

# Masonic Care Limited - Masonic Court Rest Home and Hospital

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## Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by 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:

<b>Legal entity:</b>	Masonic Care Limited
<b>Premises audited:</b>	Masonic Court Rest Home and Hospital
<b>Services audited:</b>	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
<b>Dates of audit:</b>	Start date: 6 July 2023      End date: 7 July 2023
<b>Proposed changes to current services (if any):</b>	None
<b>Total beds occupied across all premises included in the audit on the first day of the audit:</b>	47

# Executive summary of the audit

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## Introduction

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

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

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

### Key to the indicators

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

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

## General overview of the audit

Masonic Care Limited – Masonic Court Rest Home and Hospital (Masonic Court) provides hospital services - medical and geriatric, rest home care and respite care, for up to 49 residents.

This certification 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 to meet some of the new requirements of the Standard including documentation of explicit evaluation of quality data for each facility. At Masonic Court residents' notes need to be integrated into one electronic management system and care and support plans need to record all assessed needs, goals and aspirations and record any changes.

## 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.

Services to Māori are based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Masonic Court provided an environment that supported residents' rights and culturally safe care. Staff demonstrated an understanding of residents' rights and obligations. There was a health plan that encapsulated care specifically directed at Māori, Pacific people, and other ethnicities. Masonic Court worked collaboratively with internal and external Māori supports to encourage a Māori worldview of health in service delivery.

Residents and their family/whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Residents were safe from abuse and were receiving services in a manner that respected their dignity, privacy, and independence. The service provided services and support to people in a way that was inclusive and respected their identity and their experiences. Care plans accommodated the choices of residents and/or their family/whānau. There was evidence that residents and their family/whānau were kept well informed.

Residents and whānau received information in an easy-to-understand format and were included when making decisions about care and treatment. Open communication was practiced. Interpreter services were provided as needed. Residents and their family/whānau and legal representatives participated in decision-making that complied with the law. Advance directives were followed wherever possible.

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

## Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained 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, honouring Te Tiriti and reducing barriers to improve outcomes for Māori and people with disabilities.

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

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection and analysis of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

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. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is recorded, securely stored and not accessible to unauthorised people.

## Ngā huarahi ki te oranga | Pathways to wellbeing

Includes 8 subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.
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When residents were admitted to Masonic Court a person-centred and family/whānau-centred approach was adopted. Relevant information was provided to the potential resident and their family/whānau.

The service worked in partnership with the residents and their family/whānau to assess, plan and evaluate care. Observations, interviews, and documentation demonstrated that care provided met the needs of residents and their family/whānau and was evaluated on a regular basis.

Residents were supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional needs of the residents with special cultural needs catered for. Food was safely managed.

Residents were transitioned or transferred to other health services as required.

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

Includes 2 subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

## 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.

Some subsections applicable to this service partially attained and of low risk.

There is a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that is appropriate to the size and complexity of the service. It is adequately resourced. An experienced and trained infection control coordinator leads the programme.

The facility manager and quality coordinator/infection control co-ordinator at Masonic Court 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. It was adequately resourced. The experienced and trained infection control co-ordinator led the programme and was engaged in procurement processes.

A suite of infection prevention and control and antimicrobial stewardship policies and procedures were in place. Masonic Court had an approved infection control and pandemic plan. Staff demonstrated good principles and practice around infection control. Staff, residents, and their family/whānau were familiar with the pandemic/infectious diseases response plan.

Aged care-specific infection surveillance was undertaken with follow-up action taken as required.

The environment supported the prevention and transmission of infections. Waste and hazardous substances were managed. There were safe and effective cleaning and laundry services in place.

## 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.		Some subsections applicable to this service partially attained and of low risk.
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Restraints have been eliminated from use at Masonic Court. Managers and staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques 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)
<b>Subsection</b>	0	21	0	4	2	0	0
<b>Criteria</b>	0	149	0	5	2	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)
<b>Subsection</b>	0	0	0	0	0
<b>Criteria</b>	0	0	0	0	0

# Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Masonic Court Rest Home and Hospital (Masonic Court) has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. This is reflected in the values of the wider group and the facility. Mana motuhake is respected. Residents and whānau interviewed reported that staff respected their right to Māori self-determination, and they felt culturally safe.</p> <p>A Māori health plan has been developed with input from cultural advisers and local iwi and is used for residents who identify as Māori. Connections with advisers and iwi have been made through past and current residents and whānau, Te Whatu Ora – Health New Zealand Te Pae Hauora o Ruahine o Tararua MidCentral (Te Whatu Ora MidCentral) and their cultural advisers. Two of the advisers attended and led the mihi whakatau which was held to commence the audit and welcome the audit team onsite. They confirmed the relationship which is being developed between Masonic Care at Masonic Court and their team to deepen the knowledge and</p>

		<p>understanding of staff members in relation to te ao Māori.</p> <p>The general manager for care and operations (GM) was interviewed along with the facility manager (FM). They spoke about the work done to attract and retain staff members who identify as Māori in a challenging recruitment environment while balancing the needs of residents and delivering care and support. This includes following up on recommendations from other staff members and positively promoting the changes inherent in the Ngā Paerewa Standard. There are currently six staff members at the facility who identify as Māori.</p> <p>The facility has its own pepeha, which has been developed with input from whānau who are te reo Māori speakers and affiliate to one of the local iwi. This is on display throughout the facility and used during celebrations, welcomes and other events when relevant. The FM and quality coordinator (QC), who is a registered nurse (RN), discussed the focus of service on planning and delivering services which are specific to the needs of all residents and in particular those who identify as Māori. Feedback from residents and whānau confirmed this. An area for improvement in relation to the development of systems for monitoring of equity approaches is identified in sub-section 2.1.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Masonic Court has developed a Pacific plan that supports culturally safe practices for Pacific peoples using the service. They have done this with input from staff members who are Pasifika and the GM who has worked in the Pacific. 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>On the day of the audit there were no residents at Masonic Court who identified as Pasifika, although the FM reported that they have supported Pasifika residents in the past. There are currently three staff members who identify as Pasifika.</p> <p>As for sub-section 1.1, the FM and GM are conscious of recruiting of Pasifika staff when possible in a challenging recruitment</p>

		<p>environment, and the need to provide safe services.</p> <p>There are currently no systems for monitoring equity and efficient provision of health and disability services. An area for improvement is identified in sub-section 2.1.</p> <p>The FM has been working with its Pasifika staff members and their links with local Pacific communities to begin the development of relationships in their local community. This work is in the early stages and is going well. The FM reported that they have had two residents who identified as Pasifika at Masonic Court. For each person they were able to access appropriate support through their whānau and staff networks for the short time the residents were receiving care.</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>At the main entranceway to Masonic Court, a copy of the Code of Health and Disability Services Consumers' Rights (the Code) was displayed in te reo Māori, English and New Zealand sign language. There was also a copy of Te Tiriti o Waitangi and a copy of Masonic Court's Pepeha. Brochures on the Code, the Nationwide Health and Disability Advocacy Service, how to access interpreter services and the complaints process were accessible in the entrance foyer.</p> <p>Staff interviewed understood the requirements of the Code and were seen supporting residents of Masonic Court in accordance with their wishes. Interviews with thirteen residents and seven of their family/whānau confirmed staff were respectful and considerate of residents' rights.</p> <p>Masonic Court had a range of cultural diversities in their staff mix, and staff can assist if interpreter assistance is required. Masonic Court also had access to interpreter services and cultural advisors/advocates if required. Relationships had been established with two Māori advisors from Te Whatu Ora MidCentral Māori liaison unit. A kuia group of singers visit and sing traditional Māori songs, as does the Ngā-Tiawa singing group. Four staff employed at Masonic</p>

		<p>Court identified as Māori. Staff in addition to the Māori advisors assisted at all levels of the facility's operations to ensure more equitable service for Māori were provided. Masonic Court recognised mana motuhake.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Masonic Court supported residents in a manner that was inclusive and respected their identity and experiences. Residents and their family/whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality, choices, and independence.</p> <p>Care staff understood what Te Tiriti o Waitangi meant to their practice, with te reo Māori and tikanga Māori being promoted.</p> <p>All staff working at Masonic Court were educated in Te Tiriti o Waitangi and cultural safety. The staff can speak and learn te reo Māori, with the assistance of the Māori advisors, staff members and residents who identified as Māori. Documentation in the care plans of residents who identified as Māori acknowledged the resident's cultural identity and individuality.</p> <p>Staff were aware of how to act on residents' advance directives and maximise independence. Residents were assisted to have an advance care plan in place. Residents verified they were supported to do what was important to them, and this was observed during the audit.</p> <p>Staff were observed to maintain residents' privacy throughout the audit. All residents had a private room. Interviews, observations, and file reviews verified Masonic Court responded to the needs of tāngata whaikaha and enabled their participation in te ao Māori.</p>

<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>Employment practices at Masonic Court included reference checking and police vetting. Policies and procedures outlined safeguards in place to protect people from discrimination, coercion, harassment, physical, sexual, or other exploitation, abuse or neglect. Workers followed a code of conduct.</p> <p>Staff understood the service’s policy on abuse and neglect, including what to do should there be any signs of such practice. Policies and procedures were in place that focused on abolishing institutional racism, and there was a willingness to address racism and do something about it.</p> <p>Residents reported that their property was respected.</p> <p>Professional boundaries were maintained.</p> <p>A holistic model of health at Masonic Court was promoted. The model encompassed an individualised approach that ensured the best outcomes for all. Thirteen residents and seven family/whānau interviewed expressed satisfaction with the services provided at Masonic Court.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.  Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.  As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about</p>	<p>FA</p>	<p>Residents and their family/whānau at Masonic Court reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format, in English and te reo Māori. Te reo Māori was incorporated into day-to-day greetings, documentation, and signage throughout the facility. There were regular resident and family/whānau meetings every two months and meeting minutes verify satisfaction with services provided, as does the January 2023 resident satisfaction survey. A monthly newsletter of the Masonic Villages Trust is available to all</p>

<p>their choices.</p>		<p>Masonic Trust residents and their families. The newsletter is available in the front entranceway and updates everyone on ongoing activities and plans. Daily contact, an open-door policy, emails, phone calls and visits keep residents and their family/whānau up to date as needed.</p> <p>The facility manager (FM) was the RN onsite most days and had an open-door policy. Evidence was sighted of residents communicating with all staff, including the FM. Residents and their family/whānau and staff reported the FM responded promptly to any suggestions or concerns.</p> <p>Changes to residents' health status were communicated to residents and their family/whānau in a timely manner. Incident reports evidenced family/whānau were informed of any events/incidents. Documentation supported evidence of ongoing contact with family/whānau or enduring power of attorney (EPOA). Evidence was sighted of referrals and involvement of other agencies involved in the resident's care when needed.</p> <p>Staff knew how to access interpreter services if required.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make</p>	<p>FA</p>	<p>Residents at Masonic Court and/or their legal representatives were provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. The nursing and care staff interviewed understood the principles and practice of informed consent.</p> <p>Advance care planning, establishing and documenting EPOA requirements and processes for residents unable to consent were documented, as relevant, in the residents' records.</p>

<p>informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>The Māori advisors and staff who identified as Māori assisted staff to respond and support cultural practice. 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.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>FA</p>	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents 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 no complaints received from residents since 2021, when two complaints were received. Both had been responded to within the time frames of the Code and complainants received respectful and appropriate correspondence. There have been no complaints received from external sources.</p> <p>Masonic Court has a regular residents meeting with approximately 25 residents attending each meeting. Minutes of the quarterly meetings were reviewed for the past 18 months. They are run by the activities coordinators. There is an open agenda, any issue can be raised for discussion and the minutes demonstrate an environment where residents can discuss anything and ask questions which are answered.</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</p>	<p>PA Low</p>	<p>The governing body assumes accountability for delivering a high-quality services through:</p> <ul style="list-style-type: none"> <li>• supporting meaningful inclusion of Māori in governance groups and honouring Te Tiriti</li> <li>• defining a governance and leadership structure, including for</li> </ul>

<p>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>clinical governance, that is appropriate to the size and complexity of the organisation</p> <ul style="list-style-type: none"> <li>• appointing an experienced and suitably qualified person to manage the service</li> <li>• identifying the purpose, values, direction, scope and goals for the organisation, and monitoring and reviewing performance at planned intervals (see CAR 2.2.3)</li> <li>• demonstrating leadership and commitment to quality and risk management</li> <li>• being focused on improving outcomes for Māori and people with disabilities</li> </ul> <p>A sample of reports to the board of directors showed adequate information to monitor performance is reported. Evidence of recent training for the governance board in Te Tiriti o Waitangi was seen in board meeting minutes. This occurred in June 2023.</p> <p>The GM and FM confirmed knowledge of the sector, regulatory and reporting requirements and maintain currency within the field.</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.</p> <p>A Māori health plan has been developed for the facility which identifies local iwi and community organisations they are working with. The audit started with a mihi whakatau led by the cultural advisors from Te Whatu Ora Mid-Central who talked about the relationship which is developing with the facility and the planned training they will be providing in the coming months.</p> <p>However, there is no monitoring or reporting process to determine whether service providers are identifying barriers to equitable service</p>
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	<p>delivery for Māori and tāngata whaikaha people with disabilities (and Pasifika see 1.2.2). Similarly, the governance board(s) are yet to develop processes or systems for service providers to address barriers to equitable service delivery.</p> <p>There is a clinical governance structure which is appropriate for the size and structure of the Masonic Care group. The GM and a governance board member have responsibilities in this structure, as do identified managers and staff across the organisation. At Masonic Court the FM and QC are members of the clinical governance group and have position descriptions appropriate to these functions.</p> <p>A resident satisfaction survey was completed in January 2023 and resident meetings are held every quarter. Minutes of the meetings and survey results indicate that residents and family/whānau are satisfied with services, and feedback provided contributes to the overall evaluation of service provision.</p> <p>The service holds contracts with Te Whatu Ora MidCentral for hospital services - medical services; hospital services - geriatric services (excl. psychogeriatric); rest home care (excluding dementia care), respite care, with Whaikaha Ministry for People with Disabled People for Young people with disabilities, and with ACC.</p> <ul style="list-style-type: none"> <li>• On the first day of the audit forty-seven people were receiving services.</li> <li>• Two residents are under sixty-five years of age. One was funded by Whaikaha, and the other by Te Whatu Ora MidCentral for hospital level care, along with fifteen people over sixty-five, a total of sixteen hospital level care residents.</li> <li>• At rest home level care, thirty-one residents were receiving services, with one resident funded by the respite contract.</li> <li>• There were no ACC funded residents.</li> </ul>
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<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>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 procedures, clinical incidents including infections and the use of restraint. (Although Masonic Court has not used any restraints since 2020. See Section 6.)</p> <p>Residents, whānau and staff contribute to quality improvement through regular meetings, as sighted in minutes reviewed.</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 is evidence of analysis of data at the facility level with notes in the RN, caregiver (CG) auxiliary (cleaning, laundry and maintenance) and combined staff meeting minutes. Graphs are 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>However, minutes of the combined Masonic Care facilities' quality and clinical governance groups contain data without any evaluation. The data reported at governance level is collated so that there is no identification of individual facility's data.</p> <p>Policies reviewed covered all necessary aspects of the service and contractual requirements and were current.</p> <p>The GM and 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 board risk register and one for Masonic Court. Both were current on the day of the audit and reviewed regularly.</p> <p>Staff document adverse and near miss events and these are categorised in line with the National Adverse Event Reporting Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed and</p>

		<p>followed-up in a timely manner.</p> <p>Both the GM and FM understood, and have complied with essential notification reporting requirements. There have been three section 31 notifications since the last onsite audit. One of these was reported to Manatu Hauora during the onsite audit, in relation to medication missing from a delivery which occurred in April 2023. The incident had been fully investigated at the time it occurred including involvement of the pharmacy.</p> <p>Systems for service providers to analyse the data across the group of facilities and the organisation's practices to assess health equity have not yet been established. (See 2.1.5 and 2.1.6.)</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents. Care staff, residents and whānau interviewed reported there were adequate staff to complete the work allocated to them. At least one staff member on duty had a current first aid certificate and there was 24/7 RN coverage in the hospital.</p> <p>Review of the rosters for the fortnight at the time of the audit, and the next fortnight, reflected the staffing policy requirements.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements and cultural training. Related competencies for all staff 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. Records reviewed demonstrated completion of the required training and competency assessments including medication and nursing competencies appropriate for the provision of aged care hospital services.</p> <p>The FM and QC have attended Te Tiriti o Waitangi training which included concepts of health equity for Māori. This training is also</p>

		included on the annual plan for other staff to be completed later in 2023.
<p><b>Subsection 2.4: Health care and support workers</b></p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. This included recruitment and appointment of staff members. There is provision for providing support and debriefing following adverse events where this is required.</p> <p>Staff performance is reviewed and discussed at regular intervals. A review of nine staff members' personnel files confirmed that these are completed at three months after commencement of work for new employees, and annually on the anniversary of employment thereafter. Ethnicity data is recorded and used in line with health information standards.</p> <p>Staff reported feeling well supported and safe in the workplace by the FM and QC and systems were available for staff support.</p>
<p><b>Subsection 2.5: Information</b></p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	PA Moderate	<p>All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review.</p> <p>Masonic Court maintained quality records that complied with relevant legislation, health information standards. Some information was held electronically, and password protected; other paper-based records were held securely and only available to authorised users.</p> <p>Residents' files were not integrated. There was an electronic system in place that staff identified did not meet the facility's needs. Additional paper-based systems had been added to address this shortfall. Clinical notes were current and legible; however, they did not meet current documentation standards. This is an area requiring attention.</p>

		<p>Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p> <p>All necessary demographic, personal, clinical, and health information was fully completed in the residents' files sampled for review. Consent was sighted for data collection. Data collected included ethnicity data.</p> <p>Masonic Court are not responsible for the National Health Index registration of people receiving services. Residents' files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>Residents were welcomed into Masonic Court when they had been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) service, as requiring the levels of care Masonic Court provided, and had chosen Masonic Court to provide the services they require. Family/whānau interviewed stated they were satisfied with the admission process and the information that had been made available to them on admission, including for residents who identified as Māori. The files reviewed met contractual requirements. Masonic Court collected ethnicity data on entry and decline rates. This included specific data for entry and decline rates for Māori.</p> <p>Where a prospective resident had been declined entry, there were processes for communicating the decision to the person and whānau.</p> <p>Masonic Court had developed meaningful partnerships with local</p>

		<p>Māori to benefit Māori individuals and their whānau. The facility can access support from Māori health practitioners, traditional healers, and other organisations by contacting the Te Whatu Ora MidCentral Māori liaison unit. There is a Māori health provider that residents can access, however this unit does not offer an afterhours service. When admitted, residents had a choice over who would oversee their medical requirements. Whilst most chose the main medical provider to Masonic Court, who visits weekly and provides an afterhours service, several residents had requested another provider to manage their medical needs.</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>PA Moderate</p>	<p>The multidisciplinary team at Masonic Court worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Eight residents' files were reviewed: three hospital files and five rest home files. These files included residents who had had an acute event requiring transfer to an acute facility, residents with a wound, residents with behaviours that challenge, residents who identified as Māori, residents under sixty-five years, residents with insulin-dependent diabetes, residents with several co-morbidities and residents receiving anti-coagulant therapy. There were no residents at Masonic Court on the days of audit with pressure injuries.</p> <p>Eight files reviewed verified that a care plan was 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. Assessments were based on a range of clinical assessments and included the resident and family/whānau input (as applicable). Timeframes for the initial assessment, initial care plan, long-term care plan, and review/evaluation timeframes met contractual requirements. However, evidence to verify that medical reviews were being undertaken within the required timeframes could not be verified and this requires attention (refer criterion 2.5.2).</p>

	<p>A continuous improvement at the last certification audit (2019) was awarded around an initiative to enable afterhours GP coverage and a reduction of admissions to Te Whatu Ora MidCentral by the implementation of this initiative. This initiative remains in place, with residents now having access to a contracted GP that visits weekly and covers an afterhours service. The continuing impact of this and the effect of this on admissions to Te Whatu Ora MidCentral however has not had ongoing evaluation.</p> <p>Interviews, observations, and file reviews identified tāngata whaikaha residents residing at Masonic Court at the time of audit had their choices and controls enabled and barriers removed. However, policies and processes were not in place to ensure tāngata whaikaha and whānau participate in Masonic Court's service development, deliver services that give choice and control, and remove barriers that prevent access to information. This is an area that has been identified by the service for improvement with a plan in place to do so. Service providers understood the Māori constructs of oranga and had implemented a process to support Māori and whānau to identify their pae ora outcomes in their care plan. The support required to achieve this was documented, communicated, and understood. This was verified by reviewing documentation, sampling residents' records, interviews, and from observation.</p> <p>Nursing strategies to provide a planned approach to the management of several residents' needs and medical conditions was not consistently well documented in the care plan. This is an area requiring attention. Interviews, observations, and documentation did however verify the care was being provided as needed.</p> <p>Evidence of systematic monitoring and regular evaluation of responses to planned care was sighted in progress notes. Where progress was different from that expected, changes were made to the care provided and in collaboration with the resident and/or whānau, however the documentation was often not available, and</p>
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		<p>the care plan not updated to reflect the plan of care. Residents and whānau confirmed active involvement in the process, including young 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 two diversional therapy assistants provided an activities programme at Masonic Court seven days a week. The programme supported residents in maintaining and developing their interests and was tailored to their ages and stages of life. The younger residents were enabled to attend community activities of their choice and participate in activities that were of interest to them.</p> <p>Activity assessments identified individual interests and considered the person's identity, however there was no individualised activity plan with residents' goals developed for each resident (refer criterion 3.2.4 and 2.5.2). Individual and group activities reflected residents' goals and interests and their ordinary patterns of life and included normal community activities. The organisation celebrated Waitangi Day and was preparing for Matariki with residents making poi and decorating kete bags. Opportunities for Māori and whānau to participate in te ao Māori were facilitated. There are groups of Māori singers that entertain residents at Masonic on a regular basis singing traditional Māori songs.</p> <p>The facility had a van that enabled twice-weekly outings to places and events of interest. Residents were supported to access the local 'cossie club', community events, and places of interests. Residents choose where their outings will be.</p> <p>The activities team had no processes in place that support community initiatives that meet the health needs and aspirations of Māori and whanau.</p>

		<p>Satisfaction surveys evidenced residents and their family/whānau were satisfied with the activities provided at Masonic Court</p> <p>Residents and whānau were involved in evaluating and improving the programme. Those interviewed confirmed they find the programme met their needs.c</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 seen on the day of the audit. All staff who administer medicines were competent to perform the function they manage. There was a process in place to identify, record, and document residents' medication sensitivities, and the action required for adverse events.</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>Medicines were stored safely, including controlled drugs. The required stock checks were completed. The medicines stored were within the recommended temperature range. There were no vaccines stored on site.</p> <p>Prescribing practices met requirements. The required three-monthly GP review was recorded on the medicine chart. Standing orders were not used at Masonic Court, however a policy and associated process is in place should this be required..</p> <p>There were no residents self-administering medications at Masonic Court at the time of audit. Self-administration of medication if requested would be facilitated and managed safely. Residents,</p>

		<p>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.</p> <p>A medication error in April 2023 was investigated and addressed appropriately, with the required notification made on the day of audit. (Refer criterion 2.2.6)</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>The food service provided at Masonic Court was in line with recognised nutritional guidelines for older people. The menu was reviewed by a qualified dietitian on 24 April 2023. Recommendations made at that time had been implemented.</p> <p>All aspects of food management complied with current legislation and guidelines.</p> <p>The service operated with an approved food safety plan and registration. A verification audit of the food control plan was undertaken on Masonic Court in June 2022. Four areas requiring corrective action were identified, and the plan was verified for 18 months. The plan is due for re-audit in December 2023.</p> <p>Each resident had a nutritional assessment on admission to the facility. Their 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 verified the kitchen prepared culturally specific foods for those residents who requested them. The cook prepared a 'boil up' when the residents requested this. Residents' family/whānau can supply</p>

		<p>selected foods for residents and the kitchen will prepare them.</p> <p>Interviews, observations, and documentation verified residents were satisfied with the meals provided. Evidence of residents' satisfaction with meals was verified by residents and whānau interviews, satisfaction surveys, and resident and whānau meeting minutes. This was supported on the day of the audit when residents responded favourably regarding the meals provided on these days.</p> <p>Residents were observed to be given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	FA	<p>Transfer or discharge from the service was planned and managed safely to cover current needs and mitigate risk. The plan was developed with coordination between services and in collaboration with the resident and whānau. The whānau of a resident who was recently transferred reported that they were kept well-informed throughout the process.</p> <p>Whānau were advised of their options to access other health and disability services, social support, or kaupapa Māori services if the need is identified.</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</p>	FA	<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. The staff member responsible for maintenance was interviewed. 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 at</p>

<p>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>the time of the audit; expiry date 5 April 2024.</p> <p>The environment was comfortable and accessible, promoting independence and safe mobility. Residents were observed moving independently around the facility during the days of the audit. All rooms have opening windows, window coverings which are in good condition, and the environment was warm and comfortable.</p> <p>Personalised equipment was available for residents with disabilities to meet their needs. Spaces were culturally inclusive and suited the needs of the resident groups. There are several lounges and a large dining/lounge area where all meals are served. There is a second lounge area for activities and a third lounge in the hospital wing. In addition, there are couches and seats in alcoves and external seating all of which were used at different times by residents during the audit.</p> <p>There are adequate numbers of accessible, shared bathroom and toilet facilities (12) throughout the facility. In addition to this, four bedrooms have their own ensuite toilets, and there are toilets for staff members and visitors.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, privacy and maintenance. There are currently no plans for refurbishment or rebuilding of Masonic Court. At interview with the GM, they confirmed that, should this occur, residents and whānau will be consulted and involved in the design of any new buildings as required by this revised standard.</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>Disaster and civil defence plans and policies direct the facility in their preparation for disasters and described the procedures to be followed. Staff have been trained and knew what to do in an emergency. For new staff members this occurs at their orientation, and thereafter at six-monthly intervals.</p> <p>The fire evacuation plan has been approved by the New Zealand Fire Service (FENZ). Fire and evacuation plans are on display throughout the building. Adequate supplies for use in the event of a civil defence emergency meet the National Emergency Management</p>

		<p>Agency recommendations for the region. This includes emergency response equipment, additional supplies of food, gas for cooking and 1000 litres of emergency water stored on site and changed every six months.</p> <p>Call bells alert staff to residents requiring assistance. Residents and whānau reported staff respond promptly to call bells and this was observed during the audit. Appropriate security arrangements are in place for after-hours. Residents and family/whānau were familiar with emergency and security arrangements.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	PA Low	<p>The infection prevention (IP) and antimicrobial stewardship (AMS) programme is appropriate to the size and complexity of the service, is linked to the quality improvement system and is reviewed and reported on yearly. However, the programme has not been approved by the governing body.</p> <p>Expertise and advice are obtained from an externally contracted provider, following a defined process. A documented pathway supports reporting of progress, issues and significant events to the governing body.</p> <p>A pandemic/infectious diseases response plan is documented and has been used when needed to support residents who have developed COVID-19 and limited the spread of the infection. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly.</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</p>	FA	<p>The infection control coordinator (ICC) at Masonic Court was responsible for overseeing and implementing the IP and AMS programmes with reporting lines to the FM. The IP and AMS programmes were linked to the quality improvement programme that was reviewed and reported annually. The ICC had appropriate skills, knowledge, and qualifications for the role and confirmed access to the necessary resources and support. Their advice had been sought when making decisions around procurement relevant to care</p>

<p>prevention programme that is appropriate to the needs, size, and scope of our services.</p>		<p>delivery, facility changes, and policies.</p> <p>The infection prevention and control policies reflecting the requirements of the standard are provided by an external advisory company. Cultural advice at Masonic Court was accessed through the staff who identified as Māori and the cultural advisors. Staff were familiar with policies through education during orientation, and ongoing education, and were observed following these correctly. Policies, processes, and audits ensured that reusable and shared equipment was appropriately decontaminated using best practice guidelines. Individual-use items were discarded after being used. Staff who identified as Māori and the Māori advisors who speak te reo Māori can provide ICN infection advice in te reo Māori. There are no educational resources available in te reo Māori that are accessible and understandable for Māori accessing services.</p> <p>The pandemic/infectious diseases response plan was documented and had been tested during the August 2022 COVID-19 outbreak. There were sufficient resources and personal protective equipment (PPE) available, stocks were sighted, and staff verified their availability at the interview. Staff had been trained in their use. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>Masonic Court was committed to promoting the responsible use of antimicrobials. The programme had been developed using the evidence based expertise of an external advisory company, however the programme had not been approved by the Governing body (refer criterion 5.1.1). Masonic court evaluated the effectiveness of the AMS programme by monitoring the quality and quantity of antimicrobial use. Evidence was sighted of a reduction in the use of antibiotics and the identification of ongoing areas for improvement.</p>

<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>Masonic Court undertook surveillance of infections appropriate to that recommended for long-term care facilities and this was in line with priorities defined in the infection control programme. Masonic Court used standardised surveillance definitions to identify and classify infection events that relate to the type of infection under surveillance.</p> <p>Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Results of the surveillance programme were shared with staff. Surveillance data does not include ethnicity data.</p> <p>Culturally clear processes were in place to communicate with residents and their family/whānau, and these were documented.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobial-resistant organisms.</p>	<p>FA</p>	<p>A clean and hygienic environment supported the prevention of infection and transmission of anti-microbial-resistant organisms at Masonic Court. Suitable personal protective equipment was provided to those handling contaminated material, waste, and hazardous substances, and those who perform cleaning and laundering roles. Safe and secure storage areas were available, and staff had appropriate and adequate access, as required. Chemicals were labelled and stored safely within these areas, with a closed system in place. Sluice rooms were available for the disposal of soiled water/waste. Hand washing facilities and gel were available throughout the facility.</p> <p>Staff followed documented policies and processes for the management of waste and infectious and hazardous substances.</p> <p>All laundry at Masonic Court was laundered on-site including residents' personal clothing. Policies and processes were in place</p>

		<p>that identified the required laundering processes, including the limited access to areas where laundry equipment and chemicals were stored. A clear separation of handling and storage of clean and dirty laundry was sighted. Evidence was sighted of commitment to cultural safety by the separation of items prior to their being laundered.</p> <p>Laundry and cleaning processes were monitored for effectiveness. Staff involved had completed relevant training and were observed to carry out duties safely.</p> <p>Residents and whānau reported that the laundry was managed well, and the facility was kept clean and tidy. This was confirmed through observation.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>PA Low</p>	<p>Maintaining a restraint free environment is the aim of the service. They achieved this in 2020 and have maintained it since. However, there is no evidence of the governance board's commitment toward eliminating restraint.</p> <p>Documentation and systems are available if restraint is needed, however at interview with the FM and QC, this would clearly only be used as a last resort. Since 2020 when a documented initiative to reduce and remove restraints was initiated, all alternatives to restraints have been explored to support residents. When a new resident is referred to Masonic Court with existing restraints, or a resident deteriorates, the staff team investigate alternatives and have been able to safely support residents without the use of restraint. This is recorded in residents' care and support plans.</p> <p>The GM reported that they are the executive leader with responsibility for ensuring the commitment to restraint minimisation and elimination is implemented and maintained. This role has not yet been formally documented in the organisational structure. As noted in sub-section 2.2 and the recommendation in 2.2.3, the GM's monthly report to the governance board includes collated restraint use. However, as noted, this does not identify the facilities where</p>

		<p>restraint is, and is not being used so there is currently no visibility that Masonic Court has eliminated the use of restraint.</p> <p>The role of restraint coordinator is a defined role providing support and oversight in the unlikely event that any restraint is used. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. This occurs at orientation and annually. The absence of restraint is reported monthly, as noted in sub-section 2.2.</p>
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## Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 2.1.7</p> <p>Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.</p>	PA Low	<p>Documentation was reviewed and evidence was provided through interviews with the GM. This provided assurance that the governing board(s) are accountable for service delivery. However, not all aspects of this revised Standard are included in the current systems.</p> <p>There was no evidence available that that the governance boards are meeting the requirement for service providers to address barriers to equitable service delivery. (See comments for 2.1.5 and 2.1.6).</p>	The Masonic Care Limited Governance board(s) have yet to develop ways to ensure service providers identify and work to address barriers to equitable service delivery.	<p>The governance board(s) need to ensure that there are systems and/or processes to ensure for service providers can address barriers to equitable service delivery.</p> <p>180 days</p>
Criterion 2.2.3	PA Low	At Masonic Court there is evidence of	The monthly quality group	Ensure that the systems

<p>Service providers shall evaluate progress against quality outcomes.</p>		<p>analysis of some incidents. Infections are routinely analysed and documented. Falls data is collated and analysed. When interviewed staff were aware of the 'frequent fallers' and their risk profiles.</p>	<p>(across Masonic Care Limited ) do not record any analysis or evaluation of collated data and there is no record of evaluation of data over time. It is unclear if there is any analysis and/or evaluation of data occurs during these meetings.</p> <p>At governance level the electronic bench-marking system and dashboard used to collate information for the governance board(s) does not identify individual facilities, note clinical governance activity and oversight, or provide any analysis of data trends or changes over time.</p>	<p>for evaluating progress against quality outcomes at the combined facility group and governance levels enable analysis and evaluation of data.</p> <p>180 days</p>
<p>Criterion 2.5.2</p> <p>Service providers shall maintain an information management system that:</p> <p>(a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication;</p> <p>(b) Makes the information manageable;</p> <p>(c) Ensures the information is accessible for all those who need it;</p> <p>(d) Complies with relevant</p>	<p>PA Moderate</p>	<p>Masonic Court maintained records that complied with relevant legislation. Residents' files at Masonic Court were not integrated.</p> <p>There was an electronic system in place that staff identified did not meet the facility's needs. Additional paper-based systems had been added to address this shortfall. Access to records was complex, as there was no system to identify where records were kept. Nurses' progress notes and activities staff's progress notes were recorded</p>	<p>Information collected in the resident management system was not centralised, did not make the information manageable, and was not integrated nor easily accessible.</p>	<p>Provide evidence the information management system related to resident care at Masonic Court is accessible to those who need access and is manageable and integrated.</p> <p>180 days</p>

<p>legislation; (e) Integrates an individual's health and support records.</p>		<p>electronically, in the same place.</p> <p>Activities staff recorded their notes as an RN, as they stated there was no area for activities comments to be recorded. Medical notes were sent electronically and, in some cases, stored on the electronic system and in other cases downloaded to paper-based hard copies, as on the electronic system it was difficult to find where the notes were located.</p> <p>Hard-copy documents were stored in several different places and were difficult for staff to find. Continuity of care was not enabled by a system that had no one area that captured ongoing updates. GP visits, short term care plans, wound care plans, behaviour monitoring and non-routine recordings were stored in varying places and at times were not available (refer criterion 3.2.4). This was verified by observations, interviews, documentation, and on-site experience.</p> <p>Files for residents and staff were held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit.</p>		
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<p>Criterion 3.2.4</p> <p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person’s assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	<p>PA Moderate</p>	<p>Assessments were based on a range of clinical assessments and included the resident and family/whānau input (as applicable). Timeframes for the initial assessment, initial care plan, long-term care plan, and review/evaluation timeframes met contractual requirements. However evidence to verify that medical reviews were being undertaken within the required timeframes could not be verified and this requires attention (refer criterion 2.5.2). Eight files reviewed had GP visits that were always initiated as residents’ needs dictated, however at times these occurred every three months, and there was no evidence sighted that the GP had verified them as medically stable and able to be reviewed every three months.</p> <p>Care plan documentation in five of the eight files reviewed was not reflective of the residents’ required needs, as identified by the residents, the residents’ medical diagnoses, or the GP’s request. There were no residents’ activity plans at Masonic Court (refer 3.3). Short-term problems were often not documented, and a short-term care plan not initiated. When they were documented, the short-term care plan was in a separate folder and the resident’s care plan did not document its existence or collate an ongoing summary of these events. The regimes required to specifically identify the planned approach was verbally</p>	<p>GP assessments were not observed to have been carried out monthly, and the GP had not verified the resident as stable and able to be reviewed three-monthly.</p> <p>The care plans did not demonstrate that the service being provided was consistent with the residents’ needs.</p>	<p>Provide evidence that:</p> <p>GP assessments are monthly unless the GP verifies the resident as stable and able to be reviewed three-monthly.</p> <p>Care plans demonstrate that the service being provided is consistent with the residents’ needs</p> <p>90 days</p>
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		<p>passed on; however not documented at a central point.</p> <p>A resident with a complex behaviour had behaviour monitoring occurring (on a monitoring sheet stored in a separate file), however no plan was in place of strategies required to address that behaviour, nor a collated approach to determine GP input on the behaviour. Two residents with a condition that could potentially deteriorate if not monitored had no documentation that identified the cues to alert staff. A resident requiring ongoing monitoring for reactions to a medication had no documentation alerting staff to this.</p> <p>This was a documentation and information management matter. Evidence identified residents were receiving the care required.</p>		
<p>Criterion 5.1.1</p> <p>The governance body shall identify the IP and AMS programmes as integral to service providers' strategic plans (or equivalent) to improve quality and ensure the safety of people receiving services and health care and support workers.</p>	PA Low	<p>There is a documented IP and AMS programme, which is appropriate to the size and complexity of Masonic Court. It has been implemented by the infection control coordinator and the nursing team. The infection control coordinator has provided an annual report on the implementation of the plan to the governing body.</p>	<p>The governing boards have not identified the IP and AMS programme within its strategic plan, nor have they responded to the annual report from the facility.</p>	<p>The governing board need to ensure that there are processes for oversight of the IP and AMS programme and to review and respond to the annual reporting against the plan from the facility.</p>

				180 days
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	PA Low	No restraint is used at Masonic Court. Interviews with the FM, QC and other staff members confirmed that Masonic Court is a restraint free environment.	Masonic Care Limited has not yet developed systems to demonstrate their commitment to the elimination of restraint.	<p>Ensure that the governance board(s) have systems which support the elimination of restraint.</p> <p>180 days</p>
<p>Criterion 6.1.3</p> <p>There shall be an executive leader who is responsible for ensuring the commitment to restraint minimisation and elimination is implemented and maintained.</p>	PA Low	The GM reports that they are the executive leader who holds the responsibility for ensuring a commitment to restraint elimination. This was not included in the Masonic Court restraint policy and procedure.	The role of the GM as the executive leader with responsibility for restraint minimisation and elimination is not formalised by the wider organisation along with processes for ensuring this occurs.	<p>Ensure that the governance board(s) have systems which support the elimination of restraint.</p> <p>180 days</p>

## Specific results for criterion where a continuous improvement has been recorded

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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.