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

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:	The Napier District Masonic Trust
Premises audited:	Taradale Masonic Residential Home & Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 8 July 2025 End date: 9 July 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: 70

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six sections contained within the Ngā paerewa Health and disability services standard:

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

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

Key to the indicators

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

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

General overview of the audit

Taradale Masonic Residential Home and Hospital provides rest home and hospital care for up to 74 residents. The Napier District Masonic Trust Board provides governance for the organisation, including two care facilities in Napier. At the time of the audit there 70 residents receiving care.

This certification audit was conducted against Ngā Paerewa Health and Disability Services Standard 2021 and the contract with Health New Zealand. The audit process included the review of policies and procedures; the review of residents and staff files; observations; and interviews with residents, family/whānau management, staff, and a general practitioner.

The service is managed by a clinical services manager who reports to the Chief Executive Officer. The clinical services manager is responsible for clinical governance across the two facilities with support from the clinical team leaders. Residents and family/whānau interviewed responded positively about the care and support, specifically highlighting the cleanliness and renovations made to the facility.

This audit identified that improvements required related to resident meetings, management of an external risk, and the requirement of a building warrant of fitness.

Ō tātou motika | Our rights

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

Residents and their family/whānau are informed of their rights according to the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code) and these are upheld.

Taradale Masonic Residential Home and Hospital has connections with local iwi and has a Māori health plan documented. A Pacific health plan is in place to ensure culturally appropriate services for Pacific residents. Staff receive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, enhancing their understanding of accessibility barriers. The informed consent process is well understood and implemented by staff. Complaint processes are equitable, with complaints promptly resolved in collaboration with family/whānau.

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 low risk.

There is a documented strategic plan. A business plan reflects the mission, philosophy, and objectives. There is a quality and risk management system, with internal audits completed as scheduled. Human resources policies cover recruitment, selection, orientation, and staff training and development. A documented induction programme provides new staff with essential information for safe work practices. An in-service education/training programme addresses relevant aspects of care and support, and external

training is supported. The staffing policy meets contractual requirements and ensures appropriate skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet residents' needs. The service ensures the secure, accessible, and confidential collection, storage, and use of residents' personal and health information.

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.

The clinical team lead and registered nurses efficiently manage the entry process to the service. The service works in partnership with the residents, and their family/whānau or enduring power of attorneys to assess, plan and evaluate care. The care plans demonstrated individualised care.

The planned activity programme provides residents with a variety of individual and group activities and maintains their links with the community. There were adequate resources to undertake activities at the service.

Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent healthcare assistants are responsible for administration of medicines. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general 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. The service has a current food control plan.

Residents were reviewed regularly and referred to specialist services and to other health services as required. Discharge and transfers are coordinated and planned.

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

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

Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. Most rooms have full ensuites, with adequate provision of additional communal resident, visitors and staff toilets throughout the facility. Resident rooms are personalised.

Documented systems are in place for essential emergency services. Staff have planned and implemented strategies for emergency management. 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 with the main doors and gates on restricted entry after hours.

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.

The infection prevention and control and antimicrobial stewardship programmes are tailored to the service's size and complexity, approved by the Board, and integrated into the quality improvement system. There is a documented pandemic and outbreak response plan. The facility has adequate resources and personal protective equipment, and staff are appropriately trained. The clinical team leader oversees infection surveillance, sharing infection control data with staff, and ensures that general practitioner and external consultant recommendations are implemented. Policies and processes for managing waste, infectious, and hazardous substances are confirmed through document review and staff interviews. The effectiveness of laundry and cleaning processes is monitored via the internal audit system and ongoing management observations.

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 has residents currently using restraints. Use of restraints is considered as a last resort only after all other options were explored. Education is provided to staff around restraint minimisation. Monitoring of restraint occurs to ensure safe use of restraint. The restraint programme is monitored and reviewed regularly by the restraint approval group.

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	27	0	2	0	0	0
Criteria	0	173	0	3	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

For more information on the different types of audits and what they cover please click here.

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There is a Māori health plan that describes the Māori perspectives of health and a commitment to Te Tiriti o Waitangi. Taradale Masonic Residential Home and Hospital has established connections with local iwi through their cultural advisor (a Trustee member). The CEO and Board chairperson reported during interview that they can access cultural support and guidance from their cultural advisor. The business plan reviewed evidenced leadership commitment to ensure all aspects of service delivery is culturally safe. The recruitment policy includes provision of an equitable recruitment process. The human resources (HR) manager confirmed in interview that the service supports a Māori workforce through an equitable recruitment process. There were staff identifying as Māori at the time of the audit. There were residents identifying as Māori at the time of the audit. Staff received training on Te Tiriti o Waitangi, Māori health policy, tikanga practices and te reo Māori. Self-determination, cultural values and beliefs of Māori residents and family/whānau are documented in the resident care plan. All staff have access to relevant tikanga guidelines. Te reo Māori is encouraged to be used in general conversations. Interviews with the managers (clinical

		services manager [CSM], clinical team leader, HR manager and finance and operations manager) and 16 staff (three registered nurses (RNs), five healthcare assistants [HCAs], two activities coordinators, one laundry assistant, two cleaners, hospitality services manager (chef), education coordinator, HR assistant) confirmed that mana motuhake is respected and they are well-equipped to deliver equitable services.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	There is a Pacific health plan in place, which documents care requirements for Pacific peoples to ensure culturally appropriate services. The plan includes the Fonofale model of care for use with Pacific peoples. Engagement with Pacific communities is facilitated by Pacific staff members. Ethnicity information and Pacific people's cultural beliefs and practices that may affect the way in which care is delivered, is documented on admission to the service. Interviews with the education coordinator and the staff confirmed that they understood the equity issues faced by Pacific peoples and can access guidance from people within the organisation around appropriate care and service for Pasifika. There are equitable recruitment and education processes to recruit and upskill Pacific staff. At the time of the audit, there were no residents who identified as Pasifika.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code) is displayed on posters and brochures available in te reo Māori on entry to the facility. Brochures on the Code and the Nationwide Health and Disability Advocacy Service are also available. Interviews with five residents (three rest home residents and two hospital level residents), six family/whānau (one rest home and five hospital) and staff confirmed that staff are respectful and considerate of residents' rights in line with the Code. The clinical services manager confirmed the involvement of independent advocacy when

		required. Regular weekly visits from the CSM provide a valuable platform for residents to voice their preferences regarding various aspects of the home, including food and activities. One resident`s meeting minutes evidenced residents' wishes are conveyed to management. Documented evidence shows that the service follows up on raised issues. The service actively supports and encourages family/whānau engagement and welcome visits. Residents and family/whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service and were provided with opportunities to discuss and clarify their rights. The clinical services manager affirmed their commitment to respecting and upholding Māori autonomy and mana motuhake, which was confirmed by staff interviewed.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	Resident file reviews and interviews with staff, residents and family/whānau confirmed that Taradale Masonic Residential Home and Hospital is inclusive of each resident's identity, including their values and beliefs, culture, religion, disabilities, gender, sexual orientation, relationship status, and other social identities or characteristic. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Care plans included respect for advance directives and personal wishes, as well as efforts to promote independence. Residents affirmed that their personal priorities are supported, which was observed during the audit and reflected in individualised care plans. In interviews, staff demonstrated their understanding of the principles of Te Tiriti o Waitangi and how to apply these in their daily work. Māori language is prominently featured in the facility's signage and posters, including the activities programme. Management is committed to respecting and upholding Māori autonomy, language, and mana motuhake, as evidenced in the business plan goals and objectives. Māori cultural days are celebrated and include Matariki and Māori language week. Staff received training that covers Te Tiriti o

		Waitangi, tikanga Māori and health equity from a Māori perspective, 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. A sexuality and intimacy policy is in place, with training part of the education schedule. Staff were observed to use person-centred and respectful language with residents. Spiritual needs are identified, church services are held, and spiritual support is available. The RNs and HCAs interviewed explained how the service meets the residents' cultural and spiritual needs. Te reo Māori signage was visible throughout the facility, and staff have access to the Māori health plan, which they reference and implement regularly in their daily activities.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff demonstrated a clear understanding of the service's policy on abuse and neglect, including the appropriate actions to take if any signs were observed. The audit found no instances of discrimination, coercion, or harassment in staff, resident, or family/whānau interviews, or in the reviewed documentation. Staff sign a code of conduct upon commencing employment as part of the employment agreement and staff handbook. Staff demonstrated an understanding of what Te Tiriti o Waitangi means to their practice. Residents interviewed reported that their property is respected, and professional boundaries are consistently maintained. The service follows a process of managing residents' finances through invoicing. Residents maintain a comfort account to avoid handling cash. Internal audits of the Code of Rights and cultural values were conducted to ensure compliance. The results confirmed that residents' needs are being met, with audit reports showing full compliance in these areas. Additionally, the staff satisfaction survey revealed high levels of satisfaction with communication, a safe work environment, and the absence of a bullying culture. Interviews with staff and management confirmed their commitment to fostering a

		positive, inclusive, and safe working environment. They are encouraged to address issues of racism and acknowledge their own biases, ensuring a supportive and equitable workplace. Staff interviewed expressed confidence in raising concerns about institutional and systemic racism, knowing that such concerns would be addressed. A strengths-based and holistic model of care is implemented ensuring wellbeing outcomes for Māori is achieved when in care.
Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Information related to the service and what to expect when entering the service is provided to family/whānau on admission. Non-subsidised residents` family/whānau are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. Residents and family/whānau interviewed provided positive feedback, noting that communication is open and effective, and they felt listened to. They expressed the ability to raise concerns with staff and management and consistently felt heard and understood. Review of a sample of adverse event forms confirmed that family/whānau were notified of any events or incidents. The contact details for family/whānau and the Enduring Power of Attorney (EPOA) were kept current, with a secondary contact noted when the EPOA was unavailable. A general practitioner (GP) interview confirmed timely communication and appropriate follow ups. A review of one residents' meeting minutes, the complaints and feedback register and family/whānau notes confirmed that residents can raise issues with staff and management. There is a bimonthly newsletter that keeps family/whānau informed. These concerns are followed up, and any issues are addressed promptly. Information is provided to residents and family/whānau on admission. The CSM described an implemented process around providing residents and family/whānau with time for discussion around care, time to consider decisions, and opportunity for further discussion, if

		required. The delivery of care includes a multidisciplinary team and family/whānau are communicated to regarding services involved. Taradale Masonic Residential Home and Hospital has access to interpreter services and cultural advisors/advocates when required. At the time of the audit all residents could speak and understand English.
Subsection 1.7: I am informed and able to make choices The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why. Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well. As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.	FA	There are policies documented around informed consent. Informed consent processes are discussed with residents and family/whānau on admission. Nine resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management, and medical cares are included and signed as part of the admission process. Specific consent has been signed by the resident or their enduring power of attorney (EPOA) for procedures such as influenza and Covid-19 vaccines, and other clinical consents. Discussions with all staff interviewed confirmed that they are familiar with the requirements to obtain informed consent for entering rooms and personal care. The admission agreement is appropriately signed by the resident or the 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' file 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 is on file. An advance directive policy is in place and is implemented. 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 general practitioner has made a medically indicated resuscitation decision. There is documented evidence of discussion with the EPOA. Discussion with family/whānau identified that the service actively involves them in decisions that affect their family/whānau. Discussions with the HCAs and registered nurse confirmed that staff

		understand the importance of obtaining informed consent for providing personal care and accessing residents' rooms. Training has been provided to staff around the Code, including informed consent. The service follows relevant best practice tikanga guidelines by incorporating and considering the residents' cultural identity when planning care. The registered nurses and clinical services manager have a good understanding of the organisational processes to ensure Māori residents involve the family/whānau for collective decision making. Support services for Māori are available.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The clinical services manager and clinical team leader interviewed stated they have a good understanding of including residents and family/whānau in decision making and maintain a complaints' file containing all appropriate documentation. There have been four complaints since the last audit. There is a process in place to manage complaints in accordance with the guidelines set by the Health and Disability Commissioner (HDC), which the managers could describe, and reviewed in complaints documentation. The complaints were resolved to the satisfaction of the complainants and closed off. The complaints process links to the advocacy service. There were no complaints from external agencies since the previous audit. The welcome pack includes comprehensive information on the process for making a complaint. Interviews with residents and family/whānau confirmed they have been provided with information on the complaints process. Complaint forms are easily accessible at the entrance to the facility. The complaints process is equitable for Māori. The clinical services manager and clinical team leader are aware of the preference for face-to-face communication with people who identify as Māori. Residents and family/whānau interviewed confirm the management are open and transparent in their communications and staff clearly explained the complaint process, ensuring they knew how to raise

		any concerns.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies. As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.	FA	Taradale Masonic Residential Home and Hospital is certified to provide rest home and hospital level of care for up to 74 residents. There are 38 beds in the rest home wing, 30 beds in the hospital (continuing care wing), and six apartments that have been certified for dual purpose. A further six rooms are dual purpose, and all rooms are single occupancy only. At the time of the audit there were 70 residents receiving care: 43 rest home residents (including one on Accident Compensation Corporation [ACC] funding and three in the apartments) and 27 at hospital level of care (including one on ACC funding). All other residents were funded through the age-related residential care (ARRC) contract. Interviews with the Board Chairperson and CEO confirmed the Napier District Masonic Trust Board (NDMT) understood their obligation to comply with legislation and regulations. There is a formal recruitment process to appoint Board members (trustees) to ensure the appropriate skills, industry knowledge of the industry, or experience in corporate /charitable governance. These were described as the core competencies that the Board and leadership team were required to demonstrate, and included understanding of the service's obligations under Te Tiriti, health equity, cultural safety, and services that improve outcomes and achieve equity for tāngata whaikaha, people with disabilities. The Board meets monthly and is provided with operational, quality and risk reports. The CEO provides leadership to the senior leadership team (clinical services managers, finance and operations manager, and HR manager). The Napier District Masonic Trust owns and operates two facilities in this region. Taradale Masonic Residential Home and Hospital has a 2022-2026 business plan that includes a mission, philosophy, and objectives of the service. The business plan is regularly reviewed against set goals by the Board of Trustees. The clinical services manager (CSM) is responsible for the day-to-

		day operations of the two facilities in Napier. The CSM (a registered nurse) has been in the role for two years but has been working for the Trust for five years. They are supported by a clinical team leader and an education coordinator. A monthly clinical team leader report is provided to the CSM and discussed at the monthly quality and risk meetings. A combined quality and risk report is provided to the CEO for discussions at the Board meetings. There is a clinical governance policy and clinical governance is implemented into care services through a system and strength-based philosophy incorporating safety, competence, evaluation, and continuous improvement. Interviews with the clinical services manager, CEO and Board chairperson confirmed the internal processes are analysed, business planning and services are developed to improve outcomes and achieve equity for Māori; and to identify and address barriers to provide equitable service delivery. Māori consultation ensures policies and procedure represents Te Tiriti partnership. The senior leadership team, CEO and Trustees have completed training in relation to the application of Te Tiriti in the provision of equitable services. Māori advice can be sought when required through an aged care industry consultant and their own cultural advisor (a Trustee on the Board). Residents are encouraged to participate in the planning and evaluation of the service through general feedback, annual surveys and resident meetings. The clinical services manager has maintained at least eight hours annually of professional development activities related to managing an aged care facility, through attending regular aged residential care forums, and online leadership training. At the time of the audit, clinical governance is shared with the Board.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to	PA Low	Taradale Masonic Residential Home and Hospital has a documented quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. A meeting schedule is documented. All meetings except residents` meetings occurred as scheduled. There is evidence of staff participation in the quality programme. Internal

specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.		audits are conducted according to the schedule, and any corrective actions identified are used to enhance service delivery. Internal audits schedule contains clinical audits which include monitoring against policy and contractual requirements. Resolved issues are signed off and discussed at staff meetings. Quality data on infections, restraint use, incidents, and wounds is collected, analysed, and reviewed at quality and risk, clinical and staff meetings. Data are compared to previous months and plans are developed to respond to any areas of concern. However, corrective actions related to medication errors had not been fully responded to. Progress with the quality programme/goals has been monitored and reviewed through the clinical meetings. Resident and family/whānau satisfaction surveys are conducted annually, with the June 2025 results indicating high levels of satisfaction with the service. The food services were identified as an area for improvement, which were confirmed during resident interviews. A quality improvement plan is in progress that includes a menu review, a review of the dining experience, including a review to include an improved breakfast menu, seating arrangements, and refurbishment of the main dining room. Policies and procedures are current and reflect good practice; being embedded throughout service delivery and maintained in electronic format, and staff have confirmed they can access these documents as needed. Cultural safety is reflected within the quality programme, with collation of ethnicity data related to adverse events and infections. The process provides for critical analysis of organisational practices to improve health equity. Staff undergo comprehensive training on Te Tiriti o Waitangi, tikanga Māori, and health equity from a Māori perspective, which builds their knowledge and awareness of the importance of addressing accessibility barriers. This training, health literature resources, and cultural connections ensure that all staff are well-equipped to deliver high-quality healthcare for Māori. Each incident/accident is documented in the resident management system. A sample of adverse event forms reviewed indicated the

		forms are completed in full and signed off by a registered nurse or clinical team leader. Incident and accident data is collated monthly and reported in the monthly meetings and at handover. Each event involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Opportunities to minimise future risks are identified by the clinical team leader and registered nurses. Health and safety meetings occur as part of the quality and risk meetings, as well as reported and discussed as part of the staff meetings. There are health and safety representatives that monitor hazards and risks. Hazards are documented and addressed. Staff received education related to hazard management and health and safety at orientation and annually. The hazard and risk register was reviewed in 2024. An annual health and safety review of the health and safety programme was completed in December 2024. The monthly quality and risk meeting minutes evidence leadership commitment to health and safety and staff wellbeing. Discussions with the clinical services manager and manager evidenced their awareness of the requirement to notify relevant authorities in relation to essential notifications. There were no events that required a Section 31 notification to HealthCERT; however, Severity Assessment Code (SAC) reports to the Health Quality and Safety Commission for adverse events has been made for an unstageable pressure injury and a fracture related to a fall. There was one Covid-19 outbreak reported in January 2025. These were appropriately notified, managed, and staff were debriefed after the event to discuss lessons learned.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred	FA	There are policies and procedures that describe safe staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week. Staff interviewed reported adequate staffing and support from the clinical services manager, clinical team leader and registered nurses. Residents and family/whānau interviewed, and resident meeting minutes did not raise staffing issues and confirmed that staff are attentive to resident's needs. There is at least one registered nurse on each shift 24/7.

services.		The clinical and non-clinical rosters reviewed evidence staff are replaced in the event of any absences. Staff reported absences are covered by a casual pool and part-time employees. Nursing agency staff have not been used regularly. A sufficient number of HCAs are allocated according to the layout and design of the facility, to ensure residents' needs are met. Healthcare assistants working in the rest home wing oversee the care of the three residents in the apartments. There are two support assistants that provide non-clinical support to the HCAs (including bed making and linen change). There are dedicated staff to perform recreation, cleaning, laundry and maintenance duties. The clinical team leader and senior RNs provide an on-call service, with support from the general practitioner. The clinical services manager is available for operational issues after hours. A selection of HCAs are medication competent and assist with certain delegated tasks to support registered nurses in their clinical decision making. The service supports and encourages HCAs to obtain a New Zealand Qualification Authority (NZQA) qualification, with 92% of HCAs having achieved level 3 and above. The education coordinator works four days a week and provides oversight of the annual education and training plan. The education coordinator is a Careerforce assessor. There is an annual education and training schedule; this has been fully implemented to date and covers all mandatory training topics, as well as a range of topics related to caring for the older person. Staff reported they are provided with eight-hour training workshops, policy discussions fortnightly, and impromptu toolbox training. All staff are required to complete competency assessments as part of their orientation related to cultural, emergency procedures, restraint, hand hygiene, correct use of personal protective equipment (PPE), and manual handling and transfer. Staff who administer medication complete annual medicine competency and a record of completion is maintained. Staff training records showed that they completed training related to Māori health outcomes and disparities, and health equity. Staff interviewed were knowledgeable around these subjects and confirmed that their cultural training is ongoing, with staff having

		access to resources. There are 14 RNs, and one enrolled nurse (EN) employed; three of the RNs are trained and competent in completing interRAI assessments. Registered nurses and the enrolled nurse completed syringe driver training and palliative care training. Registered nurses have access to Ko Awatea LEARN. Staff reported a positive work environment, and an employee assistance programme is available to them, when required.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	There are human resource policies in place, including recruitment, selection, orientation, and staff training and development. Ten staff files were selected for review, which evidenced recruitment processes are being implemented and includes reference checking, qualifications, employment contract, and job descriptions. A register of practising certificates is maintained for all health professionals. Staff interviewed were knowledgeable around their individual job descriptions, responsibilities, and accountabilities. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice. Competencies are completed at orientation and then as part of the ongoing education plan. Staff receive a staff handbook at orientation and completed the required learning quizzes and competencies, as evidence of completion of the key components of their orientation. Taradale Masonic Residential Home and Hospital demonstrated that the orientation programme supports RNs, HCAs, cleaning, recreation and laundry staff to provide a culturally safe environment to Māori. Staff performances are scheduled and completed as they become due, as sighted in the staff files. The HR manager maintains the performance appraisal schedule. All staff files were kept secure and confidential. Staff ethnicity data is collected and recorded. The results of annual staff satisfaction survey and staff interviews indicate that staff feel supported in their roles. Communication and teamwork were rated positively, and staff feel comfortable

		discussing any issues with the clinical services manager, clinical team leader, and registered nurses. The HR manager reported that debrief and discussion occur following any incidents.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	Resident records, including medication management system and staff files, are stored electronically. There is a resident management system and a medication management system that are secure and require user identification and passwords to access. 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 and staff archived files are securely stored in a locked room and easily retrievable when required. 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 clinical services manager is the privacy officer and oversee all requests related to health information. The service is not responsible for National Health Index registration.
Subsection 3.1: Entry and declining entry The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and	FA	There are policies documented to guide management around entry and decline processes. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for families/whānau and residents prior to admission, or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Nine 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 received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts

communicated to the person and whānau.		under which the service operates. The clinical team leader and registered nurses are available to answer any questions regarding the admission process. 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 collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates. The provider verified that there are established links in place with local Māori who can provide residents and family/whānau support to navigate the admission process. The service has information available for Māori, in English and in te reo Māori. The facility is committed to recognising and celebrating tāngata whenua (iwi) in a meaningful way through partnership, educational programmes, and employment opportunities.
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.	FA	Nine files were reviewed for this audit: five hospital residents, including one resident funded by ACC; and four rest home residents, including one resident in an apartment, and one resident who is receiving a funding top-up by ACC. The registered nurses and the clinical team leader are responsible for conducting assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meeting where the long-term care plans are reviewed. This is documented in the progress notes and resident records. Barriers that prevent whānau of tāngata whaikaha from independently accessing information are identified and strategies to manage these are documented in the resident's care plan. A Māori health plan is in place to ensure the service supports Māori and family/whānau to identify their own pae ora outcomes in their care or

		support plan. All residents have admission assessment information collected and an initial care plan completed at time of admission. All reviewed files that required interRAI assessments and long-term care plans were noted to have been completed within timeframes required. The long-term care plan includes interventions to guide care delivery and were reflective of assessed needs. The care plans are holistic and align with the service's model of person-centred care. Care plan evaluations were completed and updated as resident care needs changed, which met the required timeframes. Evaluations reviewed documented progress against the set goals. Short-term care plans for infections, weight loss, behaviours, falls, and wounds were well utilised. Interventions were transferred to the long-term care plan in a timely manner. General practitioners from a local practice ensure residents are assessed within five working days of admission. The general practitioner reviews each resident at least three-monthly and is involved in the six-monthly resident and family/whānau reviews. Residents can retain their own general practitioner if they choose to. The medical practice provides on-call service for after hours and on the weekend. The clinical team leader and senior registered nurses are part of an afterhours on-call roster, ensuring the provision of clinical advice and support seven days a week. When interviewed, the general practitioner expressed satisfaction with the standard of care and quality of nursing proficiency at Taradale Masonic Residential Home and Hospital. The general practitioner was complimentary of the clinical assessment skills, as well as quality of referrals received from the registered nurses after hours. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. The service has contracted a physiotherapist for two to three hours per fortnight. A podiatrist visits every six weeks and a dietitian, continence advisor, hospice specialists and wound care specialist nurse are available as required. Healthcare assistants and registered nurses interviewed described a verbal handover at the beginning of each duty that maintains a continuity of service delivery. Progress notes are written daily by

		healthcare assistants and registered nurses. The registered nurses further add to the progress notes if there are any incidents, general practitioner visits or changes in health status. Residents interviewed reported their needs and expectations were being met, and family/whānau confirmed the same regarding their family/whānau. When a resident's condition alters, the staff alert the registered nurse, who then initiates a review with a general practitioner. Family/whānau stated they were notified of all changes to health, including infections, accident/incidents, general practitioner visit, medication changes, and any changes to health status, and this was consistently documented in the resident's progress notes. A wound register is maintained. There were 24 wounds on the day of audit, including one unstageable pressure injury, five chronic wounds, one lesion, and the remaining were a mixture of lacerations and skin tears. The wounds were reviewed and had comprehensive wound assessments, wound management plans, and documented evaluations, including photographs to show healing progression where required. The registered nurses reported the wound care specialist has input to chronic wounds and any pressure injuries. The healthcare assistants and registered nurses interviewed confirmed there are adequate clinical supplies and equipment provided, including continence, wound care supplies, and pressure injury prevention resources (sighted). Care plans reflect the required health monitoring interventions for individual residents. Healthcare assistants and registered nurses complete monitoring charts, including bowel chart; diet; restraint; and behaviour. Neurological observations are completed for unwitnessed falls and suspected head injuries according to policy.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to	FA	There is one diversional therapist, an activities coordinator and a second activities coordinator available to fill-in when required. The activity programme is delivered five days per week and every other weekend. The activities team have current first aid certificates. The facility is in the process of recruiting an additional activities

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.		coordinator, which will mean the activities programme will be offered seven days per week. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. The activities programme is printed and placed in different areas of the facility. An example of these is included in information packs given to new residents and family/whānau on admission. The activity team facilitate opportunities to participate in te reo Māori, incorporating Māori language in entertainment and singing, craft, participation in Māori language week, 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 hand massage and newspaper reading are offered. There are lounges where residents and family/whānau can watch television and access newspapers, games, puzzles, and specific resources. A resident's social and cultural profile, includes the resident's past hobbies and present interests, likes and dislikes, career, and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. Residents are encouraged to join in activities that are appropriate and meaningful. A resident attendance list is maintained for activities, entertainment, and outings. Activities include crossword, bowls, housie, happy hour, karaoke, and one on one activity. There are weekly van drives for outings, regular entertainers visiting the residents, and interdenominational church services. There are resident meetings, which are now facilitated by the clinical services manager. Residents confirmed they find these meetings useful to find out what is happening within the facility and to have an opportunity to provide feedback (link: 2.2.2). Residents can also provide feedback on activities at six-monthly reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging. The facility has recently created a cinema room following

		consultation with residents. One of the underutilised communal areas has been refurbished and turned into a movie theatre. A 75-inch television was purchased. Half-time snacks are provided, including a soft drink and ice cream. The grand opening was 26 February 2025. The planned movie is printed onto a poster and put up in each resident wing. The service reports the cinema room has had a positive impact on the residents. One resident reported they had not been able to watch television or a movie in a long time due to vision problems, but due to the size of the screen and the dim lighting, the resident is now able to enjoy watching a movie. A second family/whānau member informed that their relative (resident) always enjoyed going to the movies prior to admission, and now they often find their family/whānau member in the cinema enjoying a movie.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products. As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	Medication management is available for safe medicine management that meet legislative requirements. All staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy. Medications were stored securely. Medication trolleys were always locked when not in use. The medication fridge temperatures are monitored daily. The medication fridge temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including stock medications, are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions. All over the counter vitamins, supplements or alternative therapies residents choose to use are prescribed by the general practitioner and charted on the electronic medication chart.

		Eighteen electronic medication charts were reviewed. The medication charts reviewed confirmed the general practitioner reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. There were residents self-administering medications on the days of audit. Evidence was provided of adherence to the organisation policy and procedure for the safe management and storage of medications. The general practitioner reviews the resident is competent to self-administer. As required medications are administered as prescribed, with effectiveness documented on the electronic medication system. Medication competent healthcare assistants or registered nurses sign when the medication has been administered. There are no vaccines kept on site, and no standing orders are in use. Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The registered nurses and clinical team leader described the process to work in partnership with 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.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	All meals are prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 28 February 2026. Dry ingredients were decanted into containers for ease of access, with all dry goods evidencing a decanting and an expiry date. The four-weekly seasonal menu has been reviewed by a dietitian on 30 June 2025. The hospitality services manager (chef) is supported by three full-time chefs, one part-time chef and four kitchen assistants. There are also six casual kitchen staff to support sickness. All kitchen staff have completed safe food handling and chemical safety training.

		There is a food services manual available in the kitchen. The hospitality services manager 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 nutritional profiles had been reviewed and updated as required. Alternative meals are offered for those residents with dislikes, or religious and cultural preferences. Residents are provided with menu options at meals, plus access to nutritious snacks. On the day of audit, meals were observed to be well presented. Healthcare assistants interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. 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. These are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained. Kitchen staff monitor fridge/freezer temperatures in the kitchen and healthcare assistants record fridge temperatures for the fridges in the three kitchenettes in the facility. Meals are plated by kitchen staff and served to residents in the dining room. Residents are supported to have their meals delivered to their rooms if they wish. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas, and modified utensils are available for residents to maintain independence with eating as required. The feedback from residents and family/whānau interviewed was variable. The service is aware and has started to put corrective actions in place – for example there is a breakfast club recently commenced that offers a buffet style hot breakfast, and additional variation offered on the menu. Residents can offer feedback at the resident meetings and through resident surveys.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know	FA	Policy guides staff on transfer and discharge processes. Transfers and discharges are managed efficiently in consultation with the

what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		resident, whānau/ EPOA, and the general practitioner. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Appropriate documentation and relevant clinical and medical notes were provided to ensure continuity of care when residents were transferred. The reason for transfer was documented on the transfer records and progress notes in the sampled files. The transfer and discharge planning included risk mitigation and current needs of the resident. Referrals to other allied health providers to ensure safety of the residents were completed. Residents are supported to access or seek referral to other health and/or disability service providers. Referrals to seek specialist input for non-urgent services are completed by the general practitioner and registered nurses. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge, as confirmed by documentation and interviews.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	PA Low	The facility is inclusive of people's culture and supports cultural practices. There is a building warrant of fitness report and declaration (B-RaD), which identifies areas of non-conformance. The B-RaD is in place until 1 November 2025. The finance and operations manager oversees building maintenance (interviewed) and showed the corrective actions underway to meet the requirements of a building warrant of fitness. There is one full-time and two part-time maintenance staff who address day to day repairs and complete planned maintenance in conjunction with external contractors. There is an electronic maintenance request system implemented for repairs and maintenance requests. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging (last completed in October 2024). Records sighted of calibration of medical equipment evidenced this has occurred as scheduled. Resident equipment, call bell and hot water checks occur monthly. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/ tradespeople are available 24 hours a day.

		The facility is spread over one floor. All rooms are built around three courtyards. The gardens have been maintained to a high standard and seating and shade are provided. There is safe access from all communal areas to the gardens. All resident rooms have a toilet and hand basin. There are a small number of rooms that have a full ensuite, and for the remaining, there are showers within close proximity of the resident rooms. There are communal toilets throughout the facility for residents, family/whānau and visitors. All toilets and shared showers have vacant/ engaged signage. All rooms are spacious and suitable to provide for rest home and/or hospital level of care. Healthcare assistants stated there are enough space to manoeuvre transfer equipment in the toilets, showers and bedrooms. Handrails are appropriately placed, and corridors are wide to ensure safe mobility. All rooms in the hospital wing have ceiling hoists. Group activities occur in the main lounges and residents interviewed stated they were able to use alternative communal areas, if they did not wish to participate in the group activities being held in the main lounge. The facility is heated and cooled via wall panels and central heating. There are heat pumps in the apartments for residents to adjust the temperature of their room to their liking. All residents interviewed stated they were happy with the temperature of the facility. The facility has adequate natural light in the bedrooms and communal areas. Staff interviewed confirmed they have all the equipment required to safely provide the care documented in the care plans. The clinical services manager reported that should there be planned development for the building, they are aware that policy states that consultation would occur with Māori and iwi if significant changes are considered for the facility.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency	FA	Emergency/disaster management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. The emergency evacuation procedure guides staff to complete a safe

and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.		and timely evacuation of the facility in case of an emergency. This is also included within the annual staff education programme. Staff are informed of the correct action to take during commencement of employment and family/whānau via the admission process for their relative. The audit team were given a health and safety briefing on commencement of the audit. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 4 November 2019. Fire evacuation drills are held six-monthly and was last completed 26 May 2025. Civil defence supplies are stored in identified cupboards and are checked monthly. In the event of a power outage, the provider has a large generator on site. In the event of a civil defence emergency, sufficient lighting is provided, call bells are fully operational, and all information technology maintains functional. There is one 5,000 litre tank of water, which is sufficient to provide residents and staff with three litres per person, per day. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms and apartments, communal toilets, and lounge/dining room areas. Call bells were evident in resident's rooms, lounge areas, and toilets/bathrooms, which are linked to a pager system to alert care staff. Indicator lights are displayed above resident doors. Call bells are tested monthly, and the last call bell audit showed full compliance as a part of maintenance audit. The residents were observed to have their call bells in proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The facility is secured at night; all external doors are alarmed. The front doors close automatically. A timer is set for summer and winter hours.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.	FA	The infection prevention and control programme and antimicrobial stewardship programmes are appropriate to the size and complexity of the service, is approved by the Trust Board and is linked to the quality improvement system. All infection control data is available to all through a dashboard

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.		system. The CEO receives information via a monthly quality and risk report from the CSM. Infection rates are presented and discussed at various meetings. Documented evidence showed infections were reviewed with GPs. The service has access to an infection prevention and control clinical nurse specialist from Health New Zealand. Residents and staff are offered influenza and Covid-19 vaccinations.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention and control programme and antimicrobial stewardship programmes is linked to the quality improvement system and reported on annually. The clinical team leader is the infection prevention and control coordinator and oversees the infection control and prevention programme and works closely with CSM. There are clearly documented roles and responsibilities related to the infection control coordinator role. The infection prevention and control coordinator has completed external training around infection prevention and control and has appropriate skills, knowledge, and qualifications for the role. The infection prevention and control policies have been developed by an external expert. The procedures and policies reflect the requirements of the standard and are based on current accepted good practice. The infection prevention and control coordinator has input into clinical policies that may impact on HAI risk. Staff became thoroughly familiar with policies through comprehensive training provided during orientation and ongoing education sessions, consistently demonstrating adherence to these policies. Residents and their family/whānau receive infection prevention and control education tailored to their needs, particularly rest home level care residents who independently undertake community visits and are informed about respiratory illnesses. Single use medical devices were not reused and were safely and correctly disposed of. Reusable items were cleaned and sterilised using equipment, which is used in line with manufacturers' guidelines, and which was audited to ensure its safe working state

		and regular decontamination. The pandemic plan includes the management of unwell residents, management of staff and visitors, food and laundry services. There is a framework for communicating significant events to the Board and through the quality and risk meetings. An outbreak response is documented, and the pandemic plan has been regularly tested. There were sufficient resources and personal protective equipment (PPE) available at the facility, and staff have been trained accordingly. The service provides te reo Māori information around infection prevention and control for Māori residents. The policy and procedures provide guidance around culturally safe practices, acknowledging the spirit of Te Tiriti o Waitangi. The staff interviewed described implementing culturally safe practices in relation to infection prevention and control. The clinical team leader stated they were involved in providing advice with the ongoing refurbishments of the building. The infection prevention and control coordinator procures all equipment and consumables, with support from the CSM.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.	FA	The service has an antimicrobial use policy and procedure suitable for the size, scope, and complexity of the resident cohort. The clinical team leader and the general practitioner monitor compliance with antibiotic and antimicrobial use by evaluating medication prescribing charts, prescriptions, and medical notes, adhering to recognised New Zealand Antimicrobial Stewardship Guidelines. Infection rates are monitored monthly and presented at meetings. The annual infection control and AMS programme is evaluated annually, to identify areas of improvement and evaluate progress of AMS activities.
Subsection 5.4: Surveillance of health care-associated infection (HAI)	FA	Surveillance of infections is appropriate for the size and complexity of the service. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are

The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.		entered into an infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. This data includes ethnicity, and is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at the quality and staff meetings. The clinical team leader oversees the infection surveillance programme. Infection prevention and control data is shared with the facility's staff, and any recommendations from the GP and external consultants are followed up. Infection prevention and control data, along with any relevant issues, are communicated to residents and family/whānau as needed. One Covid-19 outbreak was documented in January 2025. Taradale Masonic Residential Home and Hospital staff adhered to its outbreak management plan and notified appropriately. Clear communication pathways, including daily outbreak meetings and updates to residents, family/whānau and staff, were implemented. Staff reported there was sufficient PPE stored, and training sessions were conducted following the outbreak.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	There are policies and processes for the management of waste and infectious and hazardous substances and interview with staff confirmed that policies and procedures are implemented. Laundry and cleaning processes are monitored for effectiveness via the internal audit system and ongoing observations by the management. Staff involved in laundry and cleaning services have completed relevant training. Chemicals were stored securely, and a closed chemical dispensing system is used. Material safety and data sheets are available. All laundry is laundered on site. The laundry is operational seven days a week till 4pm. Linen cupboards had sufficient good quality linen and towels. The laundry has a dirty to clean flow, with plenty of space for folding of linen. There is sluicing facility with appropriate PPE available. There are separate hand washing facilities. There are dedicated laundry staff who manage all personal and facility laundry services. Staff were aware of prevention of cross

		contamination and use of PPE. Both residents and their family/whānau reported no issues with the laundry and cleaning services, noting that the facility was consistently very clean. Any concerns raised by residents are promptly followed up, and actions are taken to address them. The infection prevention and control coordinator provide support to maintain a safe environment during construction, renovation and maintenance activities.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	The restraint approval process is described in the restraint policy and provide guidance on the safe use of restraints. The clinical team leader (a registered nurse) is the restraint coordinator and provides support and oversight for restraint management in the facility. The restraint coordinator, registered nurses and healthcare assistants interviewed are conversant with restraint policies and procedures. The restraint policy confirms that restraint consideration and application would be done in partnership with family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, Taradale Masonic Residential Home and Hospital works in partnership with Māori, to promote and ensure services are mana enhancing. At the time of the audit there were two hospital level residents using restraint (two bedrails, one lap belt and one chair brief). The service is committed to providing services to residents without use of restraint. The use of restraint (if any) is reported in the quality meetings (clinical governance). The restraint coordinator monitors and reports all restraint use. The clinical services manager who is part of clinical governance was interviewed and confirmed the service's focus on eliminating restraint use. Restraint use, including ethnicity, is reported to the quality and risk meeting each month. Restraint minimisation is included as part of the training plan and orientation programmes and includes annual competencies.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my	FA	A restraint register is maintained by the restraint coordinator. Two hospital level residents were using restraint. One resident uses both

care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.		bed rails and a lap belt, and one resident uses both bed rails and a chair brief. The files of the two resident's using restraint were reviewed. A restraint register is maintained. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). Risks of using the restraint/s were identified. Both resident files had comprehensive interventions documented in relation to the restraints used. Cultural considerations are assessed. Restraint is used only as a last resort. Consent was obtained by the resident's family. Both residents' restraint use had been evaluated in a timely manner. Electronic monitoring forms are completed for each resident using restraint. Monitoring is scheduled for a minimum of every two hours and had been completed as prescribed. The use of the restraint, risk associated with restraint use, and frequency for monitoring is stated in the resident's care plan. A policy is in place for the use of emergency restraints. No emergency restraint has been used since the previous audit. The restraint coordinator described the procedure for emergency restraint and the debrief meeting that would be held. Accidents or incidents that occur because of restraint use are monitored. There were no reported incidents since the last audit. Restraints are reviewed three-monthly. Residents using restraint are also discussed during handovers and the quality and risk meetings (clinical governance).
Subsection 6.3: Quality review of restraint The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice. Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions. As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.	FA	The restraint programme is monitored and reviewed regularly by the restraint approval group, with the intent to eliminate the need for restraint. Restraint practice is discussed at the monthly quality and risk meetings and is evaluated at a facility level at least annually and is included as part of the internal auditing programme. Meeting minutes reflect discussions on how to minimise the use of restraint and to ensure that it is only used when clinically indicated, and when all other alternatives have been tried. Benchmarking occurs against industry standards.

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 2.2.2 Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.	PA Low	Taradale Masonic Residential Home and Hospital has a documented quality and risk management programme that includes performance monitoring through internal audits and the collection of clinical indicator data. A meeting schedule is documented. All meetings, except residents' meetings, occurred as scheduled. There is evidence of staff participation in the quality programme. There are monthly quality and risk meetings, monthly NDMT senior leadership and managers meetings, and bimonthly staff meetings. Residents' meetings should occur three-monthly as per the meeting policy and meeting schedule; however, there was no evidence of documented meetings minutes for 2024. Meeting minutes for one resident meeting that occurred in February	Residents' meetings should occur three-monthly as per the meeting policy and meeting schedule; however, there was no evidence of documented meetings minutes for 2024.	Ensure that resident meetings occur as scheduled. 90 days

		20025 has been reviewed.		
Criterion 2.2.4 Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.	PA Low	Corrective action reports are completed following non-conformities related to internal audits, as a response to quality data and following meetings. However, when reviewing the clinical data and benchmarking data related to medication errors, it was noted that the medication errors incrementally increased from November 2024 to July 2025. The medication errors have consistently been above industry average (0.02 per 1000 bed days); currently medication errors increased to 0.27 /1000 bed days in June/July 2025. Dashboard data for June and July evidence 23 percent of adverse events were related to medication errors. There were 51 medication errors reported since November 2024 (with minimum prior to November 2024) and 30 percent were attributed to pharmacy errors (wrong dose supplied or drug incorrectly labelled). Preventive actions for staff errors proved to be effective in preventing reoccurrences of the error; however, other preventive measures related to addressing pharmacy errors were ineffective. The clinical team leader confirmed that medication errors related to the pharmacy are verbally reported to the pharmacist. There was a corrective action plan developed for responding to medication errors; however, there were no progress made related to pharmacy errors. The CSM stated there was a change in pharmacists since November 2024. At the time of the audit, the CSM has made an appointment to meet and discuss the issues.	There was insufficient evidence that external risks related to pharmacy errors are investigated and effectively responded to in a timely manner.	Ensure external risks are responded to in a timely manner. 90 days

Criterion 4.1.1 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.	PA Low	There is a building warrant of fitness report and declaration (B-RaD) which identifies areas of non-conformance. B-RaD simply inform the building owner and the territorial authority about the reasons procedures were missed and advise the current performance status of the specified systems. B-RaD does not mean compliance with Section 108 of the Building Act 2004. The clinical manager confirmed all missed procedures have been completed at the time of the audit.	The building holds a B-Rad certificate expiring 1 November 2025. There is a corrective action plan developed by the facility that is being implemented.	Ensure there is a current building warrant of fitness in place. 180 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.