Masonic Care Limited - Horowhenua Masonic Village

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:	Masonic Care Limited
Premises audited:	Horowhenua Masonic Village
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 July 2025 End date: 16 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: 71

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

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

General overview of the audit

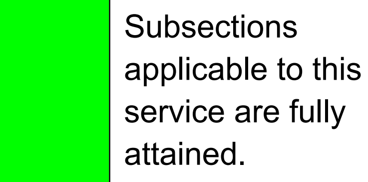
Horowhenua Masonic Village is part of the Masonic Care Group and provides hospital services - medical and geriatric, and rest home level of care for up to 77 residents. On the day of the audit, there were 71 residents.

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

The facility manager is experienced and is supported by the Board of Trustees, a general manager, clinical nurse lead, and a team of clinical and non-clinical staff. Interviews with residents, family/whānau and the general practitioner were all positive and complimented the management and staff for providing a resident-centred service for the community.

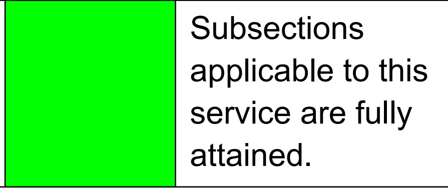
This certification audit identified shortfalls around care plan development; interventions and monitoring; aspects of medication management; and fridge temperature monitoring. A continuous improvement has been awarded for the antimicrobial stewardship programme.

Ō tātou motika | Our rights

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

Horowhenua Masonic Village provides an environment that supports resident rights and safe care. Management and staff demonstrate an understanding of residents' rights. A Māori health plan is documented for the service. Te Tiriti o Waitangi is incorporated across policies and procedures and delivery of care. A Pacific health plan is also in place. Residents receive services in a manner that considers their dignity, privacy, and independence. The management and staff listen and respect the voices of the residents and effectively communicate with them about their choices. Care plans accommodate the choices of residents. Details relating to the Health and Disability Commissioner's Code of Health and Disability Services Consumers Rights are included in the information packs given to new or potential residents and family/whānau. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed.

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.		Subsections applicable to this service are fully attained.

The service is governed by a Board of Trustees. Services are planned, coordinated, and are appropriate to the needs of the residents. Horowhenua Masonic Village has a documented quality and risk management system. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. There are human resources policies including recruitment, selection, orientation, staff training and development. There is an in-service education/training programme covering

relevant aspects of care and support and external training is supported. Competencies are maintained. The staffing policy aligned with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

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

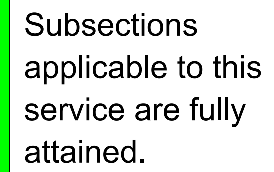
There is an admission package available prior to or on entry to the service. The clinical nurse lead and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input.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

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.

There is an activities programme implemented. Medication policies reflect legislative requirements and guidelines. Registered nurses and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies.

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.		Subsections applicable to this service are fully attained.

The building holds a current warrant of fitness. There is a preventative maintenance programme documented and implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms are single occupancy. There are sufficient toilets/bathrooms for residents, staff, visitors, and contractors. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells, which are within easy access of residents. Security checks are performed by staff and an external contractor. Close circuit television is available to support the security of the facility.

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

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

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of Horowhenua Masonic Village and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

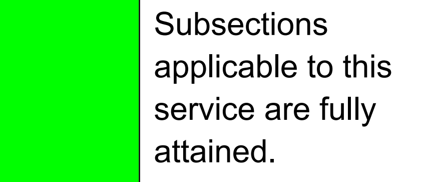
Antimicrobial usage is monitored and reported on. The type of surveillance undertaken is appropriate to the size and complexity of the organisation. Standardised definitions are used for the identification and classification of infection events.

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been two outbreaks since the previous audit.

There are documented processes for the management of waste and hazardous substances in place. Chemicals are stored safely throughout the facility. Documented policies and procedures for the cleaning and laundry services are implemented, with appropriate monitoring systems in place to evaluate the effectiveness of these services.

A continuous improvement has been awarded in respect of antimicrobial stewardship.

Here taratahi | Restraint and seclusion

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

Restraint minimisation and safe practice policies and procedures are in place. Horowhenua Masonic Village aims to maintain a restraint-free environment and only uses restraints as a last resort, when all other alternatives have been explored. At the time of the audit there were residents using restraints.

Restraint minimisation is overseen by the restraint coordinator, who is a registered nurse. The leadership team and governance are committed to work towards strategies to eliminate restraint and this is documented in the strategic plan.

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	26	0	2	1	0	0
Criteria	1	171	0	4	2	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click here.

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	A Māori health plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services, ensuring Māori have the same level of health as non-Māori, while safeguarding Māori cultural concepts, values, and beliefs. At the time of the audit there were no residents who identified as Māori. The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake. There is Māori representation on the Board. The appointment of a cultural advisor has been implemented since the last audit. This appointment has seen a strengthening in cultural links and development of a working relationship with staff, to ensure meaningful implementation of the Māori health plan. The cultural advisor is available to residents as required. Horowhenua Masonic Village is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. Staff have completed training around cultural safety and Te Tiriti o Waitangi. Residents and whānau are involved in providing input

		into the resident's care planning, their activities, and their dietary needs.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.	FA	A Pacific health plan is documented that focuses on upholding the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture, and are therefore important aspects of recognising the individual within the broader context of Pasifika. There were residents identifying as Pasifika during the audit. There were staff who identified as Pasifika at the time of the audit. The service has links with the local Pacific community through staff linkages and are strengthening relationships within the local community. Individual cultural beliefs are documented in the resident's care plan and activities plan. Family members of Pacific residents are encouraged to be present during the admission process, including completion of the initial care plan.
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	Policies and procedures are being implemented at Horowhenua Masonic Village and align with the requirements of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Other formats are available online. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed (eight healthcare assistants, five registered nurses, a cleaner, quality coordinator, kitchen manager, two activities staff, and the maintenance manager) confirmed their understanding of the Code and its application to their specific job role and responsibilities.

		Staff have received education in relation to the Code at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in 2025. The residents (four hospital and four rest home) and relatives (two hospital and one rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Staff confirmed Māori mana motuhake is recognised, as described in the Māori health plan. Interactions observed between staff and residents were respectful.
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	There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling, and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the HDC. Caregivers and registered nurses interviewed described how they arrange their shift to ensure they are flexible to meet each person’s needs. Staff are trained around the Code at orientation and through regular in-services. The service recognises Māori mana motuhake, as evidenced in the policy and Māori health plan. Horowhenua Masonic Village delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2024-2025 included abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident’s right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified resident’s preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. The staff and management described responding to tāngata whaikaha needs and enabling participation in te ao Māori, as documented in the Māori health plan. Care staff interviewed described how they support residents to choose what they want to do and be as independent as

		they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect.
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	The abuse and neglect policy is implemented. Horowhenua Masonic Village policies guide staff in how to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2025. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. Staff are educated on how to value the older person, showing them respect and dignity. A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.
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.	FA	An information pack is provided to residents and family/whānau on admission, which includes information on the Code, advocacy services, complaints and information around service provision. Residents interviewed stated they were comfortable discussing any issues with staff. Residents' and family/whānau satisfaction survey showed overall

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.		satisfaction with communication. Family/whānau interviewed felt they are promptly informed of any changes and general practitioner consultations. There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure, that inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed. An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit, all residents spoke English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident, should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The management team and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.
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	Resuscitation care and informed consent policies guide staff around informed consent processes. Admission agreements had been signed and sighted for all the eight files reviewed. The resident files reviewed included signed general consent forms. Other consent forms include photographs and vaccinations. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment were on file. In the resident files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making, where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care.

		Staff have received training related to informed consent.
Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support. As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.	FA	The complaints procedure is provided to residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager maintains a complaint/compliment register and documents all verbal and written complaints. There were five complaints received between June and October 2024. No complaints have been received since this time. The complaints reviewed evidenced complaints are managed within the timeframes set out by the Health and Disability Commissioner. Review of documentation and interview with the facility manager confirmed that complaints are discussed at Board level and shared with staff during staff meetings. Corrective action plans are created when required to ensure learnings occur when gaps are identified in service delivery. Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose; this is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services. The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and family/whānau all reported that any issues residents and family/whānau have, are discussed with the facility manager and/or clinical nurse manager directly. The facility manager and clinical nurse lead implement an 'open door' policy, which was confirmed during interviews with staff, residents and family/whānau. Horowhenua Masonic Village have a resident advocate that runs the resident meetings. During interview, the advocate provided examples of issues raised by residents at meetings that were taken to the management team. There was evidence in resident meetings that actions were taken to address issues raised.

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	Horowhenua Masonic Village is part of Masonic Care Limited and is situated in the town of Levin. The governing body has a Board of Directors. Three of the directors have a close relationship with the health sector. The service provides hospital (geriatric and medical) and rest home level care. There are 77 beds including 14 dual purpose beds one double room (suitable for two residents sharing) and nine care suites. On the day of the audit, there were 29 hospital level residents (including one resident on respite care and two residents on an Accident Compensation Corporation (ACC) contract) and 42 rest home level residents (including one younger person with a disability, one resident on a short-term care agreement, and one resident on an ACC contract). All other residents were under the age-related residential care (ARRC) contract. The general manager provided support to the team for the audit and was knowledgeable around contractual and legislative requirements. The Board meets monthly. The general manager confirmed they meet with the facility manager fortnightly. There is a five-year strategic plan, which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. Masonic Care has a clinical governance group that meets monthly and signs off on the clinical outcome report, that is sent to the Board from each Masonic Care facility. At facility level, clinical governance is overseen by the facility manager, clinical nurse lead, quality coordinator and registered nurses holding portfolios, such as infection control and restraint. The Board is committed to supporting the strategies laid down by Manatū Hauora Ministry of Health's 'New Zealand Health Strategy'. Objectives listed in the business plan include a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups, including Māori and Pacific people. The general manger described the overarching strategic plan for the Masonic Care Group, which includes how the organisation collaborates with Māori in a manner that aligns

		with the Ministry of Health strategies, and how they address any barriers to equitable service delivery. Discussion with the general manager and review of documentation confirmed how the provider ensures working practices are holistic in nature, inclusive of cultural identity and respect the importance of the connection to family/whānau and the wider community. The annual business plan includes the vision, mission statement, philosophy, and measurable goals. Reporting includes occupancy; finances; health and safety; staffing; infection; quality trend and analysis; and restraint minimisation. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. There is a Board member and staff employed who identify as Māori. The general manager confirmed they, the Board and chief executive have completed Treaty of Waitangi training to ensure cultural competency. The facility manager is a registered nurse and has been at Horowhenua Masonic Village for 15 years and in their current position for 2.5 years. The facility manager has completed at least eight hours of training relevant to the position. The clinical nurse lead has been in the position for three years and has previous experience in aged care services. They are supported by a team of clinical and non-clinical staff.
Subsection 2.2: Quality and risk The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.	FA	Horowhenua Masonic Village has an established quality and risk management system. The quality programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the Board in the monthly facility manager report. There was documented evidence in the staff meetings of discussions held around quality data. Meeting minutes are made available to staff who were unable to attend the meeting. Facility meetings have been held according to schedule. Policies and procedures align with current good practice, and they are

		suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa Standard are processes that provide a critical analysis of practice to improve health equity. Staff and members of the Board have completed cultural training, including Te Tiriti o Waitangi, to ensure all residents are cared for in a culturally sensitive way. Resident and relative satisfaction surveys are conducted. The resident satisfaction survey results from June 2024 have been collated and corrective actions put in place based on the feedback. The resident survey results evidenced 98% of residents were either satisfied or highly satisfied with the care received. Family/whānau satisfaction surveys were last completed November 2023 and identified four main areas for improvement. There is evidence the facility developed corrective actions that have been implemented, for example, food quality. Results from surveys have been shared with staff, residents, and family/whānau. Resident meetings occur bimonthly and are led by the facility advocate (interviewed). Minutes reviewed demonstrated issues raised are followed up, with actions being reported back to the meeting. The facility manager also leads resident and family/whānau meetings six-monthly. There is evidence that feedback received is discussed at staff meetings. Health and safety policies are implemented and monitored through the monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. The health and safety representative (senior caregiver) is supported by the quality coordinator. The health and safety representative was interviewed about the health and safety programme. The hazard register is maintained by the health and safety committee. There is a risk register in place and is the responsibility of the facility manager. Hazard identification forms and an up-to-date hazard register had been reviewed in June 2025 (sighted). The service documents incidents/accidents, unplanned or untoward events, and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and in the

		Board report. Incident data was evidenced as discussed at registered nurse meetings, and a summary kept in staff areas. Discussions with the facility manager and clinical nurse lead evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Appropriate notifications have been made to the Health Safety Quality Commission and Ministry of Health. There have been two outbreaks since the last audit (Covid-19 and Norovirus), which were notified to the appropriate authorities in a timely manner.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a staffing policy that describes rostering requirements. The roster reviewed provides sufficient coverage for the delivery of care. The facility manager and clinical lead work full time from Monday to Friday. The facility manger and clinical lead provide after hours on-call support, seven days per week (roster reviewed). Both are registered nurses. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the caregiver interviews. Staff and residents are informed when there are changes to staffing levels. An education programme is in place for 2024-2025. A broad range of topics are covered appropriate to the service delivered. Most training is now completed online, with some education delivered face to face with guest speakers and internal trainers. Education in 2025 included infection control; outbreak/Covid-19 management; health and safety; hazards; restraint; abuse and neglect; pain management; and fire drills. Training is also provided to staff through skills labs. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training through Health New Zealand. The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. There are 49 caregivers; 8 have completed their level four qualifications, 18 level

		three, and 2 have completed their level two qualification. A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety; and manual handling. Six registered nurses are interRAI trained. Support systems promote health care and support worker wellbeing and a positive work environment.
Subsection 2.4: Health care and support workers The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs. Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori. As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.	FA	Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely. Ten staff files reviewed evidenced implementation of the recruitment process, employment contracts, and police vetting checks. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. All files evidenced completed orientation documentation and annual appraisals for staff who have been employed for one year or more. A copy of practising certificates is maintained for all health professionals. The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori. An employee ethnicity database is maintained. Records reviewed showed that ethnicity data is collected, recorded, and used in accordance with Health Information Standards Organisation (HISO) requirements. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents. Documentation was submitted that confirmed debrief to ensure wellbeing support is provided, with evidence confirming debrief events occurred post all outbreak events. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The

		Employee Assistance Programme is available to staff.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.	FA	The service utilises an electronic format for resident information, documentation, and data. Electronic information (policies and procedures, incident, and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. 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 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 communicated to the person and whānau.	FA	There is an acceptance and decline entry to service policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/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. Admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria are based on the assessed need of the resident and the contracts under which the service operates. The facility manager and clinical nurse lead are available to answer any questions regarding the admission process and a waiting list is managed. 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.
Subsection 3.2: My pathway to wellbeing The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	PA Low	Registered nurses are responsible for conducting all resident assessments, developing care plans, and evaluating the effectiveness of care. Nine resident files were reviewed: five from rest home level care, including one younger person with a disability (YPD), one resident on the short-term contract agreement, and four from hospital level care, including one resident on Accident Compensation Corporation (ACC) funding. Initial assessments and care plans were developed in consultation with the resident or their Enduring Power of Attorney (EPOA). These were completed within the required timeframes. Care plans are based on comprehensive data collected during the initial nursing assessment, which includes (but is not limited to) mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; pain; oral health, and pre-entry assessments from the Needs Assessment and Service Coordination (NASC) service, or other referring agencies. Individualised electronic long-term care plans (LTCPs) are informed by both initial assessments and interRAI assessments. Initial interRAI assessments and long-term care plans were not all completed within three weeks of admission. Some initial care plans lacked sufficient detail to guide staff in the delivery of care. For the residents on YPD contract, ACC funding and the resident on the short-term contract agreement, appropriate risk assessments that informed the care plan, related to (but not limited to) mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; oral health and pain, were completed. The service has a specific respite care plan used for residents admitted on short-term contracts for up to six weeks. However, the respite care plans reviewed did not always have detailed interventions to guide staff

		in the management of identified risks. Long-term care plans were generally holistic and tailored to the individual needs and preferences of residents. They provided guidance to staff on both medical and non-medical needs. While most care plans included relevant interventions and early warning signs, they did not always offer enough detail to support comprehensive care delivery by staff. There are policies and procedures for developing short-term care plans for acute issues, such as infections, weight loss, and wounds, with a sign-off process upon resolution or integration into the long-term care plan. All short-term issues reviewed had corresponding care plans developed that were evaluated and signed off by a registered nurse. The clinical nurse lead and registered nurses confirmed that a Māori health care plan is created for any resident who identifies as Māori. These plans reflect culturally appropriate support needs. Registered nurses described actively removing barriers to ensure all residents can access the services and information they need, and they work collaboratively with residents and their family/whānau to support the development of individualised pae ora (healthy futures) outcomes. The service utilises a person-centred model of care. Initial medical assessments are conducted by a contracted general practitioner (GP) or nurse practitioner (NP) within the required timeframe after admission. Where a resident’s condition is stable, documentation supports exemptions from monthly general practitioner or nurse practitioner visits. The general practitioner or nurse practitioner visit the facility weekly and offer 24/7 on-call coverage. They have full access to residents' records, including the electronic medication system. The general practitioner interviewed expressed satisfaction with the standard of care at Horowhenua Masonic Village. They verbalised that there was good communication with facility staff and noted that registered nurses demonstrated comprehensive assessment skills and kept the medical team informed of any concerns in a timely manner. A physiotherapist attends the facility at least weekly to assess and review residents referred by nursing staff. A multidisciplinary approach is evident in resident care. A podiatrist visits every six weeks and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists, and wound care specialist

		nurse (tissue viability nurse) are available as required through Health New Zealand. Family contact details are recorded electronically. Interviews with family/whānau and documentation confirmed they are informed of changes in a resident's health status, including infections, incidents, general practitioner or nurse practitioner reviews, medication changes, and other significant events. Wound care products were available on site. Wound care plan reviews indicated that wounds were assessed in a timely manner and reviewed at appropriate intervals. All wound assessments, include photographic evidence or documented measurements, dressings used and progress evaluation of the wound. At the time of audit, there were ten active wounds among nine residents. These included three pressure injuries (one stage III, one stage II and one stage I), venous ulcer, skin tears, lesions, and a graze. Referrals to tissue viability specialists were made when clinically indicated, and their recommendations were incorporated into wound management plans. Allied health interventions were documented and integrated into care plans. Caregivers described receiving both verbal and written handovers at the start of each shift. Observations during the audit confirmed these handovers were detailed and contributed to continuity of care. Progress notes are completed each shift and as needed by both caregivers and registered nurses. Changes in resident health are documented, creating a comprehensive picture of each resident's journey. When a change in condition occurs, the registered nurse initiates a medical review. Registered nurses also complete detailed assessments, including falls risk, pressure injury risk, and pain assessments. There is evidence of registered nurse documentation in progress notes following incidents or changes in condition. Care plans include health monitoring requirements specific to each resident. Caregivers complete monitoring charts that include observations; behaviour logs; bowel records; blood pressure readings; weight; food and fluid intake; change of position schedules; and blood glucose levels. However, not all monitoring charts were completed according to the care plan. All incidents were followed up in a timely manner by a registered nurse.

		Caregivers confirmed they were well informed about residents' individual needs and had access to the necessary equipment and products to meet those needs. Neurological observations were routinely completed for unwitnessed falls or where head injury was suspected, as part of post-fall management. Analgesia was administered in accordance with assessment findings and management plan. Resident care is evaluated during each shift and discussed at handover. Formal evaluations of long-term care plans are completed every six months in conjunction with interRAI reassessments, or earlier when a resident's condition changes. Evaluations are documented by registered nurses and include progress toward goals and desired outcomes. Residents interviewed reported their needs and expectations were being met, and assessments were completed in the privacy of their rooms.
Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.	FA	The activities team is led by a full-time diversional therapist manager, supported by a full-time activities assistant. Both work Monday to Friday and are further assisted by a team of volunteers who help deliver the programme. Resources are also available to enable caregivers to run activities during weekends and after-hours. The activity programme is planned monthly and includes culturally themed events, celebrating the backgrounds of both residents and staff. Copies of the monthly programme are displayed in communal areas on noticeboards showing daily activities, and individual copies are delivered to residents' rooms in advance. The programme is designed to meet residents' cognitive, physical, intellectual, and emotional needs. During interviews, both the diversional therapist manager and the activities assistant explained how the programme is tailored to the needs of residents across both rest home and hospital-level care. The focus is on maintaining independence, building on residents' strengths, skills, and interests, and fostering connections with the wider community. For residents who prefer to remain in their rooms or are unable to join group activities,

		one-on-one sessions are offered. These may include manicures, hand massages, and technology-based activities. The team also incorporates opportunities to engage with te reo Māori and te ao Māori. This includes using the Māori language in entertainment, singing, and crafts, and celebrating events such as Māori Language Week, Waitangi Day, and Matariki, along with other culturally focused activities. All group activities are conducted in the communal lounges. Each resident has a social and cultural profile developed upon admission, which includes their hobbies, interests, likes and dislikes, career background, and family/whānau connections. A social and cultural care plan is created on admission and reviewed every six months, alongside the resident's long-term care plan. Residents are encouraged to participate in activities that are meaningful and appropriate to them. Attendance is recorded for all activities, outings, and entertainment. Activities offered include (but are not limited to): exercise sessions; newspaper reading; music and movement; crafts; games; quizzes; entertainers; pet therapy; board games; hand pampering; housie; happy hour; a men's group; gardening; and cooking. Regular van outings are organised, including visits to parks, the beach, and local exhibitions. Residents also enjoy regular visits from entertainers and interdenominational church services. Resident meetings are held every two months and are facilitated by a resident advocate. These meetings provide a structured opportunity for feedback on the activities programme. Meeting minutes confirm that these are held as scheduled and are well attended. Family and whānau are welcome to participate in these meetings. The facility manager also leads resident and family/whānau meetings six-monthly. Additional feedback is gathered during the six-monthly review process. Residents and their family/whānau consistently report that the activity programme is engaging and meaningful.
Subsection 3.4: My medication	PA	Horowhenua Masonic Village has policies and procedures in place to support safe medication management, all of which meet current

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.	Moderate	legislative requirements. All clinical staff responsible for administering medications undergo annual competency assessments, and education on safe medication administration is provided regularly. Registered nurses have also completed training in the use of syringe drivers. During observation, staff were seen administering medications safely. Both registered nurses and caregivers interviewed demonstrated a clear understanding of their roles and responsibilities in medication administration. The facility uses an electronic medication management system alongside robotic packaging for both regular and "as required" medications. Short-course medications are provided in blister packs. Upon delivery, all medications are checked against the resident’s medication chart, and any discrepancies are promptly reported to the pharmacy. Medications are stored securely in three designated medication areas and in locked trolleys. A daily monitoring system is in place for medication room and fridge temperatures; however, records show this has not been consistently maintained in Unit Two and Unit Three. Systems are in place to regularly check medication stock for expiry dates and quantity. Eye drops and topical creams are labelled with opening dates. Controlled drugs are stored securely, with weekly stock checks consistently completed. The six-monthly physical stocktakes, and reconciliation of controlled drugs are also completed by the pharmacist. However, all controlled drugs, including those for rest home level care residents, are managed through a bulk ordering, dispensing, and administration system. A total of 18 electronic medication charts were reviewed. These confirmed that the general practitioner (GP) and nurse practitioner (NP) review each resident’s medication chart every three months, and each chart includes a photo for identification. However, allergy status was not consistently recorded across all reviewed charts. Over-the-counter medications are prescribed and charted electronically. Six residents were identified as self-administering medications. All had initial competency assessments completed by a registered nurse and either a general practitioner or nurse practitioner. However, the required three-monthly competency reviews by the general practitioner or nurse practitioner had not been completed. Safe storage for these

		medications is provided in each resident's room. "As required" medications are administered by staff deemed competent in medication management. While these medications are administered as prescribed, their effectiveness is not consistently documented in the electronic medication system or in residents' progress notes. All administered medications are signed off by the responsible caregiver or registered nurse. There are no vaccines stored on site. Standing orders are in use and were last reviewed by the general practitioner on 3 April 2025. These are regularly reviewed and administered according to clinical protocols. Residents and their family/whānau are kept informed of any medication changes, including reasons for the change and possible side effects. These discussions are documented in the progress notes. The clinical nurse lead and registered nurses also described how they work collaboratively with Māori residents and their family/whānau to ensure culturally appropriate support is provided. This includes timely access to advice, prioritisation of treatment, and a focus on achieving equitable health outcomes.
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.	PA Low	Horowhenua Masonic Village prepare and cook all meals on site. The kitchen manager was interviewed on the day of audit. The kitchen was observed to be clean, well-organised, well equipped, and a current approved food control plan was evidenced, expiring October 2026. The four-weekly seasonal menu has been reviewed by a dietitian. There is a full-time kitchen manager, a full-time assistant cook, one casual cook, and each day there is a kitchen assistant from 7am to 3pm and another from 4pm to 7.30pm. There is a food services manual available in the kitchen. The kitchen 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. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Dietary profiles reviewed at time of audit were noted to be current, with updates documented where needed. The

		daily menu is written on noticeboards in each dining room. The main meal is served at lunch and there is a light evening meal with choice options. Residents request their meal choice for each day out of the options given. Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. All staff interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Days of national significance are always celebrated including Waitangi Day and Matariki. Residents are provided with foods from different cultures, including Māori, as evidenced by discussion with staff and review of the menu. The kitchen manager outlined the kitchen team all utilise the service specific electronic application, which includes all fridge, freezer, chiller temperatures recordings and kitchen cleaning regimes. This system records any anomalies and tasks that are yet to be completed. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Freezer and fridge temperatures in the kitchen are checked as scheduled; however, fridge temperature in the kitchenettes have not been checked. Food in the kitchenette fridges was not always labelled and dated. Staff were observed wearing correct personal protective clothing in the kitchen. Meals are served directly to residents from the kitchen to the closest dining room, with hot boxes utilised to deliver food to residents in the other dining areas and in the rooms. 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. Food services staff have all completed food safety and hygiene courses. The residents and family/whānau interviewed provided constructive feedback regarding meals but advised that when concerns were raised, these were addressed by staff and management. They can offer feedback at the resident meetings and through resident surveys or raise issues with the facility manager or the kitchen team anytime.
Subsection 3.6: Transition, transfer, and discharge	FA	Planned discharges or transfers are coordinated in collaboration with

The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.		residents and family/whānau to ensure continuity of care. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical nurse lead and registered nurses explained the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	The building holds a current warrant of fitness, which expires 1 June 2026. The environment is inclusive of peoples' cultures and supports cultural practices. There is a full-time maintenance manager, supported by a full-time maintenance officer, who address day to day repairs, complete planned maintenance and are on call 24/7 for any maintenance requirements. There are maintenance request books for repairs and maintenance issues in each unit. 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 October 2024). Calibration of medical equipment was included in the maintenance plan and was completed in December 2024. Resident equipment checks, call bell checks, and monthly testing of hot water temperatures occurs. Hot water temperature records reviewed evidenced that temperatures were within required ranges. Essential contractors/ tradespeople are available 24 hours a day as required. All rooms are single, with some variation in size and configuration. There is a mix of care suites (one care suite can be used for couples if required), bedrooms with ensuites, and only two bedrooms (in unit two) with no ensuite, with a shared shower and toilet. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. The units are designed to give residents easy access to internal and external areas. There is a large dining room adjacent to the main kitchen which is connected to a large activities lounge. Unit three and

		unit one have separate dining areas, with kitchenettes and lounge areas easily accessible to residents. There are alternative small lounge areas with library and activity resources throughout the facility. The service has a chapel on site which is used for church services, funerals, memorial events, and weddings. There are two large courtyards with raised garden beds, walking paths and seating areas with shade. There are adequate number of communal bathrooms and toilets in each unit to meet the needs of the residents. There are toilets situated close to communal areas, in addition to separate staff and visitor toilets. Across all the units, the communal toilets and bathrooms are well signed and have privacy locks. Door labels are written in both English and te reo Māori. There is flowing soap and paper towels, and adequate space to allow for mobility equipment. Fixtures, fittings, and flooring is appropriate, and toilet/shower facilities are constructed for ease of cleaning. The corridors are wide and promote safe mobility with the use of mobility aids. Handrails are appropriately placed in ensuites, toilets, and corridors for safe mobility. Bedrooms and ensuites are spacious for safe mobility and transfer of residents. There is adequate space for the use of a hoist for resident transfers as required. Apparatus for ceiling hoists are installed in all care suites and some of the hospital rooms in unit one. Caregivers reported the spaces are adequate to provide care and there was adequate equipment to safely deliver care for rest home and hospital level of care residents. There is sufficient natural light, ventilation, and heating from underfloor, heat pumps and wall radiator heaters. There are adequate spaces to meet the residents` needs. Residents have safe access to different communal areas to have privacy, spend time with visitors, and partake in cultural activities. Residents were observed to move freely within the corridors and spaces. Residents interviewed were complimentary of the environment and found their own bedrooms to be very comfortable. There is no further development planned for the facility; however, should this occur, a co-design approach would be implemented, including the provider's current connections with local Māori providers to ensure that they reflect the aspirations and identity of Māori.

Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Emergency management policies outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 9 April 2013. Fire evacuation drills are held six-monthly, and the last one was completed on 16 June 2025. Civil defence supplies are stored in identified cupboards and are checked monthly. In the event of a power outage, there is a generator on site and gas cooking (BBQ). The back up system in place ensures residents' electric beds, nurse call bells, the medication system, and information technology will continue uninterrupted. There are adequate supplies in the event of a civil defence emergency, including food supplies for three days and water supplies (two 2500 litre tanks and two 500 litre tanks) to provide residents and staff with three litres person per day, for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. Emergency procedures for the facility were explained to the audit team. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets and showers and lounge/dining room areas. Indicator lights are displayed above resident doors. Call bells are tested regularly. The residents were observed to be near the call bells. Residents and/whānau interviewed confirmed that call bells are answered. The building is secure after hours, and staff complete security checks at night. There is also external closed-circuit television coverage and security checks are maintained by an external contractor twice each evening.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.	FA	Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Horowhenua Masonic Village quality programme, which is linked to the strategic plan, to ensure the environment minimises the risk of infection to residents, staff, and visitors. Expertise

Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.		in infection prevention and control and antimicrobial stewardship can be accessed through Health New Zealand and Public Health. Infection prevention and control and antimicrobial stewardship resources are accessible. Any significant events are managed using a collaborative approach involving the infection control team, the general practitioner and the public health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator (registered nurse), facility manager, and clinical nurse lead are informed of any outbreaks, and these are reported immediately. The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection control programme has been approved by the management team, infection control coordinator and Board. The infection control programme is discussed at quarterly infection control meetings. Infection control data is included in the monthly facility manager quality reports, which are discussed at Board level. The infection prevention and control manual include a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand. Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. The infection prevention and control coordinator (registered nurse) job description outlines the responsibility of the role relating to infection control matters and antimicrobial stewardship (AMS). The infection prevention control coordinator has completed infection control training

		through Bug Control - Infection Prevention Services and training provided through online sources and Health New Zealand. The infection prevention and control coordinator have access to support from the infection control specialist at Health New Zealand, GP and public health team. The infection prevention and control coordinator described the pandemic plan and confirmed the implementation of the plan proved to be successful at the times of outbreaks. During the visual inspection of the facility and facility tour, staff were observed to adhere to infection prevention control policies and practices. The infection prevention and control audits monitor the effectiveness of education and infection control practices. The infection prevention and control coordinator has input in the procurement of good quality consumables and personal protective equipment (PPE). Sufficient infection control resources, including personal protective equipment (PPE), were sighted and these are regularly checked against expiry dates. The infection prevention and control resources were readily accessible to support the pandemic plan if required. Staff interviewed demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. The service has infection prevention and control information available in te reo Māori. The infection prevention and control coordinator and caregivers are aware of the need to work in partnership with Māori residents and family/whānau for the implementation of culturally safe practices in infection prevention, acknowledging the spirit of Te Tiriti o Waitangi. Staff interviewed understood cultural considerations related to infection prevention and control practices. Policies and procedures are in place around reusable and single use equipment. Single-use medical devices are not reused. All shared and reusable equipment is appropriately disinfected between use. There are procedures to check these are monitored through the internal audit system. Infection prevention and control is part of facility meetings. The management team described a clear process of involvement, should there be plans for development and ongoing refurbishments of the building. Infection prevention and control is part of facility meetings.

		The infection prevention coordinator is committed to the ongoing education of staff and residents, as described in infection control policies. Infection prevention and control is part of staff orientation and included within the mandatory staff training schedule. Staff have completed hand hygiene, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares. Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.
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 antimicrobial stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Board immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and clinical nurse lead provide oversight on antimicrobial use within the facility. A continuous improvement has been awarded for Horowhenua Masonic Village's AMS programme and the impact the programme has had on reducing urinary tract infections and changing clinical practice.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and	FA	Infection surveillance is an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the quality manager and infection control coordinator and is included in the facility manager

methods specified in the infection prevention programme, and with an equity focus.		monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by staff interviewed and review of staff meeting minutes. The infection control coordinator described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection. The service receives information from Health New Zealand services for any community concerns. The infection control coordinator described developing action plans, where required for any infection rates of concern. There have been two outbreaks since the previous audit (Covid-19 and Norovirus). These have been appropriately reported, with evidence provided of maintenance of infection outbreak logs. Information pertaining to residents and staff affected was collated, outlining the length of outbreak and numbers affected. The infection control coordinator and staff interviews confirmed debrief meetings were held to discuss what went well and what improvements will be implemented on the next occasion.
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	Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored on a lockable cupboard on the cleaning trolleys, and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these, as they carried out their duties on the days of audit. There are two sluice rooms with sanitisers, a stainless-steel bench and separate handwashing facilities, with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the

		effectiveness of chemicals. The members of the cleaning team interviewed were knowledgeable around chemicals, infection control practices, and cleaning practices during outbreaks. All laundry is outsourced, except for residents' personal clothing, which is managed in the on-site laundry. The laundry has defined dirty and clean areas. Personal laundry is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted was in good condition. The washing machines and dryers are checked and serviced regularly. The infection prevention control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.
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	Horowhenua Masonic Village is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with residents, family/whānau, and the choice of device must be the least restrictive possible. When restraint is considered, the facility works in partnership with the resident and family/whānau to ensure services are mana enhancing. The designated restraint coordinator is a registered nurse. There are currently three hospital level residents and one rest home level resident listed on the restraint register as using restraints. The residents use bed gates, chair briefs and lap-belts to provide safety, minimise risk of injury, assistance with bed mobility, and repositioning. The bed gates all have covers, except for the rest home resident who prefers no covers, so as to have better grip when holding the rail for repositioning. The residents with the chair briefs and lap-belts were positioned in a visible area when restraint was on. The use of restraint is reviewed monthly by the restraint coordinator, quality coordinator and reported at the facility meetings and to Masonic clinical governance. The resident and/or family/whānau are consulted on the restraint procedures, as part of the restraint review processes. The restraint coordinator interviewed described the focus on

		minimising restraint wherever possible and working towards a restraint-free environment. Restraint minimisation is included as part of the mandatory training plan and orientation programme. Staff complete competencies at orientation and annually. Staff have completed restraint training and competencies in the last year. Seclusion is not used at Horowhenua Masonic Village.
Subsection 6.2: Safe restraint The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first. Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort. As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.	FA	A restraint register is maintained by the restraint coordinator. The files of the two (one hospital and one rest home) of four residents listed as using restraint, were reviewed. The restraint assessment addresses alternatives to restraint use before restraint is initiated (eg, falls prevention strategies, managing behaviours). The residents were using restraint as a last resort, to promote better positioning, safety and/or at the insistence of them or their activated EPOA. Written consent was obtained from each resident and/or their EPOA. The use of restraint approval includes the restraint coordinator, resident and/or their EPOA, and the general practitioner / nurse practitioner and reviewed three-monthly. No emergency restraints have been required; however, staff are aware of the process to follow if one was required, including debrief process. Monitoring forms are completed for each resident using restraint and review of the resident records confirmed that they have been completed as scheduled; however, there is no evidence of periodic release of restraint documented as per care plan (link 3.2.4). All restraints are scheduled to be monitored half hourly. Monitoring takes into consideration resident's cultural, physical, psychological, spiritual, and psychosocial needs. Māori staff are available as required for advice regarding cultural aspects of the restraint. There have been two documented incidents related to restraint use, that have been investigated, discussed and quality improvements implemented, including discontinuation of a restraint for one of them, and other alternatives implemented. Restraints are regularly reviewed and discussed in facility meetings. The formal and documented review of restraint use takes place six-monthly as part of the internal auditing process, with the last quality review and audit of restraints completed in February 2025, with results demonstrating compliance with expected

		standards.
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 service is working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities. The service includes the use of restraint in their annual internal audit programme. The outcome of the internal audit is discussed in meetings. The monthly and annual review is completed by the restraint coordinator, quality coordinator, and the general practitioner / nurse practitioner. The service is employing a continuous quality improvement process, with a project looking at eliminating the use of restraints. Review of facility records indicates a monthly review of all residents using restraint, identifying residents for trial of discontinuation, implementing the measures discussed, and evaluating with residents, EPOA, staff and general practitioner / nurse practitioner on outcomes. This has seen a reduction of restraint use since last audit and no new restraints being introduced. In addition, the monthly report discussed with staff during meetings also includes restraint incidents (should they occur), and education needs. Each resident utilising restraint and/or their EPOA has input into the review process. Restraint data, including any incidents, are reported as part of the monthly quality coordinator reporting to clinical governance. The restraint coordinator described how learnings and changes to care plans culminated from the analysis of the restraint data.

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 3.2.1 Service providers shall engage with people receiving services to assess and develop their individual care or support plan in a timely manner. Whānau shall be involved when the person receiving services requests this.	PA Low	Registered nurses are responsible for conducting all resident assessments, developing care plans, and evaluating the effectiveness of care. Individualised electronic long-term care plans (LTCPs) are informed by both initial assessments and interRAI assessments. Initial interRAI assessments and long-term care plans were not all completed within three weeks of admission. At the time of the audit one rest home resident admitted permanently on 14 April 2025 had their long-term care plan developed 30 May 2025. Another resident who was assessed for permanent rest home level of care on 3 June 2025, did not have an interRAI assessment and long-term care plan	(i). One rest home resident assessed for permanent care on 3 June 2025 did not have an interRAI and long-term care plan in place. (ii). One rest home resident had their long-term care plan developed six weeks post admission.	(i)-(ii)Ensure interRAI assessments and long-term care plans are completed within three weeks of admission. 90 days

		at the time of the audit. Initial assessments and initial care plans were developed in consultation with the resident or their Enduring Power of Attorney (EPOA). These were completed within the required timeframes.		
Criterion 3.2.3 Fundamental to the development of a care or support plan shall be that: (a) Informed choice is an underpinning principle; (b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan; (c) Comprehensive assessment includes consideration of people's lived experience; (d) Cultural needs, values, and beliefs are considered; (e) Cultural assessments are completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia; (f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly	PA Low	The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including InterRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly, or earlier as residents' needs change. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals. The outcome of assessments informs the long-term care plans with appropriate interventions to deliver care. However, interventions in long-term care plans reviewed were not detailed to provide guidance for staff in the delivery of care. Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the	There are no detailed interventions to guide staff in the delivery of care service for (i). Diabetic residents (one hospital and one rest home) related to diabetes management including (but not limited to) reportable ranges, frequency of HBA1c checks, signs and symptoms of hypoglycaemia and hyperglycaemia, and management of same. (ii). Pressure injury management for one hospital resident with a current pressure injury. (iii). Catheter care and management, including risks and strategies; signs and symptoms of infections and what to do, for one rest home and one hospital resident. (iv). Falls risk minimisation strategies and management for two hospital level care	(i)-(iv). Ensure that there are comprehensive interventions documented to provide guidance for care staff for delivery of resident specific care needs. 90 days

documented and communicated; (g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention; (h) People's care or support plan identifies wider service integration as required.		required care; therefore, the risk is assessed as a low risk.	residents. (v). Restraint risk and management thereof for one rest home and one hospital resident. (vi). Three respite care plans (two hospital and one rest home) reviewed did not demonstrate comprehensive interventions to guide staff in management of identified risks including (but not limited to) continence, pressure injury, restraint use, and falls risk.	
Criterion 3.2.4 In implementing care or support plans, service providers shall demonstrate: (a) Active involvement with the person receiving services and whānau; (b) That the provision of service is consistent with, and contributes to, meeting the person's assessed needs, goals, and aspirations. Whānau require assessment for support needs as well. This supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective; (c) That the person receives services that remove stigma and promote acceptance and	PA Low	The registered nurses are responsible for the development of the care plan on the electronic resident management system. Assessment tools including interRAI were completed to identify key risk areas. Care plans reflect the required health monitoring interventions for individual residents. The registered nurses are responsible for updating the care plans with changes; however, these have not always been completed or signed and dated when done. Caregivers complete monitoring charts that include observations, behaviour logs, bowel records, blood pressure readings, weight, food and fluid intake and output, change of position, and blood glucose levels.	(i). The care plan has not been updated for one hospital resident to indicate a pressure injury that healed in June 2025. (ii). Changes to two respite care plans have not been dated or signed by the registered nurse. (iii). Fluid output monitoring has not been consistently documented as per care plan for two residents with catheters (one hospital and one rest home level of care). (iv). For one resident with a current pressure injury, there was no change of position documented as per care plan. (v). Two of two restraint	(i)-(ii). Ensure that care plans are updated with changes and these are dated and signed for. (iii)-(v). Ensure monitoring records are comprehensively completed as per care plan. 90 days

inclusion; (d) That needs and risk assessments are an ongoing process and that any changes are documented.		However, not all monitoring charts were completed according to the care plan. Review of fall related incidents showed that neurological observations are routinely completed for unwitnessed falls, or where head injury was suspected as part of post falls management.	monitoring records reviewed do not evidence when periodic release times of restraint have been completed as per care plan.	
Criterion 3.4.1 A medication management system shall be implemented appropriate to the scope of the service.	PA Moderate	There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Controlled drugs are stored appropriately in safes in the three units. All controlled drugs are prescribed individually, dispensed from the pharmacy through bulk order and administered for the residents using the bulk stock, including for the six rest home residents on controlled drugs. Medications were appropriately stored in the three medication areas and locked trollies. There is a process in place to ensure that medication fridges and medication room temperatures are monitored daily. However, for unit two and unit three, there is no evidence that temperature monitoring and recording has been completed daily. Review of the last four months records indicate periods	(i). Six rest home residents on controlled drugs have individual prescriptions but are dispensed and administered through the bulk order process. (ii). ’As required’ medication effectiveness has not been documented consistently. (iii). Four medication charts did not have allergies documented. (iv). Medication room temperature monitoring has not been consistently done daily for unit 2 and unit 3.	(i). Ensure that controlled drugs for rest home level care residents are ordered, dispensed, and administered specifically for them in line with expected regulations and not as bulk stock process. (ii). Ensure effectiveness of ‘as required’ medicines is documented consistently. (iii). Ensure allergies are consistently documented on the medication charts. (iv). Ensure daily temperature monitoring is completed for medication rooms and fridges. 60 days

		where temperature readings were not recorded. When completed, the temperature records reviewed showed that the temperatures were within acceptable ranges or corrective actions implemented when out of range. Eighteen electronic medication charts were reviewed. Four medication charts did not have allergy status documented. Medication competent caregivers and registered nurses sign when the medication has been administered. “As required” medicines are administered as prescribed by medication competent staff; however, effectiveness has not been consistently documented in the electronic system or progress notes.		
Criterion 3.4.6 Service providers shall facilitate safe self-administration of medication where appropriate.	PA Moderate	Six residents were identified as self-administering medications. All had initial competency assessments completed by a registered nurse and either a general practitioner or nurse practitioner. There is a process to ensure that the residents are assessed monthly by the registered nurses and three-monthly by the general practitioner or nurse practitioner. However, for all six residents who self-administer medications, the required three-monthly competency assessment reviews by the general practitioner or	There is no documented three-monthly general practitioner or nurse practitioner competency review for the six residents who self-administer medications.	Ensure competency reviews are completed by the general practitioner or nurse practitioner and documented. 60 days

		nurse practitioner had not been completed. Safe storage for these medications is provided in each resident’s room.		
Criterion 3.5.5 An approved food control plan shall be available as required.	PA Low	On the day of the audit, the kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced. The kitchen manager outlined the kitchen team all utilise the service specific electronic application, which includes all fridge, freezer, chiller temperatures recordings and kitchen cleaning regimes. This system records any anomalies and tasks that are yet to be completed. Freezer and fridge temperatures in the kitchen are checked as scheduled and showed that the temperatures were within acceptable ranges. There are fridges in the kitchenettes across the three units of the facility. The fridges are used to store resident food and milk for residents and family/whānau to make hot drinks. Food in these fridges were not labelled and dated. At the time of the audit there was no process in place and evidence of monitoring the temperatures of these fridges.	(i). There is no process in place to monitor and record fridge temperatures in the kitchenettes. (ii). Food stored in the kitchenette fridges were not labelled or dated.	(i). Ensure fridge temperature monitoring is completed. (ii). Ensure food stored in the fridges is labelled and dated. 90 days

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	**Attainment Rating**	**Audit Evidence**	**Audit Finding**
Criterion 5.3.3 Service providers, shall evaluate the effectiveness of their AMS programme by: (a) Monitoring the quality and quantity of antimicrobial prescribing, dispensing, and administration and occurrence of adverse effects; (b) Identifying areas for improvement and evaluating the progress of AMS activities.	CI	The service has an antimicrobial stewardship programme that monitors the use of antibiotic and antimicrobials. A continuous improvement has been awarded for the impact Horowhenua Masonic Village’s AMS programme has had on reducing urinary tract infections and changing clinical practice.	A continuous improvement has been awarded for the impact Horowhenua Masonic Village’s AMS programme has had on reducing urinary tract infections and changing clinical practice Horowhenua Masonic Village started their AMS journey late 2023 acknowledging internal changes to process were required to meet best practice. There was a two-pronged approach – raising awareness of antibiotic usage across the team and resident/whānau and then monitoring infection rates, identifying trends and implementing reduction strategies. A project plan was developed. Antibiotic awareness month was held across October and November 2023. A range of activities were held including education sessions for staff, residents and family/whānau and information boards. The activities team incorporated infection control into the activities programme with ‘bug’ colouring competitions and word finding activities. Also, during this

			early-stage, monitoring tools were established, such as a six-monthly report to send to the facility GP reporting on the AMS programme, and development of an antimicrobial infection report through the quality system. With monitoring tools in place, the facility being to interrogate infection rates looking at the number and types of infection and identifying chronic and recurrent infections. Since 2022, Horowhenua Masonic Village had benchmarked a high urinary tract infection rate across the Masonic Care Group, where 58% of all UTIs reported across the Group were attributed to Horowhenua Masonic Village. As part of implementation of the AMS project, the service examined the number of urine specimens that were sent to the laboratory across 2023. Of the 41 UTIs across 2023 only four had been diagnosed by a laboratory specimen. The remaining had been treated based on dipstick testing. A change in practice was starting to be seen across 2024 where there had been 27 UTIs and 19 had been diagnosed through laboratory testing. Further improvements can be seen across the first six months of 2025, where all suspected UTIs had a specimen sent to the laboratory – a total of 15. Of these 15 specimens, 12 residents were not treated with antibiotics as the laboratory result was negative, two residents were prescribed antibiotics specific to the organism cultured, and one resident had the prescribed antibiotic stopped as it was not required. As a result of the facility's focus on AMS – in particular working collaboratively with the general practitioner, interrogating current practice and specific infection types (eg, UTI), the facility has managed to change practice from urine dip sticking to identify infection, to the more robust measure of specimen cultures to confirm infection and specific bacteria. In addition, residents are now more likely to either not be prescribed antibiotics and/or be prescribed antibiotics specific to the bacteria. Based on

			year-on-year data, the facility has demonstrated changes are embedded into practice. The facility was asked about resident acuity and turnover that may impact on data reported. The facility informed a relatively stable resident population. The AMS work programme continues to evolve. The facility is now working with their pharmacist to develop an audit of prescribing practices that could be extracted from Medi Map.

End of the report.