

Masonic Care Limited - Woburn Masonic 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 The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

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

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

The specifics of this audit included:

Legal entity:	Masonic Care Limited
Premises audited:	Woburn Masonic Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 7 August 2023 End date: 7 August 2023
Proposed changes to current services (if any):	None
Total beds occupied across all premises included in the audit on the first day of the audit:	35

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Masonic Care Limited – Woburn Masonic Care provides rest home (excluding dementia), hospital services - medical and geriatric (excluding psychogeriatric) and respite services for up to 63 residents in 62 rooms.

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

Improvements are required to address barriers to equity of services, and to ensure workers can deliver high quality health care to Māori. Other than addressing barriers to equity, all previous areas for improvement identified at the provider’s provisional audit in April 2023 have been addressed. These include ensuring the building complies with legislation, has all essential equipment and is prepared for emergencies and there is an anti-microbial surveillance plan.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people’s rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
---	--	--

The staff at Woburn Masonic Care worked collaboratively to support and encourage a Māori world view of health in service delivery. There were a number of residents who identified as Māori in the service on the day of audit.

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

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

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

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
--	--	---

The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, and honouring Te Tiriti.

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

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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.
---	--	--

On admission to Woburn Masonic Care, residents received a person-centred and family/whānau-centred approach to care. The service conducted routine analysis of entry rates; this included specific data for entry rates for Māori.

Residents and their family /whānau participated in the development of a pathway to wellbeing, through timely assessment that was planned, co-ordinated and reviewed to address residents' needs. Care plans were individualised and demonstrated wellbeing outcomes for all.

Activity plans reviewed had been completed in consultation with the resident and their family/whānau, with residents' activities of interest noted.

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

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

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

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

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.
---	--	--

There was a current certificate of public use. Electrical equipment has been tested as required.

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

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

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.

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

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

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.

Restraints were not used at Woburn Masonic Care. Managers and staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, and alternative interventions.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	21	0	2	0	0	0
Criteria	0	51	0	2	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Subsection	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>There are staff members at the facility who identify as Māori. The facility manager (FM) and general manager (GM) were interviewed. They spoke about the work done to attract and retain staff members who identify as Māori in a challenging recruitment environment. This is an ongoing focus for Woburn Masonic Care (Woburn) and Masonic Care Limited (Masonic Care).</p> <p>A planning session with all Masonic Care FMs was held in the last week of July 2023 to review the group’s progress towards compliance with the Ngā Paerewa Standard NZS 8134:2021. Evidence of this meeting was reviewed and discussed with the GM. This included discussion on recruitment of Māori staff across the organisation and supporting existing staff within the organisation.</p> <p>The Woburn FM discussed the inclusion of te reo Māori in recruitment advertising and their strategy for developing links with</p>

		the college next door, and building on the relationship with the local iwi, as described in the facility's Māori health plan.
<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>	FA	Woburn has a Pacific plan which has been developed following the Masonic Care guidelines by the current FM. These guidelines include the provision of culturally safe practices for any Pacific people who may use the service, a Pacific model of care, Pacific worldviews, and cultural and spiritual beliefs. On the day of the audit there were no residents at Woburn who identified as Pasifika.
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	The Code of Health and Disability Services Consumers' Rights (the Code) was available and displayed in English, Māori, and New Zealand Sign Language throughout the facility, as was a range of signage in te reo Māori. Residents who identified as Māori were evidenced to have their mana motuhake recognised and respected. Enduring Power of Attorney (EPOA)/whanau or representatives of choice were consulted in the assessment process to determine residents' wishes and support needs when required. The service was guided by the cultural policies and training sessions that outlined cultural responsiveness to residents who identified as Māori.
<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</p>	FA	<p>Records (10) reviewed confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff at Woburn Masonic Care (Woburn) have had training on Te Tiriti o Waitangi, and this was reflected in their practice. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice with te reo Māori and tikanga Māori being promoted. The</p>

<p>experiences.</p>		<p>organisation had acknowledged tikanga practices in the policies and procedures reviewed and in the Māori care planning process. Residents and their family/ whānau reported that their values, beliefs, and language was respected in the care planning process. The service responds to tāngata whaikaha needs. There had been engagement with tāngata whaikaha to enable their participation in te ao Māori if residents required this.</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>Policies and procedures outlined the facility's commitment to promoting an environment that does not support institutional and systemic racism. Training sessions and ongoing discussions included conversations around institutional and systemic racism, and the ability to question its existence at Woburn if it was thought to exist.</p> <p>The general manager (GM) facility manager (FM) and the clinical nurse manager (CNM) stated that any observed or reported racism, abuse, or exploitation at Woburn was addressed promptly. They were guided by a code of conduct.</p> <p>Residents expressed that they had not witnessed any abuse or neglect, they were treated fairly, they felt safe, and protected from abuse and neglect.</p> <p>During interview with the Clinical nurse lead (CNL), it was stated that a holistic model of health at Woburn was promoted, that encompassed an individualised approach that ensured best outcomes for all.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that</p>	<p>FA</p>	<p>Appropriate best practice tikanga guidelines around informed consent were in place to guide staff. Residents who identified as Māori were supported by whānau to assist with informed consent. Evidence was sighted of supported decision-making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff had received training on cultural safety and tikanga best practice.</p>

<p>individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		
<p>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 which leads to improvements. This meets the requirements of the Code. Residents, family and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>The FM is responsible for managing complaints. There have been four complaints received since the facility was opened at the new site. Records prior to this note that five complaints were received in 2022. Complaints have been responded to within the time frames of the Code and complainants received respectful and appropriate correspondence. One complaint was open on the day of audit, awaiting a response from the complainant to correspondence from the FM.</p> <p>Masonic Care and Woburn do not yet have a process for assessing whether their complaints system is working equitably for Māori, and this is noted.</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>Woburn is part of the Masonic Care group, a philanthropic trust which operates aged care and retirement village services in the North Island. The Trust has governance boards which have oversight of Woburn and there are systems for monitoring service delivery. Since the last onsite audit, the facility manager (FM) has commenced working and services have transferred back from the</p>

<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>temporary location at Kelvin House in Upper Hutt to the refurbished and enlarged location at their original site in Lower Hutt.</p> <p>One governance board member identifies as Māori and provides advice to the board on te ao Māori. There are two other board members who work in senior roles in the health sector. Evidence of recent training for the governance board in Te Tiriti o Waitangi was seen in board meeting minutes (June 2023).</p> <p>The governing body has not yet established systems for delivering services which ensure service providers:</p> <ul style="list-style-type: none"> • Deliver services focused on improving outcomes for Māori and people with disabilities • Identify and work to address barriers to equitable service delivery. <p>The first bullet point areas are noted, and the second bullet point has an area for improvement identified.</p> <p>There are 62 rooms at Woburn with a maximum of 63 beds. These are made up of rooms and suites. One suite has a bedroom which is big enough for two single beds and can be occupied by a couple if they choose this. This room brings the bed numbers to 63.</p> <p>The provider holds contracts with Te Whatu Ora – Health New Zealand Capital, Coast and Hutt Valley (Te Whatu Ora CCHV) for rest home, respite, hospital (medical and geriatric – excluding psychogeriatric) services, Whaikaha Ministry for Disabled People (Whaikaha) and the Accident Compensation Corporation (ACC).</p> <p>On the day of the audit 35 residents were receiving services at Woburn. Eleven residents were receiving hospital level care. This included one respite resident funded by Whaikaha and one ACC-</p>
---	---

		<p>funded resident. Twenty-four residents were receiving rest home level care. Of these residents, three were respite residents, two of whom were funded by ACC, and one was funded by Whaikaha.</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 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.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. The results of a wide range of internal audits are collated and reported to the Masonic Care board each month. There was evidence of analysis of data at the facility level with minutes recording discussions in the registered nurses (RNs), quality, and staff meeting minutes. Graphs were on display in the staff room. Staff meeting minutes record that information, feedback and trends in data and feedback about individuals who need specific interventions are provided at monthly meetings.</p> <p>The facility has policies, procedures and systems for monitoring service delivery and wellbeing. However, they have not developed a system or process to ensure health care and support workers can deliver high-quality health care for Māori. An area for improvement is identified in relation to this.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. There is a current risk register for the newly re-furnished facility which has been developed by the current FM since they commenced working in the position.</p> <p>Essential notification requirements are well understood, and evidence was seen that they have been complied with when needed. There have been no essential notifications since the current FM commenced in their position.</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 staffing levels are adjusted to meet the changing needs of residents when needed. The FM prepares the rosters for all staff members. All RNs have a current first aid certificate.</p> <p>The FM discussed the ability to increase staffing across the roster through the contracts of existing staff members and the ongoing recruitment of health care, support workers, housekeeping, and activities staff members, as resident numbers increase.</p> <p>Review of the rosters for the fortnight at the time of the audit, and the following fortnight, reflected the staffing policy requirements. Residents, family and whānau interviewed reported satisfaction with the care provided and responsiveness of staff. Respondents in the staff satisfaction survey confirmed there are sufficient staff to complete the work required, and this was confirmed in staff meeting minutes reviewed and from interviews with staff.</p> <p>There is an annual calendar of continuing education which includes mandatory training requirements and cultural training. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with Te Whatu Ora CCHV, ACC and Whaikaha. Personnel records reviewed (five) demonstrated completion of required training and competency assessments including medication, nursing, and support worker competencies appropriate for the provision of aged care rest home and hospital services.</p> <p>The FM and clinical manager (CM) have attended Te Tiriti o Waitangi training which included concepts of health equity for Māori. Other staff members have also completed online Te Tiriti o Waitangi training which meets the requirements of this Standard.</p> <p>The staff development systems do not yet include systems for collecting and sharing high-quality Māori health information, or for</p>

		developing health equity expertise.
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed (five), confirmed that the facility and organisation's policies are being consistently implemented. This included the validation of professional registration for all employed health care and support workers, as well as contracted health and allied health staff.</p> <p>A robust and supportive orientation and induction programme is implemented which prepares new employees well for their roles. The orientation is specific to the facility and to health care and caregiver roles. Records reviewed demonstrated that orientation documentation was completed as required.</p> <p>Information held about staff members was accurate, relevant to their roles and held securely in line with legal requirements. Ethnicity data is collected and used in accordance with the Health Information Standards Organisation requirements.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	FA	<p>Woburn conducted routine analysis of entry data; this included specific data for entry rates for Māori.</p> <p>Woburn has developed formal meaningful partnerships with the local Puketapu marae to benefit Māori individuals and whānau. The whānau of the residents who identified as Māori accessed the services each resident requested regarding traditional Māori healers and organisations to benefit Māori and whānau. Whānau were sharing this information with the FM and CNM as the need arose, to enable formal connections to be developed in the future.</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>The multidisciplinary team at Woburn worked in partnership with the resident and their family/whānau to support the resident's wellbeing. Ten residents' files were reviewed, five from the hospital, and five from the rest home. Files included residents under 65 years, residents on a contract funded by the ACC, residents receiving respite care, and residents being cared for under the Aged Related Residential Care (ARRC) contract. File reviews included residents who identified as Māori, residents with a pressure injury, residents with behaviours that challenge, residents with weight loss, residents receiving a palliative approach to care and residents who smoke. Files reviewed verified 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.</p> <p>Assessment was based on a range of clinical assessments and included resident and their family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. Woburn understands Māori constructs of oranga and implements a process to identify and support Māori and whānau to identify their own pae ora outcomes in the care plan. This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and/or their family/whānau. Residents and their family/whānau confirmed active involvement in the process, including residents with a disability.</p>
<p>Subsection 3.3: Individualised activities</p>	<p>FA</p>	<p>One activities assistant provided activities at Woburn on a Friday, and two volunteers provided activities during the week. The</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>organisation was in the process of employing another activities assistant, following the resignation of the previous one. All files reviewed on the day of audit had a social assessment that included residents' interests, strengths, and goals. The FM had implemented an activities programme that was being provided, based on residents' interest. Residents interviewed were understanding of there being minimal activities and aware that the FM was recruiting for the role. A facility van was not available at the time of audit, due to it being serviced.</p> <p>Community initiatives to meet the health needs and aspirations of Māori and whānau had not been encouraged at the time of audit. Residents under sixty-five years, when interviewed, verified the organisation supported them to go out and participate in community events.</p> <p>Opportunities for Māori, staff and whānau to participate in te ao Māori were facilitated. The new building had been blessed by members of the local marae and training on Te Tiriti o Waitangi had been provided by elders from the marae. Matariki had been celebrated at Woburn.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>FA</p>	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medications were supplied to the facility from a contracted pharmacy. Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>There was a process in place to identify, record and communicate residents' medicine-related allergies or sensitivities.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices met requirements. The required three-monthly GP review was</p>

		<p>consistently recorded on the medicine chart.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents and their whānau, were supported to understand their medications.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. Standing orders were not used at Woburn.</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>Each resident had a nutritional assessment on admission to the facility. The Māori health plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address these.</p> <p>The nutritional value of the menu had been reviewed by a dietitian on 3 April 2023, and required actions addressed. This addressed a previous corrective action identified in the September 2021 certification audit, whereby the menu had not been reviewed by a dietitian within the past two years. (HDSS 2008: criterion 1.3.13.1, Ngā Paerewa 2021; criterion 3.5.1)</p> <p>Whānau were welcome to bring culturally specific food for their relatives. The interviewed residents and their family/whānau expressed satisfaction with the food.</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</p>	<p>FA</p>	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and whānau. The resident and their family/whānau interviewed reported being kept well informed during a recent transfer of their relative, from an acute facility.</p>

<p>experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. Although the site is new, they have a detailed system for monitoring the environment and equipment and for carrying out both routine and responsive activities which are planned, and consistently completed, throughout the year.</p> <p>The Code of Compliance certificate was current on the day of audit, expiry date 8 August 2023. An effective record-keeping system is in place to ensure all equipment is maintained. Electrical testing and equipment calibration was up to date. This included all manual (rather than fixed/installed) electrical and medical equipment for Woburn which was not able to be reviewed at the partial provisional audit in April 2023. Emergency supplies were sufficient for the number of residents and appropriate storage was in place. This addressed two findings identified at the provision audit.</p> <p>The construction involved the local iwi based in Waiwhetu and evidence of this relationship is included in the Masonic Care and Woburn Māori Health strategic and facility plans respectively. This relationship continues to develop.</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>The evacuation plan for the new facility was approved by Fire and Emergency New Zealand (FENZ) on 11 May 2023. The evacuation plan was available for review and will be practiced twice a year. Because the facility is new for all staff members there have been several training sessions on the new evacuation plan and the first formal session which was timed. This occurred on 3 July 2023 and an effective time to evacuate was achieved given this first trial. Staff members interviewed confirmed attending these practices and knowing the evacuation procedures. Evacuation schematics are</p>

		<p>placed throughout the facility with directions for evacuation and assembly points. A finding from the providers provisional audit in relation to approval of their evacuation plan is now addressed.</p> <p>Receipt of the approved evacuation plan from FENZ and conducting the first trial evacuation has met the requirements of criterion 4.2.1 and addresses a finding identified at the provider's part provisional audit in April 2023.</p> <p>Security systems are in place. External doors are locked at dusk and reopened in the morning as staff arrive for the morning shifts. Staff members have access to the facility when working after hours and there is the ability for visitors to alert staff when needed.</p> <p>There is a list of residents in the facility and their individual needs for assistance in an evacuation. This includes peoples' support needs and room number so that they can be identified if needed for assistance. There is a system for evacuations which includes using the list of people who require assistance to evacuate.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</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>A pandemic preparedness plan was in place, and this was reviewed at regular intervals. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>Woburn had no educational resources available in te reo Māori that were accessible to Māori. Partnerships with Māori had not been established for the protection of culturally safe IP practices.</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</p>	FA	<p>There was an antimicrobial stewardship policy in place at Woburn and the responsible use of antimicrobials was promoted. The effectiveness of the AMS programme was evaluated by monitoring antimicrobial use and identifying areas for improvement. This has addressed a previous corrective action identified at the April 2023</p>

<p>and easy to access, and messages are clear and relevant. 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>provisional audit, whereby an antimicrobial stewardship programme was in place although the programme had not yet been rolled out.</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>Surveillance of health care-associated infections at Woburn was appropriate to that recommended for long-term care facilities and was in line with priorities defined in the infection control programme. Surveillance data collected included ethnicity data.</p> <p>There were culturally safe processes for communicating between service providers and people receiving services who developed a hospital-acquired infection.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <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>FA</p>	<p>On the day of the audit no restraints were in use at Woburn. The FM and CM both have a philosophy of zero use of restraint and promote the Masonic Care policy to staff members through training and regular meetings.</p> <p>There is a Masonic Care policy which guides the group's facilities in the elimination of restraint and, if needed, its use. This has recently been amended to state the organisation's aim of eliminating the use of restraint. Where restraint is used it is only after all alternatives to its use are explored and a full assessment of a resident's needs is completed. The procedure also includes a definition of the role of restraint coordinators and describes responsibilities of health care and support workers. The role of the GM as the executive leader responsible for ensuring a commitment to restraint minimisation and elimination is now included in the Masonic Care policy.</p> <p>Woburn reports their zero restraint use on a monthly basis, along with their other data and performance monitoring information. A recent change to the reporting of restraint data to the governance board(s) of Masonic Care has been made. This data now identifies</p>

		the facilities where restraint is in use. However, the type and frequency of restraint in use is still not being requested or reported to the governance boards and an area for improvement is identified in relation to this.
--	--	--

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>The governance board(s) have systems for monitoring performance against the strategic plan of the wider organisation. Monthly reports and meeting minutes were reviewed and confirmed that performance is monitored.</p> <p>A finding was identified against this criterion during the provider's part provisional audit in April 2023. A date to address this finding by 6 November 2023 was identified on the amended Schedule to their Certificate. Since the April audit there has been some preparatory work done to address processes and systems to meet all aspects of this revised Standard. However, on the day of this audit, the criterion remains partially met.</p>	<p>The governance board(s) have not yet developed ways to ensure service providers identify and work to address barriers to equitable service delivery.</p>	<p>The governance board(s) develops ways for service providers to identify and work to address barriers to equity in service delivery. A shorter timeframe has been given to match the timeframe to address this finding, already on the provider's certificate.</p> <p>90 days</p>
Criterion 2.2.7	PA Low	There are a range of monitoring tools (eg,	There is not a process or	Develop, or use existing, systems

<p>Service providers shall ensure their health care and support workers can deliver highquality health care for Māori.</p>		<p>internal audits) for ensuring residents receive high quality services.</p>	<p>system for ensuring health care and support workers can deliver high-quality health care for Māori.</p>	<p>or processes to ensure health care and support workers can deliver high-quality health care for Māori.</p> <p>180 days</p>
--	--	---	--	---

Specific results for criterion where a continuous improvement has been recorded

As well as whole subsections, individual criterion within a subsection can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant subsection by looking at the code. For example, Criterion 1.1.1 relates to subsection 1.1: Pae ora healthy futures in Section 1: Our rights.

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this of this audit.

No data to display

End of the report.