

Ruapehu Masonic Association Trust - Masonic Court Rest Home

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:	Ruapehu Masonic Association Trust
Premises audited:	Masonic Court Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 20 June 2022 End date: 21 June 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:	44

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
	A number of shortfalls that require specific action to address	Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Ruapehu Masonic Association Trust - Masonic Court Rest Home is certified to provide services for up to 56 residents requiring rest home, and hospital level care. The facility is managed by a facility manager and a clinical nurse leader. Occupancy on the first day of this audit was 44 residents. There have been no significant changes to services at the facility since the last audit.

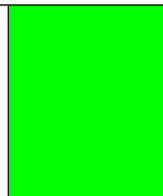
This certification audit was conducted against the Health and Disability Services Standards Nga Paerewa NZS8134:2021 and the service contracts with the district health board.

The audit process included review of policies and procedures, review of resident and staff files, observations and interviews with family, residents, management, staff, and a nurse practitioner.

Three areas were identified as requiring improvement relating to: registered nurse staffing levels, resident and relatives satisfaction surveys, and medication management.

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.

The service complies with Health and Disability Commission Code of Health and Disability Consumers' Rights. Residents receive services in a manner that considers their dignity, privacy, and independence as well as facilitating their informed choice and consent.

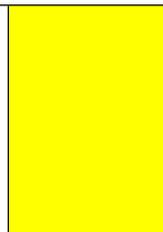
Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Care is provided in a way that focuses on the individual and takes into account values, beliefs, culture, religion, sexual connection, and relationship status.

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse. The service has a culture of open disclosure. Complaints processes are implemented.

Care plans accommodate the choices of residents and/or their family/whānau.

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

Ruapehu Masonic Association Trust is the governing body responsible for the services provided at this facility and has an understanding of the obligation to comply with Nga Paerewa NZS8134:2021. The organisations mission statement and vision are documented and displayed in the facility. The service has a current business plan and quality and risk management plan in place.

An experienced and suitably qualified facility manager ensures the management of the facility. A clinical nurse leader oversees the clinical and care services in the facility.

The quality and risk management systems are in place. Meetings are held that include reporting on various clinical indicators, quality and risk issues, and there is review of identified trends.

There are human resource policies and procedures that guide practice in relation to recruitment, orientation, and management of staff. A systematic approach to identify and deliver ongoing training supports safe service delivery and includes individual performance review.

Systems are in place to ensure the secure management of resident and staff data.

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk</p>
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There is an admission package available prior to or on entry to the service. The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and/or family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly.

Resident files included medical notes by the nurse practitioner and visiting allied health professionals. Medication policies reflect legislative requirements and guidelines; however improvements are required around medication management. Registered nurses and senior caregivers responsible for administration of medicines complete annual education and medication competencies.

The activities coordinators provide and implement an interesting and varied activity programme which includes resident-led activities. The programme includes outings, entertainment and meaningful activities that meet the individual recreational preferences.

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

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.		Subsections applicable to this service fully attained.
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There is a current building warrant of fitness. A reactive and preventative maintenance programme is implemented. External areas are safe and provide shade and seating.

Residents' rooms are of an appropriate size for the safe use and manoeuvring of mobility aids and allow for care to be provided. Lounges, dining rooms and spaces are available for residents and their visitors. Communal and individual spaces are maintained at a comfortable temperature.

A call bell system is in place to allow residents to access help when needed. Security systems are in place and staff are trained in emergency procedures, use of emergency equipment/supplies, and attend regular fire drills.

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.

Infection prevention management systems are in place to minimise the risk of infection to consumers, service providers and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored. The type of surveillance undertaken is appropriate to the size and complexity of the organisation.

Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. The service has robust Covid-19 screening in place for residents, visitors, and staff. Covid-19 response plans are in place and the service has access to personal protective equipment supplies. There has been one Covid-19 outbreak. There are documented processes for the management of waste and hazardous substances in place, and incidents are reported in a timely manner. Chemicals are stored safely throughout the facility. 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 clinical nurse leader. At the time of audit there were no restraints used at Masonic Court Rest Home. Maintaining a restraint-free environment is included as part of the education and training plan. The service considers least restrictive practices, implementing 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	24	0	2	1	0	0
Criteria	0	162	0	2	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>Staff receive training in cultural safety at orientation. The service has developed and implemented a new cultural safety policy that is provided as part orientation and of the mandatory two-yearly education programme. It defines and explains cultural safety and its importance; Te Tiriti o Waitangi; and tikanga best practice, and Pasifika culture. All staff have knowledge of this policy.</p> <p>At the time of the audit there were residents who identified as Māori residing at Masonic Court. Residents and their family/whānau are encouraged to participate in the development of the resident’s care plan. Opportunities for input into services are provided through residents’ meetings. the service has established links to Patiki Marae, the local Kohanga Reo, Castle Cliff School Maori Kapa Haka Group and a local Kumatua who visits the facility and carries out blessings as required.</p> <p>The organisation has a cultural policy plan that states that the provider aims to improve outcomes for Māori. Strategies include but are not</p>

		<p>limited to setting out priority areas; supporting the role of Mātauranga Māori in the development and delivery of health services; promoting a collective action (by government communities and social sectors) in working towards pae ora, and that all residents identifying as Māori will be offered the opportunity to have iwi/hapu and/or whānau representation contacted and present. The provider currently have staff who identify as Māori employed.</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>	<p>FA</p>	<p>There is a cultural safety policy that describes the procedure for identifying and meeting cultural needs, as well as physical, spiritual, and psychological needs. It includes culturally sensitive considerations and practices, which address the cultural needs of Pacific peoples.</p> <p>Family/whānau interviews stated that they were satisfied with the choices they were provided regarding their care, activities and the services provided.</p> <p>Information gathered during assessments includes identifying a resident's specific cultural needs, spiritual values, and beliefs. Assessments also include obtaining background information on a resident's cultural preferences, which includes, but is not limited to beliefs; cultural identity; and spirituality. This information informs care planning and activities that are tailored to meet identified needs and preferences. The cultural safety policy includes consideration of spiritual needs in care planning. Links are yet to be made with the local Pasifika community. Although health is only one contributing factor to equity, a leadership role is acknowledged by the provider and they are committed to best practice in order to achieve health equity for Pacific peoples. There are staff members at Masonic Court who identify as Pasifika. In response to the Pacific population's health and disability needs, Masonic Court Rest Home is working towards developing and implementing strategy, to train, and retain a holistic Pacific health and wellbeing workforce. This will include Pacific peoples in leadership and training roles.</p> <p>Masonic Court Rest Home is developing and implementing a strategy to engage with Pacific communities and organisations, to enable</p>

		better planning, support, interventions, research, and evaluation of the health and wellbeing of Pacific peoples to improve outcomes.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The service has implemented policies and procedures to ensure that services are provided in a manner that is consistent with the Health and Disability Commission Code of Health and Disability Services Consumers' Rights (the Code).</p> <p>All staff have received education on the Code as part of orientation and the mandatory two-yearly education programme. Staff interviews confirmed awareness of the Code and observations evidenced practices that demonstrate an understanding of their obligations. Evidence that the Code is implemented in their everyday practice includes but is not limited to maintaining residents' privacy; providing residents with choice; and providing opportunities for family/whānau and residents to be involved in resident case conferences.</p> <p>Residents and their families are provided with information about the Code as part of an information pack and booklet provided on admission to Masonic Court Rest Home. The booklet and admission agreement includes information on the complaints process and the advocacy service. The facility manager (FM) and the clinical nurse leader (CNL) explain the Code during the admission process to ensure understanding. Posters in te reo Māori and English and brochures were visible throughout the facility.</p> <p>There is an advocacy policy for staff to follow to ensure the Code is upheld and residents have access to representation. It includes facilitating access to advocacy for a resident if required. This information is displayed at the facility entrance.</p> <p>Policy and practice include ensuring that all residents' (including Māori residents') right to self-determination is upheld and they are able to practice their own personal values and beliefs. The Māori health plan identifies how MCRH will respond to Māori cultural needs and beliefs in relation to illness.</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>The provider ensures that residents, including younger people with disability, and whānau are included in planning and care, which is inclusive of discussion and choices regarding maintaining independence. Staff and family/whānau interviews and observation confirmed that individual religious, social preferences, values, and beliefs are identified and upheld. These were also documented in resident files.</p> <p>The organisation has a policy on sexuality and intimacy that provides outlines for managing expressions of sexuality. Staff interviews confirmed that they assist residents to choose the clothing they wish to wear. Resident and family/whānau interviews and observation confirmed that residents can choose what clothing and adornments to wear each day, including make up if they wish to.</p> <p>The organisation has policies and procedures that are aligned to the requirements of the Privacy Act and Health Information Privacy Code, to ensure that a resident's rights to privacy and dignity is upheld. They provide guidelines for respecting and maintaining privacy and dignity. There are spaces where residents can find privacy within communal areas.</p> <p>Resident, family/whānau and staff interviews as well as observation confirmed that staff knock on bedroom and bathroom doors prior to entering; ensure that doors are shut when personal cares are being provided and residents are suitably attired when taken to the bathroom. Interviews and observation confirmed that staff maintain confidentiality and are discrete, holding conversations of a personal nature in private. Resident interviews confirmed that resident privacy is respected.</p> <p>Staff receive training in tikanga best practice. Culturally appropriate activities have been introduced such as celebrating Waitangi Day and Matariki.</p> <p>Interviews with staff confirmed that understanding of the cultural needs of Māori including in death and dying as well as the importance of involving family/whānau in the delivery of care. Values and beliefs</p>
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		<p>are identified, upheld, and are inclusive of te tāngata whaikaha needs to enable their participation in te ao Māori.</p> <p>The facility has community connections for the provision of te reo Māori if residents require this.</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>There is policy that defines guidelines and responsibilities of staff for reporting suspected abuse. It includes definition of abuse and guidelines for managing abuse. Staff receive orientation and mandatory annual training on abuse and neglect. Staff interviews confirmed their awareness of their obligations to report any incidences of suspected abuse or neglect. Staff, and family/whānau interviews confirmed there was no evidence of abuse or neglect.</p> <p>The admission agreement, signed prior to occupation, provides clear expectations in regard to the management and responsibilities of personal property and finances.</p> <p>Residents and/or their family/whānau provide consent for the facility to manage the resident's comfort funds. There was no evidence of abuse of resident property or possessions.</p> <p>There are policies and procedures to ensure that the environment for residents is free from discrimination; racism; coercion; harassment; and financial exploitation. They provide guidance for staff on how this will be prevented and, where suspected, reported.</p> <p>Job descriptions include the responsibilities of the position, including ethical issues relevant to each role. Staff are required to sign and abide by the code of conduct and professional boundaries within their contract agreement. All staff files reviewed evidenced these were signed. Staff mandatory training includes professional boundaries. Staff interviews confirmed their understanding of professional boundaries relevant to their respective roles. Interviews with residents and families/whānau confirmed that professional boundaries are maintained by staff.</p> <p>Resident interviews described that the service promotes an</p>

		environment in which residents and their families/whānau feel safe and comfortable to raise any questions or queries, and that discussions are free and frank.
<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>	FA	<p>There is policy to ensure that residents and their family/whānau have the right to comprehensive information, supplied in a way that is appropriate for the resident and/or their family/whānau and takes account of specific language requirements and any disabilities. An interview with the FM confirmed that where required interpreters and cultural representatives/advocacy services are accessed to ensure information is understood. Staff represent several ethnicities and can communicate with residents in their native dialect if the resident wishes. At the time of the audit there were no residents who required an interpreter.</p> <p>There is policy requiring that family/whānau are advised within 24 hours of an event occurring, and this policy is fully implemented, and monitoring of residents post falls is consistently applied.</p> <p>Monthly resident meetings inform residents and families of facility activities. Family/whānau are welcome to attend meetings. Meetings are advertised in the activities planner and emailed to family/whānau. Meetings follow a set agenda and are chaired by the local advocate. Meeting minutes, interviews and observation demonstrate attendance by residents and family/whānau. Resident meetings also offer an opportunity to provide feedback and make suggestions for improvement as well as raise and discuss issues/concerns with management. Copies of the activities plan, and menu are available to residents and families.</p> <p>Resident and family/whānau interviews confirmed that staff are approachable and available to discuss queries and issues.</p> <p>The resident admission agreement signed by the resident or enduring power of attorney (EPOA), confirms for residents, what is and what is not included in service provision.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There is an informed consent policy to ensure that a resident who has the capacity/competence to consent to a treatment or procedure, has been given sufficient information to enable that resident to arrive at a reasoned and voluntary decision. It provides guidelines for staff to ensure adherence to the legal and ethical requirements of informed consent and informed choice. The policy includes a definition of consent and procedures and how this will be facilitated and obtained. Staff receive orientation and training on informed consent and all staff interviewed, including non-clinical staff, demonstrated that they are cognizant of the procedures to uphold informed consent. The information pack includes information regarding informed consent. The FM or CNL discuss and explain informed consent to residents and whānau during the admission process to ensure understanding. This includes consent for resuscitation and advance directives.</p> <p>There is a resuscitation order and advance directives policy to ensure that the rights of the resident are respected and upheld, and residents are treated with dignity during all stages of serious illness. The policy defines the procedure for obtaining an advance directive and who may or may not make an advance directive. Verbal consent is expected for activities of daily living; and specific consent is sought for end of life care; advance care planning; and a note recorded for resuscitation decision.</p> <p>Informed consent of the resident and/or enduring power of attorney (EPOA) is documented. It includes consent to the release of medical information; medical review by other health professionals; medication administration; blood tests; vaccinations; consent to students; photographs on files and recreational activities. Residents sign a separate consent for media such as posts on the facility's posters/news.</p> <p>File reviews demonstrated that advance directives and resuscitation orders are completed in accordance with policy. When required, advance care planning and EPOAs were initiated and documented.</p> <p>Cultural considerations are identified such as family/whānau support</p>
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		<p>and the involvement of family/whānau in decision making.</p> <p>The informed consent policy and cultural policy acknowledges Te Tiriti and the impact of culture and identity on the determinants of the health and well-being of Māori residents and requires health professionals to recognise these factors as relevant when issues of consent to health care of Māori residents arise. This includes whānau support and involvements in the decision-making, care, and treatment of the resident, provided the resident has given consent for the whānau 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>	<p>FA</p>	<p>The organisation has a complaints policy and process to manage complaints in line with Right 10 of the Code. The complaint process is made available in the admission agreement and explained by the FM or CNL on the resident's admission. The complaint forms and a complaint box are also available in resident areas in the facility.</p> <p>The FM is responsible for managing complaints. There had been six complaints over 2021/2022. A complaints register is in place that includes the name of the complainant; date the complaint is received; the date the complaint was responded to; and the date of the resolution as well as the date the complaint is signed off. Evidence relating to the complaint is held in the complaints electronic base and register. Interview with the FM and a review of complaints indicated that complaints are investigated promptly, and issues are resolved in a timely manner.</p> <p>Interviews with the FM, staff and residents confirmed that residents are able to raise any concerns and provide feedback on services and this includes discussing and explaining the complaints process. Resident and family/whānau interviews confirmed that they are aware of the complaints process. Residents and family/whānau stated that they had been able to raise any issues directly with the FM or CNL.</p> <p>One of the six documented complaints to the facility was also made to and investigated by the DHB. This complaint led to a corrective action plan being activated and changes were made. The facility had implemented the advice provided by the DHB and documented the</p>

		<p>corrective actions implemented. There is one Health and Disability Commission (HDC) complaint with the investigation still open. The facility has made responses to the HDC concerning this complaint and are awaiting the outcome.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Masonic Court rest home is governed by a Trust Board. The governance body meets legislative, contractual, and regulatory requirements with commitment to international conventions ratified by the New Zealand Government. The governance body has an understanding of the obligation to comply with Ngā Paerewa NZS 8134:2021 as confirmed at interview with the Board Secretary.</p> <p>The organisation values were displayed in the facility and in information available to residents and family/whānau and is included in the strategic business plan. Masonic Court rest home is governed by a trust of nine board members with a range of experience and skills including clinical expertise. There are currently Māori representatives at governance level. The Board Secretary described the core competencies that executive management are required to demonstrate, and these include understanding of the services obligations under Te Tiriti, health equity, and cultural safety. Masonic Court's philosophy and values flow from the principles of the free masonry and underpins the business plan, quality goals and objectives. The strategic business plan is developed annually, and has key outcomes which are resident centred, such as resident satisfaction, health and safety, complaints, education, ongoing refurbishment of the facility, new equipment, and a new technology (IT) system and fiscal stability, which are monitored at board meetings. Business plans and goals are reviewed regularly by the Board of Trustees. The organisation has an annual quality and risk management plan, which is developed with input from facility staff. The plan ensures barriers to equitable service delivery for Māori and tāngata whaikaha are addressed.</p> <p>The facility Māori health plan describes how the organisation will ensure equity. The FM described how the facility is introducing the basics of te reo Māori and supports staff to upskill in Māori tikanga. Families/whānau are encouraged to participate in the planning,</p>

		<p>implementation, monitoring, and evaluation of service delivery.</p> <p>The FM oversees the facility's quality and operational performance and holds a weekly meeting with the CEO who visits the facility in person, as well as producing a monthly report for the board.</p> <p>The facility manager is experienced in elderly care management and is responsible for the daily operations for the facility. She is supported by a full-time clinical nurse leader (CNL), who has been in the role for three months, and an assistant manager. The CNL is new to this position and is working under the mentorship of a highly experienced CNL consultant. The CNL is a registered nurse (RN) with a current annual practicing certificate. Both have completed at least eight hours educational training. In the absence of the CNL a registered nurse covers the role and in the absence of the facility manager the assistant manager steps into the role.</p> <p>The service provides rest home and hospital level care for up to 56 residents. Services are provided across two wings with 45 rooms as dual purpose and 11 as rest home only. At the time of the audit, there were a total of 44 residents: 4 residents receiving hospital level care and 40 residents receiving rest home level care. Included in these numbers was one rest home resident on a younger person with disability contract (YPD). At the time of audit all (with the exception of one YPD resident) residents were under the age-related residential care (ARRC) agreement.</p> <p>There are no residents with an occupation rights agreement.</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</p>	<p>PA Low</p>	<p>The organisation has an annually reviewed, executive team approved quality and risk management plan, developed with input from facility staff.</p> <p>The plan outlines the quality and risk management framework to promote continuous quality improvement. There are policies, procedures, and associated systems to ensure that the facility meets accepted good practice and adheres to relevant standards, including standards relating to the Health and Disability Services (Safety) Act</p>

<p>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>2001.</p> <p>There is an implemented annual schedule of internal audits. Areas of non-compliance from the internal audits include the implementation of a corrective action plan with sign off by the FM when completed. Identified trends are raised for discussion within the quality meetings. One outcome from the one corrective action plan this year, resulted in the employment of a task cleaner, whose role is to ensure that areas often left such as handrails etc, are routinely cleaned. This corrective action is still open as the evaluation has not yet occurred.</p> <p>Masonic Court has appointed a representative from each area of service as health and safety committee. They are supported by the health and safety officer (maintenance) who has completed a level two health and safety certification.</p> <p>The facility holds a comprehensive schedule for staff meetings for all staff, that includes but is not limited to, quality, health and safety, staff, infection control and prevention with good staff attendance. Meeting minutes evidenced that a comprehensive range of subjects are discussed, however, no resident or relative satisfaction surveys were held in 2021 to access areas requiring improvement.</p> <p>At interview, through observation and resident meetings it was noted that residents were able to be involved in decision making/choices as well as access to technical aids and technology within the service.</p> <p>Completed hazard identification forms and staff interviews showed that hazards are identified. The hazard register is relevant to the service and has been regularly updated and reviewed.</p> <p>The facility follows the adverse event reporting policy for external and internal reporting (where required) to reduce preventable harm by supporting system learnings.</p> <p>Notifications to HealthCERT under Section 31 were reviewed and were completed for the appointment of the CNL and ongoing reporting</p>
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		<p>of the lack of RN cover for shifts throughout 2021-2022.</p> <p>The organisations commitment to providing high quality health care and equality for Māori is clearly stated within the Māori Health Plan and Policy.</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>Masonic Rest Home policy includes the rationale for staff rostering and skill mix to ensure staffing levels are maintained at a safe level. Interviews with residents, relatives and staff confirmed that staffing levels are sufficient. Rosters reviewed evidenced that staff were replaced when sick by other staff members picking up extra shifts, with some shifts left short or without a registered nurse.</p> <p>Laundry and cleaning staff are rostered on seven days a week.</p> <p>The FM works 40 hours per week, Monday to Friday, and participates in the on-call roster for any non-clinical emergency issues. The CNL works 40 hours per week and is available for clinical support.</p> <p>Due to staff turnover and leave taken, the facility does not have 24/7 RN cover for nightshifts. The FM is currently advertising and recruiting for vacant positions. Three RNs are interRAI trained and caregivers complete Careerforce training in New Zealand Qualification Standards (NZQA) to level four.</p> <p>There is an implemented two-year cycle for training. Topics include (but are not limited to) fire evacuation, pressure injury prevention, chemical safety, hazard management, falls prevention, infection control, manual handling, Health and Disability Code of Rights, continence management, restraint, and challenging behaviour. Staff competencies and education scheduled are relevant to the needs of aged care residents.</p> <p>Staff are encouraged to complete New Zealand Qualification Authority (NZQA) qualifications in Health and Wellbeing through Careerforce. Currently there are eight caregivers who have achieved level 2, four who have achieved level 3 and six who have achieved level 4.</p>

		<p>Support systems promote health care and support worker wellbeing, and a positive work environment was confirmed in staff interviews. Employee support services are available as required, as well as support for staff and whānau during Covid-19 lockdowns.</p> <p>The service collects resident ethnicity to inform data regarding Māori health information.</p>
<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>	<p>FA</p>	<p>Human resource management follow policies and procedures which adhere to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisation's policy is consistently implemented and records maintained. The recruitment processes include police vetting; reference checks; signed contract agreements and job descriptions. Current practising certificates were sighted for all staff and contractors who require these to practice. Personnel involved in driving the van held current driver licences and first aid certificates.</p> <p>Non-clinical staff include household and laundry personnel, a maintenance person, and kitchen staff.</p> <p>There is a documented and implemented orientation programme and staff training records show that training is attended. There was recorded evidence of staff receiving an orientation, with a generic component specific to their roles, on induction. Staff interviews confirmed completing this and stated it was appropriate to their role.</p> <p>Annual performance appraisals were completed for all staff requiring these and three-monthly reviews had been carried out for newly appointed staff.</p> <p>Staff competencies and scheduled education are relevant to the needs of aged care residents including those receiving hospital level care.</p> <p>Records show that staff ethnicity data is not yet collected, recorded, and used in accordance with Health Information Standards Organisation (HSO) requirements. Staff meeting minutes reviewed</p>

		show that staff have the opportunity to be involved in debriefing and discussion following incidents. Support for staff wellbeing is provided as required.
<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> <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>	FA	<p>Residents' records are managed in a paper-based format, while medicines are managed in an electronic system. Residents' information, including progress notes, is entered into the resident's record in an accurate and timely manner. The name and designation of the person making the entry is identifiable. Residents' progress notes are completed every shift, detailing residents' response to service provision.</p> <p>There are policies and procedures in place to ensure the privacy and confidentiality of resident information. Staff interviews confirmed an awareness of their obligations to maintain the confidentiality of resident information. Resident care and support information can be accessed in a timely manner and is protected from unauthorised access. Any hard copy information is locked away when not in use. Documentation containing sensitive resident information is not displayed in a way that could be viewed by other residents or members of the public.</p> <p>Each residents' whānau and resident information is maintained in an individual, uniquely identifiable record. Records include information obtained on admission, with input from the residents' family where applicable.</p> <p>The clinical records are integrated, including information such as medical notes, assessment information and reports from other health professionals.</p> <p>National Health Index (NHI) registrations of people receiving services meet the recording requirements specified by the Ministry of Health.</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</p>	FA	Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Admission information packs are provided for families and residents prior to admission or on entry to the service. Admission agreements reviewed aligned with all

<p>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>contractual requirements. Exclusions from the service are included in the admission agreement. Family member and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. The service has policies and procedures to support the admission or decline entry process. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The facility manager or clinical nurse leader are available to answer any questions regarding the admission process and a waiting list is managed. Declining entry would only be if there were no beds available or the potential resident did not meet the admission criteria. Potential residents are provided with alternative options and links to the community if admission is not possible.</p> <p>The service collects ethnicity information at the time of admission from individual residents. The service is working on a process to combine collection of ethnicity data for the purposes of identifying entry and decline rates for Māori. A local kaumātua visits the facility on a regular basis. The service also has relationships with local Māori providers.</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>A sample of seven resident files were reviewed: two hospital level, five rest home including one younger person with disability (YPD). There is evidence of resident and whānau involvement in the interRAI assessments, and long-term care plans reviewed. This is documented in paper-based progress notes and family contact forms. The service is in a planning process to move an electronic resident care system, there is an electronic medication system in place. The care plan policy and procedure guides staff around admission processes, required documentation including interRAI, risk assessments, care planning, the inclusion of cultural interventions, and timeframes for completion and review of care plans.</p> <p>The resident on the YPD contract has assessments completed on admission which has informed the long-term care plan. Care plan interventions included input from the resident, activities assistant and the multi-disciplinary team including the physiotherapist. Tāngata whaikaha are supported to participate in the care planning and goal development process and are made aware of multi-disciplinary</p>

	<p>services including (but not limited to) the physiotherapist and occupational therapist services.</p> <p>Admission assessments were completed by the CNL and registered nurses (RNs), initial care plans were developed within 24 hours of admission. Long-term care plans were developed based on a range of clinical assessments, including interRAI, referral information, resident, and family input. The interRAI assessments and care plans were completed within three weeks of admission. All residents had current interRAI assessments completed, and the relevant outcome scores have supported care plan goals and interventions in the reviewed files.</p> <p>The clinical documentation policy included the model of care, and the CNL stated the model of care is person-centred and encourages and promotes independence. The care plan aligns with the service's model of person-centred care. Risk assessments are conducted on admission relating to falls risk, challenging behaviour, pressure injury, skin integrity, dietary profiles, and pain. Cultural and social assessment are completed with assessment of residents' strengths, goals and aspirations and aligns with their values and beliefs in the planning process. When a resident's condition alters, the CNL initiates a review with the NP /GP. Family/whānau are notified of all changes to health including infections, accident/incidents, GP visits, medication changes and changes to health status. A family contact sheet records family notifications and discussions. Residents and relatives interviewed confirm they are involved in the care planning and review processes, relatives interviewed confirmed they are well informed of any changes in their residents condition.</p> <p>The service is reviewing systems and processes to continue supporting Māori to identify their own pae ora outcomes. Review found assessment and long-term care specific to the needs of Māori culture. Residents interviewed reported their needs and expectations were being met. Care plans reviewed reflected the support needs of residents, and the outcomes of the integrated assessment process and other relevant clinical information. The support required to achieve these is clearly documented and communicated. Caregivers interviewed described a verbal and written handover at the beginning</p>
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		<p>of each duty that maintains a continuity of service delivery. The written handover document sighted was sufficient to guide caregivers. Progress notes are written daily by caregivers, and RNs further add to the progress notes if there are any incidents or changes in health status.</p> <p>Medical assessments by the nurse practitioner (NP) were completed within five working days of admission, or as clinically indicated, and reviewed when a resident's condition changes, or monthly by NP visit and as required, unless the resident's condition is documented as stable. A full medical review occurs every three months and includes members of the multidisciplinary team. This was verified in reviewed residents' records and interviews with the Nurse practitioner (NP). Care plans were reviewed at least six-monthly, with short term care plans reviewed weekly or earlier if clinically indicated. Examples were sighted of referrals made to the NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated. The NP interviewed reported that the service is providing a comprehensive level of care; medical orders are carried out in a timely manner and staff are very proactive at contacting the NP should a resident's condition change.</p> <p>Care staff confirmed that care was provided as outlined in the documentation. A range of equipment and resources are available and suited to the levels of care provided and in accordance with each residents' needs. Systems are in place to promote continuity of care, such as detailed progress notes, verbal handover at the start of each shift, written handover sheets sighted. Wound assessments, wound management plans with body map, photos and wound measurements were reviewed for eight residents with wounds (skin tears, skin conditions, ulcers, and cellulitis). There was one resident with a pressure injury (stage 2) on the day of audit which was healing. A wound register is maintained.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p>	<p>FA</p>	<p>The activities programme is provided by an activities assistant. The activities assistant has enrolled in a national certificate in Diversional Therapy. Individual activity plans were seen in resident files reviewed. Monthly progress notes and six-monthly evaluations are maintained.</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>The individualised activities plan for residents are made in association with the RNs and are incorporated into the interRAI assessment and care plan documents (sighted).</p> <p>The service receives feedback and suggestions for the programme through a one-to-one interview with residents, or monthly meetings with resident and family. The activities programme is displayed prominently for residents to plan attendance.</p> <p>A comprehensive assessment and history are undertaken upon the resident's admission to ascertain individual needs, interests, abilities, and social requirements.</p> <p>A resident lifestyle profile and activity assessment informs the activities plan. The activities are varied and cater for all residents, either as group participation activities, or individual activities. Activities include outings, as well as indoor and outdoor activities on site. The residents' religious and cultural preferences are considered in the planning of activities. Residents and family members interviewed expressed satisfaction with the activities programme, and said they were included in the planning of the programme.</p> <p>Community visitors include entertainers, and church services when Covid restrictions allow. Residents are encouraged to maintain links to the community such as the talk tea meetings and occasions celebration. The activities planner includes music entertainment, van trip (stopped due to covid 19 restrictions plan to restart), celebrations and birthdays, exercises, crossword, bowls, word build, quiz, crafts. Other activities covers daily news, cooking sessions, dog therapy, short stories, and Māori colour therapy.</p> <p>The service promotes staff education on Māori culture values, beliefs and practices and training on Te Reo Māori language to greet Māori residents and whanau in their language, there is a number of Māori staff in the service workforce. Residents identifying as Māori will be offered the opportunity to have whanau representation contacted and present on admission and care planning. The service celebrates</p>
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		<p>Māori specific cultural days and Matariki is on the activities plan.</p> <p>There is a designated activities lounge and meeting rooms and separate dining rooms where group activities can occur. One-on-one activities such as individual walks, chats, newspaper readings occur for residents who are unable to participate in activities or choose not to be involved in group activities.</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>The medication management policy is current and identifies all aspects of medicine management in line with the medicines guidelines for aged care and scope of services. An electronic medication management system has been implemented. There are policies and procedures in place for safe medicine management. Fourteen electronic medication charts were reviewed and met prescribing requirements. Medication charts had photo identification and allergy status notified. The NP/GP had reviewed the medication charts three-monthly and discussion and consultation with residents and family takes place during these reviews. This was evident in the medical notes reviewed and NP interviewed. 'As required' medications had prescribed indications for use, however, outcomes and effectiveness had not been completed in the sample medication charts reviewed. Standing orders are not in use.</p> <p>The service uses a pre-packed robust medication system. Administering medication followed medication guidelines requirements and was observed during medication round. Staff who administer medicines were assessed as competent and evidence was sighted. All medication packs received and checked by the RN on delivery against medication charts every month. Medication reconciliation is conducted by registered nurses.</p> <p>There was one resident who self-administering medications at the time of audit. Appropriate processes were in place to ensure this was managed in a safe manner. Documentation of self-medication administration was completed in the resident's care plan, assessment and consent forms were sighted in the resident's file. Regular reviews of self-medication administration were completed every three months. During interview, the resident reported that they were comfortable with</p>

		<p>the process, and they had regular contact with the nurses. Resident's medication was kept secure in the resident's room. The staff interviewed confirmed service works in partnerships with the Māori residents, ensuring that Māori resident receive appropriate support, advice, and treatment for medical conditions.</p> <p>Over the counter medications are prescribed on the electronic medication system as requested by the resident and stored as other medications. Medications are supplied to the facility in a pre-packaged format from a contracted pharmacy. Regular medications and 'as required' medications are administered from prepacked blister packs. The CNL checks in the medications against the prescriptions and signs and dates them. All medications charts sighted were within current use by dates.</p> <p>Internal audits were completed around medication management, however, there were 'as required' medication in stock which had expired. Medication refrigerators had not been consistently checked to ensure they were within the required temperature range, and there had been no six-monthly stock check and reconciliation of controlled drugs noted in the controlled drug register.</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>FA</p>	<p>The food service is provided on site with a cook and kitchen team and is in line with recognised nutritional guidelines for older people. There is a four-weekly seasonal rotating menu in use. The menu is planned around feedback on the meals from residents/whānau. This is through the monthly resident meetings which are attended by the chef, and on a one-to-one basis. The chef reported that opportunity is provided to family to participate in food preparation if requested. Evidence of residents' satisfaction with meals was verified by resident and families/whānau interviews, and from residents' meeting minutes.</p> <p>Food is delivered in heat-maintained food service trolleys to residents in the dining room. Residents may choose to have meals in their rooms. Meals are served warm in sizeable portions required by residents and any alternatives are offered as required. Snacks and drinks are available for residents when required. The food menu has been reviewed and approved by a registered dietitian on 23 April</p>

		<p>2021. A nutritional assessment is undertaken for each resident on admission to the facility and a dietary profile developed. The kitchen receives resident dietary forms and is notified of any dietary changes for residents. Dislikes and special dietary requirements are accommodated including food allergies. The menu provides pureed/soft meals. The service caters for residents who require texture modified diets and other foods. The residents' weights are monitored monthly and as required, supplements are provided to residents with identified weight loss issues.</p> <p>The kitchen has a current food control plan certificate. Kitchen staff completed training in food safety/hygiene. The kitchen and pantry were sighted and observed to be clean, tidy, and stocked. Labels and dates are on all containers and records of food temperature monitoring, fridges, and freezers temperatures are maintained. Regular cleaning is conducted. There is a kitchen manual and a range of policies and procedures to safely manage the kitchen and meal services. The kitchen caters for resident diet with different cultural beliefs, values, and protocols around food. Staff completed training in food safety and food handling, infection control, handwashing, and hygiene.</p> <p>The service can incorporate Māori residents' cultural values and beliefs into menu development and food service provision.</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</p>	FA	<p>There were documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. Planned exits, discharges or transfers were coordinated in collaboration with the resident and whānau to ensure continuity of care. The transfer and referrals to other specialists is managed in collaboration by the nursing team and the NP/GP, with an escort as appropriate. The process facilitates and supports residents to access or seek other health and/or disability service providers as required. At the time of transition between services, appropriate information is provided for the ongoing management of the resident, there was evidence on file of transfer documentation for one resident sent to hospital which included a resident profile including contact details of next of kin, resuscitation status and medication chart. Copies of</p>

<p>coordinate a supported transition of care or support.</p>		<p>referrals were sighted in residents' files. The resident and the family/whānau are kept informed of the referral process, as verified by documentation and interviews with family and residents. Any acute/urgent referrals are attended to immediately, such as sending the resident to accident and emergency in an ambulance if the circumstances dictate. The residents and their families were involved for all exits or discharges to and from the service. Referrals were documented in the progress notes in the reviewed files.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness is displayed in the entrance to the facility. Buildings, plant, and equipment comply with relevant legislation.</p> <p>A preventative and reactive maintenance schedule is implemented. This includes monthly maintenance checks of all areas and specified equipment such as hoists. Staff identify maintenance issues on a form. This information is reviewed by the maintenance person and prioritised. Interviews confirmed staff awareness of the processes for maintenance requests and that repairs were conducted in a timely manner.</p> <p>Interviews with staff and visual inspection confirmed that there is adequate equipment available to support care. The facility has an up-to-date annual test and tag programme. Evidence of checking and calibration of biomedical equipment such as hoists was sighted.</p> <p>Hot water temperatures are monitored daily, and a process is in place to ensure prompt action is taken in the event of anomalies. A review of recorded hot water temperatures and interview with the maintenance person confirmed that temperatures have been maintained at the recorded safe temperature.</p> <p>All resident areas can be accessed with mobility aids. There are accessible external areas and courtyard gardens. External areas have outdoor seating and shade accessible by residents and their visitors.</p> <p>There are adequate numbers of accessible showers, hand basins and toilets throughout the facility with communal toilet/bathing facilities and</p>

		<p>visitors' toilets.</p> <p>Communal toilets have a system to indicate vacancy and have disability access. Visitors' toilets and residential toilets are located close to communal areas. All shower and toilet facilities have call bells; sufficient room, approved handrails, and other equipment to facilitate ease of mobility and to promote independence.</p> <p>Residents have their own room, and each is sufficient size to allow residents to mobilise safely around their personal space and bed area with mobility aids and assistance.</p> <p>Observation and interviews with residents confirmed there is enough space to accommodate: personal items, furniture, equipment, and staff as required. Observations and interviews with staff confirmed that space for hoists, wheelchairs and walking frames is satisfactory.</p> <p>Most residents were observed to have their meals with other residents in the communal dining rooms but can have their meals in their room if they wish.</p> <p>All residents' rooms and communal areas accessed by residents have safe ventilation and at least one external window providing natural light. Resident areas in the facility are heated in the winter. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed in interviews with residents and staff.</p> <p>There is a dedicated outdoor area for residents who smoke.</p> <p>There are no plans for buildings or renovations, however the management report they would be open to consultation with Māori representatives to ensure the Māori aspirations are upheld.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service</p>	<p>FA</p>	<p>Staff and training records demonstrated that orientation and mandatory training includes emergency and disaster procedures and fire safety. An approved fire evacuation plan was sighted. Interviews with staff and review of documentation confirmed that fire drills are</p>

<p>provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>		<p>conducted at least six monthly. There is a sprinkler system installed throughout the facility and exit signage displayed. Staff interviews, and training records confirmed that fire wardens received warden training and staff have undertaken fire training. Fire drills are held six monthly (last held in January 2022).</p> <p>The staff competency register evidenced that there is a system to ensure staff maintain first aid currency.</p> <p>The facility has sufficient supplies to sustain staff and residents in an emergency. Alternative energy and utility sources are available in the event of the main supplies failing. These include the availability of a generator, a gas barbeque for cooking, emergency lighting, and enough food, water, dressings, and continence supplies. The facility's emergency plan includes considerations of all levels of resident need.</p> <p>Call bells are available to summon assistance in all resident rooms, and bathrooms. Call bells are checked monthly by the maintenance person. Observation and resident interviews confirmed that call bells are answered promptly.</p> <p>Security systems are in place to ensure the protection and safety of residents, visitors, and staff. These include visitors signing in and out of the building and the facility being locked in the evenings with restricted entry after hours.</p> <p>Family/whānau are aware of the security measures and fire systems.</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</p>	<p>FA</p>	<p>The service has implemented an infection prevention (IP) and antimicrobial stewardship (AMS) programme to minimise the risk of infection to residents, staff, and visitors. The IP&AMS management is appropriate to the size and the scope of the service. The CNL oversees infection control and prevention across the service. The job description outlines the responsibility of the role. Infection control is linked into the quality risk and incident reporting system. The infection control programme is reviewed annually, and infection control audits are conducted twice a year.</p>

<p>the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>		<p>The service's management attend the quality improvement meetings where infection matters are reported. Infection rates are presented and discussed at quality meetings. Infection control is part of the strategic and quality plans. The service has access to an infection prevention clinical nurse specialist from the local DHB. The CNL has access to resources for information and education, which include DHB, laboratory, and NP and GP. The programme is guided by a comprehensive and current infection control manual, with input from specialist services. The IP&AMS programme and manual are reviewed annually. Infection prevention matters, reports including surveillance results, are reported monthly to the management team, and tabled at the quality improvement committee meeting. There is a notice at the main entrance to the facility requesting anyone who is or has been unwell in the past 48 hours with an infectious condition, not to enter the facility. The infection control manual provides guidance for staff about how long they must stay away from work if they have been unwell. Staff interviewed understood these responsibilities. Residents have received three doses of the Covid-19 vaccination, three residents have not received this due to resident/family/EPOA request. Staff were offered the influenza vaccine.</p> <p>There are hand sanitisers strategically placed around the facility. Ministry of Health traffic light controls are followed for the management of Covid-19 and visitor controls are in place and all staff perform a rapid antigen test (RAT) daily. There were no residents with Covid-19 infections on the days of 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</p>	<p>FA</p>	<p>The infection prevention and antimicrobial stewardship coordinator (IP&AMS) has been in the role for six months and has completed external training in infection prevention and control and attended relevant infection control study days, as verified in training records sighted. Additional support and information are accessed from the infection control team at the local DHB, the community laboratory, the NP, GP, and public health unit, as required. The CNL has access to residents' records and diagnostic results to ensure timely treatment and resolution of any infections. The CNL and interviewed staff confirmed the availability of resources to support the programme and any outbreak of an infection. The CNL has completed online training on infection control by external provider. During Covid-19 lockdown</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>there were regular zoom meetings with the DHB Age Residential Care clinical nurse specialist (CNS) which provided a forum for discussion and support for facilities.</p> <p>The infection prevention manual outlines a comprehensive range of policies, standards, and guidelines. The manual includes defining roles, responsibilities of the infection prevention team, and the training and education of staff. Annual review and approval of the infection prevention programme has been completed. Approval on policies and minutes of meeting sighted, the IP&AMS policies developed were by an external provider, the programme is linked to the incident reporting and quality improvement programme and also links with DHB Zoom meetings on Covid-19 preparation and management.</p> <p>Staff orientation and education on infection prevention and control is conducted by the CNL. A record of attendance is maintained and was sighted. The training education information pack is detailed and meets current best practice and guidelines. Infection control educational posters displayed all around the facility. Staff interviewed confirmed an understanding of how to implement infection prevention and control activities into their everyday practice. The CNL is involved in the purchase process of medical devices and consumables used in the resident's care. The infection control manual includes a clear outline of the role of the IC committee, participation in the quality committee and in the process of designing and renovations of the facility.</p> <p>The service has a Covid-19 Outbreak pandemic management plan and prevention plan which includes preparation and planning for the management of lockdown, communication channels, screening, transfers into the facility and notification of positive tests should this occur. The service has access to personal protective clothing (PPE) supplies. There are outbreak kits readily available and sufficient additional supplies are stored in a personal protective equipment cupboard and throughout the facility. Infection control outbreak prevention and management related policies are available to staff in a pandemic folder. Infection control precaution standards and isolation to prevent hospital acquired infections (HAI) are in place. There were hand basins available for staff to wash hands with flowing soap and</p>
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		hand towels available. Staff were observed to perform good hand hygiene. There are policies and procedures in place around reusable and single use equipment. All shared equipment is appropriately disinfected between use. The external contractor responsible for policy development is working towards incorporating translation to te reo Māori information around infection control for Māori residents and encouraging culturally safe practice.
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has anti-microbial use policy and procedures which have been developed by an external consultant and are appropriate for the size and scope of the service. A report on the AMS programme is submitted to the management and quality committee. The monitoring process includes evaluation and monitoring of medication prescriptions, report on the antibiotic use and monitoring data submitted through a monthly report to the quality meeting. The CNL and RNs have monitoring tools if antibiotics are prescribed, and they communicate with the GP&NP if any concerns. As per criteria there is no antibiotics prescribed for prophylactic use, the CNL verifies the prescription with laboratory lab results, and resident clinical symptoms.</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>	FA	<p>The infection prevention surveillance is an integral part of the IP&AMP programme and is described in the service policies and procedures. The surveillance programme is appropriate for the size and complexity of the organisation. The Infection prevention surveillance is an integral part of the IP&AMP program and is described in the service policies and procedures. Infection data is collected, monitored, and reviewed monthly and includes infections of the urinary tract, skin, eye, gastro-intestinal, the upper and lower respiratory tract, gastro-intestinal and multi resistant organisms. The data is collated and analysed to identify any significant trends or common possible causative factors and action plans are implemented. Staff interviewed reported that they are informed of infection rates at monthly staff meetings and through compiled reports. The NP & GP are informed within the required timeframe when a resident has an infection. The service is working on including ethnicity to infection control data.</p> <p>There have been no outbreaks since the previous audit. There were</p>

		no residents with Covid on the day of the audit. The audit was conducted in the orange traffic light system.
<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 transmission of antimicrobialresistant organisms.</p>	FA	<p>There is documented policy and processes for the secure storage and management of recycling, waste, infectious and hazardous substances. Appropriate signage is displayed. Staff received training by external supplier of chemicals and cleaning products. Waste is collected at scheduled intervals by contractors and the local council weekly. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Material safety data sheets are available where chemicals are stored, and staff interviewed knew what to do should any chemical spill/event occur. Posters provide a summary about the use of chemicals on site. Posters, and sharps boxes are in the medication room. Toiletries and cleaning chemicals are locked up in a storage room. Personal protective equipment is readily available. Staff were observed to be using personal protective equipment, including changing gloves after every procedure. Used continence and sanitary products are disposed of appropriately in proper disposal containers stored in a safe place outside.</p> <p>There are policies and procedures to provide guidelines regarding safe and efficient laundry services. There is separation of a clean and dirty area. All personal clothing, bedspreads and blankets are processed on site by the laundry staff and caregivers. There are three housekeepers who cover a seven-day cleaning roster. The cleaners' trolleys were always attended and are stored safely when not in use. All chemicals on the cleaner's trolley were labelled. There was appropriate personal protective clothing readily available. The linen cupboards were well stocked. Cleaning and laundry services are monitored through the internal auditing system and the chemical provider who also monitors the effectiveness of chemicals and the laundry/cleaning processes. The washing machines and dryers are checked and serviced regularly. Staff have completed chemical safety training, as evidenced from observation and staff interviewed.</p>
Subsection 6.1: A process of restraint	FA	The restraint policy confirms that restraint use, and application must be done in partnership with families, and the choice of device must be

<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>the least restrictive possible. The policy described the process of approvals to be taken prior to restraint use interventions. The facility was restraint-free on the days of audit. The CNL is the restraint coordinator. The restraint coordinator described the focus on maintaining a restraint-free facility, implementing de-escalation techniques and alternative interventions at times when restraint is considered. The service works in partnership with Māori, to promote and ensure services are mana enhancing. The CNL confirmed the service is committed to providing safe care to residents without use of restraint. The use of restraint would be reported in the quality and staff meetings. Restraint is part of orientation and training is provided annually or as necessary. Staff orientation and training on de-escalation intervention and behavioural challenges management is provided annually and through handover sessions as required. Staff interviewed showed a good understanding of restraint use, and care of resident with restraints.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Low	Annual resident and relative satisfaction surveys have not been completed to access areas requiring improvement.	There were no resident or relative satisfaction surveys completed in 2021.	Ensure resident and relative satisfaction surveys are held annually. 90 days
Criterion 2.3.1 Service providers shall ensure there are sufficient health care and support workers on duty at all times to provide culturally and clinically safe services.	PA Low	There is not 24/7 RN cover for the facility as required under the ARRC agreement, utilising level four trained caregivers to cover, and active recruitment of RNs is ongoing. The ongoing staffing issue is continually escalated, and the organisation are committed to problem solving to reduce risk whilst staffing issues continue to create gaps in the roster and impact of care delivery. Findings in this audit relating to staff shortages should be read in the context of a national health workforce shortage at the time of audit.	There were no RNs rostered or available to fill the night shifts.	The service is to ensure there is 24/7 RN cover to provide culturally and clinically safe services. 180 days

<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA</p> <p>Moderate</p>	<p>There are policies and procedures in place for safe medicine management. Medications are stored safely in a locked treatment room; however these had not been followed in respect to effectiveness of PRN medications, expiry dates of medications, storage of refrigerated medications and pharmacy oversight of controlled drugs.</p>	<p>(i) The outcomes of administered PRN medications had not been documented either in the progress notes or electronic system for effectiveness.</p> <p>(ii) 'As required' medications were not checked for expiry date and were still in use.</p> <p>(iii) Medication refrigerator daily checks had not been consistently carried out (gap of up to 10 days).</p> <p>(iv) Controlled drugs had not had oversight and checks carried out six monthly by a pharmacist.</p>	<p>(i) Ensure that effectiveness of administered PRN medication is documented.</p> <p>(ii) Ensure expiry dates are checked and out of date stock is returned to the pharmacy and recorded.</p> <p>(iii) Ensure that medication refrigerators are temperature monitored to ensure they are within the correct range.</p> <p>(iv) Ensure that all controlled drugs are checked and reconciled by the pharmacist six monthly and this is recorded in the controlled drugs register.</p> <p>60 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, 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.