Masonic Care Limited - Eileen Mary Care

Introduction

This report records the results of a Provisional 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 Manatū Hauora (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 Manatū Hauora website by clicking here.

The specifics of this audit included:

Legal entity:	Masonic Care Limited
Premises audited:	Eileen Mary Care
Services audited:	Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 26 August 2024 End date: 27 August 2024

Proposed changes to current services (if any): The service is suitable to provide hospital-medical services. Please add to the certificate.

Total beds occupied across all premises included in the audit on the first day of the audit: 47

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 tātou 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 haumaru │ person-centred and safe environment
- te kaupare pokenga me te kaitiakitanga patu huakita │ infection prevention and antimicrobial stewardship
- here taratahi │ restraint and seclusion.

General overview of the audit

Promisia Healthcare Group is an owner and operator of six aged care facilities and retirement villages. Eileen Mary Care is located in Dannevirke. Eileen Mary Care is certified to provide hospital (geriatric and medical) and rest home levels of care for up to 58 residents. There were 47 residents on the days of audit.

This provisional audit was conducted against the Ngā Paerewa Health and Disability Services Standard 2021 and the contracts with Health New Zealand Te Whatu Ora - MidCentral. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with families/whānau, residents, management, staff, and the prospective purchaser.

The facility manager is appropriately qualified and experienced. The clinical manager role is currently vacant. The facility manager is supported by the general operations manager.

Feedback from families/whānau and residents were very positive about the care and the services provided.

This audit identified improvements around: information integration; review of care; contract with a medical practice; access to emergency power; and restraint monitoring.

The prospective purchaser, Masonic Care Limited, is an experienced aged care provider, with five care facilities and approximately 270 beds. Masonic Care Limited has a documented plan to transition to the Masonic Care quality system, policies, procedures, and electronic client management system. Masonic Care Limited provide administrative, human resource management, quality oversight, and training support.

Ō tātou motika | Our rights

Eileen Mary Care provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori health plan and a Pacific health plan. The service aims to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. Eileen Mary Care provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

Hunga mahi me te hanganga | Workforce and structure

Eileen Mary Care is part of Promisia Healthcare Group. The business plan includes a mission statement and operational and clinical objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and

these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented. Staff incidents, hazards and risk information is collated at facility level, reported to the Group operations manager, and a consolidated report and analysis of all facilities are then provided to the Board each month.

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

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

Ngā huarahi ki te oranga | Pathways to wellbeing

On entry to the service, information is provided to residents and their family/whānau and consultation occurs regarding entry criteria and service provision. Information is provided in accessible formats, as required. Registered nurses assess residents on admission. The initial care plan guides care and service provision during the first three weeks after the resident's admission. InterRAI assessments are used to identify residents' needs, and long-term care plans are developed and implemented. The general practitioner or nurse practitioner completes a medical assessment on admission and reviews occur thereafter on a regular basis. Residents' files reviewed demonstrated evaluations were completed at least six-monthly. Residents have their needs met in a manner that respects their cultural values and beliefs. Handovers between shifts guide continuity of care and teamwork is encouraged.

There are policies and processes that describe medication management that align with accepted guidelines. Staff responsible for medication administration have completed annual competencies and education.

The activity programme is managed by the activity's coordinator. The activity team, and programme provide residents with a variety of individual, group activities, and maintains their links with the community.

The food service meets the nutritional needs of the residents. All meals are prepared on site. The service has a current food control plan. The organisational dietitian reviews the menu plans. Residents and family/whānau confirmed satisfaction with meals provided. Nutritious snacks are available.

Transition, discharge, or transfer is managed in a planned and coordinated manner.

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

The building holds a current building warrant of fitness certificate. There is a maintenance plan implemented. Residents can freely mobilise within the communal areas, with safe access to the outdoors, seating, and shade. All rooms are single occupancy and spacious. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. There are security measures to safeguard the residents, staff and visitors.

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

A suite of infection control policies and procedures are documented. There is a comprehensive pandemic plan. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by governance.

A registered nurse is the infection control coordinator. The infection control coordinator is supported by representation from all areas of the service. There is access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed, with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practices through handover, meetings, and education sessions. There has been one outbreak managed and documented since the last audit.

There are documented processes for the management of waste and hazardous substances in place. There are separate housekeeping staff rostered who provide all cleaning duties, and laundry service is undertaken on site. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

Promisia Healthcare Group is committed to eliminate restraint in all their facilities. Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by two registered nurses. At the time of the audit, there were residents using restraint. Staff receive education in management of challenging behaviour, restraint use and monitoring. All staff have current restraint competencies completed. The service considers least restrictive practices, implementing de-escalation techniques, and alternative interventions, and only uses an approved restraint as the last resort. Quality review of restraint occurs monthly.

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	24	0	5	0	0	0
Criteria	0	171	0	5	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.

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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. 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.	FA	A Māori health plan is documented for the service. This policy acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Eileen Mary Care is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and family/whānau and is documented in the resident care plan where required. There are clear processes to include tikanga Māori in everyday practice. The facility manager (FM) confirmed that the service supports a Māori workforce through an equitable recruitment process that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seek to employ more Māori staff members. The service encourages the use of te reo Māori and tikanga Māori into everyday practice. There are established linkages with Māori providers who are very willing to make themselves available to residents, visitors, staff and the facility to provide cultural support and advice. The service has provided training sessions to all staff on cultural safety, diversity, equity, Te Tiriti, and tikanga in July 2024. Residents and family/whānau are involved in providing input into the resident's care planning, their activities. and their dietary needs.

Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	A Pacific health plan is documented that focuses on achieving equity and efficient provision of care for Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of the Pacific culture. The Pacific health plan has been written by an external consultant, well known and respected in the industry, who had input from their Pasifika community contacts. The service currently has no residents who identify as Pasifika. On admission all residents state their ethnicity. Eileen Mary Care has links with the Pacific providers to ensure connectivity within the region. At the time of the audit there were staff that identify as Pasifika. The service has links via staff members with Pacific community groups and churches. Interviews with two managers (the facility manager and the group operations manager), and thirteen staff (five healthcare assistants, three registered nurses (RNs) including the senior nurse, one activities coordinator, maintenance person, cook, cleaner and laundry person) and documentation reviewed identified that the service provides person centred care.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. Details of the Code are included in the information that is provided to new residents and their family/whānau. The facility manager discusses aspects of the Code with residents and their family/whānau on admission. Residents receive information on the Code at residents' meetings. The service is recognising Māori mana motuhake through actively engaging residents and family/whānau in determining their own health goals. Eileen Mary Care reviewed their policies and service delivery to ensure inclusiveness to reflect residents' voices, perceptions, understandings, and experiences. There are links to spiritual support

		documented in the spirituality policy. Advocacy Service information is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. The service recognises Māori mana motuhake and this is reflected in the Māori health care plan that is in place. Staff receive education in relation to the Code at orientation and through the annual education and training programme, which includes (but not limited to) understanding the role of advocacy services. Four residents (two rest home, including one on respite care; and two hospital, including one resident on a younger person with a disability (YPD) contract and one resident on an ACC contract) and seven family/whānau (three rest home, four hospital) interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful. The prospective purchaser is an experienced aged care provider and is familiar with the Code and their responsibilities. This was evidenced through interview and reflective in the large number of policies that are available around resident rights.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Healthcare assistants (HCAs) interviewed described how they support residents to choose what they want to do. Residents interviewed stated they had choice. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control and choice over activities they participate in. The annual training plan at Eileen Mary Care demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature, through educating staff to understand the key elements of self-determination and providing equity in care services. It was observed that residents are treated with dignity and respect. The annual resident and family/whānau survey results for 2024 and interviews with residents and family/whānau confirmed that they are treated with respect. A sexual safety policy is in place, with training provided as part of the

		education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships when required. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spirituality policy is in place. The service promotes te reo Māori and tikanga Māori through all their activities. There is signage in te reo Māori in various locations throughout the facility. Māori cultural days are celebrated and include Matariki and Māori language week. All staff attend specific cultural training that covers Te Tiriti o Waitangi and tikanga Māori to build knowledge and awareness about the importance of addressing accessibility barriers. Understanding of these topics are checked using a written cultural competency, that is completed during orientation and on an ongoing basis annually. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice, including supporting them with te ao Māori.
Subsection 1.5: I am protected from abuse 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.	FA	An abuse and neglect policy is being implemented. Eileen Mary Care policies document actions taken to prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and cultural days are completed to celebrate diversity. A staff code of conduct is discussed and signed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. This code of conduct policy addresses the elimination of discrimination, harassment, and bullying. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct.

		The Māori plan includes strategies to abolishing institutional racism. Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person showing them respect and dignity, as well as equality, diversity, and inclusion. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with registered nurses and HCAs confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The staff engagement survey for November 2023 (sighted), evidence positive comments related to colleagues being helpful and supportive of each other, thus creating a positive workplace culture. Te Whare Tapa Whā is recognised, and the care plans identify resident focussed goals and reflects a person-centred model of care.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information is provided to residents and family/whānau on admission related to the type of services provided. Resident meetings identify feedback from residents and consequent follow up by the service. Policies and procedures relating to accident/incidents, complaints, and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if next of kin have been informed of an accident/incident. This is also documented in the progress notes. The accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. Resident and family/whānau participation is encourage through general feedback, multidisciplinary meetings, surveys and meetings. Regular newsletters

		and activity calendars are provided in large printed format. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as hospice and Health New Zealand – MidCentral specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The facility manager and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required. The electronic register captured numerous compliments from family/whānau, which evidence effective communication. Staff and residents and family/whānau have been informed of the proposed change in ownership of the care facility.
Subsection 1.7: I am informed and able to make choices 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.	FA	There are policies around informed consent. Seven resident files reviewed included informed consent forms signed by either the resident or powers of attorney/welfare guardians. Consent forms for Covid-19 and influenza vaccinations were also on file where appropriate. Residents and family/whānau interviewed could describe what informed consent was and their rights around choice. There is an advance directive policy. In the files reviewed, there were appropriately signed resuscitation plans and advance directives in place. The service follows relevant best practice tikanga guidelines, welcoming the involvement of whānau in decision-making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Admission agreements had been signed and sighted for all the files seen. Copies of enduring power of attorneys (EPOAs) or welfare guardianship were in resident files,

		where applicable. Where the EPOAs are activated, a medical letter of incapacity were on file.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	The complaints procedure is provided to all residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager maintains a complaints' register containing all appropriate documentation, including formal acknowledgement, investigation, and resolution records in accordance with guidelines set by the and Health and Disability Commissioner (HDC) and the organisation's own policy and procedures. There have been six complaints made since the last audit in January 2024; all complaints but one (May 2024) are closed to the satisfaction of the complainant. Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. The complaints process links to the advocacy service. There have been no complaints from external agencies since January 2024. Two HDC complaints are still outstanding and remain open, of which the prospective provider was informed of and include one that was received in 2022. Eileen Mary has responded as required and is awaiting further correspondence from the HDC. The second was received from the HDC on 8 February 2023. This was also subject to a police investigation; the police have closed the case. Eileen Mary has also responded to the HDC complaint as required and is awaiting further correspondence from them. Residents have a variety of avenues they can choose from to lodge a complaint or express a concern (eg, verbally, in writing, through an advocate). Resident meetings are held and are another avenue to provide residents with the opportunity to voice their concerns. The manager has an open-door policy and encourage residents and family/whānau to discuss any concerns. The complaints process is linked to the quality and risk management system. Staff meeting minutes cover discussions relating to any complaints lodged. The

		complaints process is equitable for Māori and the facility manager is available to meet and discuss any complaints face-to-face.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	Promisia Healthcare Group is an owner and operator of six aged care facilities and retirement villages. Eileen Mary Care is located in Dannevirke. The service holds contracts with Health New Zealand MidCentral for the provision of rest home and hospital services (geriatric) services for up to 58 residents. The service is not certified for hospital medical services; however, was verified as suitable to provide such services during the audit. The 58 rooms are dual purpose and include 19 Occupation Right Agreement (ORA) studios within the care facility. On the day of the audit there were 47 residents: 22 rest home residents (including nine in the ORA studios, including one respite care), and 25 hospital level residents (including five in ORA studios, three on a younger person with disability contract [YPD] and one on Accident Compensation Corporation [ACC] funding). The remaining residents were on the age-related residential care (ARRC) contract. There is a Board of four directors; supported by a senior leadership team (Group General Manager, Group Operations Manager, Group Clinical and Quality Manager, Quality Innovation Manager, Project Manager, Human Resources Manager and General Manager Finance). The governing body assumes accountability for delivering a high-quality service. The business plan for Eileen Mary includes a mission statement identifying the purpose, mission, values, direction, and goals for the organisation, with monitoring and reviewing of performance at planned intervals. Organisational goals aim for integrated service delivery and mana motuhake values are embedded into all levels of practice for all residents. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, as documented in the business plan. Tāngata whaikaha also have meaningful representation through the monthly resident meetings and six-monthly meetings with family/whānau. External support for te ao Māori and Pacific peoples is available

		through local Māori organisations, two local kaumātua for Māori, and the Papaioea Pasifika Community Trust for Pasifika, and through Māori and Pacific staff working in the service. Equity for Māori, Pasifika and tāngata whaikaha is addressed through the policy documentation and enabled through choice and control over supports and the removal of barriers that prevent access to information (eg, information in other languages for the Code of Rights, and infection prevention and control). There is Māori representation within the governance structure; the Board members have completed training to ensure cultural safety is embedded in the governance activities. A Māori Steering group provides internal advice to care facilities and oversee the implementation of cultural safety within service delivery. The leadership team provides monthly reports to the Board and quarterly clinical governance committee provides critical analysis of operational practices against benchmarking. The facility manager, is a registered nurse, has been in the role for five years. She has extensive experience in aged care. The facility manager is supported by a Group Operations Manager, senior nurse, group of newly graduate registered nurses, and experienced healthcare assistants. At the time of the audit, the clinical manager role was vacant. The facility manager completed other professional development activities in excess of eight hours annually, related to management of an aged care facility. The prospective purchaser, Masonic Care Ltd, is an experienced aged care provider, with 5 care facilities and approximately 270 beds. Masonic Care Limited has a Board of Directors who act as the governing body. Masonic Care Limited has a Board Charter in place. Masonic Care Limited has a documented plan to transition to the Masonic Care quality system, policies, procedures, and electronic client management system. Masonic Care Limited provide administrative, human resource management, quality oversight and training support. Transition includes roles and responsibilities by the Masonic facility manager, quality team, HR team, and clinical team. The facility manager will remain in their role. The general manager and facility manager from a sister facility in Marton will support the

		facility manager. Masonic Care Limited will advertise for a suitable clinical manager. The proposed date of sale is the 30 September 2024. National supplier contracts will be implemented at Eileen Mary Care (including continence and chemical suppliers). The general manager is aware that there are no current GP/NP and physiotherapist contract in place.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	PA Low	Eileen Mary Care is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (eg, falls, medication errors, infections, skin integrity/tears, complaints, restraints). The facility manager completes a monthly clinical report to the Group Operations manager, who will also report to the Group Clinical and Quality manager. A range of monthly meetings (eg, staff quality meeting, registered nurse quality meeting and restraint) provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where indicated to address service improvements, with evidence of progress and sign off when achieved. Quality data and trends in data are posted on a quality noticeboard, located in the staffroom. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis, including benchmarking, feedback through residents' meetings, and complaints management, provides an avenue for critical analysis of work practices to ensure health equity. Cultural safety is embedded in the quality system to ensure staff can deliver high-quality health care for Māori. An annual resident and family/whānau survey is conducted by an independent external company. The results of the 2023 resident and family/whānau satisfaction survey results have been compared with

		previous surveys; with an overall satisfaction rate of 82%. The residents, family/whānau and staff received the results. Residents and family/whānau interviewed were satisfied with all aspects of service delivery. There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed by an external provider. New policies or changes to policy are communicated and discussed with staff. A health and safety system is in place. The health and safety team, led by the health and safety representative, meets monthly as part of the staff, registered nurses' and quality meetings. The health and safety representative was interviewed and confirmed to have received training to support their role. Identifications of any hazards are documented and an up-to-date hazard register was reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the staff, quality and registered nurses' meetings. Staff incidents, hazards and risk information is collated at facility level, reported to the Group Operations Manager. A consolidated report of the analysis of data across the facilities are provided to the Board. Electronic reports should be completed for every incident/accident. However, during the audit process, it was evidenced that not all incident and accidents occurring are documented in an event form. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Benchmarking occurs on a national level against other aged care facilities. Ethnicity data is linked to benchmarking data. The electronic resident management system escalates alerts to the facility manager depending on the risk level. Results are discussed in meetings and at handover. A sample of 15 incident/accident reports were reviewed and evidence appropriate and timely follow up, investigations and communication to family/whānau. Opportunities to minimise future risks are identified by the facility manager, in consultation with registered nurses and healthcare assistants. The facility manager has been focusing on reducing falls over the last six months and has been

		working with staff around falls prevention. There is a falls prevention group that meets regularly. An internal audit on accident and incident reporting was completed and evidence full compliance. Discussions with the facility manager and Group Operations Manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT in relation to a coroner's case in May 2024. There were no notifications required to be made to the Health Safety and Quality Commission since July 2024. There has been one outbreak (June 2024) since the previous audit (Covid-19), which was appropriately reported, managed, and staff debriefed. The prospective purchaser has established and implemented quality and risk management programmes that they plan to implement at Eileen Mary Care. The prospective purchaser is part of a national benchmarking group. It is anticipated this will have minimal impact on Eileen Mary Care, as Masonic Care Ltd has a quality team available to support implementation of the quality programme, benchmarking, and analysis. Masonic Care Ltd policies and procedures have been updated to align with 2021 Ngā Paerewa Services Standard and will be transitioned across to Eileen Mary Care. The Masonic Care Board receives monthly reports, which includes a report on clinical governance and clinical performance. There is also a risk management register that covers identified major risks and a monthly risk register is maintained for many 'more present' risks. The CE will directly inform the Masonic Care Board Chair of any concerns; a testament to the open and transparent approach within the organisation. Masonic Villages Trust has an audit and risk committee that meets quarterly; the two entities Masonic Care Ltd (MCL) and Masonic Villages Ltd (MVL) both reports through to Masonic Villages Trust.
Subsection 2.3: Service management	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe

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 services.		care, 24 hours a day, seven days a week (24/7). Staffing for the serviced ORA apartments, which are within the footprint of the care facility, is covered from the care centre. The facility adjusts staffing levels to meet the changing needs of residents. Residents noted that there was an improvement in the timeliness of answering call bells and care staff reported there were adequate staff to complete the work allocated to them. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage for residents requiring hospital level care. The roster reviewed was fully covered and backfilled when staff were absent on short notice. Staffing for the facility comprises of RN cover over seven days per week. There are two RNs on a morning shift and afternoon shift, supported by a senior RN that works two days a week to support quality activities. The FM who works Monday to Friday and is on call. Night shifts have an RN rostered; all RN shifts are eight-hours. The RNs are supported by a sufficient number of healthcare assistants on each shift, one of whom is medication competent. There is a staff member on each shift that holds a current first aid certificate. There are separate staff allocated to non-clinical duties, including maintenance, activities, laundry, housekeeping and the kitchen. Residents, family/whānau and staff interviewed stated there are communication when staffing levels might change, this was also evidenced in meeting minutes. Staff interviewed stated that the staffing levels have improved over the last eight months. The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. This includes staff completing a cultural competency. External training opportunities for care staff include training through Health New Zealand - MidCentral and the hospice. Compulsory training also includes topics relevant to the conditions of the young people with physical disabilities. One YPD resident expressed confidence in the ability and competence of the staff. Staff

		are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing information. Māori staff also share information and whakapapa experiences to support learning. The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Twenty-three healthcare assistants are employed and nineteen hold the national Certificate in Health and Wellbeing level three or above. Promisia Healthcare Group supports all employees to transition through the NZQA Certificate in Health and Wellbeing. There is a Careerforce assessor on staff. An annual in-service programme is implemented, and all compulsory topics are included. A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. A comprehensive training plan is in place for the new graduate RNs. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. All RNs have attended in-service training, which included medical conditions specific to the current residents (eg, palliative care, dementia and diabetes). Further topics include modified clinical communication tools and recognising deterioration in the older adult. There are seven RNs and four are interRAI trained. All healthcare assistants are required to complete competencies at orientation. Annual competencies include for restraint; moving and handling; hand hygiene; personal protective equipment (PPE) use; and cultural competencies. A selection of healthcare assistants completes annual medication administration competencies. A record of completion is maintained by the facility manager. There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with the opportunity to participate and give feedback at regular staff meetings, employee surveys, and performance appraisals. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by

		the manager. Masonic Care Ltd (General Manager) was present at the time of the audit and stated that they reviewed the staff roster. They stated there will be immediate plans to increase staff levels, as the staffing requirements at Eileen Mary Care is 20 percent less than their expectations and in comparison, with their other care facilities. A clinical manager role will be advertised. They plan to provide all staff with education and training consistent with the Masonic Care Ltd education and training plan.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	Human resources management policies and processes are based on good employment practice and relevant legislation and include recruitment, selection, orientation and staff training and development. There are job descriptions in place for all positions, that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A sample of seven staff records were reviewed (one senior nurse, two RNs, one healthcare assistant, one housekeeper, one laundry, one from the kitchen) evidenced implementation of the recruitment process, employment contracts, reference checking, police vetting, and completed orientation. In policy, staff performance is to be reviewed after three months and then annually and this is consistently taking place. Staff performance is reviewed and discussed at regular intervals. Ethnicity data is recorded and used in line with health information standards. The service understands its obligations in recruitment in line with the Ngā Paerewa Standard and is actively seeking to recruit Māori and Pacific peoples at all levels of the organisation (including management and governance), dependent on vacancies and applicants. There is a plan in place to add ethnicity data to Board reporting. A register of practising certificates is maintained for RNs and associated health contractors (eg, the nurse practitioner (NP), general practitioner (GP), physiotherapist, and pharmacists). The wellbeing policy outlines debrief opportunities following incidents

		or adverse events and this is implemented.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	PA Low	There is a clinical records policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and password protected. There is a documented business continuity plan in case of information systems failure; there was no generator agreement sighted at the time of the audit (link 4.2.7). The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are uploaded to the electronic system and securely destroyed. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and there is a pathway of communication and approval to release health information. Incidental sampling of handover notes evidenced that care interventions in the handover notes do not always appear in the individual`s care record/plan. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry 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.	FA	Prospective residents are required to be assessed by the needs assessment and coordination service (NASC) as requiring rest home or hospital level care. Prior to entry, prospective residents and their family/whānau are invited to visit the facility and meet the staff. Information is available in an information pack and on the website. Residents and family/whānau interviewed confirmed they were given accurate information about the service prior to entry. Residents and family/whānau confirmed they are treated with respect and dignity and family/whānau is involved at all stages of service delivery. Currently the facility does not decline entry, as there are

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.		available rooms. However, if a prospective resident does not meet the entry criteria, they would be referred back to NASC and this would be explained to the prospective resident and their family/whānau. The service collects ethnicity data on all referrals for entry. The organisation has strong links with local iwi and Māori community. Current residents who identify as Māori continue to be involved with their whānau and wider community.
Subsection 3.2: My pathway to wellbeing 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 whānau to support wellbeing.	PA Low	Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Seven resident files were reviewed including: two rest home level, including one respite; and four hospital level, including one under ACC funding, and one YPD. An initial assessment is undertaken by a registered nurse on admission and an initial care plan is developed on the same day. The initial assessment is documented in the electronic system and includes the use of validated assessment tools. An interRAI assessment was completed and reassessed within expected timeframes for residents (inclusive of residents under the ACC and YPD contracts). Long-term care plans were developed with input from residents, family/whānau, healthcare assistants, registered nurses, and activities staff. The long-term care plans are developed by the registered nurse and are holistic, covering physical needs, assistance required with activities of daily living, psychosocial and cultural needs, and aspirations and interventions to address medical conditions. All long-term care plans were evaluated at least six-monthly following the interRAI reassessment. Residents who identify as Māori have care plans that incorporate Te Whare Tapa Whā in a narrative section of the care plan. This narrative is tailored to identify the interventions that meet each aspect of Te Whare Tapa Whā for the individual. Residents confirmed they and their family/whānau are involved when developing and reviewing care plans and identify their own pae ora outcomes. Staff interviewed demonstrated their knowledge of tikanga and cultural safety. Care plans address cultural preferences. Residents have a choice to remain with their own general practitioner

		(GP), but most residents are seen by the nurse practitioners (NPs). The NP or GP assesses residents within the requirements of the aged related residential contract. Residents are reviewed three-monthly by the NP or GP, or more frequently if their condition changes. However, there is not a signed contract with a medical practice in place. A GP/NP was not available to be interviewed on the days of the audit. There is access to a physiotherapist (no signed contract). Residents are seen by a physiotherapist prior to discharge and by referral. Other allied health professionals involved in the care of the residents include dietitian, occupational therapist (OT), podiatrist and wound care specialist. The electronic files allow for integration of services with all staff, including HCAs registered nurses, activities staff, and the NP or GP involved, contributing to the residents' files. Where residents have behaviours of concern, early warning signs are identified and strategies to calm and manage behaviour are documented and made known to all staff. The facility manger provides after-hours clinical support; residents are transferred by ambulance to the nearest hospital if unwell. Contact details for family/whānau are recorded in the electronic system. Family/whānau and EPOA interviews and resident records evidenced that family/whānau are informed where there is a change in health status or the care plan is being reviewed. Policies and protocols are in place to ensure continuity of service delivery. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to the supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, as observed on the day of audit; it was noted that the information in the handover notes were comprehensive. Monthly observations, such as weight and blood pressure, are completed and are up to date. Some residents are weighed daily as directed. Neurological observations are recorded following all un-witnessed falls as per policy requirements. Monitoring of care is completed as required and stated in the care plans and include (but not limited to) intentional rounding, wound monitoring, behaviour monitoring, regular repositioning, and food and fluid management. There is a wound register available and there were 18 wounds

		documented (including skin tears, abrasions, diabetic ulcer, blisters). All wounds are being assessed, monitored, and wound dressing occurs within the required timeframes. Frequent photos are taken when wound identified, then at least weekly. Wound assessment tools are completed each time the wound is dressed. When referral is made to wound nurse specialist, the referral is accompanied by photo. Recommendations made by wound nurse specialist are entered into the care plan. Written evaluations and the photographs evidence progression or deterioration of wounds. Multidisciplinary reviews occur six-monthly. This includes input from the registered nurse, healthcare assistants, residents and family/whānau, and activities staff. The care plan is reviewed to ensure the goals are being met and if there are new goals identified, the care plan is updated. Where short-term needs are identified, such as wounds or infections, a short-term care plan is developed and implemented. However, not all infections had interventions or resolution of the infection documented.
Subsection 3.3: Individualised activities 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.	FA	Two activities coordinators are employed to deliver meaningful and enjoyable activities for residents Monday to Friday and HCAs have access to activities resources on the weekends. The activities coordinator working from Tuesday to Friday has experience in delivering activities programmes in aged care facilities and has undergone some training in diversional therapy. On the day of admission, the activities coordinator meets with residents and their family/whānau to identify their interests, hobbies, goals and aspirations and what activities they are interested in. This is reviewed individually six-monthly as part of the multidisciplinary care plan review in the cultural, social, spiritual and diversional therapy section. The activities coordinator documents in the progress notes in the residents' files. Residents are asked what activities they wish to do at regular residents' meetings. The activities schedule was sighted, and a range of activities are offered to enhance physical, mental, psychosocial and cultural wellbeing. These include (but are not limited to) exercises; poi; rākau;

		quizzes; word games; puzzles; bowls; housie; craft; newspaper reading; singing; and outings. Various entertainers, including a kapa haka group, pianists, and singers visit the facility. Group activities are mainly delivered by volunteers so the activities coordinator can meet with individuals who are unable or choose not to attend group activities. Individual activities include reminiscing; grooming; chatting; reading; and board games. Outings are varied and dependant on the interests of residents and include doing town and country tours; ice creams; lunch at a local café or in Pahiatua; and touring local gardens to see the daffodils. Calendar events such as daffodil day, Matariki, Christmas and Easter are celebrated. The cook has a list of birthdays posted on the wall of the kitchen and bakes a birthday cake for residents on their birthday. Residents interviewed confirmed they enjoy the activities programme and only attend the activities that interest them. Some residents are taken out regularly by family/whānau. The activities coordinator identifies as Māori and occasionally provides a boil up and fried bread. In summer there is a walking group for residents who are able and wish to participate.
Subsection 3.4: My medication 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.	FA	Medication management is safe and meets legislative requirements. Medications are administered by registered nurses and healthcare assistants; all of whom are required to pass an annual competency. Staff have completed training in medication management. A medication round was observed and seen to be safe. Medicines are supplied in blister packs by a local pharmacy. Staff interviewed could describe their role and responsibilities in relation to receival, storage, checking expiry dates, administering, and returning medications to the pharmacy. Medications are stored in a locked medication room and medication trolleys are also locked. The medication room and refrigerator temperatures are recorded daily, and records show the temperatures are maintained within an acceptable range. All stocked medications are checked monthly by night staff and expired medications are returned to the pharmacy for

		disposal. Eye drops and liquid medications are dated when opened and discarded as per the manufacturer's instructions. Over-the-counter medications and supplements residents wish to take are prescribed on the medication chart by the NP or GP. Medications are reviewed three-monthly by the NP or GP in collaboration with the registered nurse and resident and family/whānau. Fourteen electronic medication charts were reviewed. All had photographic identification and any allergies or adverse drug reactions are recorded on the chart. A folder of specimen signatures of staff was sighted. When changes are made to medications, residents and family/whānau are informed of the reason and potential side-effects. Pro re nata (PRN) medication is administered as prescribed and the reasons and effects are documented in the progress notes. There are no standing orders, and no residents are self-administering their medications. There are policies to guide staff if any residents wish to self-administer their own medications. Residents and family/whānau interviewed confirmed they have the support and information to access treatment to achieve their health outcomes. The prospective purchaser confirmed the medication management system will remain unchanged.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	All meals are prepared and cooked on site by a cook and assistant. All kitchen staff have completed training in food safety and hygiene. The food services manual was reviewed and kept in the kitchen. Meals are plated in the kitchen and served in one dining room directly from the adjacent kitchen or transported to the other dining room in a "hot box" trolley. The kitchen was observed to be clean, well-organised and well equipped. There is an approved food control plan in place that is current until 31 January 2025. Dry food is stored in a pantry and cupboard in closed containers, labelled with the date of opening. The four-weekly seasonal menus have been reviewed by a dietitian. Dietary needs, preferences and dislikes are identified on admission and reviewed six-monthly as part of the care plan review (or more

		often if the needs of a resident change). This information is communicated to the cook who maintains a whiteboard with information on likes, dislikes, cultural preferences, allergies, and food intolerances. Any equipment required such as lipped plates are also recorded. Additional snacks and beverages are available if needed. The cook on interview demonstrated their understanding of tikanga and confirmed they had been trained in cultural safety on orientation. Staff were observed wearing correct personal protective clothing in the kitchen. Residents were observed to be enjoying their meals and staff discreetly assisted those who needed assistance. Refrigerator and freezer temperatures are recorded daily and seen to be maintained within an acceptable range. Residents interviewed confirmed they have a variety of meals which they enjoy. Alternatives are available if they do not like what is on the menu. Feedback is obtained at residents' meetings and a recent corrective action for food presentation has been implemented. The prospective purchaser confirmed there will be no immediate changes made to the menu. National supplier agreements will be implemented at Eileen Mary Care.
Subsection 3.6: Transition, transfer, and discharge 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. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. 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.	FA	Policies and procedures outline the process and required documentation for transfer and discharge, including transfer to a higher level of care. Discharge and transfer are planned processes that are communicated with residents and their family/whānau. Residents and family/whānau are advised of options to access other health and disability services, social support or Kaupapa Māori agencies, if indicated or requested. When residents are transferred to the public hospital, their family is informed. The NP or GP makes the referral to hospital or medical specialists. Relevant documentation is sent with the resident, including a printout of their current medications, care needs and a copy of enduring power of attorney documents. Any potential risks are communicated to the referred health service by the registered nurse. Where residents wish to be or need to be seen by another health

		service, a referral is made. Examples sighted was a referral to a physiotherapist and one to an occupational therapist for modified equipment. Residents attending external appointments are encouraged to be accompanied by their family/whānau. One resident is transported to dialysis in Palmerston North on the St John health shuttle three times per week.
Subsection 4.1: The facility 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. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. 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.	FA	The building has a current warrant of fitness, expiring on 25 May 2025. A maintenance person is employed part-time and implements the annual preventative and planned maintenance schedule. The visual inspection of indoors and outdoors evidence all is well maintained. The building and décor are reflective of peoples' cultures and supports cultural practices. There is a maintenance request folder for repair and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes checking of equipment, call bell checks, calibration of medical equipment, and weekly testing of hot water temperatures. Essential contractors/tradespeople are available as required. Testing and tagging of electrical appliances is completed as scheduled. The reception area is spacious, with one wing of apartments branching from it and a short hallway to one dining room and kitchen in the other direction. The building is on a single level and there is a circular wing with bedrooms and another dining room. There are a total of 58 single occupancy rooms (including the 19 ORA studios); all are dual purpose. Most of the rooms have ensuites and in one wing there are shared showers and toilets. Visitors and staff toilets are separate with appropriate signage. Both dining rooms can accommodate the residents assigned to them and their mobility equipment. There are two large lounges with comfortable seating and a spacious activities room. Resident rooms are spacious enough to allow residents to safely manoeuvre mobility and transfer equipment. Door entries are large enough to allow for ambulance transfers. The corridors are wide with handrails to promote safe mobility. Residents were observed moving

		freely around the areas with mobility aids. There is an enclosed garden in the middle of the facility, with well-maintained gardens. There is outdoor seating with an umbrella for shade. There is safe access to the outdoor area. All fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate any equipment required. Residents are encouraged to personalise bedrooms, as viewed on the day of audit. All bedrooms and communal areas have ample natural light, ventilation, and heating. Many of the rooms have pleasant rural views. There is no construction planned. If there were major refurbishments or building projects planned in the future, the service plans to engage with their staff who identify as Māori, residents and family/ whānau for feedback and consideration of how designs, art and environments reflect the aspirations and identity of Māori. The prospective purchaser is not planning any immediate environmental changes to the facility, other than ongoing repairs.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	PA Low	There is a documented security policy in place. The service has a call bell system throughout the facility. Emergency management policies, including the pandemic plan, outlines specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. A fire evacuation plan is in place that has been approved by the New Zealand Fire Service 2 September 2007. A fire evacuation drill is repeated six-monthly, in accordance with the facility's building warrant of fitness. Staff receive training at orientation and annually related to emergency management. Civil defence supplies are stored in an identified area and checked at regular intervals as part of the environmental audits. There are sufficient water supplies in case of a civil defence emergency and the stove top uses town-supplied gas. There is a barbeque available if needed. There are extra blankets and first aid and continence supplies. There is no generator on site. The facility

		manager stated they have an agreement with the local council listed as priority one (the agreement was not sighted on the days of the audit). Staff are trained in first aid and there is always a registered nurse on duty. Call bells are in resident rooms and communal areas (including toilets, showers), which are audible. The evening and night staff conduct a walk-through of the building after handover to ensure the building is secure and entrance doors are locked. A private security company does a drive past twice during the night. Visitors and contractors sign in at entry to the building. Staff are easily identifiable.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.	FA	Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the business plan and quality plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme. Promisia Healthcare Group have personnel with expertise in infection control and AMS as part of their senior leadership team. Expertise can also be accessed from Public Health, and Health New Zealand - MidCentral, who can supply infection control resources. There is a documented pathway for reporting infection control and AMS issues to the Board. The facility manager report pandemic analysis weekly to the Group operations manager, whose report is available to the Clinical and Quality Manager and Quality Improvement Manager. Outbreak of other infectious diseases is reported if and when they occur. Monthly compliance and risk reports are completed for all facilities by the compliance and risk manager for the CEO. Monthly collation of data is completed, trends are analysed, and then referred back to the facilities for action. There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, senior leadership team the GP/NP, and the public health team.

		The facility manager is the infection control coordinator. A documented and signed role description for the position is in place. The infection control coordinator reports to the Group operations manager. There are adequate resources to implement the infection control programme. The infection control coordinator is responsible for implementing the infection control programme, and liaises with management and staff who meet monthly as part of the quality meeting, staff and RNs meeting and as required. Infection control reports are discussed at the quality meetings and staff meetings. The infection control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and is linked to the quality and business plan. The infection control programme is reviewed annually by the facility manager, in consultation with the Clinical and Quality Manager and external consultant. There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies for hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment. Infection prevention and control resources, including personal protective equipment (PPE), were accessible and observed to be used appropriately. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were

		able to locate policies and procedures. Promisia Healthcare Group has organisational pandemic response plan in place which is reviewed and tested at regular intervals. The infection control coordinator has input when infection control policies and procedures are reviewed. The infection control coordinator completed infection control training and is responsible for coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection control coordinator has access to an online training system, with resources, guidelines, and best practice. Infection control audits are completed and evidence compliance. At site level, the facility manager has responsibility for purchasing consumables. All other equipment/resources are purchased at national level. Infection control personnel have input into new buildings or significant changes, which occurs at national level with collaboration and support from the Māori steering committee. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through handwashing, sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff are trained in cultural safety. The prospective purchaser will implement the Masonic Care Ltd IP and AMS programmes at Eileen Mary Care.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use.	FA	There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the registered nurse and staff quality

Te Tiriti: The antimicrobial stewardship programme is culturally safe 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.		meetings. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. Antibiotic use is reviewed monthly and reported at registered nurse, staff and quality meetings. Prescribing of antimicrobial use is monitored, recorded, and analysed at site level and the Clinical and Quality Manager provides a benchmarking report for AMS. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Further discussion takes place at senior leadership team meeting and is reported to the Board. Trends are identified both at site level and national level and areas for improvement and evaluating the progress of AMS activities occurs.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.	FA	Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection control policy in use at the facility. The infection control coordinator (registered nurse) uses the information obtained through surveillance to determine infection control activities, resources, and education needs within the service. Monthly infection data is collected for all infections based on standard definitions. Infection control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the registered nurse, staff and quality meetings. Meeting minutes are available to staff. Ethnicity data is included in benchmarking of infection control data at facility and national level. Review of benchmarking data shows that Eileen Mary Care infection rates compared favourable to the benchmarking target rates. The infection control coordinator interviewed confirmed the process of creating improvement plans should this be required. Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection; however, not all interventions for infections are documented (link 3.2.5). There are processes in place to isolate infectious residents when required and to keep family/whānau up to date on any infections.

		Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed, and requirements if appropriate for isolation. There has been one Covid-19 outbreak (June 2024) since last audit. The outbreak was well documented, managed and reported to Public Health. Outbreak meetings occurred regularly. Residents and family/whānau were updated regularly through the outbreaks. Staff interviewed stated they were confident in their ability to manage the outbreak successfully. Hand sanitisers and gels are available for staff, residents, and visitors to the facility. Visitors to the facility signs in at entry to the building.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	The facility implements a waste management policy that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident, and hazards reporting; use of PPE; and disposal of general, infectious, and hazardous waste. Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice rooms, and housekeeper's room. Staff receive training and education in waste management and infection control as a component of the mandatory training. Interviews and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. There are sluice rooms with sanitisers and adequate supplies of PPE, including eye wear. Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked room for the safe and hygienic storage of cleaning equipment and chemicals. Household personnel are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff

		have completed chemical safety training. The safe and hygienic collection and transport of laundry items into relevant colour containers was witnessed. There is a laundry on site with a clear clean and dirty flow area. All linen is laundered on site. Staff interviewed confirm there is enough linen available over weekends. Residents` woollen items and mop heads are laundered separately. Visual inspection of the on-site laundry area demonstrated the implementation of a clean/dirty process. Residents' clothing is labelled, and personally delivered to their rooms by staff. Residents and family/whānau confirmed satisfaction with laundry services in interviews. Any concerns that arise are immediately addressed. There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. The policy details consultation required with the infection control team. There was no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits are completed by the infection control coordinator. The prospective purchaser confirmed the laundry processes will remain on site. A national chemical provider will be used under the national procurement contract.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The policy and procedures for restraint minimisation and safe practice specify the organisation is committed to providing a restraint-free environment. This is supported by the governing body and management staff. At the time of the audit, there were three residents with restraint: all hospital level; two brief belts and one with bedrails. The facility manager and a registered nurse are the delegated restraint coordinators. A job description is in place. The facility manager reports monthly to the Group operations manager on restraint minimisation and reports were sighted for January to July 2024. The organisation has recently developed a restraint steering group and is planning to benchmark facilities against each other. There is a restraint committee consisting of the facility manager, two registered nurses, and three healthcare assistants. The committee meets monthly and meeting minutes were sighted for June, July and

		August 2024. The policy requires staff to explore all alternatives prior to the use of restraint and any decisions must be in consultation with families/whānau. Review of the three files of those residents in restraint shows communication with families occurred prior to restraint and on an ongoing basis. When restraint is considered, the facility works in partnership with Māori, to promote and ensure services are mana enhancing. A review of the documentation available for residents using restraint, included processes and resources for assessment, authorisation and consent, monitoring, and evaluation. The restraint approval process includes the resident, enduring power of attorney, NP and restraint coordinator. Restraint related training, which includes policies and procedures related to restraint, cultural training and de-escalation strategies is completed as part of the mandatory training plan and orientation. Staff have completed the annual restraint competency. The restraint audit is completed three-monthly, and corrective actions identified are addressed and signed off when completed. The prospective purchaser confirmed governance commitment to eliminate restraint within all their facilities, including Eileen Mary Care.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	PA Low	Review of three resident files in restraint showed before authorising the use of restraint, a detailed assessment is completed which includes consideration of alternative strategies. Staff stated this includes the use of sensor mats and using a bed that can be positioned close to the floor. Consultation occurs with the family/whānau and authorisation needs to be given by the GP/NP and facility manager. Residents (where appropriate) and/ or family/whānau also sign the consent form. Care plans include the use of restraint and interventions required for monitoring and provision of care. These are reviewed three-monthly as part of the GP/NP review and six-monthly as part of the care plan review. If a resident no longer needs a restraint, the care plan is reviewed at the time. The facility manager (a registered nurse) determines the frequency and extent of monitoring which is at least two-hourly. Monitoring is to

		include physical cares such as toileting, change of position, and provision of food and fluids, and monitoring the psychological, and wairuatanga of the resident. Staff are required to document the times restraint is applied and released, and the cares given on either a paper-based form or on the electronic system. Review of monitoring records show incomplete documentation of monitoring. A restraint register is accurately maintained and contains detailed information to allow an auditable record. Restraint discussions are completed as part of the clinical and quality meetings. The policy specifies if emergency restraint is used, there is to be a debrief for staff, family/whānau and the resident; however, the facility manager stated emergency restraint is not used in any circumstance. Review of resident files showed evaluations are comprehensive and meet the requirements of Ngā Paerewa.
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	Review of restraint use in the organisation occurs six-monthly and was sighted for 15 May 2024, in addition to the three-and six-monthly individual reviews. Any changes to policies, guidelines, education, and processes are implemented as indicated. There is evidence that data analysis has been completed and discussed at clinical and quality meetings and include identified restraints in use, ways to minimise and eliminate the use of restraint for the individual resident, and ongoing restraint and challenging behaviour education to all staff. The outcome of restraint review is reported to the Board.

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)
Criterion 2.2.5 Service providers shall follow the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.	PA Low	There is a documented Adverse Event policy that guides the service in the documentation required to complete incidents and accidents in the electronic resident management system. Incidents are categorised according to severity and escalated to the facility manager when required. It is the responsibility of all care staff to complete the incident and accident (event form) for the residents under their care. The registered nurses hold responsibility for investigation, timely follow up and informing the next of kin. Fifteen event forms were reviewed and all were completed as required, with timely follow up and investigation. Neurological observations were completed for all unwitnessed falls with or without a suspected head injury. However, during the audit process, it was	Not all adverse events that occur are documented in the incident and accident reporting system.	Ensure all events related to an incident/accident have a completed event form. 90 days

		evidenced that two events documented in progress notes did not have an adverse event form completed (bruise, skin tear) and two skin tears documented in the wound care register did not have adverse event forms completed.		
Criterion 2.5.2 Service providers shall maintain an information management system that: (a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication; (b) Makes the information manageable; (c) Ensures the information is accessible for all those who need it; (d) Complies with relevant legislation; (e) Integrates an individual's health and support records.	PA Low	Observation of the handover process evidence handover notes include a lot of written information that is not integrated into the individual resident's care records (progress notes and or care planning). The incidental sampling off five residents` handover notes were compared to their individual record and three residents` handover notes had information recorded related to care interventions.	The handover notes had care interventions documented that should be documented and integrated into the individual`s care plan.	Ensure supplementary information is integrated into the resident`s individual care record. 90 days
Criterion 3.2.5 Planned review of a person's care or support plan shall: (a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service	PA Low	The files reviewed evidence that a GP or NP has seen the residents when it was required at three-monthly intervals for medical review and medication chart review. The NPs and GPs can access the medication chart remotely. At the time of the audit, the facility manager was also negotiating a virtual contract with a virtual practice in Ashburton.	(i). There is no NP/GP contract in place; therefore, the service is not meeting the ARRC contract clause D16.5 e (i). (ii). There were no interventions documented to	(i). Ensure a NP/GP contract is in place to meet the ARRC contract. (ii). Ensure there are interventions documented to guide staff around all infections

providers; (b) Include the use of a range of outcome measurements; (c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations; (d) Identify changes to the person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented; (e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.		A GP/NP was not available on the days of the audit. Health New Zealand-Mid Central is aware of the difficulty to obtain a GP/NP contract in Dannevirke. The potential purchaser is aware. Short-term care plans are used for acute issues; however, interventions for short-term infections are not consistently documented.	guide staff around the management of two residents with a urinary tract infection, and resolution of the infection was also not documented.	and resolution is documented. 90 days
Criterion 4.2.7 Alternative essential energy and utility sources shall be available, in the event of the main supplies failing.	PA Low	There are sufficient water supplies in case of a civil defence emergency and the stove top uses town-supplied gas. There is a barbeque available if needed. There are extra blankets and first aid and continence supplies.	There is no generator on site and an agreement to supply one in the event of mains power failure was not sighted.	Ensure a signed agreement with a generator supply company is held on site. 90 days
Criterion 6.2.2 The frequency and extent of monitoring of people during restraint shall be determined by a registered health professional	PA Low	The facility manager (a registered nurse) determines the frequency and extent of monitoring which is at least two-hourly. Staff are required to document the times restraint is applied and released and the cares given on either a paper-based form or on the	Review of monitoring records show incomplete documentation of restraint monitoring charts.	Ensure restraint monitoring is documented as per the policy and care plan.

and implemented according to this determination.		electronic system.		90 days

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

No data to display

End of the report.