Masonic Care Limited - Masonic Court Rest Home and Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā paerewa Health and disability services standard (NZS8134:2021).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:	Masonic Court Rest Home and Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 4 February 2025 End date: 5 February 2025

Proposed changes to current services (if any): None

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

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

Key to the indicators

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

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

General overview of the audit

Masonic Court Rest Home and Hospital (Masonic Court) provides hospital (geriatric and medical) and rest home levels of care for up to 49 residents. On the days of the audit there were 47 residents.

This surveillance audit was conducted against a subset of Ngā Paerewa Health and Disability Services Standard 2021 and the contract held with Health New Zealand. The audit processes included observations; a review of organisational documents and records, including staff records and the resident files; interviews with residents and family/whānau; and interviews with staff and management. Residents and family/whānau interviewed spoke positively about the care and support provided.

The facility manager has experience in aged care. The facility manager is supported by the clinical nurse leader and experienced registered nurses and caregivers. Masonic Court Rest Home and Hospital has implemented cultural safety protocols to ensure there is a safe environment for Māori and others to come into the service.

The service has addressed five of the seven shortfalls from the previous audit in relation to: barriers to equitable service delivery, integrated files, GP reviews, infection control, restraint governance and restraint policy. There are ongoing shortfalls around care monitoring and meeting minutes.

This audit has identified one shortfall related to care planning interventions.

Ō tātou motika | Our rights

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

There is a Māori health plan in place for the organisation. Te Tiriti o Waitangi is embedded and enacted across policies, procedures, and delivery of care. The service recognises Māori mana motuhake and this is reflected in the Māori health plan and business plan. A Pacific health plan is in place which ensures cultural safety for Pacific peoples, embracing their worldviews, cultural, and spiritual beliefs.

Masonic Court demonstrates their knowledge and understanding of resident's rights and ensures that residents are well informed in respect of these. Residents are kept safe from abuse, and staff are aware of professional boundaries. There are established systems to facilitate informed consent and to protect resident's property and finances.

The complaints process is responsive, fair and equitable. It is managed in accordance with the Code of Health and Disability Services Consumers' Rights, and complainants are kept fully informed.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

Masonic Care Limited is the organisation's governing body responsible for the service provided at this facility. There is an annual business plan with documented site-specific goals, which are regularly reviewed. Barriers to health equity are identified, addressed, and services delivered that improve outcomes for Māori.

The service has a documented quality and risk management systems in place that take a risk-based approach and progress is regularly evaluated against quality outcomes. There is a process for following the National Adverse Event Reporting Policy and management comply with statutory and regulatory obligations in relation to essential notification reporting.

There is a staffing and rostering policy. Human resources are managed in accordance with good employment practice. Regular staff education, training, and competencies are in place to support staff in delivering safe, quality care.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service are partially attained and of medium or high risk and/or unattained and of low risk.

The registered nurses are responsible for each stage of service provision. The registered nurses assess, plan, review, and evaluates residents' needs, outcomes, and goals with the resident and/or family/whānau input.

The organisation uses both electronic and paper-based documentation Resident files include medical notes by the general practitioner, and allied health professionals. Medication policies reflect legislative requirements and guidelines. Medications are stored securely.

A current food control plan is in place. Residents food preferences likes and dislikes are accommodated.

Transfers and discharges are coordinated and involve input from the resident and family/whānau.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service are fully attained.

The building holds a current warrant of fitness. Electrical equipment has been tested and tagged. All medical equipment has been serviced and calibrated.

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

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

There is a comprehensive organisational infection control programme which has been approved and reviewed annually. Staff complete education in relation to infection control and complete relevant competencies.

Surveillance data is collated and analysed. Data includes ethnicity data and is shared with staff. Since the previous audit, there have been no outbreaks.

Here taratahi | Restraint and seclusion

Includes four subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Subsections applicable to this service are fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the clinical nurse leader, who is the restraint coordinator. There are no residents currently using restraints. Maintaining a restraint-free environment is included as part of the education and training plan and staff have completed a restraint competency.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	18	0	0	2	0	0
Criteria	0	50	0	0	2	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
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 which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services ensuring Māori have the same level of health as non-Māori, while safeguarding Māori cultural concepts, values, and beliefs. At the time of the audit there were both staff and residents that identify as Māori.
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 upholding the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. The plan addresses equity of access, reflecting the needs of 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 Pasifika. There were staff, but no residents identifying as Pasifika during the audit.

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 Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager and clinical nurse leader demonstrated how the welcome packs are given in the language most appropriate for the resident, to ensure they are fully informed of their rights. Four residents (two rest home and two hospital) and two family/whānau (one hospital, and one rest home) interviewed stated that all staff respected their rights.
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	Policies implemented at Masonic Court prevent any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. There are established policies and protocols to respect resident's property, including an established process to manage and protect resident finances. All staff have received education around and are aware of professional boundaries, as evidenced in orientation documents and ongoing education records. Staff interviewed including: (seven healthcare assistants (HCAs), one registered nurse (RN), one cook, one maintenance person and two diversional therapists) as well as three managers (one facility manager, one clinical nurse leader and one quality, education and infection control lead) interviewed demonstrated an understanding of professional boundaries.
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,	FA	In the five files reviewed, admission agreements were signed and saved in the residents' paper-based file. Informed consents had been signed for general matters, as well as specific consents for Covid-19, influenza, and for specific procedures.

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.		
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 residents and families/whānau during the resident's entry to the service. The Code of Health and Disability Services Consumers' Rights is visible, and available in te reo Māori, and English. Discussions with residents and families/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. The facility manager is responsible for the management of complaints and provides Māori residents with support to ensure an equitable complaints process. A complaints register is being maintained, which includes all complaints, dates and actions taken. There have been two complaints received in 2024 year and none year to date for 2025. The complaints reviewed included acknowledgement, follow up, and resolution. There have been no complaints from external agencies. Discussions with residents and family/whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they had, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager and clinical nurse leader acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation.
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	FA	Masonic Court has a total of 49 beds certified for rest home and hospital levels of care. At the time of the audit there were 47 beds occupied: 30 residents were at rest home level and 17 residents were at hospital level, including one resident on an ACC contract. All other residents were on the age-related residential care (ARRC) agreement. The governing body has a Board of Directors. Three of the directors have

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.		a close relationship with the health sector. There is a five-year strategic plan which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. Masonic Care has a Clinical Governance Group (CGG) that meets monthly and signs off on the clinical outcome report that is then sent to the Board. The quality coordinators meet monthly and report through to the CGG. The clinical governance framework connects all facilities and governance with robust reporting of clinical outcomes. At facility level, clinical governance is provided by the facility manager, clinical nurse leader and the quality, education and infection control coordinator. The Board is committed to supporting the strategies laid down by Manatū Hauora Ministry of Health's 'New Zealand Health Strategy'. Objectives listed in the business plan include a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific people. The general manger described the overarching strategic plan for the Masonic Care Group, which includes how the organisation collaborates with Māori in a manner that aligns with the Ministry of Health strategies and how they address any barriers to equitable service delivery. Discussion with the general manager and review of documentation confirmed how the provider ensures working practices are holistic in nature, inclusive of cultural identity and respect the importance of the connection to family/whānau and the wider community. This is an improvement from the previous audit. The annual business plan includes the vision, mission statement, philosophy, and measurable goals. Reporting includes occupancy; finances; health and safety; staffing; infection; quality trend and analysis; and restraint minimisation. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. There is a Board member and staff employed who identify as Māori. The cultural advisor is working alongside the facility manager and staff to offer expert support in te reo Māori and tikanga Māori. The general manager confirmed they, the Board and chief executive have completed Treaty of Waitangi training to ensure cultural competency. The facility manager has been in the role for eight years and is a

		practicing RN. The facility manager is supported by a clinical nurse leader who has been in the role for two years. The facility manager and the clinical nurse leader have completed other professional development activities in excess of eight hours annually, related to managing an aged care facility.
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 Moderate	Masonic Court has a documented quality and risk management system. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Monthly quality targets are documented and reported to the clinical governance board. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the Board in the monthly facility manager and clinical nurse manager report. Masonic court is part of a national benchmarking group representing 60% of all ARRC providers within New Zealand and secondly with QPS a benchmarking group for both New Zealand and Australia. The service holds a series of meetings including healthcare assistant meetings, monthly quality and health and safety meetings, and registered nurse meetings. Meeting were held according to the schedule. Meeting minutes included an overview of quality; however, did not include quality data including internal audit results, infection control results, and incident and accident data. This is a continued shortfall from the previous audit. Policies and procedures align with current good practice, and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. Annual resident and relative satisfaction surveys are conducted. The 2023 results have been collated and these have been analysed, with the results evidencing a high satisfaction rate from respondents. Results have been shared with staff, residents, and family/whānau. The most recent (2024 / 2025) was in progress at the time of audit. Health and safety policies are implemented and monitored through the

		monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. The health and safety representative was interviewed about the health and safety programme. The maintenance of the hazard and risk register is the responsibility of the facility manager. Hazard identification forms and an up-to-date hazard register had been reviewed in November 2024 (sighted). Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and in the Board report. Discussions with the facility manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Notification was made to the Health Safety Quality Commission regarding an unstageable pressure injury. There have been no outbreaks since the last audit.
Subsection 2.3: Service management 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.	FA	The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The facility manager and the clinical nurse leader both works full-time from Monday to Friday. The rosters reviewed evidence any vacancies and unplanned absence have been covered. The facility manager the clinical nurse leader and quality, education and education manager are all experienced registered nurses and share on call between them. All RNs, the activities staff and maintenance person hold current first aid certificates. A first aid trained staff member is rostered on duty 24/7. Residents and family/whānau interviewed stated that there were adequate staff on duty at all times. Staff interviewed felt that the RNs are accessible and supportive. There is an annual education and training schedule implemented for 2024 and commenced for 2025. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti O Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. The service supports and encourages healthcare assistants (HCAs) to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 22 HCAs employed in total. Nine have a New Zealand Qualifications Authority level four certificate, six have a level three certificate, and eight

		have a level two certificate. The staff are required to complete competency assessments as part of their orientation. Annual competencies include restraint; hand hygiene; moving and handling; and correct use of personal protective equipment. Additional RN specific competencies include (but are not limited to) syringe driver and interRAI assessment competency. Four of the six RNs are interRAI trained.
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	Five staff files (three RNs and two HCAs) reviewed included evidence of completed: orientation, ongoing training and competencies and professional qualifications on file where required. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, authority, and functions to be achieved in each position. A register of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. All staff who have been employed for a year or more, have a current performance appraisal on file.
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.	FA	The previous audit noted that resident files were not integrated and that two processes were in use; electronic and paper based. This audit evidenced that the service uses a nationally accepted electronic care planning system, which has not been fully implemented by the service. All care plans are documented by the RNs on the electronic system and a paper-based version is printed off. This paper-based version is the accepted care plan used by all staff. The paper-based care plan is updated by hand by RNs as needed. All care staff interviewed stated that the paper-based care plan is the care plan they use for reference. Each six months the electronic care plan is updated, and a new paper-based care plan printed off. The paper-based care plan is filed in the resident paper-based file along with other resident information (consent forms and GP notes as examples). Short term care plans are maintained as a paper-

		based version as well. Wound charts are in a separate file as is common practice amongst care providers in New Zealand. The previous shortfall around a care planning process that is not fit for purpose and resident information that is not integrated has been rectified.
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 Moderate	Registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Five resident files were reviewed: three at hospital level; including one on a long-term accident compensation contract (ACC) and two rest home level residents. The initial nursing assessments and initial care plans sampled were developed within 24 hours of admission, in consultation with the residents and family/whānau, where appropriate or per the residents' request. InterRAI assessments are documented for all residents on the aged residential care contract. The resident funded though ACC did not have any assessment tools documented other than a falls risk and pain assessments. InterRAI assessments and care plans are scheduled for completion within three weeks of an admission and planned for a six-monthly or earlier review; and were within timeframes. The long-term care plans are holistic and align with the service's model of person-centred care. The long-term care plans sampled reflected residents' strengths, goals and aspirations aligned with their values and beliefs identified through interRAI assessment; however, did not always reflect the clinical care needed. Changes in health status as recorded in the progress notes were not always reflected in the long-term care plan. Short term care plans were documented for short term conditions including wounds and for infections and were evidenced on resident files – this is an improvement from the previous audit. Residents' and family/whānau representatives of choice or enduring power of attorney (EPOAs) were involved in the assessment and care planning processes. Residents and family/whānau confirmed their involvement in the assessment process. Care plan evaluations are completed six monthly or more often. A record of who participated in the development and evaluation of care plans was documented in meetings that occur with family/whānau. These meetings occur at the time of admission, as well as at the time of any acute health

		change and at the six-monthly review. The care plans evidenced service integration with other health providers, including activity notes, medical and allied health professionals. Allied health interventions were documented for visits and consultations. A physiotherapist visits each six weeks. A podiatrist visits six to eight-weekly. There is a nurse practitioner (NP) and/ or GP who sees most of the residents, visits weekly. The GP service provides 24/7 out of hours consultations. Medical assessments were completed by the GP within five working days of an admission. Routine medical reviews were completed every three months and more frequently as determined by the resident's needs and as directed by the GP. This is an improvement from the previous audit. Medical records, including three-monthly reviews, were evidenced in sampled records. Changes in residents' health were appropriately escalated to the GP/NP records of referrals made to the GP/NP when a resident's needs changed, and timely referrals to relevant specialist services as indicated, were evidenced in the sampled residents' files. Examples of evidence of referrals in the files sampled included those sent to specialist services, including mental health services for older people. The GP and NP were not available on the days of audit. A wound register is maintained. There were 14 wounds for eight residents wound included one unstageable pressure injury, a chronic wound and low risk wounds such as minor skin tears. The service has a process in place for ensuring wounds were reviewed and updated with the frequency that was planned. All had comprehensive wound assessments, which provided information regarding assessment, monitoring and progress of the wound. The wound management plans and documented evaluations, including photographs to show healing progression. Wound dressings are completed by RNs who have completed a wound competency. Residents' care is monitored on each shift and reported in the progress notes by the HCAs; however, not all monitoring required had been documented A review of three falls related incident forms documented that neurological observation are undertaken; however, these are not always completed according to the timeframes stated in the policy. Monitoring continues to be a shortfall from the previous audit. Healthcare assistants complete monitoring charts, including observations;

		behaviour charts; bowel chart; blood pressure; weight; food and fluid; turning charts; intentional rounding; blood sugar levels; and toileting regime. New behaviours are charted on a behaviour chart to identify new triggers and patterns. The behaviour chart entries describe the behaviour and interventions to de-escalate behaviours, including re-direction and activities.
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	Policies and procedures that meet legislative requirements are in place for medication management. All staff who administer medications have completed annual competencies. Education around safe medication administration has been provided. Staff were observed to be safely administering medications. Registered nurses and healthcare assistants interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. All medications are stored in a secure room. Medication trolleys are locked and stored securely when not in use. The medication fridge and medication room temperatures are monitored weekly. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies are prescribed by the GP and charted on the electronic medication chart. Ten electronic medication charts were reviewed; each chart has a photographic identification, allergy status and sensitivity identified. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly. Medication charts have photo identification and allergy status identified. There were no residents self-administering their medications at the time of the audit. There are comprehensive policies in place should a resident wish to self-administer medications. The staff interviewed could describe the process around residents self-administering medications. All medications are administered as prescribed. The effectiveness of pro re nata (PRN) medications is expected to be recorded in the progress notes or on the electronic medication system. There are no vaccines kept

		on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects; this is documented in the progress notes. Residents and their family/whanau are supported to understand their medications when required. The clinical nurse leader described how they work in partnership with residents to understand and access medications when required.
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. A current approved food control plan was evidenced, expiring in January 2026. Meals are prepared and reflect nutritional guidelines that are appropriate for the residents. Residents are encouraged to enjoy nutritional meals and to participate in meal preparation and clean up as they are able to. Diets are modified as required and the staff confirmed awareness of the dietary needs of the resident. Residents have a nutrition profile developed on admission, which identifies dietary requirements and preferences.
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	Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. There are policies and procedures documented to ensure discharge or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all transfers and discharges to and from the service, including being given options to access other health and disability services and social support or kaupapa Māori agencies where indicated or requested. The clinical nurse leader and RNs explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.
Subsection 4.1: The facility	FA	The buildings, plant, and equipment are fit for purpose and comply with

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.		legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The building has a current warrant of fitness, which expires in May 2025. There is a planned and reactive maintenance programme in place, and all equipment is maintained, serviced and safe. The planned maintenance schedule includes electrical testing and tagging, equipment checks, calibrations of weigh scales, and clinical equipment and testing, which are all current. Hot water temperatures are monitored and managed within 43-45 degrees Celsius.
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 and antimicrobial stewardship (AMS) is an integral part of the quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. This is an improvement from the previous audit.
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,	FA	The infection control programme has been developed by an external consultant and has been approved by the management team, infection control coordinator and the Board. The infection control programme is reviewed three-monthly and discussed at infection control meetings. Infection control data is included in the clinical manager reports, which are discussed at Board level. The infection prevention and control programme is linked to the quality improvement programme. The clinical nurse leader seeks advice from external experts as required. The policies and procedures comply with legislation and accepted best practice and include appropriate referencing.

and scope of our services.		Staff have received education in infection prevention and control programme at orientation and through ongoing face to face and annual online education sessions. Additional staff education has been provided in response to the Covid-19 pandemic. Education with residents occurs individually during care provision, as well as reminders about handwashing and advice about remaining in their rooms if they are unwell; residents confirmed this at interview.
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	The infection surveillance programme is appropriate for the size and complexity of the service. Health care-associated infections being monitored included skin, eyes, and respiratory infections. Infection prevention and control audits were completed, including environment (cleaning and laundry) and hand hygiene. Relevant corrective actions were implemented where required. Surveillance of infections includes ethnicity data. Records of quarterly data (sighted) confirmed apart from the outbreaks, there were low infection rates. Benchmarking is completed by the clinical nurse leader/infection prevention and control coordinator. Staff confirmed they are advised of benchmarking results which occurs by comparison with the previous months and the reasons for increase or decreases, and actions taken was advised, and they receive information about infection rates and audit outcomes; however, this was not documented formally in the meeting minutes reviewed (link 2.2.3). New infections are discussed at shift handovers to ensure prompt intervention can occur. Since the last audit, there have no outbreaks. A comprehensive pandemic plan is in place.
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.	FA	Masonic Care Limited Governance is committed to providing services to residents without the use of restraint. The purpose described in the policy is that use of any restraint is minimised and used only if the safety of the resident or another is at risk. The previous shortfalls #6.1.1 and #6.1.3 have been resolved. This was confirmed by the facility manager and the restraint coordinator (clinical nurse manager). The restraint approval process is described in the restraint policy and

As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.		provide guidance on the safe use of restraints. The clinical nurse leader is the restraint coordinator. There are procedures providing guidance and direction for the staff if restraint were considered and it would be reported at the staff/quality, health and safety, and RN meetings. The service works in partnership with Māori, to promote and ensure services are mana enhancing, and has access to cultural advice and support through links within the staff and the community. All staff are aware of the service's policy and are trained in restraint minimisation. Staff have had training in behaviours that challenge and de-escalation techniques. The reporting process to the governance body includes restraint data that is gathered and analysed monthly.

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 2.2.3 Service providers shall evaluate progress against quality outcomes.	PA Moderate	There is an annual meeting schedule in place and quality/health and safety, staff and RN/clinical meetings have been completed as per the required annual schedule. Graphs of quality outcomes are displayed in the staff room for all staff to access. Tool-box talks are provided at handovers for topical issues noticed in real time as well as use the communication book to ensure all staff are kept in the loop. Meeting minutes included an overview of quality; however, did not include evidence of discussions of quality data including internal audit results, infection control results, and incident and accident data. This is an ongoing	Meeting minutes reviewed did not evidence discussions held around quality data including internal audit results, infection control results, and incident and accident data.	Ensure that meetings include discussions held around quality data including (but not limited to) internal audit results, infection control results, and incident and accident data. 90 days

		shortfall.		
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.	PA Moderate	Care plans are developed by RNs in partnership with residents and family/whānau. Care plans are developed and reviewed within expected timeframes; however, not all care plan interventions were documented to meet resident's current needs. The resident funded though ACC did not have any assessment tools documented other than a falls risk and pain assessments. InterRAI assessments are current and timely; however, other assessments such as neurological observations and monitoring requires by specialist service were not always according to instruction. This is an ongoing shortfall.	i). One hospital and two rest home resident files did not include all interventions identified though progress notes, examples include: interventions to manage behaviours that challenge, one resident who had had an indwelling catheter removed referred to catheter care, and mobility needs. ii). One resident does not have any formal assessment tools (other the coombs and pain) to guide care planning. iii). Monitoring requested by the rehabilitation team for a resident has not been undertaken by the service or the physiotherapist. iv). Neurological observation have not been completed according to policy for four of five post falls incident forms reviewed	i). Ensure care plans include all care and support needs. ii). Ensure that care plans are guided by formal assessment tools. iii). Ensure all monitoring is undertaken as requested. iv). Ensure that neurological observation are completed according to policy. 60 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.