

Masonic Care Limited - Edale Aged Care

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

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

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

The specifics of this audit included:

Legal entity:	Masonic Care Limited
Premises audited:	Edale Aged Care
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care); Dementia care
Dates of audit:	Start date: 12 September 2023 End date: 13 September 2023
Proposed changes to current services (if any):	Total beds occupied across all premises included in the audit on the first day of the audit: 25

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

Indicator	Description	Definition
A number of shortfalls that require specific action to address	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	Major shortfalls, significant action is needed to achieve the required levels of performance	Some subsections applicable to this service unattained and of moderate or high risk

General overview of the audit

Edale Aged Care is one of five aged care facilities owned and operated by Masonic Care Ltd and is certified to provide rest home and hospital for up to 30 residents. On the days of audit there were 25 residents.

The service has reconfigured the nine dementia beds to dual purpose beds and wish dementia level care to be removed from the certificate. Total beds remain at 30. This audit verified the nine previous dementia rooms as suitable to provide rest home and hospital level of care.

This surveillance audit was conducted against the relevant Ngā Paerewa Services Standard and the contract with the Te Whatu Ora New Zealand- MidCentral. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, family/whānau, staff, and management.

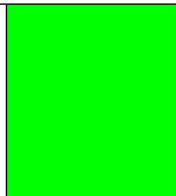
An experienced aged care management team oversees the service. The facility nurse manager (registered nurse) has been co-managing Edale and Masonic Court at Palmerston North for the past fourteen months. The facility manager spends at least two days per week at Edale. The facility manager is experienced in management roles in the aged care sector. The facility manager is supported by a Masonic Care chief executive officer, general manager, experienced Edale clinical nurse lead and registered nurses.

Policies, procedures, and processes meet the Ngā Paerewa Standards 2021 and the service contracts. Quality systems are implemented, and a culture of quality improvement has been embedded into the delivery of services and care.

The four shortfalls identified at the previous certification audit in relation to RN staffing, weekly stock checks, monitoring refrigerator and freezer temperatures, and hot water temperatures have been addressed.

There were no shortfalls identified at this audit.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Edale Aged Care provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and Tiriti o Waitangi obligations. There is a Māori health plan and support from local kaumātua to support the service in providing culturally safe care. The service works collaboratively to embrace, support, and encourage a te ao Māori view of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens to and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

The structure of the organisation extends from a board/governance level to operations. The chief executive officer reports directly to the board. A clinical governance committee is in place to provide clinical direction. The governing board is kept informed via monthly reports.

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

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.

Subsections applicable to this service fully attained.

The registered nurses complete assessments, plans, reviews and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input. The clinical files demonstrate service integration, and RN review assessments and care plans as required and at least six-monthly.

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

All food and baking are prepared and cooked on site in the centrally located kitchen. Food preferences and dietary requirements are identified at each resident's admission. A current food control plan is in place.

All resident referrals, transfers and discharges are performed in partnership with the resident and family/whānau.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.

Subsections applicable to this service fully attained.

The building has a current building warrant of fitness, which expires in June 2024. There is a planned and reactive maintenance programme in place.

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

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

Subsections applicable to this service fully attained.

The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

Education is provided to staff at induction to the service and is included in the education planner.

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

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

There are two restraints (bedrails) used at Edale. Pursuing a restraint-free environment is included as part of the staff education and training programme. The service considers least restrictive practices, implements de-escalation techniques and alternative interventions, and uses an approved restraint as the last resort.

Summary of attainment

The following table summarises the number of subsections and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	0	0	0
Criteria	0	51	0	0	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 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>A Māori health plan is updated and meets the requirements of the NZS 8134:2021: Ngā Paerewa Health and Disability Services Standard. There were residents who identify as Māori and residents interviewed confirmed that services are provided in a culturally safe manner. The three healthcare assistants (HCAs) interviewed were able to demonstrate awareness of cultural safety and have completed a cultural competency. The facility manager, clinical nurse lead, and staff (one registered nurse, a housekeeper, three HCAs) were able to describe encompassing Te Tiriti o Waitangi in their daily work in relation to their roles.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>Edale has developed a Pacific plan in partnership with Pasifika that supports culturally safe practices for Pacific peoples using the service. There are additional policies, procedures and guidelines to provide staff with information on a Pacific model of care, worldview, and cultural and spiritual beliefs.</p> <p>There were no residents that identify as Pasifika residing in the facility. There</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>were no staff currently employed that identify 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>	<p>FA</p>	<p>Residents interviewed reported that all staff respected their rights, that they were supported to know and understand their rights and that their mana motuhake was recognised and respected. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. There are Code of Rights posters displayed around the facility in English and te reo Māori.</p> <p>The facility manager, clinical nurse lead, and staff interviewed provided examples of how they uphold and respect residents rights in relation to their roles.</p> <p>Three residents and two family/whānau interviewed felt residents rights were upheld, and residents are supported to make choices and are involved in the planning of care and decision making.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>An abuse, neglect, and prevention policy is being implemented. There are policies for the management of misconduct which addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive, and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism, healthcare bias, and the understanding of injustices through policy, cultural training, available resources, and the code of conduct.</p> <p>The service implements a process to manage residents' comfort funds, such as sundry expenses and the handling of precious items - taonga.</p> <p>Police checks are completed as part of the employment process There are policies for the management of misconduct which addresses the understanding of professional boundaries, the elimination of discrimination, harassment, and bullying. Professional boundaries are defined in job descriptions. A staff code of conduct/house rules is discussed during the new employee's induction to the service. Interviews with registered nurses and</p>

		HCA's confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	FA	<p>Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. Discussions with family/whānau confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Discussions with RNs and HCAs confirmed they are familiar with the requirements to obtain informed consent for personal cares and entering rooms. Signed admission agreements, enduring power of attorney and activation documentation were evident in the resident files sampled.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	FA	<p>The complaints procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution demonstrated that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC).</p> <p>There were three complaints since the last audit and are documented in the complaint register. Complaints logged include an investigation, follow-up, and replies to the complainant. Staff are informed of complaints (and any subsequent corrective actions) in staff meetings (meeting minutes sighted). There have been no external complaints received.</p> <p>Interviews with residents and family/whānau confirmed they were provided with information on the complaints process. Service feedback forms are easily</p>

		<p>accessible at the entrance to the facility. The facility manager and clinical lead described their understanding that Māori prefer to have in person communications.</p> <p>There is a service improvement form available for residents to make a complaint or express a concern. Resident meetings are held bi-monthly, meeting minutes reflected discussions with residents around what is going well and what could be improved. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Edale is located in the town of Marton. Edale is one of five aged care facilities owned by Masonic Care Ltd and are certified to provide rest home and hospital level care for up to 30 residents. There are seven dual-purpose beds and 23 rest home only beds. On the day of audit there were 25 residents; 19 rest home level care; four residents on an intermediate care contract, one resident on a young person with a disability (YPD) contract and three residents at hospital level care. Residents not on a contract were on the age-related residential care contract.</p> <p>The reconfiguration letter dated 11 May 2023 requests the reconfiguration of the nine dementia beds to dual purpose beds. This audit verified the suitability of the nine rooms to be used to provide rest home and hospital level beds.</p> <p>Masonic Care Ltd. is overseen by three boards. The Masonic Care Board is responsible for their five aged care facilities. Five directors, with appropriate experience and expertise, are members of this board. The chief executive officer (CEO) who reports to the board has been in his role for the past 17 years. The organisational strategic plan (2021-2026) includes a mission, vision, and values. These statements are posted in English and te reo Māori in several locations around the facility, including the staff room. Strategic goals are defined in the strategic plan with evidence in the meeting minutes of regular reviews. There are board members with considerable cultural knowledge and experience.</p> <p>The directors of the board and CEO work with the management teams at each of the five aged care facilities including Edale to meet the requirements of relevant standards and legislation. The directors are provided a monthly report from the general manager which includes quality, and risk with an</p>

	<p>overview of adverse events, health and safety, staffing, infection control, use of restraint and other aspects of the quality risk management programme. Critical and significant events are reported immediately to the directors. The GM reported that the service monitors and evaluates equity in health outcomes by way of reporting on clinical indicators, spiritual, social, emotional, and environmental needs.</p> <p>The Māori health plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback on all aspects of the service through annual satisfaction surveys and regular resident meetings. Feedback is collated, reviewed, and used by the management team to identify barriers to care, to improve outcomes for all residents. The general manager reported there is a focus on improving equitable outcomes for Māori and addressing barriers for Māori. There is a comprehensive feedback system and complaints process that is focused on continual service improvement at the service. The governance and management teams have an open and transparent decision-making process that includes regular staff and resident meetings.</p> <p>The plan reflects a leadership commitment to collaborate with Māori, aligns with the Ministry of Health strategies, and addresses barriers to equitable service delivery. Tāngata whaikaha provide feedback on all aspects of the service through annual satisfaction surveys and regular resident meetings. Feedback is collated, reviewed, and used by the management team to identify barriers to care, to improve outcomes for all residents. The general manager reported that the plan has a focus on improving equitable outcomes for Māori and addressing barriers for Māori. There has been a comprehensive feedback system and complaints process that is focused on continual service improvement at the service. The governance and management team have an open and transparent decision-making process that includes regular staff and resident meetings.</p> <p>A clinical governance group has been implemented across the five Masonic aged care facilities to provide collaborative accountability for continuous quality improvement activities including, (but not limited to), improvement of services and delivery of a high standard of delivery of care. The framework for the clinical governance committee is partially informed by the organisation's strategic plan. It aligns with Te Tiriti o Waitangi principles. The group meets bi-monthly where the established goals of resident and family centred care;</p>
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		<p>achieving ongoing quality improvements; and ensuring the Masonic aged care facilities are the ‘best place to work’ provide the group with direction. Membership includes the CEO, general manager, facility managers, consumer representative and one of the facilities clinical nurse managers who has become the quality lead. There is a report provided to this group from each facilities quality role which includes key performance indicators including but not limited to falls, infections, skin tears. The Edale data is gathered by the clinical nurse lead.</p> <p>The Edale facility manager co manages Edale and Masonic Court where she has managed for the past six years. The facility manager spends at least two days per week at Edale, she is supported at an operational level by the general manager, and at the service level an experienced Edale clinical nurse lead and RNs.</p> <p>The interview with the general manager confirmed the governance body is committed to supporting Māori health strategies. There are members of the Masonic Boards who identify as Māori and have considerable cultural experience to support the organisation to review policies pertaining to culturally safe care of residents and cultural training programmes. The organisation encourages and supports each of the five facilities to develop mana whenua, local iwi/marae relationships. Edale has staff who are Māori and have local iwi/marae connections to support and provide advice to the facility manager and staff with the care of residents.</p> <p>The organisation is focused on providing respectful end of life care that caters to physical, cultural, and spiritual needs, as evidenced by compliments from family/whānau.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous</p>	<p>FA</p>	<p>Edale has a documented quality and risk system that reflects the principles of continuous quality improvement. This includes the management of incidents/accidents/hazards; complaints; audit activities; a regular resident and staff satisfaction survey; policies and procedures; clinical incidents, including falls; infections; and wounds. Relevant corrective actions are developed and implemented to address any shortfalls identified from internal audit activities. Trends are analysed to support ongoing evaluation and progress across the service’s quality outcomes. Benchmarking of data is conducted by comparing data with previous months’ results.</p>

<p>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>The meeting schedule is implemented and includes quality meetings, which includes discussion about clinical indicators (eg, incident trends, infection rates). Management meetings, health and safety quarterly, and infection control are held monthly.</p> <p>Annual satisfaction surveys are held as scheduled. Results are collated, analysed and any areas of low satisfaction identified have corrective actions implemented. All results are shared at facility meetings and shared with residents and family/whānau.</p> <p>Leadership commitment to quality and risk management is evident in quality and risk documentation and management reporting documents sighted. Positive outcomes for Māori and people with disabilities are part of quality and risk activities.</p> <p>The risk management plan and policies and procedures clearly describe all potential internal and external risks and corresponding mitigation strategies in line with National Adverse Event Reporting Policy. There was a hazard register in place and evidence of completed environmental audits. A sample of incidents/accidents recorded in the electronic record management system were reviewed and showed these were fully completed, incidents were investigated, action plans developed and actions followed up in a timely manner. Family/whānau are notified following incidents when required.</p> <p>The service complies with statutory and regulatory reporting obligations. There have been essential notifications completed since the previous audit and these included RN' shortages in the past.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and</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). There are 24/7 rostering of RNs. The previous shortfall around RN staffing (2.3.1) has been addressed. There is now a full complement of RNs.</p> <p>The service adjusts staffing levels to meet the changing needs of residents. Care staff reported that there has been adequate staff at the service. Residents and family/whānau interviewed supported this. Rosters from the past four weeks showed that all shifts were covered by experienced home leads, home support with support from clinical and management team. All</p>

<p>whānau-centred services.</p>		<p>staff maintain current first aid certificates so there is always a first aider on site.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements. Evidence of regular education provided to staff was sighted in attendance records. Training topics included: standard infection control precautions, safe food handling, chemical training, cultural safety, Te Tiriti o Waitangi, infection prevention and control, privacy. Related competencies include safe medicines management, restraint minimisation, first aid and fire evacuation are assessed to meet policy requirements.</p> <p>Care staff are encouraged to gain a New Zealand Qualification Authority education programme to meet the requirements of the provider's funding and service agreement. There are 20 HCAs in total; 11 have completed level 3 and 4 Careerforce qualifications and eight have completed level 2. Reading material related to health equity has been distributed to staff and in-service education is ongoing. Registered nurses (RNs) and the clinical nurse lead are accredited and maintain competencies to conduct interRAI assessments.</p> <p>Staff records reviewed demonstrated completion of the required training and competency assessments. Each of the staff interviewed reported feeling well-supported and safe in the workplace. The facility manager and clinical nurse lead reported that the model of care ensured that all residents are treated equitably.</p> <p>The service supports peoples' right to speak their own language, endorses tikanga, and supports connections to iwi, hapū, and whānau.</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</p>	<p>FA</p>	<p>Human resources management policies and processes reflect standard employment practices and relevant legislation. A diverse mix of staff are employed. New staff are police checked, and referees are contacted before an offer of employment occurs. A sample of staff records reviewed confirmed the organisation's policies are consistently implemented. Each position has a job description. Five staff files were reviewed (clinical nurse lead, RN, kitchen hand, diversional therapist and two HCAs) were reviewed. Staff files included: reference checks; police checks; appraisals; competencies; individual training plans; professional qualifications; orientation; employment agreement; and position descriptions. All staff who have been employed for more than a year</p>

<p>support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>have had appraisals completed as scheduled.</p> <p>Professional qualifications are validated. There are systems in place to ensure that annual practising certificates are current for all health care professionals. Current certificates were evidenced in reviewed records for all staff and contractors that required them. Each of the sampled personnel records contained evidence of the new staff member having completed an induction to work practices and standards and orientation to the environment, including management of emergencies.</p>
<p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>FA</p>	<p>Five files were reviewed including one resident on an intermediate care contract and the resident on the YPD contract. These identified that initial assessments and initial care plans were resident centred and were completed in a timely manner. The service uses assessment tools that include consideration of residents' lived experiences, cultural needs, values, and beliefs. Nursing care is undertaken by appropriately trained and skilled staff, including the RNs and caregivers. There</p> <p>InterRAI assessments and reassessments were completed for long-term residents, including the resident on a YPD contract. Cultural assessments were completed by the nursing team in consultation with the residents, and family/whānau. Long-term care plans were developed within timeframes, and outcomes of assessments were reflected in the resident's daily care needs. Resident, family/whānau, and general practitioner (GP) involvement is encouraged in the plan of care. Long-term care plans were individualised, and resident focussed. Care plans were developed within timeframes, and outcomes of assessments were reflected in the resident's daily care needs. Long-term care plans identified all support needs, goals, and interventions to manage medical needs/risks. Care plans include allied health and external service provider involvement. Short-term care plans were developed for all acute issues or in the event of any significant change, with appropriate interventions formulated to guide staff. The care plans were reviewed as per policy if clinically indicated by the degree of risk noted during the assessment process. These were added to the long-term care plan if the condition did not resolve in three weeks.</p> <p>Long-term care plans were reviewed following interRAI reassessments. Where progress was different from expected, the RNs work in collaboration</p>

		<p>with the resident and family/whānau to initiate changes to the care plan. Where there was a significant change in the resident's condition before the due review date, an interRAI re-assessment was completed.</p> <p>The GP completes the residents' medical admission within the required timeframes and conducts medical reviews promptly. Completed medical records were sighted in all files sampled. Residents' files sampled identified service integration with other members of the health team. The GP was unavailable to be interviewed.</p> <p>The RNs reported that sufficient and appropriate information is shared between the staff at each handover, which was witnessed during the audit. Interviewed staff stated that they were updated daily regarding each resident's condition. Progress notes were completed on every shift and more often if there were any changes in a resident's condition.</p> <p>There were two wounds at the time of the audit. Adequate dressing supplies were sighted in the treatment room. Wound management policies and procedures are in place. The clinical nurse lead confirmed where wounds require additional specialist input, this will be initiated. The wound care plans assessments will be developed, and evaluations, with supporting photographs completed.</p> <p>Each resident's care was being evaluated on each shift and reported in the progress notes by the care staff. Any change in condition is reported to the facility manager or RN and this was evidenced in the records sampled. Interviews verified residents and family/whānau are included and informed of all changes.</p> <p>A range of equipment and resources were available, suited to the level of care provided and in accordance with the residents' needs. The family/whānau and residents interviewed confirmed their involvement in the evaluation of progress and any resulting changes.</p> <p>The Māori health care plan in place reflects the partnership and support of residents, whānau, and the extended whānau, as applicable, to support wellbeing. Tikanga principles are included within the Māori health care plan. The staff confirmed they understood the process to support residents and whānau.</p>
Subsection 3.4: My medication	FA	The medication management policy is current and in line with the Medicines

<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>Care Guide for Residential Aged Care. The system described medication prescribing, dispensing, administration, review, and reconciliation. Administration records were maintained. Medications were supplied to the facility from a contracted pharmacy. The GP completed three-monthly medication reviews. A total of ten medicine charts were reviewed. Indications for use were noted for pro re nata (PRN) medications. Allergies were indicated, and all photos uploaded on the electronic medication management system were current. Eye drops were dated on opening. Effectiveness of PRN medications was being consistently documented.</p> <p>Medication competencies were current, and these were completed in the last 12 months for all staff administering medicines. Medication incidents were completed in the event of a drug error and corrective actions were acted upon. A sample of these were reviewed during the audit.</p> <p>There were no expired or unwanted medicines. Expired medicines were being returned to the pharmacy promptly. Monitoring of medicine fridges and medication room temperatures were being conducted regularly and deviations from normal reported and attended to promptly. Records were sighted. The caregiver was observed administering medications safely and correctly. Medications were stored safely and securely in the trollies, locked treatment rooms and cupboards. There were no residents self-administering medications. There was a self-medication policy in place when required. There were no standing orders in use.</p> <p>The controlled drug book was reviewed, and stock takes were documented according to policy requirements. The previous shortfall (3.4.1) around weekly stocktake checks in the controlled drug register) has been addressed.</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</p>	<p>FA</p>	<p>Edale has a current food control plan in place which expires on 26 June 2024. A resident's nutritional profile is completed on admission, which identifies dietary requirements and likes and dislikes, a copy is provided to the kitchen. This is reviewed/updated six-monthly as part of the care plan review. Dietary preferences were noted on the kitchen noticeboard for kitchen staff to access at all times. The four-weekly menu cycle is approved by a contracted dietitian and includes modified diets (supplements, soft and purees) for residents. Fridge and freezer temperatures are checked. Temperatures were within acceptable temperatures. The previous shortfall (3.5.3) has been addressed.</p>

<p>health and wellbeing.</p>		<p>The interviewed residents and family/whānau expressed satisfaction with food portions and the options available. Māori health plan in place included cultural values, beliefs, and protocols around food. The cook stated that culturally specific menu options were available and is offered to Māori and Pacific residents when required. These included 'boil ups' and 'Island' food. Family/whānau are welcome to bring culturally specific food for their relatives. The interviewed residents and family/whānau expressed satisfaction with food portions and the options available.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>The service has documented policies and procedures to ensure exit, discharge or transfer of residents is undertaken in a timely and safe manner. The RN and clinical nurse lead plans, exits, discharges or transfers and these are coordinated in collaboration with the resident and family/whānau to ensure continuity of care. The residents and their family/whānau are involved for all exits or discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies were indicated or requested. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</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,</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the resident's physical environment and facilities are fit for purpose. There is a proactive and reactive maintenance programme and buildings, plant, and equipment are maintained to an adequate standard. There is a current building warrant of fitness that expires on 30 September 2023. All electrical equipment is tested and tagged, and bio-medical equipment calibrated. Water temperatures were monitored and recorded. The previous shortfall (4.1.2) has been resolved.</p> <p>Residents and family/whānau were happy with the environment, including heating and ventilation, privacy, and maintenance. Spaces were culturally inclusive and suited the needs of the resident groups. The rooms verified as suitable for dual purpose are spacious and are large enough for staff to utilise equipment including hoists and shower chairs.</p>

and function.		
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>As part of the annual review of the infection control and prevention plan an updated suite of policies provided by an industry leader have been implemented. The revised plan links to the quality plan and is provided to the management team. The infection control and prevention policy states that the service is committed to the ongoing education of staff and residents. Relevant training is included in the annual training plan and is part of staff orientation.</p> <p>There have been infection prevention and control in-services for staff with associated competencies such as handwashing and use of personal protective equipment. Education with residents takes place by staff as part of the daily cares. Family/whānau are kept informed and updated as required about relevant changes to the services infection control and prevention processes and procedures.</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>Surveillance of healthcare-associated infections (HAIs) is appropriate to that recommended for long-term care facilities and is in line with priorities defined in the infection and prevention control programme. All infections are collated and analysed monthly. Any trends are identified, and corrective actions implemented. Benchmarking occurs utilising the QPS system. Outcomes are discussed at daily handovers, clinical, quality/staff, and management meetings. A monthly report is prepared and included in the governance report to the Board. Ethnicity data is linked to the use of NHI numbers as identifiers for residents.</p> <p>Surveillance of healthcare-associated infections includes ethnicity data, and the data is reported to staff, and management respectively. There has been one Covid -19 outbreak reported in December 2022 since the previous audit, this was managed appropriately, with appropriate notifications completed.</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</p>	FA	<p>The facility manager is the designated restraint coordinator. The use of restraint is reviewed three-monthly and, reported in the monthly staff/quality meetings and to the clinical governance group and through to the Masonic</p>

<p>free from restrictions. 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>Board.</p> <p>Edale is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of the intervention must be the least restrictive possible. The restraint coordinator interviewed, described the focus on minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme with staff completing annual restraint competencies. Seclusion is not used at Edale. There were two residents using bedrails as restraint.</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.

No data to display

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.