

Ruapehu Masonic Association Trust - Masonic Court Rest Home

Introduction

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

The audit has been conducted by 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:	Ruapehu Masonic Association Trust
Premises audited:	Masonic Court Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 10 June 2025 End date: 11 June 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:	52

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

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

Key to the indicators

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

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

General overview of the audit

Masonic Court Rest Home provides hospital (geriatric and medical), and rest home care for up to 56 residents. At the time of the audit there were 52 residents.

This certification audit was conducted against Nga Paerewa Health and Disability Services Standards 2021 and the contracts with Health New Zealand – Te Whatu Ora. The audit process included the review of policies and procedures, the review of residents and staff files, observations, interviews with residents, family, management and staff.

The acting manager is experienced and is supported by an appropriately qualified clinical nurse lead. There are quality systems and processes being implemented. Feedback from family members interviewed was very positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This certification audit identified shortfalls related to complaints management; implementation of the quality system; adverse event reporting; staff recruitment and orientation; resident records management; entry to service; care planning; monitoring and evaluation; activities; medicine management and planned maintenance.

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

Masonic Court Rest Home provides an environment that supports resident rights and safe care. Staff demonstrated an understanding of residents' rights and obligations. There is a Māori and a Pacific health plan in place. The service works to provide high-quality and effective services and care for residents.

Residents receive services in a manner that considers their dignity, privacy, and independence. The service 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, their representatives, 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 are kept informed.

The rights of individuals to make a complaint is understood, respected and upheld by the service.

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 partially attained and of medium or high risk and/or unattained and of low risk.
-------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------

The business plan includes a mission statement and operational objectives. The service has documented quality and risk management systems in place that take a risk-based approach, and these systems meet the needs of residents and their staff. Quality improvement projects are implemented. Internal audits are held as scheduled. The hazard and risk register is current and is reviewed at least annually.

There is a staffing and rostering policy. The service aims to manage human resources in accordance with good employment practice. An education plan is in place and regular staff education occurs as planned.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

<p>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.</p>		<p>Some subsections applicable to this service partially attained and of medium or high risk and/or unattained and of low risk.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-------------------------------------------------------------------------------------------------------------------------------------

There is an admission package available prior to or on entry to the service. The registered nurses assess, plan and review residents' needs, outcomes, and goals, with the resident and family/whānau input. Care plans demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner, nurse practitioner and visiting allied health professionals.

The activity team implement an interesting and varied activity programme, which includes outings, entertainment and meaningful activities.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by a general practitioner or nurse practitioner.

Residents' food preferences and dietary requirements are identified at admission and all meals are cooked on site. Food, fluid, and nutritional needs of residents are provided in line with recognised nutritional guidelines and additional requirements/modified needs were being met. Snacks are available. The service has a current food control plan.

Discharge and transfers are coordinated and planned.

Te aro ki te tangata me te taiao haumaruru | 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.		Some subsections applicable to this service partially attained and of low risk.
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	---------------------------------------------------------------------------------

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are communal toilets/shower rooms with privacy signs. Rooms are personalised. 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. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and there is security lighting.

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 fully attained.

Infection prevention management systems are in place to minimise the risk of infection to residents, staff and visitors. The infection control programme is implemented and meets the needs of the organisation and provides information and resources to inform the service providers. Documentation evidenced that relevant infection control education is provided to staff as part of their orientation and as part of the ongoing in-service education programme. Antimicrobial usage is monitored.

The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events. Results of surveillance are acted upon, evaluated, and reported to relevant personnel in a timely manner. Pandemic response (including Covid-19) plans are in place and the service has access to personal protective equipment supplies. There have been no outbreaks since the previous audit.

Chemicals are stored securely throughout the facility. Staff receive training and education to ensure safe and appropriate handling of waste and hazardous substances, there are documented processes in place, and incidents are reported in a timely manner. Fixtures, fittings, and flooring are appropriate, and toilet/shower facilities are constructed for ease of cleaning. 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

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 fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Restraint minimisation is overseen by the restraint coordinator who is a registered nurse. The facility currently has no residents using restraints. Use of restraints would be considered as a last resort only, after all other options are explored.

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	17	0	7	3	0	0
Criteria	0	153	0	11	4	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
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori Health Plan is documented for the service which acknowledges the Te Tiriti O Waitangi as a founding document for New Zealand. The service currently has residents who identify as Māori. Masonic Court Rest Home is committed to respecting the self-determination, cultural values, and beliefs of Māori residents and whānau. There are clear processes to include tikanga in everyday practice and training for staff. Staff have completed training around Te Tiriti o Waitangi.</p> <p>As part of staff training, Masonic Court Rest Home incorporates the Māori health strategy (He Korowai Oranga), Te Whare Tapa Wha Māori Model of Health and wellbeing. They also discuss the importance of the Treaty of Waitangi and how the principles of partnership, protection and participation are enacted in the work with residents. Elements of this are woven through other training as appropriate. Staff have access to relevant tikanga guidelines.</p> <p>The management team collaborates with mana whenua (staff and whānau contacts), and local Māori healthcare providers, in business planning and service development to improve outcomes and achieve equity for Māori; to identify and address barriers for Māori for equitable service delivery and improve outcomes/achieve equity for tāngata</p>

		<p>whaikaha. Masonic Court Rest Home has an established relationship with Kaumatua from the local iwi that can be called on as required. There is also a Māori cultural mentor and coaching support who visits the service regularly, supports residents and staff and facilitates training related to Te Tiriti O Waitangi.</p> <p>The service supports increasing Māori capacity by employing more Māori staff members. At the time of the audit there were Māori staff members. Staff members interviewed stated that they are supported with cultural resources and staff are encouraged to use both te reo and relevant tikanga in their work with the residents as detailed in the Māori health plan and tikanga guidelines.</p> <p>Eleven staff members interviewed; two registered nurses, four caregivers, one chef, one laundry staff, one housekeeper, one activity coordinator, and one maintenance staff described how they weave the principles of Te Tiriti O Waitangi and tikanga into their role.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	<p>FA</p>	<p>Masonic Court Rest Home recognises the uniqueness of Pacific cultures and the importance of recognising that dignity and the sacredness of life are integral in the service delivery of Health and Disability Services for Pacific people. There is a comprehensive Pacific Health plan documented, with policy based on the Ministry of Health Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025, and the Fonofale model.</p> <p>On the day of audit there were Pasifika residents living at Masonic Court Rest Home. Ethnicity information and Pacific people's cultural beliefs and practices are identified during the admission process and entered into the residents' files. Family/whānau are encouraged to be present during the admission process and the service welcomes input from the resident and family/whānau when developing the initial care plan. Individual cultural beliefs are documented in the activities profile; activities plan and care plan.</p> <p>The service continues to recruit new staff as vacancies become available. At the time of the audit there were staff that identified as Pasifika. The acting manager described how Masonic Court Rest Home continues to provide equitable employment opportunities for the</p>

		<p>Pacific community. Staff interviewed confirmed that all cultures are respected at Masonic Court Rest Home.</p> <p>Interviews with staff members, management (one acting manager and one clinical nurse lead), three hospital residents and six family/whānau (two hospital, four rest home), identified that the service acknowledges and accommodates cultural preferences and individualised needs. The service consults with Pacific Island staff to access community links and continue to provide equitable employment opportunities for the Pasifika community.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed in multiple locations around the facility. Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The acting manager or clinical nurse lead discusses aspects of the Code with residents and their family/whānau on admission.</p> <p>Discussions relating to the Code are also held during the resident and family/whānau meetings. All residents and family/whānau interviewed reported that the residents' rights are being upheld by the service. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocacy is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual support through the local churches. Church services are held regularly.</p> <p>Staff receive education in relation to the Code at orientation and through the education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process.</p> <p>The service recognises Māori mana motuhake: self-determination, independence, sovereignty, authority, as evidenced in their Māori health plan and through interviews with management, and staff.</p>

<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff members interviewed described how they support residents in their choices. Family/whānau interviewed stated their loved ones had choice and examples were provided. The service's annual training plan demonstrates training that is responsive to the diverse needs of people across the service. It was observed that residents are treated with dignity and respect. This was also confirmed during interviews with family/whānau.</p> <p>A sexuality and intimacy policy is in place and is supported through staff training. There was one married couple at rest home level care at the time of the audit. Although they do not share a room, staff ensure privacy when required by the residents. 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 residents' preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. 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.</p> <p>All staff attend specific cultural training, facilitated by the organisation's Māori cultural mentor and coaching support person, which covers Te Tiriti o Waitangi, tikanga Māori and health equity from a Māori perspective, in order to build knowledge and awareness about the importance of addressing accessibility barriers. The service works alongside tāngata whaikaha and supports them to participate in individual activities of their choice including supporting them with te ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p>	<p>FA</p>	<p>A staff code of conduct is discussed 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</p>

<p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>environment. Staff are encouraged to address issues of racism and to recognise own bias. The service promotes a strengths-based and holistic model to ensure wellbeing outcomes for their Māori residents is prioritised. Staff and management interviewed confirmed an understanding of holistic care for all residents.</p> <p>Staff complete education during orientation and annually as per the training plan on how to identify abuse and neglect (last completed February 2025). Staff are educated on how to value the older person, showing them respect and dignity. Residents and whānau interviewed confirmed that staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds, such as sundry expenses. Professional boundaries are defined in job descriptions and are covered as part of orientation. All staff members interviewed confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information regarding the services offered is provided to residents and family/whānau on admission. Resident/family meetings identify feedback and create opportunities follow-up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify whānau /next of kin of any adverse event that occurs. All correspondence is documented in the resident files. The accident/incident forms reviewed identified whānau /next of kin are kept informed, and this was confirmed through the interviews with family/whānau.</p> <p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated. At the time of the audit all residents could speak and understand English. Staff and management interviewed could describe how they would assist residents that do not speak English with interpreters and resources to communicate as needed.</p> <p>Non-subsidised resident's family / whānau are advised in writing of their eligibility and the process to become a subsidised resident should</p>

		<p>they wish to do so. They are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as the hospice and Health New Zealand specialist services (e.g., physiotherapist, clinical nurse specialist for wound care, older adult mental health service, hospice nurse, and dietitian). The acting manager gave examples of open communication with family/whānau, including the time and support around discussions and decision making.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Informed consent processes were discussed with residents and family/whānau on admission. Resident files were reviewed and written general consents sighted and signed as part of the admission process. Specific consent had been signed by resident and family/whānau for procedures such as vaccines. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care.</p> <p>The admission agreement is appropriately signed by the resident or the enduring power of attorney (EPOA). The service welcomes the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Enduring power of attorney documentation is filed in the residents' electronic records and is activated as applicable for residents assessed as incompetent to make an informed decision. Where EPOA had been activated, a medical certificate for incapacity was on file.</p> <p>A policy that guides informed consent is in place, which includes the guidance on advance directives. Advance directives for health care, including resuscitation status, had been completed by residents deemed to be competent. Where residents were deemed incompetent to make a resuscitation decision, the nurse practitioner or general practitioner (GP) had made a medically indicated resuscitation decision. There was documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect resident's lives. Training has been provided to staff in relation to the Code.</p>

		<p>The service follows relevant best practice tikanga guidelines in relation to consent. The Māori Plan is available to guide on cultural responsiveness to Māori perspective of health.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>PA Low</p>	<p>The complaints procedure is provided on entry to the service. The service maintains a record of all complaints, both verbal and written on a complaint register. There have been three complaints (two in 2024 and one in 2025) received year to date since the previous audit in February 2024. There is one outstanding complaint from 2022 through the Health and Disability Commissioner (HDC) remains open. All information has been sent as requested and the service is waiting for further correspondence from HDC. The management team could not evidence the complaint documentation process including acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner.</p> <p>Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in the meetings. Complaints are a standard agenda item in the staff and quality/management meetings as evidenced in the meeting minutes reviewed (link 2.2.2).</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at the entrance to the facility. Residents and family/whānau have a variety of avenues they can choose from to make a complaint or express a concern, including resident and family/whānau meetings. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. On interview residents and family/whānau stated they felt comfortable to raise issues of concern with management at any time.</p> <p>The complaints process is equitable for Māori, complaints related documentation is available in te reo Māori, and the management team are aware of the preference of face-to-face interactions and whānau involvement for some Māori.</p>

<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>PA Low</p>	<p>Masonic Court Rest Home is governed by the Ruapehu Masonic Association Trust. The service is certified to provide care for up to 56 residents, with eleven beds dedicated rest home beds and 45 dual purpose bed. There are no double or shared rooms.</p> <p>At the time of the audit there were 52 residents in the facility; 27 at rest home level care including one resident on a on long-term support chronic health contract (LTS-CHC) and three residents on an interim funding contract; 25 hospital level care including two residents on an interim funding contract and four residents on Accident Compensation Corporation (ACC) funding (three short term and one long term). All the other residents were under the age-related residential care (ARRC) agreement.</p> <p>The Ruapehu Masonic Association Trust Board, consists of twelve Turstees with a range of experience and skills, including (but not limited to) clinical expertise, accounting, legal, business and property management. The Trust Board meets legislative, contractual, and regulatory requirements. The Trust Board understands the obligation to comply with Ngā Paerewa NZS 8134:2021. The organisation values were displayed in the facility, in information available to residents, family/whānau and is included in the strategic business plan.</p> <p>The Ruapehu Masonic Association Trust Board is supported by the Masonic Court Trust Committee that remains informed about all business activities within Masonic Court Rest Home through monthly reports provided by the management team. The monthly reports include an overview of adverse events, health and safety, staffing, infection control, restraint and all aspects of the quality and risk management plan. These reports and additional information are discussed at the monthly Masonic Court Trust Committee meeting and quarterly Ruapehu Masonic Association Trust Board meetings which the acting manager attends. Quality improvements are identified where needed. The clinical nurse lead has oversight of clinical governance and provides guidance to the Masonic Court Trust Committee regarding clinical governance that is appropriate to the size and complexity of the organisation.</p> <p>There are currently Māori representatives at governance level and as a Board they demonstrate core competencies which include</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>understanding of the service’s obligations under Te Tiriti, health equity, and cultural safety. Masonic Court’s philosophy and values flow from the principles of the free masonry and underpins the business plan, quality goals and objectives. The strategic business plan is developed annually, and has key outcomes which are resident centred, such as resident satisfaction; health and safety; complaints; education; ongoing refurbishment of the facility; new equipment; and a new information technology (IT) system and fiscal stability, which are monitored at Board meetings. There is a process to ensure that business plans are reviewed regularly by the Board of Trustees; however, the 2024 goals have not been signed off by management and Board representative. The organisation has an annual quality and risk management plan, which is developed with input from facility staff and feedback from resident and relative satisfaction surveys. The plan ensures barriers to equitable service delivery for Māori and tāngata whaikaha are addressed.</p> <p>The governance body takes a proactive approach to addressing inequities by ensuring inclusive policies, community engagement, resource allocation, monitoring and evaluation as well as cultural sensitivity and competency training. There is a leadership commitment to collaborate with Māori and tāngata whaikaha when required, which aligns with the Ministry of Health strategies which addresses barriers to equitable service delivery and ensures collaboration with Māori organisations to co-design services that reflect te ao Māori values and practices. The overall goal is to deliver a high-quality service, which is responsive, inclusive, and sensitive to the cultural needs of the residents that they serve, in order to identify and address barriers to equitable service delivery. The acting manager described how the service has embarked on cultural awareness training, creating working relationships with local Māori and Pacific groups, introducing the basics of te reo Māori and supporting staff to upskill in Māori tikanga. Families/whānau are encouraged to participate in the planning, implementation, monitoring, and evaluation of service delivery.</p> <p>Members of the Trust Board and management team have completed cultural competency training which encompasses principles of Te Tiriti, Māori and Pacific Health and cultural safety. The acting manager oversees the facility’s quality and operational performance and holds a weekly meeting with the Trust Board secretary, who visits the facility in</p>
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>person, as well as producing a monthly report for the Board.</p> <p>There have been changes to the management team since last. At the time of the audit there was an acting manager (non-clinical) in place since the previous manager had left the role in April 2025. The acting manager has been with the organisation for over 14 years holding the positions of secretary to the Board and assistant manager. They are in an acting position while the service recruits for a permanent manager. They are supported by an experienced clinical nurse lead who has been in the role for two years. They are currently enrolled and studying to be a nurse practitioner. The clinical nurse lead has maintained at least eight hours of training in the last year related to managing a rest home.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>Masonic Court Rest Home has an established quality and risk management programme documented. The programme includes performance monitoring through internal audits, the collection, collation and internal benchmarking of clinical indicator data. Ethnicities are documented as part of the resident's entry profile and any quality indicator data can be critically analysed for comparisons and trends to improve health equity.</p> <p>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 and new policies or changes to policy are communicated to staff.</p> <p>Monthly quality management meetings and staff meetings 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), staffing, and education; however, these have not been completed as scheduled. Internal audits, and collation of data were documented as taking place. Corrective actions were not always documented where indicated to address service improvements and there was no evidence of progress and sign off when achieved. Quality data and trends in data are posted, and accessible to staff. Identified issues from quality data was not critically reviewed to improve service</p>

	<p>delivery.</p> <p>The 2024 resident and relative satisfaction survey was not evidenced as completed. At the time of the audit the service had just collated the May 2025 satisfaction survey for resident and relatives and were in the process of analysing the result. Staff satisfaction survey has not been evidenced as completed since last audit.</p> <p>A health and safety system is in place with identified health and safety goals. There are monthly health and safety meetings held which are attended by a Masonic Court Trustee. The health and safety officer (interviewed) has undertaken formal health and safety training. Manufacturer safety data sheets are up to date. Hazard identification forms and an up-to-date hazard and risk register last reviewed January 2025 are in place. Health and safety policies are implemented and monitored by the health and safety committee. A staff noticeboard keeps staff informed on health and safety. Staff and external contractors are orientated to the health and safety programme. There are regular manual handling training sessions for staff. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form. Well-being programmes include offering one to one assistance, family/whānau support, cultural days and shared kai at meetings.</p> <p>All staff have completed cultural safety training to ensure a high-quality service is provided for Māori. Electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required, evidenced in accident/incident forms reviewed; however not all adverse events had a corresponding incident/accident form completed. Incident and accident data is collated monthly and analysed. Benchmarking occurs internally. Opportunities to minimise future risks are identified by the registered nurses, clinical nurse lead, and acting manager who review every adverse event.</p> <p>Discussions with the acting manager and clinical nurse lead evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There has been a change in manager which required a section 31 notification to be completed since the previous audit. There have been no Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) completed since last audit even though one was indicated for an event reviewed</p>
--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		at the time of the audit. There have been no outbreaks since last audit.
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy and procedure that describes rostering and staffing rationale. This includes documented processes for determining staffing levels and skill mixes to provide culturally and clinically safe care 24 hours a day seven days a week. The facility adjusts staffing levels to meet the changing needs of the residents. Review of the current rosters showed shifts were covered by experienced caregivers, there was 24/7 registered nurse cover and support of the management team. There are dedicated activities, maintenance, laundry and housekeeping staff supporting service delivery.</p> <p>The acting manager interviewed confirmed staff needs and shortages are reported to governance as indicated. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews and meeting minutes. The acting manager and clinical nurse lead are available Monday to Friday and provide on call cover 24/7.</p> <p>There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training that is provided as part of orientation and provided annually to all staff (last completed April 2025). Competencies are completed by staff, which are linked to the education and training programme. All caregivers are required to complete annual competencies for restraint, handwashing, cultural safety and moving and handling. A record of completion is maintained.</p> <p>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 shared information. Māori staff also share information and whakapapa experiences to support learning about and address inequities. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification through Careerforce. Currently twelve of twenty-four staff have achieved NZQA level three</p>

		<p>and above qualification.</p> <p>Registered nurses complete competencies, including restraint, medication management, syringe driver and interRAI assessment competencies. There are six registered nurses (including the clinical nurse lead) with three of them interRAI trained. All registered nurses are encouraged to attend in-service training and complete critical thinking and problem solving, infection prevention and control training (including pandemic and outbreak management) and management of complex medical conditions. External training opportunities for care staff include training through Health New Zealand and hospice. A record of completion is maintained in the staff files.</p> <p>Staff wellness is encouraged through participation in health and wellbeing activities. Masonic Court Rest Home environment encourages collecting and sharing quality Māori health information. The service works with Māori organisations that provide the necessary clinical guidance and decision-making tools to achieve health equity for Māori.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Staff files are securely stored. Eight staff files reviewed evidence implementation of the recruitment process, employment contracts and police checking; however, reference checks have not always been completed.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position. All staff sign their job description during their on-boarding to the service. Job descriptions reflect the expected positive behaviours and values, responsibilities and any additional functions (e.g., restraint coordinator, infection control coordinator).</p> <p>A register of practising certificates is maintained for all health professionals. All staff who had been employed have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and</p>

		<p>includes buddying when first employed; however, not all staff files reviewed had evidence of completed orientation. Competencies are completed at orientation. The service demonstrates that the orientation programmes support staff to provide a culturally safe environment to Māori.</p> <p>Ethnicity data is identified, and an employee ethnicity database is available.</p> <p>Following any staff incident/accident, evidence of debriefing and follow-up action taken are documented. Wellbeing support is provided to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>PA Moderate</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use), and electronically. Electronic information is regularly backed-up using cloud-based technology and password protected. There is no documented business continuity plan in case of information systems failure.</p> <p>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. Residents archived files are securely stored in a locked room and are easily retrievable when required.</p> <p>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 acting manager is the privacy officer at Masonic Court Rest Home.</p> <p>The service is not responsible for National Health Index registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose</p>	<p>PA Low</p>	<p>There is an entry and decline to entry policy documented. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for whānau and residents prior to admission or on entry to the service. Review of</p>

<p>the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>residents' files confirmed that entry to service complied with entry criteria. Admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The acting manager and clinical nurse lead are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service logs all declined entry to service, the reasons and follow up. The service does not currently log ethnicity and does not yet undertake analysis of entry and decline rates for Māori.</p> <p>The facility has developed relationships with local Māori groups to provide Māori services and Rongoa Māori health practitioners.</p>
<p>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.</p>	<p>PA Moderate</p>	<p>The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Eight resident files were reviewed five at hospital level including one resident on ACC contract, one resident on a LTS-CHC contract and one resident in an interim care contract, and three at rest home at rest home level of care. Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments and information from pre-entry assessments.</p> <p>The electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments, and the interRAI assessment. All interRAI assessments have been completed within three weeks of admission and reviewed at least six monthly including</p>

	<p>for the resident on the LTS-CHC contract. Both the residents on ACC contracts and the resident funded through interim care are new and were assessed using the comprehensive initial assessment tool.</p> <p>All eight residents reviewed had a documented care plan in place; however, not all care plans documented the care interventions for all identified needs for residents. The care plan aligns with the service's model of care of Te Tapa Whare Wha. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, bruises and wounds and are signed off when resolved or moved to the long-term care plan.</p> <p>Interview with the clinical nurse lead and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs, as sighted in the resident records. The registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted nurse practitioner within the required timeframe following admission. Residents have had reviews by the nurse practitioner within required timeframes and when their health status changes. The contracted nurse practitioner visits the facility at least weekly, and the GP provides after hours on-call support. The general practitioner and nurse practitioner have access to the resident management system and the medication system. Documentation and records reviewed were current. The general practitioner and nurse practitioner were not available at the time of audit. A physiotherapist visits the facility weekly and reviews residents referred by the registered nurses. A speech language therapist, hospice, dietitian, wound care nurse specialist and medical specialists are available as required through Health New Zealand. The resident records reviewed demonstrate that care plans were updated with management plans from the specialists.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner visits,</p>
--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	<p>medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos and wound measurements were consistently taken as per policy. There were 18 active wounds from 14 residents. The wounds reviewed included three pressure injuries (one stage 3, one stage one and one stage two), lesions, and skin tears. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the nurse practitioner. Registered nurses also undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required, with appropriate interventions documented in the care plan to meet the changes in healthcare needs of the residents. There was evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Monitoring forms are completed as clinically indicated. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Neurological observations were not always completed for unwitnessed falls according to policy for those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed. Caregiver interviews confirmed they are familiar with the needs of the residents in the facility and that they have access to the supplies and products they require to meet those needs.</p> <p>Resident care is evaluated on each shift and reported at handover.</p>
--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

		<p>Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse; however, the evaluations do not always include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>PA Low</p>	<p>There are two activity coordinators, who are both studying for the diversional therapist qualification. Between them they provide activities over seven days. There is equipment left out for the caregivers to assist with activities after hours. The programme is planned monthly; a programme is placed in large print on noticeboards in all areas and in resident rooms.</p> <p>The service facilitates opportunities to participate in te ao Māori with Māori language posters, introducing te reo Māori language in activities, participation in Māori language week, Waitangi Day celebrations and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as discussions, manicures and relaxation activities are offered specific to the resident needs.</p> <p>There is a communal lounge where group activities and entertainment for the residents is facilitated. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. Individual activity plans are included as part of the resident overall care and support plan; however, the activity section is not always individualised.</p> <p>Activities include (but are not limited to) exercises; baking demonstrations; crafts; games; quizzes; entertainers; crosswords; gardening; board gaming; pampering; happy hour; and bingo. There are regular van drives scheduled for outings; the service hires a van with a lift to ensure that non mobile resident can also have van trips. There is an interdenominational church service held. There are visits from pet therapy and children.</p> <p>There are monthly resident meetings, with family/whānau welcome to</p>

		<p>attend these. Residents can provide feedback on activities at resident meetings and six-monthly care plan reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>	<p>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. The service uses an electronic medication system and blister packs for regular, short course and 'as required' medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were stored securely in the medication room. Medication trolleys are always locked when not in use. The medication fridge and room temperatures are monitored daily. The 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.</p> <p>The electronic medication charts reviewed confirmed the general practitioner or nurse practitioner reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were no residents self-administering medications. There is a documented process should a resident want to self-administer medicines including assessment, reviews and safe storage. As required medications are administered as prescribed, with effectiveness documented in the electronic medicine management system. Medication competent registered nurses and caregivers sign when the medication has been administered. There are no vaccines</p>

		<p>kept on site, and no standing orders are in use.</p> <p>The registered nurses and clinical nurse lead described how they work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required including updates around medication changes as well as reasons for changing medications and side effects.</p> <p>On the day of audit, an electronic medication system failure meant that the lunch time medication round was undertaken over two hours late. The service had no back up system to ensure that medications could be given according to the prescription as part of a business continuity plan.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced. Dry ingredients were decanted into containers for ease of access with all dry goods evidencing a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The chef is supported by another cook to ensure a seven-day cover and kitchen assistants each day who work morning and afternoon shifts. All kitchen staff have completed safe food handling training and hygiene courses.</p> <p>There is a food services manual available in the kitchen. The chef receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. Resident’s dietary profiles had been reviewed and updated as required. Interview with the chef confirmed that alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with alternatives as required and access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers and kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines related to food service are available to staff. The chef stated that they provide food for the cultural</p>

		<p>themed days in line with the theme. Meals are prepared with predominantly fresh protein and vegetables.</p> <p>The kitchen team are assigned daily tasks which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. Review of the records confirmed that these are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Residents were observed enjoying their meals. Most residents were observed to have their meals with other residents in the communal dining rooms but can have their meals in their room if they wish. Staff were observed assisting residents with meals in the dining area and modified utensils are available for residents to maintain independence with eating as required. The residents and family/whānau interviewed were satisfied with the food service, the variety and choice of meals provided. They can offer feedback direct to the kitchen manager on the day, at the resident meetings and through resident surveys.</p> <p>In case of civil defence emergency there is adequate food supply available.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with the general practitioner, resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The facility utilises the Health New Zealand 'yellow envelope' system to ensure sufficient detail is shared with other agencies and a safe transition occurs. The residents and their family/whānau were involved for all transfers or discharges to and from the service. Discharge notes are uploaded to the resident management system and discharge instructions are incorporated into the care plan. Family/whānau are advised of options to access other health and disability services and social support or Kaupapa Māori agencies when required.</p> <p>An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an</p>

		<p>ambulance for acute or emergency situations. Referrals to seek specialist input for non-urgent services are completed by the general practitioner and registered nurses. Residents are supported to access or seek referral to other health and/or disability service providers. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge as confirmed by documentation and interviews.</p> <p>The clinical nurse lead explained that the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>PA Low</p>	<p>A current building warrant of fitness is displayed in the entrance to the facility. A preventative and reactive maintenance schedule is implemented. This includes monthly maintenance checks of all areas and specified equipment such as hoists. Staff identify maintenance issues on a form. This information is reviewed by the maintenance person and prioritised. Interviews confirmed staff awareness of the processes for maintenance requests and that repairs were conducted in a timely manner.</p> <p>Interviews with staff and visual inspection confirmed that there is adequate equipment available to support care. Evidence of checking and calibration of biomedical equipment such as hoists was sighted. Testing and tagging is not up to date for all electrical equipment. Hot water temperatures are monitored daily, and a process is in place to ensure prompt action is taken in the event of anomalies. A review of recorded hot water temperatures and interview with the maintenance person confirmed that temperatures have been maintained at the recorded safe temperature.</p> <p>All resident areas can be accessed with mobility aids. There are accessible external areas and courtyard gardens. External areas have outdoor seating and shade accessible by residents and their visitors. There are adequate numbers of accessible showers, hand basins and toilets throughout the facility with communal toilet/bathing facilities and visitors' toilets. Communal toilets have a system to indicate vacancy and have disability access. Visitors' toilets and residential toilets are</p>

		<p>located close to communal areas. All shower and toilet facilities have call bells; sufficient room, approved handrails, and other equipment to facilitate ease of mobility and to promote independence.</p> <p>All hospital level rooms have an ensuite. The service has a process to install ceiling hoist in all resident rooms. Currently 15 rooms have a ceiling hoist with three more added annually.</p> <p>Residents have their own room, and each is sufficient size to allow residents to mobilise safely around their personal space and bed area with mobility aids and assistance. Observation and interviews with residents confirmed there is enough space to accommodate: personal items, furniture, equipment, and staff as required. Observations and interviews with staff confirmed that space for hoists, wheelchairs and walking frames is satisfactory.</p> <p>All residents' rooms and communal areas accessed by residents have safe ventilation and at least one external window providing natural light. Resident areas in the facility are heated in the winter. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed in interviews with residents and staff.</p> <p>There is a dedicated outdoor area for residents who smoke.</p> <p>There are no plans for buildings or renovation; however, the management report they will consult with Māori representatives to ensure the Māori aspirations are upheld.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand. Fire evacuation drills are held six-monthly, and the last one was completed April 2025.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included; however, these were</p>

		<p>not always able to be fully implemented (link 2.5.2 and 3.4.1). Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a portable generator on site that can be easily accessed. There is gas for cooking, and there is adequate food supply available for each resident in case of emergency. The water supplies available are adequate to provide staff and residents with 20 litres a day, for a minimum of seven days.</p> <p>Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. There are call bells in the residents' rooms, communal toilets and showers, lounge and dining room areas. There are monitors in the hallways that indicate for staff where the bell has been activated. Call bells are tested monthly. The residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered. The building is secure after hours, and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service. Infection control is linked into the quality, risk, and incident reporting system.</p> <p>Infection rates are collated, presented and discussed at staff and quality management meetings but there is no evidence of critical review to improve service delivery (link 2.2.2). Infection control is part of the strategic and quality plans. Any significant events are managed using a collaborative approach and involve the management, the general practitioner, and the public health team. There is a documented pathway for reporting infection control and anti-microbial stewardship (AMS) issues to the Trust Board, significant issues including outbreaks are escalated in a timely manner.</p> <p>The service also has access to an infection prevention clinical nurse specialist from Health New Zealand. There are hand sanitisers strategically placed around the facility. Residents, and staff are offered relevant vaccinations. Visitors are asked not to visit if they are unwell.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection control manual was developed by an external consultant, well known and respected in the industry, which outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are approved by the Trust Board, reviewed annually by the management team and all policies are available to staff.</p> <p>The service has a pandemic response plan which details the preparation and planning for the management of outbreak, screening, transfers into the facility and positive tests. The clinical nurse lead, a registered nurse, oversees infection control and prevention across the service. The infection control coordinator job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS) including reporting lines to management and the Trust Board.</p> <p>The infection control coordinator has completed online education and completed practical sessions in hand hygiene and personal protective equipment (PPE) donning and doffing. There is good external support from the general practitioner, laboratory, and Health New Zealand infection control nurse specialist should this be required. There are sufficient quantities of PPE equipment available as required.</p> <p>There are policies and procedures in place around reusable and single use equipment and the service has incorporated monitoring through their internal audit process. All shared equipment is appropriately disinfected between use. Single use items are not reused. The service incorporates te reo information around infection control for Māori residents and works in partnership with Māori for the protection of culturally safe practices in infection prevention that acknowledge the spirit of Te Tiriti.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. There has been additional training and education around pandemic responses (including Covid-19) and staff were informed of any changes by noticeboards, handovers, and</p>

		<p>electronic messages. Staff have completed handwashing and personal protective equipment competencies. Resident education occurs as part of the daily cares. Educational resources regarding good infection control practice were displayed in English and te reo.</p> <p>There are policies that include aseptic techniques for the management of catheters and wounds to minimise healthcare acquired infections (HAI). The infection control coordinator has input into the procurement of high-quality consumables, personal protective equipment (PPE), and wound care products in collaboration with the acting manager. The management team and Trust Board would liaise with the Māori Advisor and local iwi should the design of any new building or significant change be proposed to the existing facility.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	FA	<p>The service has antimicrobial use policy and procedures and monitors compliance on antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. The antimicrobial policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the staff and quality management meetings.</p> <p>Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	FA	<p>Infection surveillance is an integral part of the infection control programme and is described in the Masonic Court Rest Home infection control manual. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends.</p> <p>Infection control surveillance is discussed at staff and quality/management meetings. The service has incorporated ethnicity data into surveillance methods and data captured is easily extracted. Internal benchmarking is completed by the infection control</p>

		<p>coordinator. Meeting minutes and analysed trends are displayed for staff. Action plans are required for any infection rates of concern (link 2.2.2). Internal infection control audits are completed with corrective actions for areas of improvement. The service receives information from Health New Zealand for any community concerns.</p> <p>There have been no outbreaks reported since last audit. There are processes in place to ensure that outbreaks are reported, well documented with debrief meetings identifying what went well and areas of improvement in place for each outbreak, as confirmed on interview with infection control coordinator. At the time of the audit there were adequate PPE supplies stored in case of outbreak.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>FA</p>	<p>There are policies regarding chemical safety and waste disposal. All chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are dispensed through a pre-measured mixing unit. Safety data sheets and product sheets are available. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves and aprons are available for staff, and they were observed wearing these as they carried out their duties on the audit days. There are sluice rooms (with sanitisers) and personal protective equipment, including face visors. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals.</p> <p>Linen and personal clothes are laundered on-site by dedicated staff seven days a week. There are defined areas for clean and dirty laundry, and a dirty-to-clean flow is evident. Kitchen linen and mop heads are also done on-site at separate times to resident clothes and linen. There are sufficient commercial washing machines and dryers. Material safety data sheets are available, and all chemicals are within closed systems. The washing machines and dryers are checked and serviced regularly. Linen was seen to be transported on covered trolleys. The numerous linen cupboards were well stocked with good-quality linen.</p> <p>Cleaners' trolleys are attended to at all times and locked away in the cleaners' cupboard when not in use. Cleaning schedules have been</p>

		<p>consistently maintained for daily and periodic cleaning (records sighted on the day). All chemicals on the cleaner's trollies were labelled. Appropriate personal protective clothing was readily available.</p> <p>The staff interviewed had good knowledge about cleaning processes and infection prevention and control requirements. The infection control coordinator provides support to maintain a safe environment during construction, renovation, and maintenance activities including completing ongoing internal audits related to cleaning, laundry and the environment. There was no construction, installation, or maintenance in progress at the time of the audit.</p>
<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The service is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible.</p> <p>The clinical nurse lead and acting manager described the focus on maintaining a restraint-free facility, implementing de-escalation techniques and alternative interventions at times when restraint is considered. The service works in partnership with Māori, to promote and ensure services are mana enhancing. The clinical nurse lead confirmed the service is committed to providing safe care to residents without use of restraint. The use of restraint would be reported in the quality and staff meetings. Restraint is part of orientation and training is provided annually or as necessary. Staff orientation and training on de-escalation intervention and behavioural challenges management is provided annually and through handover sessions as required. Staff interviewed showed a good understanding of restraint use, and care of resident with restraints.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	<p>There is a documented complaints policy and procedure that aligns with the guidelines set out by the Health and Disability Commissioner. One of the complaints reviewed did not evidence acknowledgement, investigation, follow-up letters and resolution to demonstrate that complaints are managed in accordance with guidelines set by the Health and Disability Commissioner, and not all complaints were evidenced as being closed. Complaints are discussed in staff and quality/management meetings.</p>	<p>(i). One complaint did not evidence acknowledgement, investigation, follow-up letters and resolution.</p> <p>(ii). Two complaints from 2024 (March 2024 and October 2024) have not been closed off.</p>	<p>(i)-(ii). Ensure that complaints shall be managed and resolved a per policy and HDC requirements.</p> <p>90 days</p>
Criterion 2.1.2	PA Low	The strategic business plan is	(i). There was no evidence of regular	(i).& (ii). Ensure that

<p>Governance bodies shall ensure service providers' structure, purpose, values, scope, direction, performance, and goals are clearly identified, monitored, reviewed, and evaluated at defined intervals.</p>		<p>developed annually and has key outcomes which are resident centred. There is a process to ensure that business plans are reviewed regularly by the Board of Trustees and management. There is a well-documented business plan for 2024 with goals that relate to use of te reo Māori, purchase of resident equipment and building refurbishments; however, there is no evidence of ongoing review of the goals and annual evaluation of progress towards meeting the goals.</p> <p>The service has well documented business plan goals for 2025 that are being implemented.</p>	<p>reviews of the business plan through 2024.</p> <p>(ii). There was no evidence goals were met and signed off.</p>	<p>business plan goals are monitored ongoing, evaluation of progress undertaken and signed off when completed.</p> <p>90 days</p>
<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Low</p>	<p>Monthly quality management meetings and staff meetings 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), staffing, and education. However, there were no quality management meetings held between September 2024 and April 2025; no resident meetings between September and December 2024; and staff meetings were not held monthly as scheduled.</p> <p>For the meeting minutes reviewed, identified corrective actions were not always documented. When documented these have not always been carried forward in the meetings or provide evidence of follow-up and sign</p>	<p>(i). Meetings have not been held as scheduled.</p> <p>(ii). Corrective actions from meetings have not consistently been documented, carried forward when identified or provide evidence of follow-up and sign off when completed.</p> <p>(iii)When there is an identified issue e.g. a high incidence of urinary tract infections, residents falls or a spike in choking episodes, there is no documented risk-based approach or critical review to improve service delivery.</p>	<p>(i)Ensure meeting are held as scheduled.</p> <p>(ii)Ensure loop closure with corrective actions identified.</p> <p>(iii)Ensure critical review of identified issues to improve service delivery.</p> <p>90 days</p>

		<p>off when completed.</p> <p>Quality data and trends in data are posted, and accessible to staff. However, identified issues from quality data was not critically reviewed to improve service delivery. The service has had high incidence of falls and urinary tract infections each month as well as a spike in the incidents of choking for the months of April to May 2025; however, there is no documented risk-based approach or critical review to improve service delivery.</p>		
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	PA Low	<p>The service demonstrates participation of staff and residents with the quality and risk management system by satisfaction surveys. The 2024 resident and relative satisfaction survey was not completed. At the time of the audit the service had just collated the May 2025 satisfaction survey for resident and relatives and were in the process of analysing the result. There is no evidence to demonstrate that staff satisfaction survey was completed as scheduled since last audit (last one was completed, collated, analysed and corrective signed off was in February 2024).</p>	<p>(i) There is no evidence of resident satisfaction survey being completed as scheduled since last audit.</p> <p>(ii) There is no evidence to demonstrate that staff satisfaction survey was completed as scheduled since last audit</p>	<p>(i).&(ii). Ensure that satisfaction surveys are completed as scheduled and results are evidenced as being utilised to improve service delivery.</p> <p>90 days</p>
<p>Criterion 2.2.5</p> <p>Service providers shall follow</p>	PA Low	<p>Electronic reports are completed for each incident/accident. Immediate action noted and any follow-up</p>	<p>(i). There is no incident report completed for a stage 3 pressure</p>	<p>(i).&(iii). Ensure incident/accident forms are completed as per</p>

<p>the National Adverse Event Reporting Policy for internal and external reporting (where required) to reduce preventable harm by supporting systems learnings.</p>		<p>action(s) required is documented; however, not all incident reports have been completed as required.</p> <p>Discussions with the acting manager and clinical nurse lead evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications; however, not all Severity Assessment Code (SAC) reports to Health Quality and Safety Commission (HQSC) have been completed as required.</p>	<p>injury.</p> <p>(ii). One stage 3 pressure injury did not have SAC report completed as required.</p> <p>(iii). An event related to an altercation between two residents only has one incident form completed for the resident (with the behaviour of concern) and not the other resident who was hit.</p>	<p>policy.</p> <p>(ii). Ensure essential notifications to Health Quality and Safety Commission (HQSC) are completed as required.</p> <p>90 days</p>
<p>Criterion 2.4.1</p> <p>Service providers shall develop and implement policies and procedures in accordance with good employment practice and meet the requirements of legislation.</p>	<p>PA Low</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. The policies reflect good employment practice. Eight staff files reviewed evidence implementation of the recruitment process, employment contracts and police checking. However, not all files reviewed evidenced completed reference checks as part of the employment process.</p>	<p>Four of eight staff files reviewed did not have reference checks completed.</p>	<p>Ensure that reference checks are completed as part of the employment process.</p> <p>90 days</p>
<p>Criterion 2.4.4</p> <p>Health care and support workers shall receive an orientation and induction programme that covers the essential components of the service provided.</p>	<p>PA Low</p>	<p>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. However, not all staff files reviewed had evidence of completed orientation on file.</p>	<p>There is no evidence of completed orientation for three of the eight staff files reviewed.</p>	<p>Ensure that there is evidence of completed orientation in all staff files.</p> <p>90 days</p>

<p>Criterion 2.5.2</p> <p>Service providers shall maintain an information management system that:</p> <p>(a) Ensures the captured data is collected and stored through a centralised system to reduce multiple copies or versions, inconsistencies, and duplication;</p> <p>(b) Makes the information manageable;</p> <p>(c) Ensures the information is accessible for all those who need it;</p> <p>(d) Complies with relevant legislation;</p> <p>(e) Integrates an individual's health and support records.</p>	<p>PA Moderate</p>	<p>Resident files and the information associated with residents and staff are retained in hard copy (kept in locked cabinets when not in use), and electronically. Electronic information is regularly backed-up using cloud-based technology and password protected.</p> <p>At the time of the audit there was a system failure that affected the electronic medication management system. There was no evidence of a contingency plan in place to ensure business continuity. This meant that the residents were unable to receive their lunch time medications at the right time. Interview with staff and management demonstrated a lack of awareness of the service's contingency plan.</p>	<p>There is no evidence to demonstrate that the service has a contingency planned in case of system failures related to resident records and medicine management.</p>	<p>Ensure there is a contingency plan in case of system failure.</p> <p>60 days</p>
<p>Criterion 3.1.5</p> <p>Service providers demonstrate routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.</p>	<p>PA Low</p>	<p>The service logs all declined entry to service, the reasons and follow up. The service does not log ethnicity and does not undertake analysis of entry and decline rates for Māori.</p>	<p>The service does not log ethnicity and does not undertake analysis of entry and decline rates for Māori.</p>	<p>Ensure routine analysis to show entry and decline rates. This must include specific data for entry and decline rates for Māori.</p> <p>90 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an</p>	<p>PA Moderate</p>	<p>All eight residents reviewed had a documented care plan in place documented by an RN in partnership with the resident and family/whānau; however, care plans did not always document the care interventions for all</p>	<p>(i). One hospital level resident's file for a Pasifika resident did not evidence interventions for a). Cultural interventions; b). interventions for the resident's rehabilitation plan, or c). links to</p>	<p>(i).- (iii). Ensure that care plans include care and support interventions for all identified needs.</p>

<p>underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>		<p>identified needs for residents. The care plans align with the service's model of care of Te Tapa Whare Wha. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, bruises and wounds and are signed off when resolved or moved to the long-term care plan.</p>	<p>wound care plan.</p> <p>(ii). The risks and interventions for falls and risk of urinary tract infections were not documented for one hospital level resident.</p> <p>(iii). There were no interventions documented for a hospital level resident with poor eyesight.</p> <p>(iv). There were no interventions documented for management of a pressure injury for a hospital level resident.</p> <p>(v). One rest home level resident's file did not document the care intervention for a documented risk of urinary tract infection and catheter care. This same resident also had a history of chest pain and was also being administered controlled drug medication for pain. The risks and interventions were not documented in the resident's care plan.</p>	<p>60 days</p>
<p>Criterion 3.2.4</p>	<p>PA</p>	<p>Monthly observations such as weight</p>	<p>Neurological observations were not</p>	<p>Ensure that</p>

<p>In implementing care or support plans, service providers shall demonstrate:</p> <p>(a) Active involvement with the person receiving services and whānau;</p> <p>(b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>	Moderate	<p>and blood pressure were completed and are up to date. Monitoring forms are completed as clinically indicated. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Neurological observations were not always completed for unwitnessed falls according to policy for those where head injury was suspected as part of post falls management. All other monitoring charts in use were completed as per policy.</p>	<p>completed according to policy for three of four falls where neurological observations were required including one resident with a GCS score of six.</p>	<p>neurological observations are completed according to policy where neurological observations are required.</p> <p>60 days</p>
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of</p>	PA Low	<p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse. Care plan evaluations reviewed were not always detailed to provide evidence of the degree of achievement towards</p>	<p>Two hospital and two rest home care plan evaluations did not evidence the degree of achievement against the resident's goals and aspirations.</p>	<p>Ensure there are detailed evaluations documented.</p> <p>90 days</p>

<p>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.</p>		<p>meeting resident agreed goals and aspirations. There were two residents who resident who had not been in the facility for more than six months.</p>		
<p>Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	<p>PA Low</p>	<p>The social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. Individual activity plans are included as part of the resident overall care and support plan; however, the activity section is not individualised for each resident. In discussion with the RNs and the activity team, there appeared to be some misunderstanding around who should be documenting the individual activity plan. The clinical lead began to address this communication issue at the time of audit.</p>	<p>(i). Activity plans do not address and document resident aspirations and goals and activities to support these goals. (ii). The activity coordinator and the RNs were unclear regarding who would be writing activity plans and as a result, activity plans were not comprehensive holistic and resident centred.</p>	<p>(i). Ensure activity plans address and document resident individual aspirations, goals, and activities to support these goals. (ii). Ensure that roles and responsibilities are clearly defined for documenting individual activity plans.</p> <p>90 days</p>

<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The service uses an electronic medication system and blister packs for regular, short course and 'as required' medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. The electronic system wasn't backed up so medications could be administered seamlessly through an outage.</p>	<p>On the day of audit, an electronic medication system failure meant that the lunch time medication round was undertaken over two hours late. The service had no back up system to ensure that medications could be given according to the prescription as part of a business continuity plan and staff were not aware of what to do.</p>	<p>Ensure there is a business continuity plan that documents a process for administering medications in the event of a system failure.</p> <p>30 days</p>
<p>Criterion 4.1.1</p> <p>Buildings, plant, and equipment shall be fit for purpose, and comply with legislation relevant to the health and disability service being provided. The environment is inclusive of peoples' cultures and supports cultural practices.</p>	<p>PA Low</p>	<p>A preventative and reactive maintenance schedule is in place. This includes monthly maintenance checks of all areas and specified equipment such as hoists. Staff identify maintenance issues on a form. This information is reviewed by the maintenance person and prioritised. Interviews confirmed staff awareness of the processes for maintenance requests and that repairs were conducted in a timely manner.</p> <p>Interviews with staff and visual inspection confirmed that there is adequate equipment available to support care. Evidence of checking</p>	<p>Testing and tagging for three vacuum cleaners, one microwave, the laundry iron and washing machines were not up to date.</p>	<p>Ensure all electrical equipment has evidence of a current test and tag.</p> <p>60 days</p>

		and calibration of biomedical equipment such as hoists was sighted. Testing and tagging is not up to date for all electrical equipment.		
--	--	-----------------------------------------------------------------------------------------------------------------------------------------	--	--

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.