

The Napier District Masonic Trust - Taradale Masonic Residential Home & Hospital

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	The Napier District Masonic Trust
Premises audited:	Taradale Masonic Residential Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 22 August 2023 End date: 23 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:	68

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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 haumaruru | 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

Taradale Masonic Home and Hospital provides rest home and hospital care for up to 74 residents. The Napier District Masonic Trust Board provide governance for the organisation. The service was managed by a clinical services manager who reports to the Chief Executive Officer. Residents and families/whānau interviewed spoke positively about the care and service provided.

This surveillance audit was conducted against the Ngā Paerewa Health and Disability Services Standard, and the contract with Te Whatu Ora Health New Zealand- Te Matau a Maui- Hawkes Bay. The audit process included review of policies and procedures, residents' clinical records, staff records and operational documents. Observation of clinical practice and inspection of the facility was undertaken alongside completion of interviews with residents, family/whānau, staff and a general practitioner.

This audit identified the service is meeting the Ngā Paerewa Health and Disability Services Standard.

Ō tatou motika | Our rights

Includes 10 subsections that support an outcome where people receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of people's rights, facilitates informed choice, minimises harm, and upholds cultural and individual values and beliefs.		Subsections applicable to this service fully attained.
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Staff receive training in Te Tiriti o Waitangi and cultural safety which is reflected in service delivery. Care is provided in a way that focuses on the individual and considers values, beliefs, culture, religion, sexual orientation, racism, and relationship status.

Policies are implemented to support residents' rights, communication, complaints management and protection from abuse. The service has a culture of open disclosure. Complaints processes are implemented.

Care plans accommodate the choices of residents and/or their family/whānau.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Subsections applicable to this service fully attained.
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The Napier District Masonic Trust is the governing body responsible for the services provided at this facility and understands the obligation to comply with Ngā Paerewa NZS8134:2021. The organisation's mission statement and vision are documented and displayed in the facility. The service has a current business plan and a quality and risk management plan in place.

An experienced and suitably chief executive provides oversight to operational services. A clinical services manager oversees the clinical and care services in the facility.

The quality and risk management systems are in place. Meetings are held that include reporting on various clinical indicators, quality and risk issues, and there is review of identified trends.

There are human resource policies and procedures that guide practice in relation to recruitment, orientation, and management of staff. The service includes a systematic approach to identify and deliver ongoing training and supports safe service delivery.

Systems are in place to ensure the secure management of resident and staff data.

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.

Registered nurses are responsible for care planning. Resident files reviewed evidenced resident and family/whānau input into decision making and medical notes by the general practitioner and visiting allied health professionals.

The activities team provides and implements a wide variety of activities, which includes cultural celebrations. The programme includes community visitors and outings, entertainment and activities that meet the individual recreational, physical, cultural, and cognitive abilities and resident preferences. Residents are supported to maintain links within the community.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for the administration of medicines. The medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

Residents' food preferences, dietary and cultural requirements were identified on admission. Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care.

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

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

Subsections applicable to this service fully attained.

The building holds a current warrant of fitness. There was a maintenance programme in place that included the monitoring of hot water temperatures. Electrical equipment was tested and tagged. All medical equipment and all hoists had been serviced and

calibrated. There was an approved fire evacuation scheme in place. Fire drills have been completed six-monthly and the facility's security was maintained after hours.

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.
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There was a dedicated infection prevention and control nurse. Infection data was collected, collated and bench marked. Pandemic plans were in place. There had been one outbreak of Covid-19 in the last audit. All requirements for outbreak management were completed and documented.

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.
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There were policies documented around restraint. At the time of the audit, the facility had six bedrail restraints. The restraint coordinator was the clinical team leader. Maintaining a minimisation of restraint environment and managing distressed behaviour and associated risks was included as part of the mandatory training schedule and orientation programme.

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	22	0	0	0	0	0
Criteria	0	59	0	0	0	0	0

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

Attainment against the Ngā Paerewa Health and Disability Services Standard

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

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	FA	<p>The organisation has a Māori health plan that identifies the organisations obligations to upholding Te Tiriti o Waitangi and aims to improve outcomes for Māori. This included the recruitment and retention of Māori staff. There is Māori representation on the Board and at other levels in the organisation. Population data informs decision making including recruitment and retention of Māori staff. Tikanga was observed through each day of the audit. Māori residents interviewed described feeling connected to their community and culturally safe.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p>	FA	<p>The organisation has developed a Pacific peoples plan underpinned by Pacific worldviews with the aim to improve services and outcomes for Pacific residents. The management, including the Board Chair, Chief Executive Officer, Clinical Services Manager (RN), and Clinical Team Leader discussed the intent and aims of the plan and how the plan would be implemented when supporting a Pacific resident. The</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>plan included staff responsibilities to uphold Pacific resident's cultural and spiritual beliefs and practices. There were no Pacific residents at the time of the on-site audit.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>Residents and staff who identified as Māori discussed mana motuhake and the steps taken by the organisation to address Māori self-determination. Policies, plans and the service's practices observed included ways in which all residents, including Māori residents' right to self-determination, was upheld and they could practice their own cultural values and beliefs. The Māori health plan identified how the organisation would respond to Māori cultural needs and beliefs in relation to residential care.</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>Records confirmed staff receive training in tikanga and cultural best practice. Cultural appropriate activities have been introduced, such as celebrating Matariki. Residents (three rest home and one hospital) and family/whānau (one rest home, two hospital) interviewed reported positively about the 2023 celebrations.</p> <p>Interviews with staff (one HCA, two registered nurse (RN), one property manager, one maintenance, one chef, one laundry assistant, and two diversional therapists and one cleaner) confirmed their understanding of the cultural needs of Māori residents, in relation to their roles. Care staff described the importance of inclusion of the family/whānau in all decision-making processes.</p> <p>Resident's files reviewed evidenced resident and whānau involvement, exploration of the resident values, with plans outlining how goals were to be achieved and what support was required. There were staff available who were fluent in te reo Māori and available to support Māori residents. Staff confirmed participation in te ao Māori for tāngata whaikaha was facilitated where indicated.</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>Staff interviews confirmed awareness of their obligation to report any evidence of discrimination, abuse and neglect, harassment, racism, and exploitation. Interviews with staff also confirmed their understanding of the cultural needs of Māori.</p> <p>The provider reported a zero tolerance for racism. Staff interviewed confirmed the facility is a safe place to work, with safeguards in place to ensure racist behaviour was not supported.</p> <p>Resident interviews identified the service promotes an environment in which they and their families/whānau felt safe and comfortable to raise any questions or queries, and that discussions are free and open.</p> <p>The Māori health plan supports a strengths-based model of care promoting the independence of residents, as sighted in the care plans and through discussion with the RNs and HCAs.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>The informed consent policy and the Māori health plan acknowledge Te Tiriti and the impact of culture and identity on the determinants of the health and wellbeing of Māori residents. It requires health professionals to recognise these factors as relevant when issues of consent to health care of Māori residents arise. This includes whānau support and involvement in decision making, care and treatment of the resident; provided that the resident has given consent for the whānau to be involved.</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>FA</p>	<p>The organisation has a policy and process to manage complaints that is in line with Right 10 of the Code. Complaint information was available throughout the facility.</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>The clinical service manager is responsible for managing complaints. There had been two complaints during 2022/23 period. Both were effectively managed with timelines for investigation and response managed effectively. Both complaints had actions completed and signed off. There had been no Health and Disability Commission (HDC) complaints received in the same time period.</p> <p>A complaints register was in place that included the name of the complainant; date the complaint is received; the date the complaint was responded to; the date of resolution; and the date the complaint was closed. Evidence relating to the investigation of the complaint was held in the electronic complaints folder. Interviews and review of all electronic complaint documentation available indicated that complaints are managed, and issues are resolved in a timely manner.</p> <p>Support for Māori residents was available if required for the complaints process. Staff reported a range of potential supports, including involvement of extended family/whānau.</p> <p>Interviews with the staff and residents confirmed that residents can raise any concerns and provide feedback on the service. Resident and family/whānau stated they had been able to raise any issues directly with the clinical services manager and had felt comfortable throughout the process.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Taradale Masonic Residential Home and Hospital provides rest home and hospital level care for up to 74 residents. There are 12 dual purpose beds. On the day of the audit there were 68 residents, including 38 rest home level residents, and 30 hospital residents (including two funded by ACC and two on a long-term support-chronic health care (LTS-CHC) contract). There are occupational right agreement (ORA) units certified to provide rest home level of care. There were no rest home level residents using these on the day of the audit. The remaining residents were on the age-related residential care (ARRC) contract.</p> <p>Interviews with the Board Chair and CEO confirmed The Napier District Masonic Trust Board understood the obligation to comply with Ngā Paerewa NZS 8134:2021. These were described as the core</p>

		<p>competencies that the Board and leadership team were required to demonstrate, and included understanding of the services obligations under Te Tiriti, health equity, cultural safety and services that improve outcomes and achieve equity for tāngata whaikaha, people with disabilities. The Board meets monthly and is provided with operational reports. The chief executive oversees two facilities the Napier District Masonic Trust owns and operates in this region; Taradale Masonic Residential Home and Hospital, and Elmwood Masonic House and Hospital.</p> <p>Information pertaining to demographic data, barriers to access residential services and equity for Māori residents and tāngata whaikaha is woven throughout organisational and operational documents. This was also confirmed in interview with Board, CEO and leadership staff interviewed. Population data has influenced the strategic direction moving forward alongside the reflection of national strategy requirements. The CEO is relatively new in the role (12 months) and has come from a national leadership position and is aware of meeting the Ngā Paerewa requirements for equity.</p> <p>The organisations Māori health plan describes how the organisation will ensure equity. The clinical services manager described how the facility was introducing the level one te reo Māori and supports staff to upskill in Māori tikanga. Families/whānau were encouraged to participate in the planning, implementation, monitoring, and evaluation of service delivery. Residents and families/whānau interviewed confirmed they were invited to be involved in their loved one's care and felt welcomed and part of the facility.</p> <p>The clinical services manager is a registered nurse and the clinical service lead for the facility. There is a clinical team leader, clinical nurse manager and clinical educator who support the clinical leadership team. All registered nurses have current practising certificates. The clinical services manager reports to the chief executive monthly.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe,</p>	<p>FA</p>	<p>There is an annually reviewed, quality and risk management plan, which outlined the quality and risk framework to promote continuous</p>

<p>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>quality improvement. There were policies and procedures, and associated systems to ensure that the facility meets accepted good practice and adheres to relevant standards, including standards relating to the Health and Disability Services (Safety) Act 2001.</p> <p>There was an implemented annual schedule of internal audits. Areas of non-compliance from the internal audits include the implementation of a corrective action plan with sign-off by the clinical services manager when completed. The facility holds monthly meetings for all staff that includes quality, health and safety, staff, and infection prevention and control, with good staff attendance. Meetings minutes evidence a comprehensive range of subjects were discussed. Staff interviewed understood about the implementation of the continuous quality improvement cycle and adding value to the organisation. This included management of complaints; monitoring of outcomes; clinical incidents; falls; pressure injuries; infection prevention and control; and restraint minimisation and safe practice. Interviews undertaken, observation and review of resident meetings minutes confirmed that residents/whānau were able to be involved in decision making/choices.</p> <p>Annual resident and relatives' satisfaction surveys are completed. Results are collated and evidenced a high level of satisfaction. The 2022 survey outcomes resulted in changes in food choices available. An annual survey was underway at the time of the audit. Previous survey information indicated a high response rate.</p> <p>Health and safety is led by the clinical services manager (RN) and has representation for each department within the facility. Hazards are identified and recorded. The staff interviewed were aware of how they would do this. Residents interviewed reported they could report a hazard or potential hazard through a staff member. Hazards were managed/minimised where able/documented in the Hazard Register. A strong health and safety focus is established by the manager who has undertaken risk assessments on identified hazards with a minimisation lens. Documentation reviewed included the loop of communication through resident/ relative and staff meetings to ensure everyone was aware of potential and actual hazards. Evidence included daily communication recorded with residents, staff and family/whānau during an event (small flood). Hazards are</p>
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		<p>reported to the Board through quality reports monthly. Mandatory training includes “Health and Safety Keeping safe at work”.</p> <p>There were a range of incidents all time framed for management. The investigations reviewed were comprehensive and met timeframes to meet policy requirements. The manager completes the investigations, and these were reviewed in interview with the manager. Monthly data collation is completed by the manger and provided to the CEO and Board through quality reports. Staff receive quality data and feedback monthly and this was confirmed in interview with clinical staff. Quality reports are available to staff.</p> <p>The clinical services manager understood the requirements around essential notifications. There have been Section 31 notifications sent in relation to staffing; however, this is not now an issue due to increased remuneration, successful recruitment, and full staffing. There has been one Section 31 sent for an emergency event (cyclone and evacuation) and one for an environmental issue (a flood in an administration area- water pipe burst). There have been two outbreaks of Covid-19 which were notified appropriately.</p> <p>High quality health care and equality for Māori was stated within the Māori health plan and policy. The Board and staff confirmed this in interview. Equity information is available to the Board, CEO and manager and they confirmed this in interview. Information includes national strategies, local population data and potential barriers to access services. Masonic strategic documents identify equity as a key requirement for access and culturally appropriate services.</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. 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. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred</p>	<p>FA</p>	<p>The organisations policy includes the rationale for staff rostering and skill mix. This includes a roster allocation tool to ensure staffing levels are maintained at a safe level. Interviews with residents and staff, alongside rosters reviewed, confirmed that staffing was at an optimal level and all shifts are covered by registered nurses where required. Laundry and cleaning staff are rostered on seven days a week.</p> <p>The clinical services manager works 40 hours per week and participates in the clinical support provided through a clinical escalation process. The clinical coordinator and clinical manger both</p>

<p>services.</p>		<p>work 40 hours per week and are available for on-call clinical support. There were no staff vacancies at the time of the audit. Ongoing recruitment was underway to employ two further registered nurses to cover the summer holiday period. Two registered nurses are completing post graduate studies to achieve nurse practitioner qualifications. There is at least one staff member on duty at any time with a current first aid certificate. There is 24-hour RN cover.</p> <p>There were two interRAI trained registered nurses, with another two registered nurses booked for training in the near future. The RNs complete syringe driver competencies externally.</p> <p>There was an implemented annual training programme which is led by the educator. Staff attend two education days held three to four weekly throughout the year and cover all mandatory training and competencies. Education sessions include (but are not limited to) the impact of aging on the quality of care; restraint minimisation and prevention; weight management and unintentional weight loss; food and fluid requirements; and enteral feeding. Competencies completed include (but are not limited to) medication and infection control. Staff attend external courses to complete first aid training. There is comprehensive training around Te Tiriti o Waitangi and cultural awareness.</p> <p>The HCAs complete Careerforce training in New Qualification Standards (NZQA) to level 4. Currently there are 24 HCAs who have achieved NZQA level 4, ten HCAs have achieved level 3 and four have achieved level 2.</p> <p>The service collects both staff and resident ethnicity data, including Māori and Pacific people's health information. Quality health information is shared through the quality and staff meetings.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health</p>	<p>FA</p>	<p>Human resource management practices follow policies and processes which adhere to the principles of good employment practice and the Employment Relations Act 2000. Review of staff records confirmed the organisation's policy was consistently implemented and records were maintained. The recruitment process included police vetting, reference checks and a signed agreement</p>

<p>workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>with a job description. Current practising certificates were sighted for all staff and contractors who require these to practice, including all general practitioners.</p> <p>There was a documented and implemented orientation programme and staff training records show that training is attended. There was recorded evidence of staff receiving an orientation, with a generic component specific to their roles, on induction. Staff confirmed completing introduction and stated it was appropriate to their role. Records reviewed showed that ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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>There were comprehensive policies to guide staff around admission and declining processes, including required documentation. Ethnicity records were collected and reported for all residents admitted to the service. The clinical service manager advised they were aware and keep records of how many prospective residents and family/whānau have viewed the facility and they were collecting ethnicity on residents who are declined entry.</p> <p>The service identifies and implements supports to benefit Māori and whānau. The service are establishing relationships with the Māori Health Unit and have support from Māori staff and whānau. These relationships provide access to Māori practice and individual requirements. There were Māori residents and staff members at the time of audit.</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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and</p>	FA	<p>Seven resident files were reviewed, which included four hospital level (including one resident on an LTS -CHC contract), and three rest home level files.</p> <p>The registered nurses (RN) are responsible for undertaking all aspects of assessments, care plan development and evaluations. There was evidence of resident and family/whānau involvement in the interRAI assessments and long-term care plans. This was</p>

<p>whānau to support wellbeing.</p>	<p>documented in family/whānau contact records and progress notes.</p> <p>The initial care plan, assessments, and long-term care plan were completed, and documented support required to maintain physical and medical needs and assistance with communication and involvement in managing own daily routine. Initial assessments and interRAI assessments were viewed in resident files and had been completed within the required timeframes.</p> <p>Risk assessments were conducted on admission including falls, pressure injury, continence, nutrition, skin, cognition, and pain. Outcomes of the assessments formulate the basis of the long-term care plan. Other available information such as discharge summaries, medical and allied health notes, and consultation with resident/relative or significant others formed the basis of the long-term care plans. Care plans have been updated when there were changes in health condition and identified needs. The care plan is holistic and aligns with the service's model of person-centred care. Challenging behaviour is assessed when this occurs.</p> <p>Barriers that prevent whānau of tāngata whaikaha from independently accessing information were identified and strategies to manage these documented. A Māori health care plan is available and used for those residents that identify as Māori. At the time of the audit there were residents who identified as Māori. The clinical team leader and clinical services manager interviewed described removing barriers (including cultural) to assist residents to have access to information and services required to promote independence and to support Māori residents and whānau to identify their own pae ora outcomes. Cultural assessments were completed for all residents, and values, beliefs, and spiritual needs documented in the care plan. Short-term care plans were utilised for issues such as infections, weight loss, and wounds. These were either resolved or incorporated in the long-term care plan. Written evaluations reviewed identified if the resident's goals had been met or if further interventions and support were required.</p> <p>Medical services were provided by a general practitioner (GP) from a local medical practice, who visit at least three times a week. The GP maintains on call after hours availability with the support from the other practice GPs. The resident files reviewed confirmed the GP had</p>
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	<p>seen each resident within five working days following admission and had reviewed the residents at least three-monthly or earlier if required. More frequent medical reviews were evidenced in files of residents with more complex conditions or acute changes to health status. The GP reported positively around RN communication. Allied health interventions were documented and integrated into care plans by the specialist services at Te Whatu Ora –Te Matau a Maui Hawkes Bay, including older persons mental health community team, podiatrist, dietitian, and speech and language therapist. The service has a contracted physiotherapist who visits weekly and as required, implementing daily exercise programmes, and individual mobility improvement strategies for residents and staff training. Specialist referrals were initiated as needed.</p> <p>Healthcare assistants described a verbal and written handover process undertaken at the beginning of each shift. Observation of a handover confirmed information was comprehensively communicated verbally and included monitoring requirements and changes in care. Healthcare assistants documented progress on each shift. There was evidence that RNs added to the progress notes when there was an incident and changes in health status of residents.</p> <p>File review and interviews confirmed when a resident's condition alters, the RN initiates a review with the GP. The progress notes and family/whānau records reviewed provided evidence that family/whānau have been notified of changes to health, including infections, accident/incidents, GP visit, medication changes and any changes to health status.</p> <p>A wound register was maintained. There were two residents with stage II pressure injuries. Assessments and wound management plans, including wound measurements, were reviewed, and were completed for each wound. The wound register has been fully maintained. There was access to wound expertise from a wound care nurse specialist. Healthcare assistants and nurses interviewed stated there was adequate supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. There was access to a continence specialist as required. Residents interviewed reported their needs and expectations were being met.</p>
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		<p>Care plans reflected health monitoring interventions for individual residents. Healthcare assistants and RNs complete monitoring charts, including observations; behaviour charts; bowel chart; blood pressure; weight; food and fluid chart; turning charts; blood glucose levels; and toileting regime. The behaviour chart entries described the behaviour and interventions to de-escalate behaviours, including re-direction and activities. Incident reports reviewed evidenced neurological observations were completed for unwitnessed falls, or where there is a head injury. Immediate action was noted, and any follow-up action(s) required were documented and evidenced in progress notes by an RN. Incidents were fully investigated or signed off in a timely manner.</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 service facilitated opportunities for Māori to participate in te ao Māori using Māori language cards, bilingual signage, waiata (songs) and the use of te reo Māori in everyday conversations. There were activities available for residents who want to relate to te ao Māori, and staff members work in ways that ensured the connection with the community was authentically maintained.</p> <p>Community visitors included Māori entertainers, Māori songs and sing along, and visiting animals, including two separate dog visitors. Chaplains, ministers, Māori church for pastoral care, and church services visits (at least twice a week) were facilitated. A voluntary group “Cycling without Age” facilitated residents participating in cycling activities. Children from local Hukarere Girls College perform kapa haka and celebrations.</p> <p>Themed days such as Matariki, Waitangi, and ANZAC Day were enjoyed with cultural food and celebration, all with appropriate resources available.</p> <p>Families/whānau and residents interviewed spoke positively of the activities programme. Feedback and suggestions for activities were made via surveys and resident meetings.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe</p>	<p>FA</p>	<p>There were policies and procedures in place for safe medicine management that met legislative requirements. All medications were</p>

<p>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>stored safely. Registered nurses and HCAs administering medications have completed annual medication competencies and education. Registered nurses completed syringe driver training through the local hospice. Medications were supplied to the service from a contracted pharmacy and both regular and 'as required' medications were checked on delivery by an RN against the medication chart. Discrepancies were communicated to the supplying pharmacy.</p> <p>There were no residents self-medicating at the time of the audit. There were policies and procedures in place should any resident wish to do this. The medication fridge and medication room temperatures were monitored daily, and records confirmed the temperatures were within acceptable ranges. The service used an electronic medication management system. Twelve medication charts were reviewed and met prescribing requirements. All medication charts had photographs, allergies documented and had been reviewed at least three-monthly by the GP. Records demonstrated that regular medications were administered as prescribed. 'As required' medications had the indication for use documented. The effectiveness of 'as required' medications were recorded in the progress notes. Eye drops and creams sighted in the trollies had opening dates recorded. No vaccines were stored at the facility.</p> <p>There was documented evidence in the progress notes that residents and relatives were updated around medication changes, including the reason for changing medications and side effects. The RNs and management described working in partnership with all residents, including Māori residents, to ensure the appropriate support is in place, advice is timely and easily accessed, and treatment is prioritised to achieve better health outcomes. The facility does not use standing order medications. Over the counter medications and supplements were prescribed on the electronic medication system.</p> <p>Staff have attended training around medication management and pain management as part of their annual scheduled training programme. Medication audits were completed as per schedule.</p>
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<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>There was a current food control plan in place expiring 28th February 2024. The kitchen was observed to be clean and well organised. All meals were cooked on site. The kitchen is overseen by the catering deployment manager. There was a full-time chef who cooks during the week and a part-time chef covers at the weekend, with support from three kitchen hands. The menu provides variety, with likes and dislikes catered for. A resident dietary profile was developed for each resident on admission which identified dietary requirements, likes, dislikes and any cultural considerations; and this was provided to the kitchen and updated as the residents needs changed. Special diets, and preferences were noted on the kitchen whiteboard.</p> <p>The cultural safety policy in place includes cultural values, beliefs, and protocols around food. Staff confirmed menu options were implemented for Māori residents with food provided for cultural themed days. This included fried bread for Matariki. Healthcare assistants interviewed understood basic Māori practices in line with tapu and noa. The chef/kitchen staff were trained in chemical safety and safe food handling. The catering development manager, chef and kitchen staff consult directly with residents to gain feedback of the food services and adjustments to the menu were made when special requests were made. The residents and whānau/family expressed satisfaction with the food portions and options available.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned exits, discharges or transfers were coordinated in collaboration with the resident and family/whānau to ensure continuity of care. The residents and their families/whānau were involved in all exits or discharges to and from the service. Discharge notes and summaries were saved in the resident file and plans of care integrated into the care plans. There was evidence of referrals for re-assessment from rest home to hospital.</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>The building has a current warrant of fitness that expires 1st November 2023. The buildings, plant, and equipment were fit for purpose and comply with legislation relevant to the health and disability services being provided. There was an annual maintenance plan that includes electrical testing and tagging, resident's equipment checks, call bell checks, calibration of medical equipment and monthly testing of hot water temperatures.</p> <p>There were no plans for building projects, or further refurbishments. However, if this arose, the facility staff confirmed the organisation was open to the inclusion of local Māori providers to ensure aspirations and Māori identity were included.</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 facility has an approved fire evacuation plan and fire drills take place six-monthly. The last fire evacuation drill occurred in August 2023. Staff advised that they conduct security checks inside the facility at night. The facility has camera surveillance in corridors and entrance / exit areas. All visitors and contractors are required to sign in on entry to the facility.</p> <p>The facility implemented the emergency plan in the recent cyclone/flooding event in the area. A Section 31 notification was completed, Te Whatu Ora Te Matau a Maui- Hawkes Bay were advised. The Police led evacuation decision making. Documentation reviewed evidenced exemplary management of residents with neighbourhood support. A communication tree was developed to notify residents and families/whānau and there was a daily huddle for all held at 1 pm. Families/whānau interviewed confirmed they were contacted and informed promptly. The Emergency Plan was reviewed following the event. Changes included the new provision of resident grab bags for any future emergency.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p>	<p>FA</p>	<p>There was a pandemic plan in place, and this was regularly reviewed/updated. Recent changes in regulatory requirements for</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>		<p>mask use were reflected in current documentation and staff were aware of these changes and how to implement them. Infection prevention resources observed on site were plentiful and stored appropriately. Processes were in place to access additional resources should an outbreak occur.</p> <p>Resources were available in Māori to assist te reo Māori speakers should an infection or outbreak occur or if preventative measures were engaged. The infection control lead (RN) and staff interviewed confirmed culturally appropriate practice was in place and understanding of the requirements of Te Tiriti related to infection control.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>The infection surveillance programme was appropriate for the size and complexity of the organisation. Infection data (including ethnicity) was collected, monitored, and reviewed monthly. The data was collated and analysed to identify any significant trends or common possible causative factors. Resultant action plans were implemented. Staff interviewed reported that they were informed of infection rates at monthly staff meetings and through compiled reports. The GP was informed within the required timeframe when a resident had an infection and appropriate antibiotics were prescribed to combat the infection respectively.</p> <p>There have been two infection outbreaks (Covid-19) since the last audit. Staff interviewed described following the pandemic plan and using personal protective equipment. Records were maintained and notifications were made in a timely manner. All communications between external agencies, residents and relatives were completed in a culturally safe manner.</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</p>	FA	<p>Taradale Masonic Home and Hospital is committed to providing services to residents without use of restraint. The service considers least restrictive practices, implementing de-escalation techniques and alternative interventions, and only use an approved restraint as the last resort, at all times when restraint is considered. Staff confirmed</p>

<p>services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>		<p>they will work in partnership with Māori to promote and ensure services are mana enhancing. The designated restraint coordinator is the clinical manager. At the time of the audit, the facility had six residents using bedrail restraints. The use of restraint is reported in the management/quality and staff meetings. Maintaining a restraint-free environment and management of restraint is included as part of the education and training plan.</p>
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Specific results for criterion where corrective actions are required

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

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

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

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.