

Masonic Care Limited - Horowhenua Masonic Village

Introduction

This report records the results of a Surveillance 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:

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| Legal entity: | Masonic Care Limited |
| Premises audited: | Horowhenua Masonic Village |
| Services audited: | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| Dates of audit: | Start date: 2 August 2023 End date: 2 August 2023 |
| 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: | 66 |

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 |
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|  | 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 |
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| | 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

Masonic Care Limited – Horowhenua Masonic Village - provides rest home (excluding dementia), hospital services - medical and geriatric (excluding psychogeriatric) and respite services for up to 77 residents at their facility in Levin, in the Horowhenua district.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family/whānau members, managers, staff and a general practitioner.

Improvements are required at the governance level and at the facility to meet some of the new requirements of the Standard in relation to health equity and equity of service provision to Māori and Pacific peoples. No areas for improvement were identified at this audit.

Ō tatou motika | Our rights

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| 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. |
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Horowhenua Masonic Village worked collaboratively to support and encourage a Māori world view of health in service delivery throughout the facility. Residents who identify as Māori can be supported in the service.

Staff had received in-service education on Te Whare Tapa Whā, pronunciation of te reo Māori, cultural diversity and the Code of Health and Disability Services Consumers' Rights (the Code). Residents were treated equitably and confirmed that their mana motuhake was supported. The service was socially inclusive and person-centred. Te reo Māori and tikanga Māori was incorporated in daily practices.

Residents and their relatives/whānau confirmed that they were treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

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| Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce. | | Some subsections applicable to this service partially attained and of low risk. |
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, and honouring Te Tiriti o Waitangi.

The quality and risk management systems are focused on improving service delivery and care. Actual and potential risks are identified and mitigated. An integrated approach includes collection of quality improvement data, identifies trends and leads to improvements.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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. | | Subsections applicable to this service fully attained. |
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On admission to Horowhenua Masonic Village residents were provided with a person-centred approach to care. The service conducted routine analysis of entry rates, this included specific data for entry rates for Māori.

Residents and their family/whānau participated in the development of a pathway to wellbeing, through planned, coordinated, and timely assessments that addressed residents' needs. Care plans were individualised and demonstrated wellbeing outcomes for all.

The activity programme offered a diverse range of activities and incorporated the cultural requirements of the residents.

Medicines were safely managed and administered by staff who were competent to do so. All residents, including Māori residents and their whānau, were supported to understand their medications.

The food service met the nutritional needs of the residents with special cultural needs catered for. Māori and their whānau had menu options that were culturally specific to te ao Māori.

A documented transition, discharge or transfer plan was in place that is developed in collaboration with the person and their family/whānau.

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

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| 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 was a current building warrant of fitness. Electrical equipment has been tested as required.

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


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

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| 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. |
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Horowhenua Masonic Village ensured the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. The programme was coordinated by the infection control nurse. There was a pandemic plan in place which was assessed periodically.

Surveillance of infections was undertaken, and results were monitored and shared with all staff. Action plans were implemented as and when required.

Here taratahi | Restraint and seclusion

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| 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. |
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Restraints are used at Horowhenua Masonic Village. Managers and staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, and alternative interventions.

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 | 20 | 0 | 2 | 0 | 0 | 0 |
| Criteria | 0 | 50 | 0 | 2 | 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) |
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| 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 |
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| <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> | FA | <p>There are staff members at the facility who identify as Māori. The facility manager (FM) and general manager (GM) were interviewed. They spoke about the work completed to attract and retain staff members who identify as Māori in a challenging recruitment environment. This is an ongoing focus of Horowhenua Masonic Village (HMV) and Masonic Care Limited (Masonic Care).</p> <p>A planning session with all Masonic Care FMs was held in the last week of July 2023 to review the group’s progress towards compliance with the Ngā Paerewa Standard. Evidence of this meeting was reviewed and discussed with the GM. This included recruitment of Māori staff across the organisation and supporting existing staff within the organisation.</p> |
| Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa | FA | Horowhenua Masonic Care has a draft Pacific plan which has been |

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| <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>developed following the Masonic Care guidelines. These guidelines include the provision of culturally safe practices for any Pacific people who may use the service, which includes a Pacific model of care, Pacific worldviews, and cultural and spiritual beliefs. The plan is currently being reviewed by the Pasifika staff members at HMV and their input will be reviewed at the next monthly Māori health forum meeting scheduled for August 2023.</p> <p>On the day of the audit there were no residents at HMV who identified as Pasifika.</p> |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (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 Code of Health and Disability Services Consumers' Rights (the Code) was available and displayed in English and te reo Māori throughout the facility, as was a range of signage in te reo Māori. Residents were evidenced to have their mana motuhake recognised and respected. Enduring Power of Attorney (EPOA)/whanau or representatives of choice were consulted in the assessment process to determine residents' wishes and support needs when required.</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> | FA | <p>Records reviewed (10) confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff at HMV have had training on Te Tiriti o Waitangi, and this was reflected in their practice. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted. The organisation had acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and their family/ whānau reported that their values, beliefs, and language was respected in the care planning process. The service was evidenced to respond to tāngata whaikaha needs, there had been formal specific engagement with tāngata whaikaha to enable their participation in te ao Māori if residents required this.</p> |

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| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p> | <p>FA</p> | <p>Policies and procedures outline the facility’s commitment to promoting an environment that does not support institutional and systemic racism. Cultural training and ongoing daily discussion on institutional and systemic racism was encouraged. Discussions included questioning its existence at H MV, and actions to be taken if it was thought to exist.</p> <p>The GM, FM and CNL stated that any observed or reported racism, abuse, or exploitation at H MV was addressed promptly. They were guided by a code of conduct.</p> <p>Residents expressed that they had not witnessed any abuse or neglect, they were treated fairly, they felt safe, and protected from abuse and neglect.</p> <p>During interview with the FM, clinical nurse lead (CNL) and three registered nurses (RNs) it was stated that “a holistic model of health at H MV was promoted, that encompassed an individualised approach” and that ensured best outcomes for all.</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. 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. 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>Appropriate best practice tikanga guidelines around informed consent were in place to guide staff. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff had received training on cultural safety and tikanga best practice.</p> |
| <p>Subsection 1.8: I have the right to complain</p> | <p>FA</p> | <p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the</p> |

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| <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>requirements of the Code. Residents, family and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There have been 10 complaints received since the facility was last audited. All complaints had been responded to within the time frames of the Code and complainants received respectful and appropriate correspondence. There has been one complainant supported by the Nationwide Health and Disability Advocacy service. This complaint was responded to within the timeframes of the Code and the response was accepted by the complainant.</p> <p>Masonic Care and H MV do not yet have a process for assessing whether their complaints system is working equitably for Māori.</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>PA Low</p> | <p>Horowhenua Masonic Village is part of the Masonic Care group, a philanthropic trust which operates aged care and retirement village services in the North Island. The trust has governance boards which have oversight of H MV and there are systems for monitoring service delivery. Since the last onsite audit, the village manager has retired and the management team has been restructured. A new FM and CNL have been appointed. Both were working at H MV prior to their appointment to these roles.</p> <p>One governance board member identifies as Māori and provides advice to the board on te ao Māori. There are two other board members who work in senior roles in the health sector. Evidence of recent training for the governance board in Te Tiriti o Waitangi was seen in board meeting minutes (June 2023).</p> <p>The governing body has not yet established systems for delivering</p> |

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| | | <p>services which ensure service providers:</p> <ul style="list-style-type: none"> • Deliver services focused on improving outcomes for Māori and people with disabilities • Identify and work to address barriers to equitable service delivery. <p>The first bullet point areas are noted and the second has an area for improvement identified.</p> <p>There are 77 rooms at HMV. Nine rooms are care suites which residents enter with an occupation right agreement (ORA). On the day of the audit there were 66 residents in the facility. These suites are integrated into the facility.</p> <p>The provider holds contracts with Te Whatu Ora – Health New Zealand Te Pae Hauora o Ruahine o Tararua Midcentral (Te Whatu Ora Midcentral) for rest home, respite, hospital, long term chronic health conditions (LTS-CHC), and with Whaikaha Ministry for Disabled People (Whaikaha).</p> <p>On the day of the audit 30 residents were receiving rest home level care and 36 residents were receiving hospital level care. Included in these figures were five residents funded by Whaikaha although only three were under 65 years old on the day of the audit. The three people under 65 are all receiving rest home level care. The other two residents are receiving hospital care. Another hospital level care resident is funded by Te Whatu Ora Midcentral under the LTS-CHC contract.</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>PA Low</p> | <p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and</p> |

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| <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | | <p>procedures, clinical incidents including infections and the use of restraint.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. The results of a wide range of internal audits are collated and reported to the Masonic Care board each month. There was evidence of analysis of data at the facility level with minutes recording discussions in the registered nurse (RN), quality, and staff meetings. Graphs were on display in the staff room and staff members interviewed stated that they receive timely information and discuss trends in data and feedback about individuals who need specific interventions.</p> <p>The facility has a large number of policies, procedures and systems for monitoring service delivery and wellbeing. However, they have not developed a system or process to ensure health care and support workers can deliver high-quality health care for Māori. An area for improvement is identified in relation to this.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. There is a current risk register for the facility which is reviewed regularly and updated as needed.</p> <p>Essential notification requirements are well understood and have been complied with. The essential notifications made by the FM since their appointment were reviewed. These have included Covid 19 and Norovirus outbreaks earlier in 2023, and pressure injury notifications.</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</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 staffing levels are adjusted to meet the changing needs of residents when needed. CNL prepares the roster for health care and support workers, with oversight from the FM. All RNs have a current first aid certificate and there is 24/7 RN coverage.</p> |

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| <p>managed to deliver effective person-centred and whānau-centred services.</p> | | <p>Review of the rosters for the fortnight at the time of the audit, and the following fortnight, reflected the staffing policy requirements. Health care and support workers reported there were adequate staff to complete the work allocated to them. The restructure of the management team included reassignment of charge nurse positions in each Unit. However, the overall RN hours remain the same in the roster. Residents, family and whānau interviewed reported satisfaction with the care provided.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements and cultural training. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with Te Whatu Ora Midcentral and Whaikaha. Records reviewed demonstrated completion of the required training and competency assessments including medication, nursing, and support worker competencies appropriate for the provision of aged care rest home and hospital services.</p> <p>The FM, CNL and QC have attended Te Tiriti o Waitangi training which included concepts of health equity for Māori. Other staff members have also completed online Te Tiriti o Waitangi training which meets the requirements of this Standard.</p> <p>The staff development systems don't yet include systems for collecting and sharing high-quality Māori health information, or for developing health equity expertise.</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</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 (nine) confirmed that the facility and organisation's policies are being consistently implemented. This included the validation of professional registration for all employed health care and support workers, as well as contracted health and allied health staff.</p> <p>A robust and supportive orientation and induction programme is</p> |

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| <p>workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p> | | <p>implemented which prepares new employees well for their roles. The orientation is specific to the facility and each role. Staff members interviewed spoke positively about their orientation and has been well supported throughout. Records reviewed demonstrated that orientation documentation was completed as required.</p> <p>Information held about staff members was accurate, relevant to their roles and held securely in line with legal requirements. Ethnicity data is collected and used in accordance with the Health Information Standards organisation requirements.</p> |
| <p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p> | <p>FA</p> | <p>Horowhenua Masonic Village conducted routine analysis of entry and decline rates, this included specific data for entry rates for Māori.</p> <p>The facility has developed formal meaningful partnerships with the local Māori community organisations to benefit Māori individuals and whānau. There were two local Māori health providers in the area that had been identified as a connection and offered access to traditional Māori healers and organisations to benefit Māori and whānau.</p> |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and</p> | <p>FA</p> | <p>The multidisciplinary team at HMV worked in partnership with the residents and their family /whānau to support the residents' wellbeing. Ten residents' files were reviewed; seven from the hospital and three from the rest home. Files included residents under 65 years, residents receiving respite care and residents being cared for under the Aged Related Residential Care (ARRC) contract. File reviews included residents with a pressure injury, residents with behaviours that challenged, residents requiring the use of a restraint, residents who requested to self-administer their</p> |

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| <p>whānau to support wellbeing.</p> | | <p>medication, residents who were losing weight and residents with high risk of falls. Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment was based on a range of clinical assessments and includes resident and family / whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. The multidisciplinary team at HVM understood Māori constructs of oranga and implements a process to identify and support Māori and whānau to identify their own pae ora outcomes in the care plan. This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and their family / whānau. Residents and their family / whānau confirmed active involvement in the process, including residents with a disability.</p> |
| <p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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>FA</p> | <p>The diversional therapist and three part-time activity assistants provided a planned and systematic activity programme at HMV six days a week. The programme is directed and supported by previous interests and skills, to enhance each resident's sense of wellbeing. Younger residents were enabled to attend wider community activities of their choosing, as well as participate in activities at HMV, that interest them.</p> <p>Activity assessments identified individual interests and self-identity.</p> |

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| | | <p>Individual and group activities reflected resident's goals, interests and their daily routines.</p> <p>The service encourages their workforce to support community initiatives that meet the health needs and aspirations of Māori and whānau. Opportunities for residents, staff and whānau to participate in te ao Māori are facilitated. Matariki, Māori Language Week and Waitangi Day are all celebrated at HMV with involvement in traditional Māori boil ups, Māori bread making, whakapapa tree creation and sharing korero tara (stories) associated with Matariki. Māori cultural groups are also invited to HMV. Groups are welcomed with a powhiri led by a resident and staff member fluent in te reo Māori. The activity staff reported that the sense of ownership from the staff and residents is driving momentum for continuing involvement and access to te ao Māori.</p> <p>Residents who were able, participated in local community activities. Weekly van outings are provided for less able residents to attend events in the wider community that interest them.</p> <p>Residents and whānau are involved in evaluating and improving the programme. Residents and whānau interviewed expressed satisfaction with the programme.</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 medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administered medicines were competent to perform the function they manage.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>There was a process in place to identify, record and communicate residents' medicine related allergies or sensitivities.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices</p> |

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| | | <p>met requirements. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. Standing orders were used at Horowhenua Masonic Village. All instructions met standing order guidelines.</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> | FA | <p>An approved food control plan was in place at HMV. A verification audit of that plan was undertaken in April 2022. One area requiring corrective action was identified and this had been addressed. The plan was verified for 18 months and is due for re-audit in October 2023.</p> <p>Each resident had a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this. An interview with the cook identified the kitchen offers menu options that are culturally specific to te ao Māori and had recently had a boil up when Matariki was being celebrated.</p> <p>Family / whānau were welcome to bring culturally specific food for their relatives. The interviewed residents and whānau expressed satisfaction with the food options.</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</p> | FA | <p>Transfer or discharge from HMV was planned and managed safely with coordination between services and in collaboration with the resident and their family /whānau.</p> |

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| <p>whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p> | | |
| <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>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. They have well documented systems for recording their routine and responsive activities which are planned, and consistently completed, throughout the year. The records were reviewed to confirm completion. The building warrant of fitness was current on the day of audit, expiry date 2 August 2024. Electrical testing and equipment calibration was up to date. An effective record-keeping system is in place to ensure all equipment is maintained.</p> <p>There is new building development occurring at HMV to increase the size of the co-located village. This is in the early stages of construction and consultation with local iwi has occurred. This included members of one local iwi authority being present during the initial weeks of ground clearing and earth moving. Both the construction, and relationship development are ongoing.</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>FA</p> | <p>There is an approved fire evacuation plan for the facility. The evacuation plan was available for review and is practiced twice a year. Records of the most recent trial evacuation were s (27 June 2023) with an effective evacuation time. Staff members interviewed confirmed attending these practices and knowing the evacuation procedures.</p> <p>Security systems are in place. External doors are locked at dusk and reopened in the morning as staff arrive for the morning shifts. Staff members have access to the facility when working after hours</p> |

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| | | <p>and there is the ability for visitors to alert staff when needed.</p> <p>There is a list of residents in the facility which is updated regularly by the administrator. This includes peoples' support needs and room number so that they can be identified if needed for assistance. There is a system for evacuations which includes using the list of people who require assistance to evacuate.</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. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p> | FA | <p>A pandemic preparedness plan was in place, and this was reviewed at regular intervals. The plan was evaluated during a COVID-19 outbreak in June 2022 and March 2023. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>There were no educational resources available in te reo Māori and were accessible to Māori at H MV. Partnerships with Māori had been established for the protection of culturally safe IP practices.</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. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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>Surveillance of health care-associated infections at Horowhenua was appropriate to that recommended for long term care facilities and was in line with priorities defined in the infection control programme. Surveillance data collected included ethnicity data.</p> <p>There were culturally safe processes for communicating between service providers and people receiving services who developed a hospital-acquired infection.</p> |
| <p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> | FA | <p>On the day of the audit, six residents in the facility had restraints in use for safety reasons. Records of assessment, consent and review of restraint use for these residents were reviewed.</p> <p>There is a Masonic Care policy which guides facilities in the group in</p> |

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| <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p> | | <p>the elimination of restraint and, if needed, in its use. This has recently been amended to state the organisation's aim of zero use of restraint.</p> <p>Where restraint is used it is only after exploring all alternatives and a full assessment of the resident's needs. There is a definition of the role of restraint coordinators and describes responsibilities of health care and support workers. The role of the GM as the executive leader responsible for ensuring a commitment to restraint minimisation and elimination is also now included in the Masonic Care policy.</p> <p>Aggregated restraint data is reported to the governance board(s) of Masonic Care Limited as a total number of restraints in use across the group. Data is reported on a monthly basis and whether any new restraints have been initiated. No other information is reported, or requested by, the governance board(s). An area for improvement is identified in relation to this.</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) |
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| <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 governance board(s) have systems for monitoring performance against the strategic plan of the wider organisation. Monthly reports and meeting minutes were reviewed and confirmed that performance is monitored. However, there are not yet processes and systems to meet all aspects of this revised Standard. | The governance board(s) have not yet developed ways to ensure service providers identify and work to address barriers to equitable service delivery. | <p>Ensure that the governance board(s) develop ways for service providers to identify and work to address barriers to equity in service delivery.</p> <p>180 days</p> |
| <p>Criterion 2.2.7</p> <p>Service providers shall ensure their health care and support workers can deliver highquality health care for Māori.</p> | PA Low | There are a range of monitoring tools (e.g.: internal audits) for ensuring residents receive high quality services. | There is not a process or system for ensuring health care and support workers can deliver high-quality health care for Māori. | <p>Develop, or use existing, systems or processes to ensure health care and support workers can deliver high-quality health care for Māori.</p> <p>180 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.

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End of the report.