via monthly reports.

The business plan is specific and includes mission, vision, and values statements. Business goals are regularly reviewed at defined intervals.

The service has an effective and organisation-wide system in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as needed.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. A role-specific orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
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Residents are assessed by the need's assessment service coordination service prior to admission to determine the required level of care. There is an 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/or family/whānau input and are responsible for each stage of service provision. The service has information available for Māori, in English and in te reo Māori.

The resident clinical files demonstrate service integration, and registered nurses review assessments and care plans on the resident's six-month anniversary. Short term care plans have been reviewed in a timely manner. Resident files are paper-based and included medical notes by the general practitioners, and allied health professionals.

The diversional therapist 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 medication competent healthcare assistants are responsible for administration of medications and have completed education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioners. Medications are stored securely.

All food and baking are prepared and cooked on site in the centrally located kitchen. Residents' food preferences and dietary requirements are identified at admission. The dining rooms in the rest home and dementia unit are spacious and appropriate for the residents' needs. The menu has been reviewed by a dietitian and meets the required nutritional values. Alternatives are available for residents and nutritious snacks are available 24/7. A current food control plan is in place.

Te aro ki te tangata me te taiao haumaruru | Person-centred and safe environment

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Some subsections applicable to this service partially attained and of low risk
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The building has a current building warrant of fitness (BWOFF), which expires in June 2022. There is a planned and reactive maintenance programme in place. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Resident rooms are personalised, and communal facilities are appropriate. The dementia unit has access to a secure landscaped garden area and the rest home similarly has access to outdoor areas with seating and shade. Visitor and staff toilets are available and all, including communal facilities, contained flowing soap and paper towels. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning, with all toilets, showers and utility areas having non-slip vinyl flooring.

Emergency systems are in place in the event of a fire or external disaster. There is always a staff member on duty with a current first aid certificate. Management have planned and implemented strategies for emergency management. Fire drills occur six-monthly.

Te kaupare pokenga me te kaitiakitanga patu huakita | Infection prevention and antimicrobial stewardship

Includes 5 subsections that support an outcome where Health and disability service providers' infection prevention (IP) and antimicrobial stewardship (AMS) strategies define a clear vision and purpose, with quality of care, welfare, and safety at the centre. The IP and AMS programmes are up to date and informed by evidence and are an expression of a strategy that seeks to maximise quality of care and minimise infection risk and adverse effects from antibiotic use, such as antimicrobial resistance.

Subsections applicable to this service fully attained

A suite of infection control policies and procedures are documented. The pandemic plan has been developed with input from the local district health board. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

The infection control nurse (ICN) role is currently undertaken by the director of nursing. The ICN liaises with representatives from all areas of the service. The ICN has access to a range of resources including Bug Control and the district health board. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practises through meetings, and education sessions

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning and laundry duties. 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.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.

Subsections applicable to this service fully attained

The restraint coordinator is the facility manager. There are no restraints used at Edale Aged Care other than environmental restraint associated with the secure dementia unit. Maintaining a restraint-free environment is included as part of the staff education and training programme. The service considers least restrictive practices, implements de-escalation techniques and alternative interventions, and would only use an approved restraint as the last resort.

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	22	0	3	1	0	0
Criteria	0	148	0	3	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)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Cultural policy and Tikanga best practice guidelines provide a framework for the delivery of care which embeds Te Tiriti o Waitangi. The service had two residents (one rest home, one dementia) who identified as Māori at the time of the audit. A kaumātua has been employed by the organisation to provide cultural guidance, including but not limited to reviewing various policies and other documentation to ensure it meets treaty obligations. The service is having discussions with a provider, and initial consultations have occurred.</p> <p>The auditors were greeted by a karakia and waiata that included staff and resident participation. A Māori staff led the karakia both for the opening and closing meetings.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. There are currently eight Māori staff members. Advertisements for staff encourage Māori staff to apply for jobs by using statements in advertisements such as ‘the organisation is actively seeking a Māori workforce’.</p>

		<p>Te Tiriti O Waitangi is incorporated across policies and procedures and the delivery of care. Residents and whānau are involved in providing input into the resident's care plan, their activities, and their dietary needs. Interviews with care staff (two healthcare assistants [HCAs], two registered nurses [RNs], one diversional therapist and one activities assistant) described how care is based on the four cornerstones of Māori health 'Te Whare Tapa Whā model of care. Care plans incorporate the physical, spiritual, family, and mental health of the residents. An interview with one Māori resident confirmed that the service is proactive in supporting Māori and confirmed their voice is listened to and their needs are being met.</p>
<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>	Not Applicable	<p>On admission, all residents state their ethnicity, and this data is used in the analysis of adverse events, incidents, and infection rates. Cultural safety training has been provided to staff. Advised that family members of Pacific residents will be encouraged to be present during the admission process including completion of the initial care plan. There were no residents that identified as Pacifica at the time of the audit.</p> <p>The organisation is working towards the development of a Pacific health plan. The chief executive officer interviewed stated the plans to partner with a Pacifica organisation and/or individual to provide guidance.</p> <p>The service is actively recruiting new staff. The managers described how they would encourage and support any applicant that identified as Pacifica through the employment process. There were no staff that identified as Pacifica at the time of the audit.</p> <p>Interviews with staff (care staff, one cook, one kitchen assistant, one cleaner/laundry, one maintenance, one service manager), residents (four rest home) and relatives (two rest home, one dementia); and documentation reviewed identified that the service puts people using the services, whānau, and communities at the heart of their services</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</p>	FA	<p>Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Consumer Rights (the Code) are included in the information that is provided to new residents and their families/whānau. The facility manager/RN or staff RN discusses aspects of the Code with residents and their relatives on admission.</p>

<p>(self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>The Code is displayed at the entrance to the facility in English and te reo Māori.</p> <p>Discussions relating to the Code are held during the monthly resident/family meetings. All residents and relatives interviewed reported that the residents' rights are being upheld by the service. Interactions observed by the auditors between staff and residents were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service is available to residents on the residents' noticeboard and at the entrance to the facility. There are links to spiritual supports including a chaplain.</p> <p>The HCAs interviewed described how they arrange their time of their shift to ensure they are flexible to meet each resident's needs. Staff are trained on the Code at orientation. This training is ongoing through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services (e.g. enduring power of attorney [EPOA]).</p> <p>Māori independence (manamotuhake) is recognised by staff through their cultural training programmes. Māori cultural activities specific to meeting the needs of their Māori residents include (but are not limited to) a visit to one resident's marae and supporting a Māori resident to teach the language of te reo Māori to staff.</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>Healthcare assistants, activities staff and RNs interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care and/or other forms of support. A lifestyle plan is developed on admission with the resident and family/whānau members which includes daily routines and what is important to the resident. The resident's care plan aligns with the four cornerstones of Māori health 'Te Whare Tapa Whā.</p> <p>Healthcare assistants interviewed understand what Te Tiriti o Waitangi means to their practice with examples provided when interviewed. Residents have control over and choice over activities they participate in. Cultural identity is included in the cultural assessment, lifestyle plan, care plan, and overall goals.</p>

		<p>The services annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. Satisfaction surveys completed in 2021 confirmed that residents and families are treated with respect. This was also confirmed during interviews with residents and families.</p> <p>A sexuality and intimacy policy is in place. Staff interviewed stated how they respect residents right to have space for intimate relationships. They stated that they are aware of relationships that are formed during the residents stay.</p> <p>Staff were observed to use person-centred and respectful language with residents. Residents and relatives interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged.</p> <p>Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with relative's involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and a chaplain is available. A spirituality policy is in place.</p> <p>The vision, mission and values of the organisation are posted in English and te reo Māori. Te reo Māori is used during activities. Staff are encouraged to use te reo Māori and there are te reo Māori signs in a selection of locations throughout the facility with plans to increase the number of signs.</p> <p>Online cultural training was last completed in 2021 with plans to roll out additional training in 2022.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>The abuse & neglect policy is being implemented.</p> <p>The company policies cover (but are not limited to the harassment, racism, discrimination and bullying policy, and the professional boundaries policy) to prevent any form of discrimination, coercion, harassment, or any other exploitation. Inclusiveness of all ethnicities, and cultural days are completed to celebrate diversity.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to</p>

		<p>value the older person showing them respect and dignity. All residents and families interviewed confirmed that the staff are very caring, supportive, and respectful. Relatives interviewed confirmed that the care provided to their family member is excellent.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. A staff code of conduct/house rules is discussed during the new employee's induction to the service. Professional boundaries are defined in job descriptions. Interviews with registered nurses and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Policies cover (but are not limited to the harassment, discrimination and bullying policy, and the professional boundaries policy.</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 them about their choices.</p>	<p>FA</p>	<p>Information is provided to residents/relatives on admission. Monthly resident meetings identify feedback by residents and consequent follow-up by the service. Resident meeting minutes are posted in a visible and accessible location for residents to access.</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. Accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Fifteen accident/incident forms reviewed identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit, there were no residents who did not speak English.</p> <p>Non-subsidised residents 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 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 hospice. The delivery of care includes a multidisciplinary</p>

		team and residents/relatives provide consent and are communicated with in regard to services involved. The managers described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>The service has a policy in place for informed consent and advanced directives. Completed advanced directive forms were evident on all resident files reviewed. There was evidence of the general practitioner (GP) completing and signing clinically not indicated resuscitation status where required. Informed consent processes are discussed with residents and families on admission. Family discussions were evident in the family/whānau contact record and progress notes. General consent forms were evident on files reviewed. Discussions with staff confirmed that they are familiar with the requirements to obtain informed consent for personal cares and entering rooms. Signed admission agreements, enduring power of attorney and activation documentation were evident in the resident files sampled.</p> <p>The service follows relevant best practice tikanga guidelines and welcomes the involvement of whānau in decision making where the person receiving services wants them to be involved.</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>	FA	<p>The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>There were three complaints logged in the complaint register in 2021 and one in 2022 (year-to-date). All complaints documented in the register included evidence of an investigation, follow-up, and correspondence with the complainant. A corrective action, in response to a complaint, was implemented around call bells. Staff are informed of complaints (and any subsequent corrective actions) in staff meetings (meeting minutes sighted).</p> <p>Discussions with residents and relatives confirmed they are provided with information on complaints and complaints forms are available at the</p>

		<p>entrance to the facility. Residents have a variety of avenues they can select to make a complaint or express a concern. Residents/relatives making a complaint are informed they can involve an independent support person in the process if they choose.</p> <p>The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori and English. There have been no complaints lodged through the Health and Disability Commissioner since the last audit.</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 high quality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Edale Care, located in the town of Marton, is one of five aged care facilities owned by Masonic Care Ltd. They are certified to provide rest home, dementia, and hospital level care for up to 30 residents. There are nine dual-purpose beds (which were verified at the previous partial provisional audit), seven dementia beds, and fourteen rest home only beds. On the day of audit there were 26 residents (six dementia and twenty rest home level). One rest home level resident was on a young person with a disability (YPD) contract and three rest home level residents were on the DHB intermediate care services contract. The remaining residents were funded by the age-related residential care agreement (ARCC).</p> <p>The service does not have 24-hour RNs on duty and is therefore unable to provide hospital level of care. The manager reported this is a goal for the future once they are able to recruit a full complement of registered nurses to provide the required 24 hour RN cover.</p> <p>Masonic Care Ltd. is overseen by three boards. The Masonic Care Board is responsible for their five aged care facilities. Five directors, with appropriate experience and expertise, sit on this board. The chief executive officer who reports to the board has been in his role for the past 16 years. The organisational strategic plan (2021-2026) includes a mission, vision, and values. These statements are posted in English and te reo Māori in several locations around the facility, including the staff room. Strategic goals are defined in the strategic plan with evidence in the meeting minutes of regular reviews. Although appointing Māori representation at the board level is a work in progress, a kaumātua sits on the clinical governance board. Training is accessible and available for the executive board members as needed with plans in place for the board</p>

		<p>members to undertake cultural training.</p> <p>The directors of the board and CEO work with the management teams at each of the five aged care facilities including Edale (general manager, director of nursing, quality, and risk, five facility managers) to meet the requirements of relevant standards and legislation. The directors are provided a monthly report from the director of nursing, quality, and risk with an overview of adverse events, health and safety, staffing, infection control, use of restraint and other aspects of the quality risk management programme. Critical and significant events are reported immediately to the directors.</p> <p>A clinical governance group has been implemented across the five Masonic aged care facilities to provide collaborative accountability for continuous quality improvement activities including, (but not limited to), improvement of services and delivery of a high standard of delivery of care. The framework for the clinical governance committee is partially informed by the organisation's strategic plan. It aligns with the Treaty of Waitangi principles. The group meets bi-monthly where the established goals of resident and family centred care; achieving ongoing quality improvements; and ensuring the Masonic aged care facilities are the 'best place to work' provide the group with direction. Membership includes the CEO, cultural representative/kaumātua, director of nursing quality and risk, quality coordinators, clinical nurse managers, a facility manager representative, consumer representative and infection control representative.</p> <p>An experienced facility manager (registered nurse) commenced duties on 20 December 2021 and has many years of experience in both aged care management and mental health. She is supported at an operational level by the general manager, the director of nursing, quality, and risk and a recently appointed kaumātua. At a service level she is supported by two staff RNs and a service manager.</p> <p>Interview with the CEO confirmed the governance body is committed to supporting the Ministry of Health's Whāia Te Ao Mārama Māori health strategies. A cultural advisor/kaumātua, is a paid position that has been appointed at an operational level. Responsibilities include (but are not limited to) review of policies pertaining to culturally safe care of residents; review of cultural training programmes; provide advice to facility managers who are establishing and navigating working relationships with</p>
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		<p>local iwi and Māori organisations, with and beyond the health sector; provide advice as required on any new service delivery such as buildings or renovations. This paid role was established in 2021.</p> <p>The organisation is focused on providing respectful end of life care that caters to physical, cultural, and spiritual needs, as evidenced by compliments from family. The executive management team are currently in active discussions to discuss and address barriers and further understanding of Māori culture and health.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>FA</p>	<p>Edale implements the organisation's quality and risk management programme that is directed by the organisation's strategic and clinical governance frameworks. The quality and risk management plan follows the cycle of plan, do, study, act (PDSA) cycle, and a risk matrix are utilised as part of the quality and risk management programme. The quality management systems include performance evaluation through monitoring, measurement, analysis, and evaluation; a programme of internal audits and a process for identifying and addressing corrective actions.</p> <p>Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated. Corrective actions are being documented to address service improvements with evidence of progress and signoff when achieved. This corrective action document is posted in the staffroom and discussed in staff meetings.</p> <p>Monthly staff meetings provide an avenue for discussions in relation to (but not limited to) quality data, health and safety, infection control/pandemic strategies, complaints received (if any), staffing, and education. Meeting minutes and quality data tables are also posted in the staffroom. A corrective action log/register is discussed at each meeting to ensure the outstanding matters are addressed although this register did not include corrective actions from internal audits. At the time of the audit, quality data is benchmarked against other similar facilities utilising the Australian based QPS benchmarking programme. This benchmarking programme will be phased out in 2022 with plans to benchmark against similar aged care facilities in New Zealand.</p> <p>The Masonic Care Ltd monthly report, generated at a clinical governance</p>

	<p>level, includes key operational concerns and data including (but not limited to) occupancy, discharges, complaints, Section 31 reports, quality data results, staffing, health and safety, and property issues. Reports are directly linked to the organisation's strategic objectives.</p> <p>The 2021 resident and family satisfaction surveys showed overall satisfaction with the service provided. Results reflect 93.7% of families were either satisfied or very satisfied with Edales care approach, a 3.45% increase from the previous year. The 2021 resident survey also reflects high levels of satisfaction although the sample size was only four residents. The 2022 survey is in process with strategies to increase the sample size. Kaumātua input was evident in regard to the questions being asked.</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. A document control system is in place. Policies are regularly reviewed and have been updated to meet the 2021 standards. New policies or changes to policy are communicated to staff. Policy review is one of the roles of the cultural advisor/kaumātua.</p> <p>A health and safety system is in place with identified health and safety goals. Hazard identification forms, held in the staffroom, and an up-to-date hazard register were sighted. Health and safety policies are implemented and monitored by the health and safety committee. Health and safety representatives have completed health and safety training. There are regular manual handling sessions taken by the physiotherapist. The noticeboard keeps staff informed on health and safety.</p> <p>Individual falls prevention strategies are in place for residents identified at risk of falls. A physiotherapist is available on an 'as needed' basis. Strategies implemented include intentional rounding and the regular toileting of residents who require assistance. Decluttering resident rooms has been another useful strategy.</p> <p>Individual paper-based reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident and accident data is collated monthly and analysed for trending through QPS Australia. Results are discussed at the meetings. Eleven</p>
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		<p>resident related accident/incident forms were reviewed. Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Neurological observations are conducted for suspected head injuries, relatives were notified following incidents. Opportunities to minimise future risks were identified where possible.</p> <p>Discussions with the managers evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There has been one section 31 notification completed to notify HealthCERT of the new facility manager. There have been no outbreaks.</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.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>PA Low</p>	<p>There is a staffing policy and staff contingency shortfall plan that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support for rest home level residents, however does not meet the requirements for hospital level care.</p> <p>The registered nurses and a selection of HCAs hold current first aid certificates. The roster is adjusted if necessary, to ensure that there is a first aid trained staff on duty 24/7.</p> <p>Interviews with HCAs stated that overall staffing is adequate to meet the needs of the residents. Due to the difficulty with recruitment of RNs, the facility has not accepted any hospital level residents.</p> <p>The facility manager/RN is available Monday to Friday each week and is on call when not available on site. She is planning to go on holiday for two weeks and will be supported by an agency roving manager. The roving manager will orientate with the facility manager prior to assuming full facility manager responsibilities and plans to attend the resident and staff meetings to meet with staff and residents during her orientation.</p> <p>The facility manager is supported by two registered nurses to ensure there is one staff RN on site, seven days a week from 0730-1930.</p> <p>Rest home wing (20 residents): Two long (eight-hour shift) HCAs cover the AM, PM, and night shifts.</p> <p>Dementia wing (six residents): One long shift and one short shift HCA (0730-1130) cover the AM shift; one long shift and one short shift HCA</p>

	<p>(1530-1900) cover the PM shift; and one HCA covers the night shift.</p> <p>Position descriptions reflect expected positive behaviours, values and the role and responsibilities.</p> <p>There is an annual education and training schedule being implemented. Training is delivered via in-services and online (Ko Awatea e-learning). Staff attended mandatory cultural training (online) in 2021 with evidence of high staff participation. This included staff completing a cultural competency questionnaire. Plans are in place to provide additional cultural training in 2022.</p> <p>A competency framework is under development. Competencies are completed by staff including (but not limited to) medication, cultural training, hand hygiene, infection control, fire and emergency training, manual handling. A record of completion is maintained in each staff members files. The HCAs are encouraged to obtain a New Zealand Qualification Authority (NZQA) qualification (Careerforce). At the time of the audit, seven HCAs had completed a level four qualification, eight had completed a level three qualification and three had completed a level two qualification. Eight HCAs are rostered regularly to work in the dementia unit. Seven have completed their NZQA dementia qualification and the remaining HCA is enrolled and has been employed to work in the dementia unit for less than 18 months.</p> <p>Training for clinical staff is linked to two (mandatory) RN training days per year. The most recent RN training day (December 2021) covered critical thinking, falls, head injuries, delirium, hypoglycaemia, weight loss, end of life care, advance care planning, assessing the deteriorating resident, assessing new residents. Both staff RNs are interRAI trained. The facility manager provides oversight of the registered nurses and HCAs.</p> <p>The service encourages all their staff to attend monthly staff meetings. Feedback on surveys and quality data ensures staff participate in learning opportunities that provide them with the most recent literature on Māori health outcomes and disparities, health equity, and quality, and enable them to use this evidence and learn with their peers.</p> <p>Training, support, performance, and competence are provided to staff to ensure health and safety in the workplace including manual handling, hoist training, chemical safety, emergency management including (six-monthly) fire drills and personal protective equipment (PPE) training.</p>
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		Environmental internal audits are completed.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment; selection; orientation; and staff training and development. Seven staff files reviewed (five HCA, one team leader/HCA) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation programmes.</p> <p>There are job descriptions in place for all positions that cover 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 (e.g. RNs, GPs, pharmacy, podiatry). There is an appraisal policy. 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 programmes support RNs and HCAs to provide a culturally safe environment to Māori. Volunteers have not been utilised due to Covid. An orientation programme for volunteers is in place. Agency staff are not available in Marton.</p> <p>Information held about staff is kept secure and confidential. Ethnicity data is identified with plans in place to maintain an employee ethnicity database.</p> <p>Wellbeing support is provided to staff including access to EAP programmes. Following any incident/accident, evidence of debriefing and follow-up action taken are documented.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p>	FA	<p>Resident files and the information associated with residents and staff are retained in hard copy only. Plans are in place to implement the VCare electronic system. Electronic information (e.g. policies and procedures, quality reports and data/benchmarking) are routinely backed up and password protected.</p> <p>The resident files are appropriate to the service type and demonstrate</p>

<p>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>service integration. Records are uniquely identifiable, legible, timely, signed, and dated, and include the name and designation of the service provider, following professional guidelines and sector standards.</p> <p>Residents entering the service have all relevant initial information recorded in their individual record within 24 hours of entry. An initial care plan is also developed at this time. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public.</p> <p>As part of the internal audit programme, the service regularly monitors their records as to the quality of the documentation and the effectiveness of the information management system.</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.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from 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>Residents who are admitted to the service have been assessed by the needs assessment service coordination (NASC) service to determine the required level of care. The prospective residents are screened by the facility nurse manager and clinical nurse manager.</p> <p>In cases where entry is declined, there is close liaison between the service and the referral team. The service refers the prospective resident back to the referrer and maintains data around the reason for declining. The management team described reasons for declining entry would only occur if the service could not provide the required service the resident required, after considering staffing, equipment requirements, and the needs of the resident. The other reason would be if there were no beds available.</p> <p>The admission policy/decline to entry policy and procedure guide staff around admission and declining processes including required documentation. The facility manager keeps records of how many prospective residents and families have viewed the facility, admissions and declined referrals, which goes to the Board, however, this report does not currently include ethnicity.</p> <p>At the time of audit, the service had two vacancies and one resident in public hospital. The service receives referrals from the NASC service, the DHB, and directly from residents or whānau.</p> <p>The service has an information pack relating to the services provided at Edale which is available for families/whānau and residents prior to</p>

		<p>admission or on entry to the service. Admission agreements reviewed were signed and aligned with contractual requirements. Exclusions from the service are included in the admission agreement. Edale has a person and whānau-centred approach to services provided. Interviews with four residents and three family members (two rest home and one dementia) all confirmed they received excellent information at entry and communication was appropriate.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service has information available for Māori, in English and in te reo Māori. Eight staff members identify as Māori. The service has engaged a Māori cultural advisor to further develop meaningful partnerships with Māori communities and organisations to benefit 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>FA</p>	<p>The care planning/interRAI guidelines and nursing assessment care plan/lifestyle plan policy guides staff around admission processes, and required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review. Short term care plan use is included in these policies.</p> <p>There are a suite of policies around clinical aspects of care including (but not limited to); continence, challenging behaviour, pain, personal hygiene, intimacy and sexuality, skin wounds, fall prevention, spirituality and grief, and cultural safety. The service provides a key word guide in te reo Māori for resident and staff use.</p> <p>Six resident clinical files were reviewed: four rest home, including one resident on a YPD contract and one intermediate care (step down from public hospital) and two dementia level care. A registered nurse had undertaken an initial assessment, risk assessments and developed an initial care plan for all residents on admission. The resident on intermediate care had appropriate risk assessments and initial care plan completed. The YPD resident had an initial care plan, risk assessments, interRAI assessment, and long-term care plan completed.</p> <p>Registered nurse completes an initial assessment and care plan on admission to the service which includes relevant risk assessment tools including (but not limited to); falls risk, detailed pain, pressure injury, skin,</p>

	<p>continence, and nutritional assessments. Risk assessments are completed six-monthly or earlier due to health changes. InterRAI assessments and long-term care plans were completed within the required timeframes, with outcomes of assessments reflected in the needs and supports documented in the resident care plans. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others are included in the residents' clinical file. Residents and whānau interviewed confirmed they were involved in care planning and decision making. The registered nurses interviewed described working in partnership with the resident and whānau to develop initial and long-term care plans.</p> <p>Staff described how the care they deliver is based on the four cornerstones of Māori health Te Whare Tapa Whā. Care plans include the physical, spiritual, whānau, and mental health of the residents. For end of life care they use Te Ara Whakapiri.</p> <p>The care plans reviewed were resident-focused and individualised. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. The short-term care plans integrate current infections, wounds, or recent falls to reflect resident care needs. Short-term needs are added to the long-term care plan when appropriate and removed when resolved.</p> <p>Residents have the choice to remain with their own GP, however the service contracts with the local medical centre whose general practitioners (GP) provide medical services to residents. The GPs visits four times per week, to complete three-monthly reviews, complete admissions, and sees all residents of concern. The GP service provide an out of hours on-call service. The GP (interviewed) stated he is notified in a timely manner for any residents with health concerns and was complimentary of the standard of care provided by the facility. All GP notes are entered into the residents' clinical file. Allied health care professionals involved in the care of the resident included, (but were not limited to) physiotherapist, hospice nurse, speech language therapist, and dietitian.</p> <p>Residents interviewed reported their needs were being met. Family members interviewed stated they are notified of all changes to health in a</p>
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		<p>timely manner as evidenced in the family/whānau contact form and progress notes. When a resident's condition alters, the registered nurse initiates a review and if required a GP visit or referral to other allied health professionals takes place.</p> <p>There were three wounds including a skin tear and chronic arterial ulcer. The wound care plan documents the wound assessments, and evaluations are documented with supporting photographs. The DHB wound nurse specialist and GP have input into chronic wound management. Registered nurses have undertaken wound care training as part of the organisation's education plan.</p> <p>Healthcare assistants interviewed stated there are adequate clinical supplies and equipment provided including continence, wound care supplies and pressure injury prevention resources. A continence specialist can be accessed as required.</p> <p>Monitoring charts included (but not limited to) weights, vital signs, food, and fluid recordings, with all monitoring charts being implemented according to the care plan. interventions.</p> <p>Initial care plans for long term residents reviewed were evaluated by the registered nurses within three weeks of admission. The GPs have reviewed residents three monthly. Short term care plans are regularly reviewed and if the issue is not resolved within three weeks, the short-term care plan is completed, and interventions were added to the long-term care plan. Long term care plans and interRAI assessments have been reviewed six monthly or if needs have changed prior than six months.</p> <p>Relatives are able to attend GP reviews, and if they are unable to attend, they are updated of any changes. The management and registered nurses reported they routinely invite whānau to the six-monthly review meetings along with the resident.</p> <p>Healthcare assistants interviewed advised that a verbal handover occurs (witnessed) at the beginning of each duty that maintains a continuity of service delivery. Progress notes are maintained in the residents' clinical file, are legible and clearly show the writer's designation.</p>
Subsection 3.3: Individualised activities	FA	There is one diversional therapist (32 hours weekly) working Monday to

<p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>	<p>Friday who coordinates and implements the programme for the facility. On weekends the HCAs use activities resources including DVDs, games, and music for resident activities. The diversional therapist (DT) has completed dementia training. The service also has a volunteer who attends weekly and assist with planned activities. The diversional therapist dedicates at least one hour per day (usually 1500-1600) for time in the dementia unit. Activities are planned by the DT and facilitated by the HCAs in the dementia unit outside of these hours.</p> <p>The activities programme template caters for individual needs and takes account of both high and low-end cognitive functions. There is a weekly programme in large print on noticeboards in all resident areas, delivered to resident rooms and daily highlights are written on whiteboards in the unit lounges. Residents have the choice of a variety of activities in which to participate, and every effort is made to ensure activities are meaningful and tailored to residents' needs. Those residents who prefer to stay in their room or who need individual attention have one-on-one visits to check if there is anything they need and to have a chat. Activities include a walking group, games, te reo Māori pronunciation, quizzes, music, and sensory stimulation. The residents play housie, and bowls in the activities room. On the days of audit, residents were observed participating in word games, reading in the library, and watching a televised concert. There are monthly interdenominational church services held in the facility, which have recently recommenced following the lifting of Covid level restrictions. There are weekly van outings utilising the local St John shuttle and a St John driver to local areas of interest, including the local marae. Both the driver and DT are first aid trained. There are regular entertainers visiting the facility. Special events like birthdays, Easter, Mothers' Day, Anzac Day, and the Melbourne Cup are celebrated. There is community input from the friendship club and church groups. The young person with a disability (YPD) enjoys the van outings, word games and yoga sessions.</p> <p>The resident/whānau complete a lifestyle assessment on admission which includes previous hobbies, community links, family, and interests. A completed copy of the assessment is kept in the resident's clinical file for easy staff reference. The lifestyle assessment is incorporated into the person-centred recreation plan and is reviewed at the same time as the care plan in all resident files reviewed, at least six monthly. All six resident files reviewed had completed lifestyle assessments, person-</p>
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		<p>centred recreation plans and activity registers. Resident meetings are held monthly. Residents/whānau have the opportunity to provide feedback on the activity programme through resident meetings and satisfaction surveys.</p> <p>Residents and family members interviewed spoke positively about the activities programme and activities team.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are comprehensive policies and procedures in place for all aspects of medication management. There were no residents self-administering on the day of audit. There are two medication rooms on site, and both have secured keypad access. Medication fridges and rooms had daily temperature checks recorded and were within normal ranges. Registered nurses or senior HCAs who have passed their competency, administer medications. Medication competencies are updated annually and include blood sugars and oxygen/nebulisers. There is a signed agreement with the pharmacy. Medications are checked on arrival and any pharmacy errors recorded and fed back to the supplying pharmacy. The service utilises standing orders which have detailed indications for use and are reviewed at least annually by the GPs providing medical services to the facility.</p> <p>The facility utilises an electronic medication management system. Twelve medication profiles were sampled (eight rest home and four dementia level of care). All charts had photo identification and allergy status documented. All medication sheets evidenced three monthly reviews by the GP. Prescribed medication is signed electronically after being administered as witnessed on the day of the audit. Effectiveness of PRN medications administered were documented in the electronic medication system. All over the counter vitamins or alternative therapies residents choose to use, must be reviewed, and prescribed by the GP. All medication errors are reported and collated with quality data. All eye drops sighted in the medication trolleys were dated on opening. All medications no longer required are returned to pharmacy, there were no expired drugs on site on the day of the audit. There are comprehensive policies and procedures in place for all aspects of medication management; however regular stock checks for controlled medications were not being implemented.</p> <p>Residents and relatives interviewed stated they are updated around</p>

		<p>medication changes, including the reason for changing medications and side effects. The registered nurses and management describe working in partnership with Māori residents to ensure the appropriate support is in place, advice is timely and easily accessed, treatment is prioritised to achieve better health outcomes.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>PA Low</p>	<p>The service has two cooks who work 28 hours per week on a 4 on, 4 off shift pattern. They are assisted by a relief cook and kitchen assistants. All staff have food hygiene certificates. Both cooks oversee the procurement of the food and management of the kitchen in conjunction with the facility manager. There is a well-equipped kitchen, and all meals are cooked on site. Meals are delivered to the dementia unit in a bain-marie and plated in the unit kitchenette. The rest home residents have their meals served directly from the kitchen into the adjacent dining room. Those residents choosing to eat in their rooms have meals taken to rooms on trays with covers to keep the food warm. Special equipment such as lipped plates are available. On the day of audit, meals were observed to be hot and well-presented, and residents stated that they were enjoying their meal. Staff were observed assisting residents with their midday meals where required.</p> <p>The menu is displayed on a whiteboard in the dining room so residents can easily see what is on the menu for the day. All staff have an understanding of tapu and noa. Staff were observed adhering to tapu and noa consistent with a logical Māori view of hygiene which aligns with good health and safety practices.</p> <p>The service has a current food control plan in place which expires on 26 June 2022 and a council 'A' grade rating due for renewal at the end of March 2022. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. Audits are implemented to monitor performance. Kitchen fridge and freezer temperatures were monitored and recorded daily, however these were not always within safe limits. Cooked food temperatures are checked, and these were all within safe limits. The registered nurses complete a resident's nutritional profile on admission, which identifies dietary requirements and likes and dislikes, a copy is provided to the kitchen. This is reviewed six-monthly as part of the care plan review. Changes to residents' dietary needs have been communicated to the kitchen. Special diets and likes and dislikes were noted on the kitchen noticeboard for</p>

		<p>kitchen staff to access at all times. The four-weekly menu cycle is approved by a contracted dietitian. The service is working with the dietitian and a cultural advisor to formulate menu options culturally specific to Māori. There was evidence that there are additional nutritious snacks available over 24 hours. Residents and families interviewed were very complimentary regarding the meals provided.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>The service has a policy that describes guidelines for death, discharge, transfer, documentation and follow up. A record of transfer documentation is kept on the resident's file. All relevant information is documented and communicated to the receiving health provider or service. The DHB 'yellow envelope' initiative is used to ensure the appropriate information is received on transfer to hospital and on discharge from hospital back to the facility. The registered nurses interviewed described how exits, discharges or transfers are coordinated in collaboration with the resident and whānau to ensure continuity of care. There was evidence that residents and their families were involved for all exits or discharges to and from the service and have the opportunity to ask questions. Both nurses and HCAs interviewed could accurately describe the procedure and documentation required for a resident transfer out of, and admission into the facility.</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>	PA Low	<p>The building has a current building warrant of fitness that expires on 20 June 2022. There is a maintenance person who works 20 hours per week Monday to Friday plus an on-call component, and a gardener who works 20 hours per week Monday to Thursday. Essential contractors are available 24 hours a day. Reactive and preventative maintenance systems are in place, with maintenance requests being placed in a maintenance book which gets signed off after completion of the required repair. All electrical equipment has been tested and tagged (next due 30 December 2022) and clinical equipment has had functional checks/calibration undertaken annually (next due 10 June 2022). Hot water temperatures have been tested and recorded, however there are no corrective actions for temperatures outside of acceptable range.</p> <p>The communal areas in the rest home include the main lounge and dining areas along with a separate family lounge and a large sunroom. The communal areas are easily and safely accessible for residents. The facility has sufficient space for residents to mobilise using mobility aids</p>

		<p>and residents were observed moving around freely. There are quiet, low stimulus areas that provide privacy when required. The corridors are wide with handrails. The external areas are well maintained and there is safe access to the outdoor areas. There is outdoor seating and shade.</p> <p>Healthcare assistants interviewed stated they had adequate equipment for the safe delivery of care including two sling hoists, a standing hoist, platform weigh scales, air alternating pressure prevention mattresses, electric beds with high-pressure rating mattresses and lazy boy chairs on wheels.</p> <p>The dementia unit has secure entry keypad access for staff and visitors. There is unrestricted access to the outdoor areas by three entry/exit doors to a secure outside/garden area with walking pathways, seating, and shade sail. There are raised garden and vegetable beds for residents who enjoy gardening. The kitchenette area has tea/coffee making facilities, a microwave, and is gated to ensure resident safety.</p> <p>All rooms are single. Residents' rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids for residents. Residents are encouraged to personalise their bedrooms as observed during audit. All bedrooms have a hand basin. All bedrooms and communal areas have ample natural light and ventilation. All heating is thermostatically controlled. Staff and residents interviewed, stated heating and ventilation within the facility is effective.</p> <p>There are sufficient communal toilets and showers to cater for residents in the rest home and dementia unit. Communal toilet facilities have a system that indicates if it is engaged or vacant. Residents interviewed confirmed their privacy is assured when staff are undertaking personal cares. Visitor and staff toilets are available and all, including communal facilities, contained flowing soap and paper towels. Fixtures, fittings, and flooring are appropriate and toilet/shower facilities are constructed for ease of cleaning, with all toilets, showers and utility areas having non-slip vinyl flooring.</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>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</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>timely evacuation of the facility in the case of an emergency.</p> <p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. A fire evacuation drill conducted by an external company took place on 9 February 2022 and is repeated six-monthly. There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in a centrally located cupboard. All supplies including food stores are checked regularly, as per the internal audit schedule. In the event of a power outage there is back-up power available and gas cooking. There are adequate supplies in the event of a civil defence emergency including over 300 litres of water stores. 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>There are call bells in the residents' rooms and ensuites, communal toilets and lounge/dining room areas. Indicator lights are displayed above resident doors to alert them of who requires assistance. Residents were observed to have their call bells in close proximity. Residents and families interviewed confirmed that call bells are answered in a timely manner.</p> <p>The building is secure afterhours and staff complete security checks at night. There are four security cameras installed. Currently, under Covid restrictions visiting is restricted to afternoons so the front doors remain locked during the day. Visitors are instructed to press the doorbell for assistance.</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</p>	<p>FA</p>	<p>The annual infection control plan is developed by the director of nursing and the organisations quality coordinator, with input from specialists as required. The programme includes infection prevention and antimicrobial management that align with the organisation's strategic document. The board and management team knows and understands their responsibilities for delivering the infection control and antimicrobial programmes and seek additional support where needed to fulfil these responsibilities. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, and the pandemic plan have been updated to include Covid-19 guidelines and precautions, in line with current Ministry of Health recommendations.</p>

<p>regional concern.</p>		<p>The infection control nurse (ICN) is the director of nursing (registered nurse) who has been in the role for three months and has a signed job description that outlines the role and responsibilities of the role. The organisation's quality coordinator and the facility manager clinical manager support the infection control nurse. Infection control is a standing agenda topic at staff meetings. The ICN logs each individual infection and results, and analysis of the data are collated each month and reported to the Board. All data is benchmarked quarterly within the organisation via QPS. The Māori health plan ensures staff are practicing in a culturally safe manner.</p> <p>The service has worked alongside the DHB and external consultants to develop their pandemic plan. There have been no outbreaks at Edale since the previous audit.</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>There are a suite of infection control policies and procedures available to staff including (but not limited to), outbreak management, vaccinations, apron usage, communicable diseases, and hand hygiene. Policies and the infection control plan have been approved by the board, who receive monthly reports around infection control matters.</p> <p>The infection control nurse (director of nursing) provides an infection control report to the quality/staff and registered nurse meetings.</p> <p>The organisation is a member of Bug control, and the infection control nurse interviewed described the resources and support available from the local district health board. The ICN described utilising the Ministry of Health website for information as needed. There are a suite of policies and procedures available to staff to guide them around safe practices.</p> <p>The ICN described utilising the DHB online training system (Ko Awatea) and Ministry of Health (MOH) learn online sites. The ICN and registered nurses have completed online DHB infection control education which included (but not limited to) antimicrobial stewardship, standard precautions, and isolation procedures. Staff education around infection control commences at induction to the facility with a range of competencies and education sessions for new staff to complete. These are then reviewed at least annually as part of the education planner. Staff education includes (but is not limited to); standard precautions, isolation procedures, hand washing competencies, donning, and doffing personal</p>

		<p>protective equipment (PPE). The service is actively working to source educational resources that are available in te reo Māori.</p> <p>Staff follow the Edale/DHB/MOH pandemic policy which is available for all staff. All staff have been double vaccinated/booster and most residents are double vaccinated. Visitors are being asked to be double vaccinated and have to test negative on a rapid antigen test (RAT) administered by the facility prior to entry. All new residents are requested to be double vaccinated. Personal protective equipment is ordered through the MOH and stock balance is maintained to support any possible outbreak. Adequate PPE stocks were sighted in the internal storage area, which is accessible to all staff.</p> <p>The ICN and facility manager monitor the change in levels and the number of cases in the community, so they are prepared should an outbreak occur in the local community. Hospital acquired infections are collated along with infection control data. All equipment used for wound care are single use only. The service is working to update audits and policy to ensure reusable equipment such as blood pressure equipment, and hoists are wiped between use with hospital grade disposal wipes. Single use equipment is used only once then discarded appropriately.</p> <p>This audit was undertaken during the Covid-19 red traffic light setting. The main door is locked to the facility to ensure compliance with limited visiting restrictions. All staff, visitors and contractors must make an appointment and are required to have a negative RAT, have their temperature taken and for it to be within the normal range, and wear a mask while in the facility. All visitors and contractors are required to produce a valid vaccine pass prior to entry into the facility.</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</p>	<p>FA</p>	<p>The antimicrobial stewardship policy aims to a) reduce antimicrobial resistance, b) improve resident's outcomes and safety, c) ensure cost effective therapy, d) identify the prevalence of antimicrobial resistance. The policy is approved by the governance body and is appropriate for the size, scope, and complexity of the service.</p> <p>The registered nurses ensure the timely and accurate assessment and reporting of infections and liaise with the GPs to access appropriate treatment. Each infection must meet specific criteria. A multidisciplinary approach is taken before prescribing an antimicrobial which includes the</p>

<p>prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>		<p>registered nurse/infection control nurse, GP, the pharmacist, the resident, and their whānau. The GPs are responsible for the diagnosis and treatment and the RNs are responsible for ensuring the optimal treatment is provided, and accurately documented in the resident's clinical file.</p> <p>All infections are logged on an incident form, and a short-term care plan is implemented. These are collated monthly, fully analysed, and discussed at meetings. The infection control nurse collates data around the type of infection, type of antimicrobial used and the duration of the treatment.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The antimicrobial stewardship policy aims to provide a quality review of the incidents of infections, reduce the rate of infections within the facility and reinforce basic principles of infection and prevention control. Ethnicity data is linked to the use of NHI numbers as identifiers for residents.</p> <p>Infection monitoring is the responsibility of the infection control nurse. All infections are collated and analysed monthly. Any trends are identified, and corrective actions implemented. Benchmarking occurs utilising the QPS system. Outcomes are discussed at the clinical, quality/staff, and management meetings. A monthly report is prepared and included in the governance report to the Board.</p> <p>All staff and most residents have received the required Covid-19 vaccinations. All visitors, entertainers and contractors are required to be double vaccinated.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>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.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and</p>	<p>FA</p>	<p>There are policies around waste management. Management of waste and hazardous substances is covered during orientation of new staff and is included as part of the annual training plan. There is a waste management, hazard management and personal protective equipment policy.</p> <p>Personal protective equipment including gloves, aprons and goggles are available for staff throughout facility. Infection control policies state specific tasks and duties for which protective equipment is to be worn. There are sluices in both the rest home and dementia wings. The sluices are secure with a keypad. There is a locked cleaner's cupboard.</p> <p>Dedicated housekeeping staff and cleaning staff clean the facility and do</p>

<p>transmission of antimicrobial resistant organisms.</p>		<p>laundry. The housekeeper interviewed was knowledgeable around infection control practice in the areas of cleaning and laundry. All laundry is done on site in the well-equipped laundry which has a defined clean and dirty area and large drying/folding room. Staff have access to a range of chemicals, cleaning equipment and protective clothing. The cleaning trolley is kept in a locked area when not in use. Safety data sheets were available in the laundry, kitchen, sluice rooms and chemical storage areas. The standard of cleanliness is monitored through the internal audit programme. Residents and relatives interviewed were satisfied with the standard of cleanliness in the facility and the laundry service.</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>As per the Masonic Care restraint policy (updated February 2022), restraints must take into consideration cultural preferences, and effect on the residents' mana. Restraint consideration and application must be done in partnership with families/whānau, and the choice of device must be the least restrictive possible. At all times when restraint is considered, the facility will work in partnership with Māori, to promote and ensure services are mana enhancing.</p> <p>The organisation is committed to restraint minimisation, as per the guidance in the Nga Paerewa HDSS. The use of restraint (if any) is reported monthly to the board. In addition, restraint numbers are reviewed at quarterly clinical governance committee meetings, and at the monthly board meetings, through the clinical governance monthly dashboard. With the exception of the secure dementia unit, Edale Aged Care is committed to providing services to residents without use of restraint. The facility manager/restraint coordinator interviewed described their intent on maintaining a restraint-free environment.</p> <p>The restraint coordinator is the facility manager. This is a temporary arrangement until a suitable replacement can be found. There is a restraint coordinator job description, and the facility manager is knowledgeable regarding this role. No restraints were in use.</p> <p>Restraint minimisation training is included as part of the mandatory training plan, and orientation programme.</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 standard by looking at the code. For example, a 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 2.3.1</p> <p>Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.</p>	PA Low	There are currently no hospital level residents residing at the facility due to a lack of RN cover, however the service does not currently meet the requirements for hospital services (previous clinical criteria #1.2.8.1).	While the service is certified for hospital level care, the service currently does not have hospital level residents. Therefore there is no registered nurse cover to fulfil the requirements for hospital services.	<p>Ensure there are registered nurses employed across 24-hour, prior to the admission of hospital level residents.</p> <p>Prior to occupancy days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	PA Moderate	The service has detailed medication management policies in place. Controlled drugs are stored securely in line with current legislation. The controlled register is documented correctly. Controlled medications were double checked prior to and signed for on administration by two medication competent staff (including an RN when on duty); however, regular stock checks for	Weekly stock checks of controlled medications had not occurred since September 2021.	<p>Ensure weekly stock checks of controlled medications are undertaken as per policy.</p> <p>60 days</p>

		controlled medications were not being implemented.		
<p>Criterion 3.5.3</p> <p>Service providers shall ensure people's dining experience and environment is safe and pleasurable, maintains dignity and is appropriate to meet their needs and cultural preferences.</p>	PA Low	There is a documented food control plan and policy which includes temperature monitoring requirements. Fridge and freezer temperatures were not consistently within the required range between February to March 2022.	Kitchen fridge and freezer temperatures are not consistently within an acceptable range and no corrective actions were documented when this occurs.	<p>Ensure kitchen fridge and freezer temperatures are within the required range, and where not, a corrective action is clearly documented and implemented as per policy.</p> <p>90 days</p>
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	There are hazard management systems in place to ensure the physical environment minimises risk of harm, however hot water temperatures were noted to be outside the acceptable range during the previous two-month period with no corrective actions documented.	Hot water temperatures in resident areas were noted to be over 45 degrees Celsius twenty-seven times with no corrective actions documented.	<p>Ensure water temperatures in resident areas are within the acceptable range, and where not, a corrective action plan is implemented and documented.</p> <p>90 days</p>

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.