

Masonic Care Limited - Woburn Masonic Care

Introduction

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

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

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

The specifics of this audit included:

Legal entity:	Masonic Care Limited
Premises audited:	Woburn Masonic Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 12 April 2023 End date: 12 April 2023
Proposed changes to current services (if any):	Rebuild of the Woburn Masonic Care facility and increase in bed numbers from 31 to 63 in a total of 62 rooms.
Total beds occupied across all premises included in the audit on the first day of the audit:	0



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.

General overview of the audit

Masonic Care Limited – Woburn Masonic Care currently provides rest home and hospital (medical and hospital - geriatric care) for up to 31 residents at a site in Manor Park. Occasionally respite care is provided, along with support for young people with disabilities who are alike in age and interest.

This partial provisional audit took place at the proposed new site of Woburn Masonic Care in Woburn, Lower Hutt, where the facility has been completely rebuilt and increased in size from 31 rooms to 62 rooms which will provide accommodation for up to 63 residents. There is no change to the type of services to be provided.

This audit process included review of residents' and staff files, observations and interviews with managers, staff and a nurse practitioner who provides health care services to all residents at Woburn Masonic Care. The Manor Park temporary location was not visited as part of this audit.

Improvements are required prior to occupancy of the new site to ensure that the requirements of the building regulations are met, the evacuation plan is approved, all essential equipment has finished being installed. Other improvements are required for the provider to develop a process to monitor how service providers are identifying and removing barriers to equitable service delivery and to commence the antimicrobial surveillance. Improvements have been made to the effective implementation of their recruitment and selection policy and procedures and the provision of appropriate food choices to meet the needs of all residents. These address those areas requiring improvement at the previous audit.

Ō tatou motika | Our rights

Not applicable to this audit

Hunga mahi me te hanganga | Workforce and structure

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti o Waitangi and planning to reduce barriers and to improve outcomes for Māori and people with disabilities.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance is monitored and reviewed at planned intervals.

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

Medicines are provided by trained and competent staff. Policies and procedures meet practice and legislative requirements. The constructed facility and planned medicines management system and staffing will meet the needs of current residents and when at capacity.

The kitchen and planned food service has been built and planned to meet the needs of all residents when Woburn Masonic is at capacity. The contracted service has the capability to provide the required service.

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

The reconstructed facility will meet the needs of residents. It was in the final stages of construction and was being finished to a high standard. The certificate of Public Use had been requested and due to be issued two weeks after the audit. Electrical equipment has been tested as required. External areas have been designed to be accessible, safe and provide shade and seating, and to meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff understood emergency and security arrangements. Security is maintained.

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

Infection prevention is considered at all levels in the organisation. Work is underway to align infection prevention practices with te ao Māori. Processes are in place to monitor rates of infections and will extend to the monitoring of antimicrobial surveillance.

Waste management, cleaning and laundry services have policies and procedures to guide practice and their effectiveness is monitored.

Here taratahi | Restraint and seclusion

Not applicable to this audit

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	8	0	4	0	0	0
Criteria	0	72	0	5	0	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 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>	PA Low	<p>The governing body assumes accountability for delivering a high-quality service through:</p> <ul style="list-style-type: none"> • supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti • defining a governance and leadership structure, including for clinical governance that is appropriate to the size and complexity of the organisation • appointing an experienced and suitably qualified person to manage the service • identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals • demonstrating leadership and commitment to quality and risk management • being focused on improving outcomes for Māori and people with

		<p>disabilities</p> <p>A sample of reports to the board of directors showed adequate information to monitor performance is reported. This includes information drawn from regular residents' meetings and feedback from family/whānau.</p> <p>The general manager for care facilities (GM) confirmed knowledge of the sector, regulatory and reporting requirements and maintains currency within the field. They have been in the role with Masonic Care for 18 months and report directly to the chief executive officer CEO.</p> <p>A Māori Health plan has been developed and signed off by the Trust board. Development of links with local iwi in the Woburn/Lower Hutt vicinity were evident. There was evidence of a planned Te Tiriti training session specifically for board members scheduled for early June 2023 and one board member identifies as Māori and provides advice to the board in relation to te ao Māori. There are two other Trust board members who work in senior roles in the health sector. The Māori health plan includes development of a Taumata advisory group, drawn from the local iwi of each care facility and appointment of a cultural advisor. Links are being established with the iwi in the Woburn/Lower Hutt region through an iwi health collective and evidence of this was reviewed. However, there is no monitoring or reporting process to determine whether service providers are identifying barriers to equitable service delivery for Māori.</p> <p>The service holds contracts with their Te Whatu Ora for non-aged residential care and respite care. On the day of the audit 23 residents were receiving services under the contract with the regional hospital – four people at hospital level and nineteen at rest home level.</p> <p>All residents were still living at Woburn Masonic's temporary location at Manor Park referred to as Kelvin House. This location is a wing of another, certified aged care facility and overnight registered nurse (RN) cover is provided by this facility. The reconstructed Woburn site will be reopening on 10 May 2023 and the existing residents will return there on that day.</p>
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<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>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. The acting facility manager reported there were adequate staff to complete the work allocated to them. Rosters for the two weeks at the time of the audit were reviewed and reflected safe levels for the number of residents living at Kelvin House. Rosters for the date of the planned opening were not available, being one month from the date of the audit; however, there was sufficient evidence available to confirm that adequate service providers are available to support existing residents and the provider is prepared as numbers increase after reopening of the reconstructed site.</p> <p>In preparation for the re-opening of Woburn Masonic Care in its reconstructed site, recruitment of additional RNs, health care assistants (HCAs) and housekeeping (cleaners and laundry staff members) is underway. There is a full complement of staff for the reopening date to support the current residents and their acuity. This includes a permanent facility manager (FM) who has worked in aged care for 23 years, has a current practising certificate, has been police-vetted, and reference and identity checked after a robust recruitment process. The FM will be supported by a clinical nurse leader (CNL) who has been in their position at Woburn Masonic Care – Kelvin House for six months and who is similarly skilled and experienced for the role. Additional RNs are either already employed or were going through the recruitment process on the day of audit and were awaiting the final stages of selection.</p> <p>The current HCA workforce are employed on permanent contracts for up to 80 hours per fortnight with a guaranteed minimum of 64 hours per fortnight. They are all working their guaranteed minimum hours with a 1 to 6 ratio of HCAs to residents. The housekeeping team is made up of designated cleaning and laundry staff members respectively, to provide housekeeping services seven days a week and to have a pool of staff members to allow for leave and days off.</p> <p>At least one staff member on each duty has a current first aid certificate. Woburn Masonic Care at Kelvin House currently provides RN cover from 7am until 11pm. The adjacent aged care facility, which has two RNs on duty overnight, seven days a week, provides overnight RN cover as needed. This is being done through a dispensation and as part of the</p>
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<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 resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. This included a finding at the provider's previous onsite audit which involved the validation of qualifications and identities, reference checking, police or criminal record checking, immigration status and recruitment records. All personnel files reviewed had evidence of these actions having occurred and the appointment of service providers for safe service provision taking place.</p> <p>Staff performance is reviewed and discussed at regular intervals. Documented evidence was seen on the personnel files reviewed confirming that this occurs and that appraisals are up to date. Ethnicity data is recorded and used in line with health information standards.</p> <p>As part of the planning for the re-opening at the Woburn Masonic site, there are two orientation sessions planned for all staff members. Staff will attend on either 3rd or 4th May 2023, depending on their availability.</p>

		<p>This is a site specific orientation and includes the requirements for fire safety/evacuation, familiarisation with the new facility's layout, locations of the staff room/nurses stations and storage rooms and other structural/ equipment/ physical site related details and locations. All staff will take part in a trial evacuation. Allocation of existing residents' rooms will also have been completed and each resident's location within the facility will be included in the orientation. Residents will have their own familiarisation to the new site. A programme of activities was included in the commissioning plan to assist residents with the transition back to the Woburn site. This commences with the 'open house' over the weekend prior to the move-in date of 10th May 2023.</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>FA</p>	<p>The medicine management system in current use at Manor Park/Kelvin House will be transferred to the new Woburn site; this includes the procurement of medicines from the local pharmacy and the oversight of care from the current general practitioner and a nurse practitioner. Policies are in place to support all medicine management processes and include a section on self-administration of medicines. The manager confirms that none of the current residents are self-administering medications.</p> <p>The medication room layout at the new site includes keypad access, adequate lighting, a cooling system and set locations for the medicines fridge and the controlled drug safe. There is awareness amongst the building contractor and key staff about the requirements for a medicines room. The medicines fridge and controlled drug safe will be transferred over to this site from Manor Park. The contractor has advised this will be in place and tested prior to opening. (See area for improvement in 4.1.2). Medicines management is currently being conducted in a timely manner with the staff and equipment available. The plan for the new site includes the purchase of one additional medicine trolley and the employment and training of additional staff to continue the timely provision of medicines to residents on both floors of the building.</p> <p>The current system in place for medicines management is supported using the electronic medicines management system 'Medimap'. A sample of current medicine files reviewed on Medimap confirmed there were processes to update photographs, document allergies, prescribe</p>

		<p>medicines, including over the counter options, conduct monthly and three-monthly reviews, receive, and check in residents' medicines, and report variances. All medicines were prescribed, and no standing orders were in use. The CNL reports monthly on variances to the quality and risk team.</p> <p>Medical, nursing and health care assistants providing medicines are competent in their roles to do so. The nurse practitioner and staff were aware of the new requirements of the standard and continue to explore suitable links to inform their care of Māori residents. Of the 23 residents two identify as Māori and neither of these residents have requested additional support with medicines. Staff confirmed their confidence that whānau of these residents advocate on their behalf and are included in meetings and communications where new treatments are prescribed.</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 for Woburn Masonic includes a new commercial sized kitchen and contracted food preparation with all meals to be cooked on site. The kitchen set up includes commercial-sized cooking appliances, warmers to hold cooked food, adequate ventilation, food storage, dry and cold areas, work benches, hot water supply, fire extinguisher holders, bench space for meal preparation and areas for food waste disposal. Installation of the fridge/freezers, dishwashers and other parts of the build are yet to be complete and tested. The contractor has advised this will be in place and tested prior to opening. (See area for improvement in 4.1.2). The kitchen and related storage areas can accommodate catering requirements for 63 residents and may also be used to prepare meals for a second site.</p> <p>There are two dining areas and a full-sized kitchen on the ground floor. On the first floor is a separate dining area with a smaller kitchen where plated food will arrive and be delivered to residents. All dining areas are spacious, well-lit, accessible and will comfortably accommodate 63 residents.</p> <p>Woburn Masonic has contracted an external catering company to prepare the meals onsite for their residents. Staff will serve the meals provided. A food control plan has been registered with Ministry of Primary Industries (MPI) for this site and has an expiry date of 30 March</p>

		<p>2024. A third-party audit agency is contracted to provide verification services for MPI to the registered food control plan, this will occur once the site is functional. Seasonal menus prepared have been reviewed by a dietitian in May 2022 and two areas identified for improvement have been addressed. The next scheduled review is in May 2023. This review will take into consideration the dietary requirements of the residents at Woburn Masonic. This closes out a previous corrective action for the provider.</p> <p>A process is in place to inform the kitchen of resident meal preferences, allergies, and requirements. This information has already been provided to the contractor as there is a plan in place to provide afternoon lunch to all residents on the day of the scheduled move.</p> <p>A provision to provide culturally based food choices are included in the contract. Staff discussed current ways in which cultural food choices are catered for and these include adding cultural food to the menus, at snack time, and supporting families when food is brought in for their whānau. An example was provided of a resident having all their food brought in from home as was their whānau preference.</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>PA Low</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well-maintained and that they meet legislative requirements.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Every room has an ensuite bathroom. There are designated toilet and bathroom facilities for staff in private areas and toilet facilities for visitors and contractors in the public areas.</p> <p>Rooms have some variation in size and configuration. Apparatus for ceiling hoists are installed in all bedrooms.</p> <p>The ground floor has predominantly standard rooms which include a large single room, an ensuite bathroom as noted, inbuilt wardrobe,</p>

		<p>external window with seating and room for additional furniture as per the resident's preference. Doorways can be opened out to allow access for a person to be moved on their bed if needed.</p> <p>There are some larger single rooms and care suites. Care suites have a bedroom and living room with ensuite and the addition of a kitchenette area in the entrance. This provides for hot and cold drinks and snacks to be made if the resident wishes to do so. The care suites are available to residents through occupation right agreements.</p> <p>There are two rooms which vary from the configuration and size of all the other rooms. One is a bedsit/studio room which is a very large single bedroom with an ensuite bathroom and kitchenette. This room has taken advantage of existing space in the footprint of the old building. The second room is a care suite with a double bedroom for occupancy by a couple or two people who move into the facility together and wish to share a bedroom. This latter room takes the total number of beds in the facility to a maximum of 63 when there are 62 rooms available.</p> <p>On the day of the audit visit, there were no residents occupying the building and the Certificate of Public use had not been issued. Residents are due to move in on 10 May 2023, with open days on the weekend of 6 and 7 May 2023.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>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>PA Low</p>	<p>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. The fire evacuation plan has been prepared based on the new layout of the facility and sent to Fire and Emergency New Zealand (FENZ) for approval but had not been received by the day of the audit.</p> <p>Adequate supplies for use in the event of a civil defence emergency meet The National Emergency Management Agency recommendations for the region. Currently these are with residents onsite at the Kelvin House facility and will be moved back with the transfer prior to opening. As resident numbers increase, supplies will be increased to meet the additional need.</p> <p>Call bells are installed in each resident's room, ensuite bathroom and in</p>

		<p>the lounge area of the care suites. These and motion sensors installed in the new hospital beds alert staff to residents requiring assistance.</p> <p>The new facility has appropriate security arrangements which are centrally controlled. Each resident and their family/whānau will have their own swipe card/pin number access for afterhours. All windows have security settings so they can open but are limited for safety. Some ground floor bedrooms and communal areas have external access. Residents can control the locking of their own doors with checks by staff. External areas are linked to the security system.</p> <p>The commissioning plan includes opportunities to provide residents with information about emergency and security arrangements once they have moved back to the new site.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	FA	<p>Experienced nurses provide infection prevention (IP) expertise at governance level. The governance body is kept apprised of infection related issues including infection surveillance outcomes through monthly reporting. Meeting minutes reviewed included related discussions. Woburn Masonic is yet to develop an antimicrobial surveillance programme, this is raised as an area for improvement in criterion 5.3.3.</p> <p>Recent pandemic-related events have been managed, assisted by the public health department who have provided the Masonic group with advice and support. Systems are now in place and support the continued management of Covid-19 infections. The senior nursing team report that no other significant events have occurred. Other avenues of IP expertise identified are Te Whatu Ora Hutt Valley infection control team and the clinical microbiologists who provide support to the nurse practitioner and GP.</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.</p>	FA	<p>The RN/clinical nurse leader with infection control expertise oversees the IP programme and has been doing so since December 2022. This component of the CNL role will continue at Woburn Masonic and ongoing training in infection prevention and control will be provided as an essential part of this role.</p>

<p>Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>Improvements in IP practices continue to develop with support from the manager and the quality and risk/educator. Examples were discussed of work done relating to the incidence and causes of urinary tract infections and the current plan to focus on dry eye and its potential to cause eye infections in the resident population. All staff are responsible for managing IP and are included in the review, analysis, and development of new processes to improve patient outcomes.</p> <p>The CNL has access to clinical records and diagnostic results and provides detailed monthly reports to the quality and risk team. These are then reviewed at other forums and tabled at the governance meetings.</p> <p>There is a documented IP programme, pandemic and outbreak plan, relevant policies, and an education plan. Staff are provided with updates on current infection related issues and have completed the online education modules on infection control.</p> <p>Infection prevention expertise for the new build at Woburn has been provided by the external building contractor and included in the design and building contract. A plan was sighted for the location of hand hygiene products and amenities; however, these were not in place at the time of audit. The clinical team has been included in the approval process for new furnishings and fittings for the new environment.</p> <p>Reusable medical items are not part of the environment or service delivery at Woburn Masonic. There were adequate supplies of personal protective equipment. Single use items are managed appropriately and only used once as per the organisation's policy.</p> <p>The team are aware of the new requirements of the standard supporting Māori and practices. Handwashing posters in te reo Māori have been downloaded and are being used at Manor Park. A whānau member of a Māori resident has been assisting the staff with tikanga and practices in a limited capacity whilst the team works at developing more formal links to access advice and support from iwi on current infection control practices at Woburn Masonic.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p>	<p>PA Low</p>	<p>An approved policy document outlining an antimicrobial surveillance programme is in place. Woburn staff and medical staff are aware of the</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>		<p>standard's requirements and are yet to roll out the programme. This is an area for improvement.</p> <p>The nurse practitioner stated that their team of two have evaluated their use of antimicrobials since the release of Ngā Paerewa and changed their practice to be more stringent on the use of prophylactic antimicrobials. A QPS benchmarking report for March 2023 showed two antibiotics were prescribed and in both cases were for treatment purposes.</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>A surveillance programme is in place and includes all reported infections. Ethnicity for all residents is recorded. The programme is mature and collates and reviews data and variances, reporting monthly. All variances are discussed at staff meetings resulting in practice improvements as in the case of the management for urinary tract infections.</p> <p>The quality and risk coordinator described the process of identification of a HAI and the subsequent communications with the GP, resident and whānau.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	FA	<p>Woburn Masonic has in place policies and processes for the collection and disposal of waste and infectious and hazardous substances. These practices at Manor Park will be transferred to the new location. Personal protective equipment will be made available to staff and material safety data sheets are available for the products in use. Sluice rooms on both floors are designed to have a clean to dirty flow. A designated area is identified for the storage and collection of waste adjacent to the building and contracts are in place to manage this.</p> <p>Policies are in place to manage a cleaning service that will be inhouse with cleaning products provided by an external contractor. These products have yet to be mounted and cleaning trolleys put in place. New cleaning routines will be established with the support of the current</p>

		<p>cleaner at an adjacent Masonic service.</p> <p>A spacious laundry area has been designed with two ironing boards and storage space. The commercial washer and dryer is in place and to be tested prior to opening. Policies are in place to manage this area.</p> <p>Equipment is being installed currently to manage the above areas and the building works are to be completed. The contractor has advised this will be in place and tested prior to opening. (See area for improvement in 4.1.2). Environment audits conducted at Manor Park will continue in the new site and be included in the reporting as is current practice.</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)
<p>Criterion 2.1.7</p> <p>Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.</p>	PA Low	The GM care facilities has developed a Māori Health plan for Masonic Care Limited, which has been signed off by the Trust board and implementation has commenced. Evidence was seen on personnel files of staff completing Te Tiriti o Waitangi training which includes the new elements of this Standard and the provision of equitable service delivery. However, there is no process or framework to monitor this.	At the time of the audit, the provider had no process for monitoring how service providers were identifying and working to address barriers to equitable service delivery.	<p>Develop a process to monitor the identification and elimination of barriers to equitable service delivery, and report information to the governance body.</p> <p>180 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of</p>	PA Low	On the day of the audit, the Certificate of Public Use had been applied for but not yet issued. This was expected to be received on 28 April 2023. However, the building was not occupied, and residents were not due to move in until 10 May 2023.	The building did not comply with the building regulations on the day of the audit.	<p>Ensure the Certificate of Public Use has been issued prior to occupation.</p> <p>Prior to occupancy days</p>

peoples' cultures and supports cultural practices.				
<p>Criterion 4.1.2</p> <p>The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.</p>	PA Low	<p>The reconstructed facility has been designed to be safe and accessible and to promote safe mobility and independence. There are handrails throughout the facility, ramps are installed, lighting signage is appropriate for the requirements of residents and a focus on health and safety was evidenced. A comprehensive plan identifying all aspects of the commissioning of the site was reviewed.</p> <p>The reconstruction is close to completion and is of a high standard. However, some of the essential aspects of the physical environment were incomplete on the day of the audit. This included full installation of the kitchen and food stores, finishing the medication room fitout, including the controlled drug safe and drug trolleys, and plumbing and installation of all equipment in the utility rooms and laundry.</p>	<p>The installation of all essential items and equipment had not been completed on the day of the audit.</p>	<p>Ensure that all essential equipment, secure storage and food items needed to provide safe services are in place.</p> <p>Prior to occupancy days</p>
<p>Criterion 4.2.1</p> <p>Where required by legislation, there shall be a Fire and Emergency New Zealand-approved evacuation plan.</p>	PA Low	<p>As the new, larger facility has been reconstructed around the shell of the old, smaller facility. An application has been made to FENZ for approval of a new evacuation plan based on the new layout of Woburn Masonic Care. This is included in the commissioning plan and along with all other planning for opening.</p> <p>On the day of the audit the approval of the new evacuation plan had not been received from FENZ.</p>	<p>On the day of the audit, there was no approved evacuation plan as required by legislation.</p>	<p>Ensure that the evacuation plan approval from FENZ is available prior to opening.</p> <p>Prior to occupancy days</p>

<p>Criterion 5.3.3</p> <p>Service providers, shall evaluate the effectiveness of their AMS programme by:</p> <p>(a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects;</p> <p>(b) Identifying areas for improvement and evaluating the progress of AMS activities.</p>	<p>PA Low</p>	<p>There is a policy document in place that outlines a programme for the oversight of antimicrobial use. The nurse practitioner is aware of the requirements and has already begun discussions with the clinical nurse educator/quality and risk coordinator at Woburn Masonic. The medical team has reviewed their diagnostic criteria and prescribing practices. Processes are yet to be put into place at Woburn Masonic to identify the prescribing guidelines in use, to monitor use and variances and identify areas of improvement.</p>	<p>The antimicrobial surveillance programme is not active at Woburn Masonic.</p>	<p>Ensure the programme for antimicrobial surveillance is put in place to monitor the use and identify areas of improvement.</p> <p>180 days</p>
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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.