

Eastgrove Lifecare Limited - Masonic Court

Introduction

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

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to Manatū Hauora (the Ministry of Health).

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā paerewa Health and disability services standard (NZS8134:2021).

You can view a full copy of the standard on the Manatū Hauora website by clicking [here](#).

The specifics of this audit included:

Legal entity: Eastgrove Lifecare Limited

Premises audited: Masonic Court

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 14 October 2025 End date: 15 October 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: 45

Executive summary of the audit

Introduction

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

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

General overview of the audit

Masonic Court provides hospital (geriatric and medical), and rest home care for up to 56 residents. At the time of the audit there were 45 residents.

This provisional audit was completed to assess the suitability and preparedness of the prospective new owner. The provisional audit was conducted against Nga Paerewa Health and Disability Services Standards 2021 and the contracts with Health New Zealand. The audit process included the review of existing policies and procedures, and documents from the prospective owner, the review of resident and staff files, observations and interviews with residents, family member, staff, management team and the prospective owner.

The service is currently managed by the acting manager, supported by a qualified clinical nurse lead. A quality and risk management system is in place. Feedback from family/whānau interviewed was very positive regarding the care and services provided.

This provisional audit identified areas requiring improvement in relation to internal auditing processes, care planning, interRAI assessments and medication management.

The prospective owner is an experienced aged care provider who currently operates four other aged care facilities and has been involved in the sector for the past 17 years. The prospective owner has confirmed that no changes are planned to the existing policies, systems, or physical environment. An external consultant has been engaged to facilitate a smooth transition of staff to new employment agreements. An experienced aged care manager within the prospective owner's organisation will be appointed to oversee the service, and the current provider has agreed to remain available to provide ongoing support and advice for as long as required.

This provisional audit identified that the prospective owner has the required skills and experience and demonstrated their ongoing commitment to provide services in line with legislation, contracts and guidelines, including Te Tiriti o Waitangi.

Ō tātou motika | Our rights

Masonic Court provides a safe and supportive environment that upholds resident rights and promotes high standards of care. Staff demonstrated sound knowledge of residents' rights and responsibilities in their daily practice. The service has both Māori and Pacific health plans in place, reflecting its commitment to culturally responsive and equitable care.

Residents are supported in ways that preserve their dignity, privacy, and independence. Regular updates and open communication ensure families remain well informed. The right of residents to raise concerns or make complaints is recognised, respected, and consistently upheld by the service.

Hunga mahi me te hanganga | Workforce and structure

A business plan is in place and was most recently reviewed by the Board. Masonic Court operates a robust quality and risk management system that includes ongoing audits, benchmarking, and analysis of clinical indicators. Monthly meetings provide a

structured forum for monitoring quality, safety, and operational performance. The hazard and risk register is current and was most recently reviewed within the past year. The service implements a staffing and rostering policy that supports effective workforce management and reflects good employment practice. A comprehensive education plan supports ongoing staff development, with training delivered as scheduled.

Resident information is collected, stored, and used in a manner that ensures security, accessibility, and confidentiality at all times.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

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

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

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

Discharge and transfers are coordinated and planned.

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

The building holds a current warrant of fitness. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. There are communal toilets/shower rooms with privacy signs. Rooms are personalised. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy reach of residents. Security checks are performed by staff and there is security lighting.

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

The infection prevention and control programme is implemented and ensures staff have access to up-to-date information, guidelines, and resources to support safe practice. Records confirm that infection control education is incorporated into staff orientation and continues through the regular in-service training schedule. The use of antimicrobials is reviewed and monitored.

The surveillance programme reflects the scope and complexity of the service. Consistent definitions are applied to identify and classify infections. Data from surveillance activities are analysed, reported to relevant personnel, and prompt appropriate follow-up actions. There has been one outbreak since the previous audit which was well managed.

All chemicals are stored securely across the facility. Staff are trained in the correct handling of waste and hazardous substances, with established procedures guiding safe practice and timely reporting of any incidents. The environment, including fixtures, fittings, and flooring, supports hygiene and ease of cleaning. Policies and procedures for cleaning and laundry services are in place, with regular monitoring to assess and maintain the quality and effectiveness of these systems.

Here taratahi | Restraint and seclusion

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

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	23	0	2	2	0	0
Criteria	0	161	0	4	3	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

For more information on the standard, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>Masonic Court has a documented Māori Health Plan that recognises Te Tiriti o Waitangi as a founding document and demonstrates a strong commitment to supporting Māori residents and whānau. The service currently has residents who identify as Māori and number of Māori workforce. The service actively incorporates Māori cultural values, tikanga, and the treaty principles into its daily operations and staff training.</p> <p>Staff receive education on Te Tiriti o Waitangi, He Korowai Oranga (the Māori Health Strategy), and the Te Whare Tapa Whā model of health and wellbeing. These concepts are woven into wider training programmes to ensure cultural competence. Staff also have access to tikanga guidelines and are encouraged to use te reo Māori and relevant tikanga practices in their interactions with residents.</p> <p>The acting manager collaborates with mana whenua, local Māori healthcare providers, and a Māori cultural mentor to strengthen cultural responsiveness, address service barriers, and promote equity for Māori and tāngata whaikaha. The acting manager has personal links with the local marae, which further enhances the service's cultural connections and ability to engage meaningfully with the Māori community. The service maintains a relationship with a local Kaumātua who can be</p>

		<p>consulted when needed and is actively increasing Māori representation within its workforce to further build capacity and cultural safety.</p> <p>Staff interviewed (one registered nurse (RN), five caregivers, one activities coordinator, one maintenance staff and one cook) and two managers (the acting manager and the clinical nurse lead) described how they integrate the principles of Te Tiriti o Waitangi and tikanga into their daily practice and interactions with residents.</p>
<p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.</p> <p>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.</p> <p>As service providers: We provide comprehensive and equitable health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>	FA	<p>Masonic Court acknowledges the uniqueness of Pacific cultures and the importance of dignity and the sacredness of life in caring for Pacific people. A comprehensive Pacific Health Plan is in place, guided by the Ministry of Health's Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 and the Fonofale model.</p> <p>While there were no Pacific residents on the day of the audit, a number of Pacific staff are employed at the service. Staff interviewed explained how cultural beliefs and preferences are identified during admission and incorporated into care planning, with families encouraged to participate in decision-making. The service promotes culturally responsive practice by consulting with Pacific staff and engaging community links to support residents' wellbeing.</p> <p>Masonic Court also provides equitable employment opportunities for Pacific people and continues to recruit Pacific staff as vacancies arise. Staff and five family/whānau interviewed (three rest home and two hospital) confirmed that all cultures are respected and that cultural preferences and individual needs are acknowledged and supported in daily care.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people</p>	FA	<p>The Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights is clearly displayed throughout Masonic Court and outlined in the information provided to residents and their whānau on admission. The acting manager or clinical nurse lead discusses residents' rights during admission, and the topic is regularly revisited at resident and family meetings.</p>

<p>in a way that upholds their rights and complies with legal requirements.</p>		<p>Six residents (three rest home and two hospital) and family/whānau interviewed confirmed that rights are respected and upheld, and interactions observed during the audit demonstrated dignity and respect. Information about the Nationwide Health and Disability Advocacy Service is easily accessible at the facility entrance and in resident information packs. Links to spiritual support are maintained through local churches, with regular church services held on site.</p> <p>Staff receive education on the Code during orientation and ongoing training, including understanding advocacy and how it relates to the complaints process. The service also upholds Māori mana motuhake, self-determination and independence through its Māori Health Plan and culturally responsive practices.</p> <p>The prospective owner has over 17 years of aged care experience and own another aged care facilities. Comprehensive policies and processes are in place, demonstrating their awareness and respect for consumer rights.</p>
<p>Subsection 1.4: I am treated with respect</p> <p>The People: I can be who I am when I am treated with dignity and respect.</p> <p>Te Tiriti: Service providers commit to Māori mana motuhake.</p> <p>As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.</p>	<p>FA</p>	<p>Staff interviewed described how they actively support residents to make their own choices and maintain control over their daily lives. Family/whānau confirmed that their loved ones' preferences are respected, providing examples of how choice and independence are encouraged. The annual training plan reflects a commitment to meeting the diverse needs of residents, and observations during the audit showed residents being treated with dignity and respect.</p> <p>A sexuality and intimacy policy guides staff practice, supported by training to ensure sensitivity and professionalism. At the time of the audit, one married couple was receiving care; although in separate rooms, their privacy and relationship were respected. Staff were observed using person-centred and respectful language, and residents and families expressed confidence that their individual values and beliefs were understood and upheld.</p> <p>Information about residents' cultural values, spiritual beliefs, and preferred names is gathered on admission (with whānau input) and incorporated into care plans. The service promotes te reo Māori and tikanga Māori throughout daily life, and celebrations such as Matariki</p>

		<p>and Māori Language Week.</p> <p>All staff participate in dedicated cultural training led by the Māori cultural mentor, covering Te Tiriti o Waitangi, tikanga Māori, and health equity. This builds awareness of cultural accessibility and supports inclusive care. The service also works alongside tāngata whaikaha, ensuring they can participate fully in activities of their choice, including those connected to Te Ao Māori.</p>
<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>FA</p>	<p>New employees are introduced to the staff Code of Conduct during induction and are required to sign to confirm their understanding. The Code outlines expectations for professional behaviour and reinforces the service's commitment to eliminating discrimination, harassment, and bullying. Staff are collectively responsible for maintaining a safe, respectful, and inclusive workplace, and are encouraged to challenge racism and reflect on personal bias. The organisation applies a strengths-based and holistic approach to care, ensuring the wellbeing of Māori residents and all individuals is supported.</p> <p>Staff receive training during orientation and annual refreshers on how to recognise and respond to abuse and neglect. These topics are also reinforced through education on the Code of Rights and self-awareness of behaviour. Residents and family/whānau interviewed consistently described staff as caring, supportive and professional. Interviews with management and a review of documentation confirmed that there have been no reported incidents of abuse or neglect within the service.</p> <p>Robust recruitment and safety processes are in place, including police vetting for all new employees. Professional boundaries are clearly defined within job descriptions and reinforced during induction. Staff interviewed demonstrated a clear understanding of their roles, responsibilities, and the importance of maintaining appropriate professional relationships. The service also follows transparent procedures for managing residents' personal and comfort funds.</p>

<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Residents and their family/whānau receive clear information about the services available at the time of admission. Regular resident and family meetings provide opportunities for feedback and follow-up by the management team.</p> <p>Policies covering incidents, complaints, and open disclosure outline staff responsibilities for informing whānau or next of kin when an adverse event occurs. Incident and accident forms reviewed showed that communication with families is prompt and thorough, which was confirmed during interviews with family/whānau.</p> <p>Interpreter services are available in accordance with the service's interpreter policy. Although all residents at the time of the audit were able to communicate in English, staff and management demonstrated awareness of how to access interpreter support and alternative communication resources when needed.</p> <p>Family/whānau of non-subsidised residents are informed in writing about their eligibility and the process for becoming subsidised if applicable. Prior to admission, they are also made aware of the range of services offered and any associated costs not covered under the agreement.</p> <p>The service maintains strong communication with external health and support agencies, including hospice, physiotherapy, wound care specialists, dietitians, and mental health services. The acting manager provided examples of open, transparent communication with family/whānau, particularly during times of decision-making and support.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own</p>	<p>FA</p>	<p>Residents and their family/whānau are informed about consent processes at the time of admission. Review of residents' files confirmed that general consent forms are completed and signed during admission, and specific consents are obtained for particular procedures such as vaccinations. Staff interviewed demonstrated a clear understanding of the importance of obtaining consent and provided appropriate examples of how they seek consent when delivering care and supporting residents in their daily activities.</p>

<p>health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>		<p>Admission agreements are signed by the resident or their enduring power of attorney (EPOA), and copies of EPOA documentation are stored in residents' electronic records. Where an EPOA has been activated, evidence of a medical certificate confirming incapacity was available. The service encourages family/whānau involvement in decision-making in accordance with the resident's wishes.</p> <p>An informed consent policy, which also covers advance directives, guides practice. Competent residents have completed advance directives, including resuscitation preferences. In cases where residents are unable to make such decisions, the nurse practitioner or GP records a clinical decision following consultation with the EPOA. Family/whānau confirmed they are actively involved in discussions affecting their loved one's care.</p> <p>Staff receive ongoing training on the Code of Rights and informed consent. The service also aligns its practice with tikanga Māori guidelines, supported by the Māori Health Plan, to ensure culturally responsive consent processes that reflect Māori values and perspectives of health.</p>
<p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>	<p>PA Low</p>	<p>Information about the complaints process is provided to residents and their whānau on admission and is consistent with the Health and Disability Commissioner's (HDC) guidelines. All complaints, whether verbal or written, are recorded in the complaints register. Since the previous audit in June 2025, two complaints have been received. A review of documentation confirmed that these were acknowledged, investigated, and followed up with written responses. While previous issues relating to complaints management have largely been addressed, the most recent complaints did not include information about the right to appeal and therefore remains a finding.</p> <p>One historical complaint from 2022 remains open with the HDC. Correspondence received in August 2025 included recommendations, with the service expected to provide a formal response by November 2025.</p> <p>Complaints and outcomes are discussed during staff and quality improvement meetings to ensure learning and continuous</p>

		<p>improvement. Staff interviewed confirmed they are informed of any complaints and subsequent corrective actions through these forums.</p> <p>Residents and family/whānau reported they are aware of the complaints process and know how to raise concerns. Complaints forms are readily available at the facility entrance, and residents and whānau noted they feel comfortable discussing issues directly with management. Independent advocacy services are accessible to those who wish to use them.</p> <p>The complaints process is inclusive and culturally responsive. Documentation is available in te reo Māori, and management are mindful that Māori residents and whānau may prefer face-to-face communication and collective involvement when addressing concerns.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p>	<p>FA</p>	<p>Masonic Court operates under the governance of the Ruapehu Masonic Association Trust. The facility provide rest home and hospital level of care for up to 56 residents. There are 11 beds dedicated rest home beds and 45 dual purpose beds. All rooms are single occupancy, with no shared or double rooms.</p> <p>At the time of the audit, 45 residents were receiving care. Of these, 23 residents were receiving rest home level care, including one on a long-term support – chronic health (LTS-CHC) contract and another privately funded. Twenty-two residents were receiving hospital-level care, including two on interim funding and one supported through ACC. All remaining residents were funded under the Age-Related Residential Care (ARRC) agreement.</p> <p>The Ruapehu Masonic Association Trust Board comprises twelve trustees who collectively bring diverse expertise. The Board meets all legislative, contractual, and regulatory obligations. Organisational values are clearly defined and communicated to both staff and residents, and information about the service is available to residents and their family/whānau.</p> <p>The Board is supported by the Masonic Court Trust Committee, which receives monthly reports from the management team. These reports include updates on incidents, health and safety, staffing, infection</p>

	<p>control, restraint, and other quality and risk management activities. Reports and performance data are reviewed at monthly Committee meetings and quarterly Board meetings, which the acting manager attends. Quality improvements are identified, actioned and monitored. A clearly defined governance and clinical leadership structure is in place that aligns with the scale and complexity of the service.</p> <p>The Board includes Māori representation and demonstrates an understanding of Te Tiriti o Waitangi, cultural safety, and health equity. Masonic Court's guiding philosophy and values are derived from the principles of Freemasonry and are reflected throughout its business plan, quality goals, and objectives. Since the last audit, the business plan has been reviewed and updated. The organisation's annual quality and risk management plan is developed collaboratively with staff input and feedback from resident and family/whānau surveys. This plan identifies and addresses barriers to equitable service delivery for Māori and tāngata whaikaha (people with disabilities).</p> <p>Governance demonstrates a proactive and inclusive approach to promoting equity through policy development, community engagement, equitable resource allocation, cultural competence training, and collaboration with Māori organisations. This approach aligns with national health strategies and ensures that services reflect te ao Māori values and practices. The acting manager maintains close working relationships with local Māori and Pacific groups, promotes te reo Māori within the service, and supports staff to enhance their understanding of tikanga Māori. Whānau are encouraged to take part in the planning, implementation, and review of care.</p> <p>Board members and the management team have undertaken cultural competency training, covering Te Tiriti principles, Māori and Pacific health, and cultural safety. The acting manager, who has remained in the role since the previous audit, oversees both operational and quality performance. The acting manager meets weekly with the Board Secretary and provides a comprehensive monthly performance report.</p> <p>The acting manager is supported by an experienced clinical nurse lead, who has been in the role for two years and is currently completing nurse practitioner training. The clinical nurse lead has completed over eight hours of professional education in the past year specific to rest</p>
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		<p>home management and clinical leadership.</p> <p>The prospective owner currently owns four other aged care facilities and will appoint a new aged care manager to oversee the service. All existing staff including the clinical nurse lead are expected to remain with the service. There is a documented transition plan, and Masonic Court is going to be available to support the prospective owner.</p> <p>The existing philosophy of care will be adopted by the prospective owner. The prospective owner has met with relevant Health New Zealand personnel and relevant authorities have been notified of pending change of ownership. An external consultant has been engaged to facilitate a smooth transition of staff to new employment agreements.</p> <p>At the time of the audit, staff, families and residents had not yet been formally notified of the proposed change in ownership.</p> <p>During the interview, the prospective owner demonstrated a strong commitment to providing equitable services and clearly outlined objectives aimed at advancing equity within the service.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p>	<p>PA Low</p>	<p>A quality and risk management framework is documented that incorporates performance monitoring through regular internal audits, collection and analysis of clinical indicators, and internal benchmarking. Policies and procedures, together with clear implementation systems, provide assurance that the service aligns with recognised standards and best practice. A formal document control process is maintained to ensure all policies are current, reviewed regularly, and updates are communicated to staff in a timely manner.</p> <p>Monthly quality and staff meetings serve as key forums for discussing a range of operational matters including quality data, infection prevention, health and safety, complaints management, staffing, and education. Staff meetings have resumed as scheduled since the previous audit.</p> <p>Internal audits are undertaken consistently, with most clinical audits demonstrating full compliance; however, there are areas still showing gaps between documented results and current practice. Review of</p>

	<p>audit records indicated that details such as the name and number of resident files audited were not consistently recorded, making verification difficult. Environmental audits: however, were well-documented, showing corrective actions taken, followed up, and signed off. Quality data and trend analyses are displayed and accessible to all staff. Since the last audit, incident trends and audit outcomes have been critically reviewed and discussed with staff, with evidence of resulting improvements.</p> <p>Staff satisfaction surveys have not been being evidenced as completed since February 2024, and resident surveys were still underway at the time of audit.</p> <p>The health and safety system is well established, with defined goals and active monitoring. The health and safety officer has completed formal training, and monthly meetings are held. Safety data sheets, hazard registers, and risk assessments are current, with the latest review completed in January 2025. Policies are actively implemented, and updates are communicated through the health and safety committee and staff noticeboard. Both staff and contractors receive orientation to the programme, and regular manual-handling training is provided. Staff involved in incidents are offered debriefing and wellbeing support. Wellbeing initiatives include individual support, family/whānau involvement, cultural celebration days and shared kai.</p> <p>All staff have undertaken cultural safety education to support the provision of high-quality, culturally responsive care for Māori. Residents' ethnicity is recorded on admission, enabling quality indicators to be reviewed for equity outcomes and trends.</p> <p>All incidents and accidents are recorded electronically, with immediate actions and follow-up documented. Monthly analysis and internal benchmarking of incidents occur, and all adverse events are reviewed by the registered nurses, clinical nurse lead, and acting manager to identify and mitigate future risk.</p> <p>Discussions with management confirmed awareness of mandatory notification requirements. Since the last audit, one 31 notification has been submitted. A recent outbreak was appropriately notified. There have been no Severity Assessment Code (SAC) reports required to be sent to the Health Quality & Safety Commission. Interviews with the</p>
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		<p>acting manager confirmed a sound understanding of statutory reporting obligations, and this area is now considered compliant.</p> <p>Interview with the prospective owner confirmed the current quality and risk management system will continue following the sale and they are already familiar with the system in use. There will be no changes to policies, and the prospective owner will continue to engage the aged care consultant for the review and update of policies.</p> <p>The prospective owner is fully informed of the legislative requirements and obligations in meeting this standard.</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	<p>FA</p>	<p>The service has an established staffing policy and procedure that outlines the principles and rationale for rostering. Documented processes guide the determination of staffing levels and skill mix to ensure culturally, and clinically safe care is provided at all times, 24 hours a day, seven days a week. Staffing numbers are adjusted in response to residents' changing needs. A review of current rosters confirmed that shifts are consistently covered with 24/7 registered nurse presence and oversight from the management team. Dedicated staff are employed for activities, maintenance, laundry and housekeeping to support service operations.</p> <p>The acting manager reported that any staffing gaps or shortages are promptly communicated to the governance team. Staff interviewed stated that their workloads are manageable and described management as approachable and supportive. The acting manager and clinical nurse lead are available Monday to Friday and provide after-hours on-call cover.</p> <p>Masonic Court employs seven registered nurses and an enrolled nurse, two of whom are interRAI trained. Staff also participate in external training provided by Health New Zealand, hospice services, and online education platforms, with evidence of attendance kept in staff files.</p> <p>An annual education and training plan is in place and being actively implemented. The schedule includes mandatory topics such as cultural safety, which is introduced at orientation and refreshed annually for all</p>

		<p>staff. Staff are required to complete annual competency assessments in areas such as restraint minimisation, infection control practices, cultural safety and safe moving and handling. Records of completion are maintained.</p> <p>Staff are encouraged to engage in ongoing professional development to enhance their understanding of Māori health outcomes, inequities, and cultural responsiveness. Training materials and resources are shared during cultural education sessions, with Māori staff contributing personal insights and whakapapa experiences to support learning. The organisation promotes the completion of New Zealand Qualifications Authority (NZQA) certificates through Careerforce. There are 27 caregivers; 10 have achieved level 4, three have achieved level 3 and 12 have achieved level 2. Two are currently completing level 2.</p> <p>Family/whānau interviewed expressed satisfaction with staffing levels, noting that care is consistently delivered by familiar, attentive, and well-supported staff. The service demonstrates a strong commitment to staff wellbeing and a positive work environment through effective support systems and organisational culture. Policies and practices promote health and safety, and open communication, with staff confirming they feel valued and supported in their roles. Adequate staffing levels, regular supervision, training, and professional development opportunities contribute to a safe and competent workforce. Wellbeing initiatives such as flexible rostering, social activities, and recognition of achievements further enhance morale. Overall, systems and staff feedback confirm that the organisation upholds the Ngā Paerewa requirement to promote worker wellbeing and a positive, collaborative workplace culture.</p> <p>The prospective owner has indicated that no changes are planned to the current staffing roster and intends to continue providing all staff with education and training consistent with the existing training plan.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p>	<p>FA</p>	<p>Comprehensive human resources policies guide recruitment, selection, orientation, and ongoing staff education and development. Staff files are securely maintained. Review of eight staff files showed each contained a signed employment agreement, job description, completed</p>

<p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>		<p>police vetting, orientation records relevant to the position, and reference checks. For staff employed longer than one-year, annual performance appraisals were evident. A current register of practising certificates for registered nurses is maintained on site, along with copies of certificates for other registered health professionals.</p> <p>Each position has a clearly defined job description outlining key responsibilities, expected outcomes, accountabilities and required behaviours. Job descriptions are signed by staff and align with the organisation's values and performance expectations.</p> <p>Competency assessments are completed during the induction process and annual competencies are also completed. The orientation programme is designed to equip staff with the knowledge and skills to deliver culturally safe care, including support for Māori residents.</p> <p>Employee ethnicity information is recorded, and an ethnicity database is maintained. Where staff incidents or accidents occur, evidence shows that debriefing and follow-up actions are documented, with wellbeing support offered to affected employees.</p> <p>The prospective owner has engaged an external consultant to assist with transition of staff onto a new employment contract.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	<p>FA</p>	<p>Resident and staff records are maintained in both electronic and paper formats. Hard copy documents are securely stored in locked cabinets when not in use, while electronic files are protected by password access and routinely backed up through a secure cloud system. Staff have received targeted training to ensure appropriate responses and procedures are followed should such failures occur in the future.</p> <p>The structure and content of resident records align with the scope of services provided and reflect effective coordination of care. All records are clearly written, dated and identifiable to the relevant service provider, whose name and designation accompany each signature. Archived records are kept in a locked storage area and can be readily accessed when needed.</p> <p>Upon admission, all essential information is entered into each resident's individual file within 24 hours. Personal details and health</p>

		<p>information are treated as confidential and are not accessible to other residents or the public. The acting manager currently fulfils the role of privacy officer for Masonic Court.</p> <p>The service is not responsible for National Health Index (NHI) registration.</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	<p>FA</p>	<p>There is an entry and decline to entry policy documented. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Admission agreements reviewed align with all service requirements. Exclusions from the service are included in the admission agreement. Family/whānau and residents interviewed stated that they have received the information pack and have received sufficient information prior to and on entry to the service. Admission criteria is based on the assessed need of the resident and the contracts under which the service operates. The acting manager and clinical nurse lead are available to answer any questions regarding the admission process and a waiting list is managed.</p> <p>The service openly communicates with prospective residents and family/whānau during the admission process and declining entry would be if the service had no beds available. Potential residents are provided with alternative options and links to the community if admission is not possible. The service logs all declined entry to service, the reasons and follow up. The service collects and collates ethnicity of entry and decline rates for Māori. All quality data including incidents and accidents and infection control are also linked to ethnicity. This is an improvement from the previous audit.</p> <p>The facility has developed relationships with local Māori groups to provide Māori services and Rongoa Māori health practitioners.</p>
<p>Subsection 3.2: My pathway to wellbeing</p>	<p>PA</p>	<p>The registered nurses are responsible for all residents' assessments, care planning and evaluation of care. Seven resident files were</p>

<p>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.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p>	<p>Moderate</p>	<p>reviewed: four at hospital level including one resident on ACC contract, and one funded through an intermediate care contract and three at rest home at rest home level of care including one resident on an LTS-CHC contract. Initial assessments and care plans are developed with the residents or Enduring Power of Attorney (EPOA) consent and have been completed within the required timeframe. Care plans are based on data collected during the initial nursing assessments and information from pre-entry assessments.</p> <p>The electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments, and the interRAI assessment; however, not all interRAI assessments have been completed within three weeks of admission. All resident on a long-term contact have a documented six monthly interRAI: including for the resident on the LTS-CHC contract. Both the residents on ACC contracts and the resident funded through interim care are new and were assessed using the comprehensive initial assessment tool.</p> <p>All seven resident files reviewed had a documented care plan in place; however, not all care plans documented the care interventions for all identified needs for residents. The care plan aligns with the service's model of care of Te Tapa Whare Wha. There are policies and procedures for use of short-term care plans which are utilised for issues such as infections, weight loss, bruises and wounds.</p> <p>Interview with the clinical nurse lead and registered nurses confirmed that a Māori health care plan is completed for any residents that identified as Māori to describe the support required to meet resident's needs, as sighted in the resident records and this was evidenced in one file for a resident who identifies as Māori. The registered nurses interviewed, described removing barriers so all residents have access to information and services required to promote independence, and working alongside residents and family/whānau when developing care plans, so residents can develop their own pae ora outcomes.</p> <p>The initial medical assessment is undertaken by the contracted nurse practitioner within the required timeframe following admission. Residents have had reviews by the nurse practitioner within required timeframes and when their health status changes. The contracted nurse practitioner visits the facility at least weekly, and the GP provides after hours on-call support. The general practitioner and nurse</p>
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	<p>practitioner have access to the resident management system and the medication system. Documentation and records reviewed were current. The general practitioner and nurse practitioner were not available at the time of audit. A physiotherapist visits the facility weekly and reviews residents referred by the registered nurses. A speech language therapist, hospice, dietitian, wound care nurse specialist and medical specialists are available as required through Health New Zealand. The resident records reviewed did not all demonstrate that specialist care had been accessed when reasonably expected and where monitoring had been requested by the nurse practitioner; this had not always taken place.</p> <p>Contact details for family are recorded on the electronic system. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health, including infections, accidents/incidents, general practitioner visits, medication changes and any changes to health status.</p> <p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos and wound measurements were consistently taken as per policy; however, the identification of wounds on the wound log and on wound care assessments and plans did not consistently match the actual wounds. There were two identified wounds for one wound plan.</p> <p>There were 17 active wounds for 12 residents. The wounds reviewed included seven pressure injuries (three stage one and four stage two), lesions and skin tears. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans.</p> <p>Caregivers interviewed could describe a verbal and written handover at the beginning of each shift that maintains a continuity of service delivery, as observed on the day of audit, and was found to be comprehensive in nature. Progress notes are written each shift and as necessary by caregivers and registered nurses. When changes occur with the residents' health, these are reflected in the progress notes to provide an evolving picture of the resident journey. When a resident's condition alters, the registered nurse initiates a review with the nurse practitioner. Registered nurses also undertake comprehensive</p>
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		<p>assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required; however, interventions were not always documented in either a short-term care plan or long-term care plan to meet the changes in healthcare needs of the residents.</p> <p>There was evidence the registered nurse has added to the progress notes when there was an incident and changes in health status.</p> <p>Monthly observations such as weight and blood pressure were completed and are up to date. Monitoring forms are not always completed as clinically indicated. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Neurological observations are well documented for unwitnessed falls according to policy for those where head injury was suspected as part of post falls management. Analgesia was noted to have been administered post falls, as indicated by outcome of assessments and as prescribed. Caregiver interviews confirmed they are familiar with the needs of the residents in the facility and that they have access to the supplies and products they require to meet those needs.</p> <p>Resident care is evaluated on each shift and reported at handover. Long-term care plans are formally evaluated every six months in conjunction with the interRAI re-assessments and when there is a change in the resident's condition. Evaluations are documented by the registered nurse and include the degree of achievement towards meeting desired goals and outcomes.</p> <p>Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p>
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. As service providers: We support the people using our services to maintain and develop their interests and participate in meaningful community and social activities, planned and unplanned, which are suitable for their age and stage and are satisfying to them.</p>	<p>FA</p>	<p>There are two activity coordinators, who are both studying for the diversional therapist qualification. Between them they provide activities over seven days. There is equipment left out for the caregivers to assist with activities after hours. The programme is planned monthly, and a programme is placed in large print on noticeboards in all areas and in resident rooms.</p> <p>The service facilitates opportunities to participate in te ao Māori with Māori language posters, introducing te reo Māori language in activities,</p>

		<p>participation in Māori language week, Waitangi Day celebrations and Matariki. Activities are delivered to meet the cognitive, physical, intellectual, and emotional needs of the residents. Those residents who prefer to stay in their room or cannot participate in group activities, have one-on-one visits and activities such as discussions, manicures and relaxation activities are offered specific to the resident needs.</p> <p>There is a communal lounge where group activities and entertainment for the residents is facilitated. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. Individual activity plans are included as part of the resident overall care and support plan and are individualised to each resident. The service has worked with the registered nurses and activity team to ensure responsibility for activity plans is allocated and communicated. Activity staff job descriptions reflect their role to document individualised activity plans,</p> <p>Activities include (but are not limited to) exercises; baking demonstrations; crafts; games; quizzes; entertainers; crosswords; gardening; board gaming; pampering; happy hour; and bingo. There are regular van drives scheduled for outings; the service hires a van with a lift to ensure that non mobile resident can also have van trips. There is an interdenominational church service held. There are visits from pet therapy and children.</p> <p>There are monthly resident meetings, with family/whānau welcome to attend these. Residents can provide feedback on activities at resident meetings and six-monthly care plan reviews. Residents and family/whānau interviewed stated the activity programme is meaningful and engaging.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies</p>	<p>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The registered nurses have completed syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role</p>

<p>with current legislative requirements and safe practice guidelines.</p>	<p>regarding medication administration. The service uses an electronic medication system and blister packs for regular, short course and pro re nata (prn) medicines. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications are stored securely in the medication room. Medication trolleys are always locked when not in use. The medication fridge and room temperatures are monitored daily. The temperature records reviewed showed that the temperatures are within acceptable ranges. All medications, including stock medications are checked monthly. All eyedrops have been dated on opening and discarded as per manufacturer's instructions.</p> <p>The electronic medication charts reviewed confirmed the general practitioner or nurse practitioner reviews all resident medication charts three-monthly and each chart has photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were no residents self-administering medications. There is a documented process should a resident want to self-administer medicines including assessment, reviews and safe storage. Prn medications are administered as prescribed, with effectiveness documented in the electronic medicine management system. The electronic medication system has a process where staff can sign 'dose supplied'. This process is used for body cream and fortified drinks allowing care staff to provide the medication during care; however, the service does not check that the 'dose supplied' medications have been administered and do not check and sign them off during the shift. There are no vaccines kept on site, and no standing orders are in use.</p> <p>The registered nurses and clinical nurse lead described how they work in partnership with Māori residents and family/whānau to ensure the appropriate support is in place, advice is timely, easily accessed, and treatment is prioritised to achieve better health outcomes. Residents and their family/whānau are supported to understand their medications when required including updates around medication changes as well as reasons for changing</p> <p>The service has initiated a system to ensure that medications could be given according to the prescription as part of a business continuity</p>
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		<p>plan. The prospective owner confirmed the medication management system will remain unchanged.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people’s nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	<p>FA</p>	<p>All meals are all prepared and cooked on site. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced. Dry ingredients were decanted into containers for ease of access with all dry goods evidencing a decanting and or expiry date. The four-weekly seasonal menu has been reviewed by a dietitian. The chef is supported by another cook to ensure a seven-day cover and kitchen assistants each day who work morning and afternoon shifts. All kitchen staff have completed safe food handling training and hygiene courses. There is a current food control plan (expiring August 2026), and a dietitian review of the menu dated February 2025.</p> <p>There is a food services manual available in the kitchen. The chef receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. Resident’s dietary profiles had been reviewed and updated as required. Interview with the chef confirmed that alternative meals are offered for those residents with dislikes or religious and cultural preferences. Residents are provided with alternatives as required and access to nutritious snacks. On the day of audit, meals were observed to be well presented. Caregivers and kitchen staff interviewed understand tikanga guidelines in terms of everyday practice. Tikanga guidelines related to food service are available to staff. The chef stated that they provide food for the cultural themed days in line with the theme. Meals are prepared with predominantly fresh protein and vegetables.</p> <p>The kitchen team are assigned daily tasks which includes fridge and freezer temperatures recordings. Food temperatures are checked at different stages of the preparation process. Review of the records confirmed that these are all within safe limits. Staff were observed wearing correct personal protective clothing in the kitchen. Cleaning schedules are maintained.</p> <p>Residents were observed enjoying their meals. Most residents were</p>

		<p>observed to have their meals with other residents in the communal dining rooms; however, can have their meals in their room if they wish. Staff were observed assisting residents with meals in the dining area and modified utensils are available for residents to maintain independence with eating as required. The residents and family/whānau interviewed were satisfied with the food service, the variety and choice of meals provided. They can offer feedback direct to the chef on the day, at the resident meetings and through resident surveys.</p> <p>In case of civil defence emergency there is adequate food supply available.</p> <p>The prospective owner confirmed there will be no immediate changes made to the menu.</p>
<p>Subsection 3.6: Transition, transfer, and discharge</p> <p>The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service.</p> <p>Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>Planned discharges or transfers are coordinated in collaboration with the general practitioner, resident and family/whānau to ensure continuity of care. There are documented policies and procedures to ensure discharge or transfer of residents is undertaken in a timely and safe manner. The facility utilises the Health New Zealand 'yellow envelope' system to ensure sufficient detail is shared with other agencies and a safe transition occurs. The residents and their family/whānau were involved for all transfers or discharges to and from the service. Discharge notes are uploaded to the resident management system and discharge instructions are incorporated into the care plan. Family/whānau are advised of options to access other health and disability services and social support or Kaupapa Māori agencies when required.</p> <p>An escort is provided for transfers when required. Residents are transferred to the accident and emergency department in an ambulance for acute or emergency situations. Referrals to seek specialist input for non-urgent services are completed by the general practitioner and registered nurses. Residents are supported to access or seek referral to other health and/or disability service providers. The resident and family/whānau were kept informed of the referral process, reason for transition, transfer or discharge as confirmed by</p>

		<p>documentation and interviews.</p> <p>The clinical nurse lead explained that the transfer between services includes a comprehensive verbal handover and the completion of specific transfer documentation.</p>
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>A current building warrant of fitness is displayed in the entrance to the facility. A preventative and reactive maintenance schedule is implemented. This includes monthly maintenance checks of all areas and specified equipment such as hoists. Staff identify maintenance issues on a form. This information is reviewed by the maintenance person and prioritised. Interviews confirmed staff awareness of the processes for maintenance requests and that repairs were conducted in a timely manner</p> <p>Interviews with staff and visual inspection confirmed that there is adequate equipment available to support care. Evidence of checking and calibration of biomedical equipment such as hoists was sighted. Testing and tagging is up to date for all electrical equipment. Hot water temperatures are monitored daily, and a process is in place to ensure prompt action is taken in the event of anomalies. A review of recorded hot water temperatures and interview with the maintenance person confirmed that temperatures have been maintained at the recorded safe temperature.</p> <p>All resident areas can be accessed with mobility aids. There are accessible external areas and courtyard gardens. External areas have outdoor seating and shade accessible by residents and their visitors. There are adequate numbers of accessible showers, hand basins and toilets throughout the facility with communal toilet/bathing facilities and visitors' toilets. Communal toilets have a system to indicate vacancy and have disability access. Visitors' toilets and residential toilets are located close to communal areas. All shower and toilet facilities have call bells; sufficient room, approved handrails, and other equipment to facilitate ease of mobility and to promote independence.</p> <p>All hospital level rooms have an ensuite. The service has a process to install ceiling hoist in all resident rooms. Currently 16 rooms have a</p>

		<p>ceiling hoist.</p> <p>Residents have their own room, and each is sufficient size to allow residents to mobilise safely around their personal space and bed area with mobility aids and assistance. Observation and interviews with residents confirmed there is enough space to accommodate: personal items, furniture, equipment, and staff as required. Observations and interviews with staff confirmed that space for hoists, wheelchairs and walking frames is satisfactory.</p> <p>All residents' rooms and communal areas accessed by residents have safe ventilation and at least one external window providing natural light. Resident areas in the facility are heated in the winter. The environment in resident areas was noted to be maintained at a satisfactory temperature. This was confirmed in interviews with residents and staff.</p> <p>There is a dedicated outdoor area for residents who smoke. There are no plans for buildings or renovation; however, the management report they will consult with Māori representatives to ensure the Māori aspirations are upheld.</p> <p>The prospective owner is not planning any immediate environmental changes to the facility, other than ongoing repairs.</p>
<p>Subsection 4.2: Security of people and workforce</p> <p>The people: I trust that if there is an emergency, my service provider will ensure I am safe.</p> <p>Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau.</p> <p>As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.</p>	<p>FA</p>	<p>Emergency management policies, including the pandemic plan, outlines the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand (November 1998). Fire evacuation drills are held six-monthly, and the last one was completed April 2025.</p> <p>There are emergency management plans in place to ensure health, civil defence and other emergencies are included. Civil defence supplies are stored in an identified cupboard and are checked monthly. In the event of a power outage, there is a portable generator on site</p>

		<p>that can be easily accessed. There is gas for cooking, and there is adequate food supply available for each resident in case of emergency. The water supplies available are adequate to provide staff and residents with 20 litres a day, for a minimum of seven days.</p> <p>Emergency management is included in staff orientation. It is also ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. There are call bells in the residents' rooms, communal toilets and showers, lounge and dining room areas. There are monitors in the hallways that indicate for staff where the bell has been activated. Call bells are tested monthly. The residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered. The building is secure after hours, and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately.</p> <p>Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance.</p> <p>As service providers: Our governance is accountable for ensuring the IP and AMS needs of our service are being met, and we participate in national and regional IP and AMS programmes and respond to relevant issues of national and regional concern.</p>	<p>FA</p>	<p>The infection prevention and control programme is well-designed and proportionate to the size, complexity, and risk profile of the service. Infection control activities are integrated into the wider quality, risk, and incident management systems.</p> <p>Infection data is routinely collated, analysed, and reviewed at staff and quality/management meetings. Critical evaluation of infection trends and outcomes, including outbreak review, is clearly documented. Infection control objectives are embedded within the organisation's strategic and quality improvement plans. Significant infection-related events are managed collaboratively, involving management, the general practitioner, and the public health team as required.</p> <p>A clear reporting framework ensures infection control and antimicrobial stewardship matters are communicated to the Trust Board, with urgent or significant issues such as outbreaks escalated promptly. The service also has access to specialist advice from a Health New Zealand infection prevention clinical nurse specialist.</p> <p>Hand sanitisers are conveniently located throughout the facility, and both residents and staff are encouraged and supported to maintain vaccination coverage. Visitors are reminded to refrain from entering the</p>

		<p>facility when unwell to protect residents and staff.</p> <p>The prospective owner has an established governance framework that ensures oversight and accountability for infection prevention and antimicrobial stewardship across its aged care services. The Board and senior management team include members with clinical expertise who review infection control performance indicators and antimicrobial usage as part of routine governance reporting.</p>
<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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.</p>	<p>FA</p>	<p>Masonic Court has a clearly defined and comprehensive Infection Prevention Programme that is developed by an external consultant, well known and respected in the industry and maintained by staff with infection prevention expertise. The programme outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. The programme is formally approved by the governance body and integrated into the organisation's overall quality and risk management framework through regular monitoring of infection trends, incident analysis, and implementation of corrective actions. Annual reviews are undertaken by the infection control coordinator.</p> <p>The service has an established pandemic response plan that outlines detailed procedures for outbreak management, screening processes, admission and transfer protocols, and the management of positive cases. Staff interviewed demonstrated sound understanding of these processes.</p> <p>The clinical nurse lead holds overall responsibility for infection prevention and control across the service. The infection control coordinator's position description clearly defines responsibilities for infection control and antimicrobial stewardship, including reporting structures to senior management and the Trust Board. The coordinator has undertaken external infection control training and remains current in best-practice knowledge. The service has access to strong external support from its general practitioners, diagnostic laboratory, and Health New Zealand infection control nurse specialist when required.</p>

		<p>Policies and procedures are in place to guide the safe use of both reusable and single-use equipment, supported by regular internal audits. Shared equipment is disinfected after each use, and single-use items are disposed of appropriately. Infection control information is available in te reo Māori, and the service works in partnership with Māori advisors to ensure culturally safe infection prevention practices that reflect the principles of Te Tiriti o Waitangi.</p> <p>Infection prevention and control training is included in staff orientation and reinforced through the annual education programme. Updates and reminders are communicated via handovers, noticeboards, and electronic messages. During the September 2025 outbreak, these communication channels were used effectively. Staff have completed competencies in hand hygiene and the correct use of personal protective equipment (PPE). Residents also receive infection-prevention education as part of daily care, and information resources are displayed in both English and te reo.</p> <p>Policies outline aseptic techniques for managing wounds and catheters to reduce healthcare-associated infections. The infection control coordinator contributes to the selection and procurement of consumables, PPE, and wound-care products in collaboration with the acting manager. In the event of any new build or major refurbishment, the management team and Trust Board consult with the Māori Advisor and local iwi to ensure culturally safe and sustainable design considerations are integrated into planning.</p> <p>The prospective owner will implement current antimicrobial management programme.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate</p>	<p>FA</p>	<p>The service has established policies and procedures governing the use of antimicrobials. Compliance with these is monitored through regular review of medication charts, prescriptions, and clinical documentation to ensure antibiotics are prescribed and administered appropriately. Oversight of antimicrobial use is primarily undertaken by the general practitioner and nurse practitioner, who review prescribing practices and monitor adherence to guidelines. The antimicrobial management approach is proportionate to the service's size, complexity, and</p>

<p>to the needs, size, and scope of our services.</p>		<p>resident acuity mix. Infection rates are tracked monthly, analysed for trends, and reported through staff and quality/management meetings. The routine or prophylactic use of antibiotics is actively discouraged and closely monitored to support responsible antimicrobial stewardship.</p> <p>The prospective owner will implement current antimicrobial management programme.</p>
<p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p>	<p>FA</p>	<p>The surveillance programme is suitable for the size and scope of the service. Infection data is collected monthly, guided by defined signs, symptoms, and infection criteria, and recorded in the infection register. All identified infections, including specific organisms, are summarised and analysed in a monthly report to identify emerging patterns or trends.</p> <p>Infection control data and trends are reviewed during staff and quality/management meetings. Ethnicity data has been incorporated into the surveillance system, allowing for easy extraction and comparison. The infection control coordinator undertakes internal benchmarking and ensures analysed data and meeting outcomes are displayed for staff awareness. Regular internal audits are conducted, with corrective actions implemented where improvement is needed. The service also receives updates from Health New Zealand on wider community health concerns to inform local responses.</p> <p>An Influenza A outbreak occurred in September 2025, with appropriate notifications made to relevant authorities. Documentation showed that the outbreak was well managed,</p> <p>including timely reporting, monitoring, and post-outbreak debriefing to identify strengths and opportunities for improvement. Interviews with the infection control coordinator confirmed that adequate personal protective equipment (PPE) supplies were available and ready for use in the event of future outbreaks.</p>
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a</p>	<p>FA</p>	<p>Policies and procedures are in place for chemical safety and waste management. All chemicals were correctly labelled with manufacturer information and securely stored in locked areas. Cleaning products are</p>

<p>hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	<p>dispensed through a controlled mixing system to ensure accurate dilution. Safety data and product information sheets were accessible. Sharps containers complied with hazardous substances regulations. Staff were observed using appropriate protective equipment such as gloves and aprons during their duties. Sluice rooms were equipped with sanitisers and a full range of PPE, including face shields. Staff have completed training in the safe handling of chemicals, and the contracted chemical supplier routinely reviews product performance and safety standards.</p> <p>Laundry services are carried out on-site by designated staff seven days a week. There is clear separation between clean and soiled areas, with an evident dirty-to-clean workflow. Resident clothing, bed linen, kitchen linen, and mop heads are laundered at different times to prevent cross-contamination. Commercial grade washing machines and dryers are available, regularly maintained, and serviced. Storage cupboards were well stocked with clean, good-quality linen.</p> <p>Cleaning trolleys were supervised while in use and locked away securely when not required. Daily and periodic cleaning schedules were consistently followed. The service maintains a clean and hygienic environment through safe and effective cleaning systems appropriate to the size and scope of the facility. A written cleaning policy outlines cleaning methods, frequency schedules, and approved cleaning materials consistent with infection prevention and control requirements. Effectiveness of cleaning processes is monitored through regular environmental audits, visual inspections, with results reviewed in staff and quality improvement meetings. Overall, evidence confirms that cleaning practices are systematic, well-monitored, and effectively implemented to maintain a safe and hygienic environment for residents, staff, and visitors.</p> <p>Staff interviewed demonstrated sound understanding of cleaning procedures and infection prevention practices. The infection control coordinator oversees ongoing internal audits of cleaning, laundry, and environmental safety and provides advice on equipment selection during purchasing, renovation, and maintenance activities.</p> <p>The prospective owner confirmed the laundry processes will remain on site. No proposed changes to chemical suppliers.</p>
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<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>The service is committed to providing services to residents without use of restraint. The restraint policy confirms that restraint consideration and application must be done in partnership with family/whānau, and the choice of device must be the least restrictive possible.</p> <p>The clinical nurse lead and acting manager described the focus on maintaining a restraint-free facility, implementing de-escalation techniques and alternative interventions at times when restraint is considered. The service works in partnership with Māori, to promote and ensure services are mana enhancing. The clinical nurse lead confirmed the service is committed to providing safe care to residents without use of restraint. The use of restraint would be reported in the quality and staff meetings. Restraint is part of orientation and training is provided annually or as necessary. Staff orientation and training on de-escalation intervention and behavioural challenges management is provided annually and through handover sessions as required. Staff interviewed showed a good understanding of restraint use, and care of resident with restraints.</p>

Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.8.3</p> <p>My complaint shall be addressed and resolved in accordance with the Code of Health and Disability Services Consumers' Rights.</p>	PA Low	<p>Information about the complaints process is provided to residents and their whānau on admission and all complaints, whether verbal or written, are recorded in the complaints register. Since the previous audit in June 2025, two complaints have been received. A review of documentation confirmed that these were acknowledged, investigated, and followed up with written responses and outcome is documented. In one instance, the complainant was dissatisfied with the outcome of their complaint, and the appeal process was not clearly communicated to them.</p>	<p>Complainants were not informed about appeal process.</p>	<p>Ensure that complainants are informed about appeal process.</p> <p>180 days</p>

<p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p>	<p>PA Low</p>	<p>Monthly staff, quality, and resident meetings are held as scheduled. Minutes reviewed demonstrated that corrective actions were clearly identified, documented, and followed up at subsequent meetings, with sign-off evidence sighted. Quality data and trend analyses are displayed and accessible to staff. Documentation showed that several key issues were critically reviewed to support ongoing service improvement. These were representing an improvement since the previous audit. While internal audits have been completed, the records were not fully traceable for verification.</p>	<p>Internal audits are completed regularly, and most clinical audits indicate full compliance. However, inconsistencies were identified between documented results and actual practice. Audit records lacked sufficient detail, such as the names and number of resident files reviewed, making verification of audit findings difficult.</p>	<p>Ensure that audit outcomes accurately reflect current practice and be supported by traceable evidence.</p> <p>90 days</p>
<p>Criterion 2.2.4</p> <p>Service providers shall identify external and internal risks and opportunities, including potential inequities, and develop a plan to respond to them.</p>	<p>PA Low</p>	<p>The Māori and Pacific Health Plans identify potential inequities in health outcomes and outline strategies to reduce barriers and improve access to culturally safe care. Interview with the board secretary and management, and document review confirmed that identified risks are discussed, analysed for impact, and incorporated into the quality improvement plan. Corrective action plans being developed and implemented when risks or opportunities for improvement were identified. Staff interviews confirmed awareness of the risk management process and their role in reporting</p>	<p>The most recent staff survey was completed in February 2024; a new survey has not been evidenced as being undertaken since. Resident satisfaction surveys were still underway at the time of this audit and had not yet been collated or analysed.</p>	<p>Ensure that resident and staff satisfaction surveys are completed as planned.</p> <p>90 days</p>

		new or emerging risks.		
<p>Criterion 3.2.1</p> <p>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.</p>	PA Low	<p>The electronic long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. Not all interRAI assessments have been evidenced as being completed within three weeks of admission. All resident on a long-term contact have a documented six monthly interRAI; including for the resident on the LTS-CHC contract. Both the residents on ACC contracts and the resident funded through interim care are new and were assessed using the comprehensive initial assessment tool.</p>	<p>Two new hospital level residents' initial interRAI had not been completed within set timeframes.</p>	<p>Ensure interRAI assessments are completed within set timeframes.</p> <p>60 days</p>
<p>Criterion 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and</p>	PA Moderate	<p>All seven resident files reviewed had a documented care plan in place documented by an RN in partnership with the resident and family/whānau; however, care plans did not always document the care interventions for all identified needs for residents, and access to specialist services was not documented when reasonably expected. The care plans align with the service's model of care of Te Tapa Whare Wha. When a resident's condition alters, the registered nurse initiates a review with the nurse practitioner. Registered nurses also</p>	<p>i). One hospital resident with a known suspected urinary tract infection and a history of urinary tract infections had no instructions documented to encourage fluids.</p> <p>ii). One hospital resident with high falls, a urinary catheter and reddened groins, had no instruction for care and support documented for any of these identified issues.</p> <p>iii). One hospital resident with known dementia had no support plans in place for management of the resident and their dementia.</p>	<p>i). – iii). Ensure that care plans include care and support interventions for all identified needs.</p> <p>iv). Ensure specialist referrals are undertaken as needed.</p> <p>v). Ensure that, where there are changes to care needs, a short-term care plan is documented, or short-term care needs are</p>

<p>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 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.</p>		<p>undertake comprehensive assessments, including (but not limited to) falls risk, pressure risk and pain assessment as required.</p>	<p>iv). One had a recent choking incident. There was no diet review and no instructions to manage swallowing (eg, sitting up to eat, small mouthfuls). The electronic care plan has a system for alerts. The choking risk alert had not been activated. This resident had not been evidenced to be referred to a speech language therapist for a swallowing review.</p> <p>v). One resident home resident and one hospital level resident had documented significant short-term changes to care needs (one was a urinary tract infection, and one was influenza). There were no short-term care plans documented or documented short term changes on the long-term care plan</p>	<p>documented in the long-term care plan.</p> <p>60 days</p>
<p>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</p>	<p>PA Moderate</p>	<p>Monthly observations such as weight and blood pressure were completed and are up to date. Monitoring forms for new issues had not all been completed as clinically indicated. All resident incidents were evidenced as being followed up in a timely manner by the registered nurse. Neurological observations were always completed for unwitnessed falls according to policy for those where head injury was suspected as part of post falls management.</p>	<p>i). The nurse practitioner had documented a request for twice daily blood pressure monitoring for a rest home level resident. This had not been document as taking place.</p> <p>ii). One wound plan identified the wound as pressure injury when it was a skin tear.</p> <p>iii). Two wound plans identified the wounds ‘not applicable’ when it was identified these wounds were stage</p>	<p>i). Ensure monitoring as requested is undertaken and documented.</p> <p>ii). and iii). Ensure that wounds are correctly identified.</p> <p>iv). Ensure that each wound has its own wound assessment and plan.</p>

<p>supports whānau ora and pae ora, and builds resilience, self-management, and self-advocacy among the collective;</p> <p>(c) That the person receives services that remove stigma and promote acceptance and inclusion;</p> <p>(d) That needs and risk assessments are an ongoing process and that any changes are documented.</p>		<p>There was evidence of wound care products available at the facility. The review of the wound care plans evidenced wounds were assessed in a timely manner and reviewed at appropriate intervals. Photos and wound measurements were consistently taken as per policy, however; the identification of wounds on the wound log and on wound care assessments and plans did not consistently match the actual wounds, and not all identified wounds had a wound assessment and plan. Referrals were completed for wound nurse specialist input as clinically indicated with recommended plans incorporated into the wound management plans.</p>	<p>two pressure injuries.</p> <p>iv). One wound care plan had two wounds on the same form.</p> <p>v). One surgical wound had no wound care plan.</p>	<p>v). Ensure that all wounds have a wound assessment and care plan.</p> <p>60 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>There are policies and procedures available for safe medicine management that meet legislative requirements. All clinical staff who administer medications are assessed for competency on an annual basis. Education around safe medication administration has been provided. The service uses an electronic medication system and blister packs for regular, short course and 'as required' medicines. The electronic medication system has a process where staff can sign 'dose supplied'. This process is used for body cream and fortified drinks allowing care staff to provide the medication during</p>	<p>There is no process to ensure that medication such as body lotions and fortified drinks signed off as 'dose supplied' have been provided.</p>	<p>Ensure that all medication are signed for when given.</p> <p>30 days</p>

		care; however, the service does not check that the 'dose supplied' medications have been administered and do not check and sign them off during the shift.		
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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.