

Ruapehu Masonic Association Trust - Masonic Court Rest Home

Introduction

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

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

The abbreviations used in this report are the same as those specified in section 0.4 of the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

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

The specifics of this audit included:

Legal entity:	Ruapehu Masonic Association Trust
Premises audited:	Masonic Court Rest Home
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 15 February 2024 End date: 16 February 2024
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:	51

Executive summary of the audit

Introduction

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

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

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

Key to the indicators

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

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

General overview of the audit

Masonic Court is a facility located in Wanganui. The service is certified to provide rest home and hospital (geriatric and medical) level care for up to 56 residents. There were 51 residents on the days of the audit.

This surveillance audit was conducted against a subset of the Ngā Paerewa Health and Disability Services Standard and the service's contract with Te Whatu Ora Health New Zealand -Wanganui. The audit process included a review of quality systems, the review of residents and staff files, observations, and interviews with residents, family/whānau, staff, management, and a general practitioner.

Masonic Court has set a number of quality goals which link to the organisation's business plan. The facility manager has experience in the aged care sector and is supported by the clinical nurse leader (registered nurse). Feedback from residents and family/whānau was very positive about the care and the services provided.

The service has addressed previous audit findings relating to registered nurse staffing and satisfaction surveys. Aspects of medicine management remain an area for improvement.

This surveillance audit identified shortfalls related to care planning interventions, and infection control.

Ō tātou motika | Our rights

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

Subsections applicable to this service fully attained.

The service provides an environment that supports residents' rights, and culturally safe care. Details relating to the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers Rights (the Code) is included in the information packs given to new or potential residents and family/whānau. There is a Māori health plan in place.

Residents receive services in a manner that considers their dignity, privacy, and independence. Staff provide services and support to people in a way that is inclusive and respects their identity and their experiences.

There is evidence that family/whānau are kept informed. The rights of the resident and/or their family/whānau to make a complaint are understood, respected, and upheld by the service. There is an established system for the management of complaints that meets guidelines established by the Health and Disability Commissioner.

Hunga mahi me te hanganga | Workforce and structure

Includes five subsections that support an outcome where people receive quality services through effective governance and a supported workforce.

Subsections applicable to this service fully attained.

Masonic Court has an overarching strategy with clear business goals to support organisational values. The Masonic Court business plan aligns with the mission statement and operational objectives. Effective quality and risk management systems that take a risk-based approach are in place to meet the needs of the residents and staff. Quality improvement projects are implemented. Internal

audits, meetings, and collation of data is completed, with corrective actions developed as indicated. Meeting schedules are maintained.

The service has an implemented health and safety programme. Hazards are managed. Incident forms are documented, and results are analysed.

A recruitment and orientation procedure is established. Staff are buddied with more experienced staff during their orientation. There is a staffing and rostering policy. A staff education/training programme is being implemented.

Ngā huarahi ki te oranga | Pathways to wellbeing

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

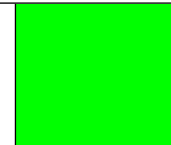
The organisation uses an electronic medicine management system for e-prescribing, and administration of medications. The general practitioner is responsible for all medication reviews. Staff involved in medication administration are assessed as competent to do so.

The food service caters for residents' specific dietary likes and dislikes. A current food control plan is in place.

Residents are referred or transferred to other health services as required.

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

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

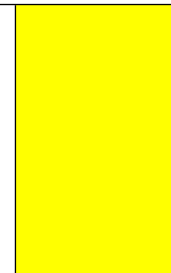


Subsections applicable to this service fully attained.

There is a current building warrant of fitness. There is a planned and reactive maintenance programme in place.

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

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



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

An infection control programme is documented for the service. Staff have attended education around infection control.

Surveillance of health care-associated infections is undertaken, and results are shared with all staff. Follow-up action is taken as and when required. There has been one outbreak since the previous audit in June 2022.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service is committed to maintaining a restraint-free service. There were no residents using restraints at the time of the audit. This is supported by the Board and policies and procedures. Staff interviewed demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions to prevent the use of restraint.

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	15	0	2	1	0	0
Criteria	0	46	0	2	1	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>	FA	<p>Masonic Court has a Māori health plan, which staff have implemented. Te Tiriti o Waitangi is considered in their day-to-day work. The service has relationships with Māori stakeholders and local communities. Staff have completed training around cultural safety and Te Tiriti o Waitangi. At the time of the audit, there were Māori staff and residents who confirmed in interview that mana motuhake is recognised.</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 has a Pacific health plan that encompasses the needs of Pasifika and addresses the Ngā Paerewa Health and Disability Services Standard. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships and embracing cultural and spiritual beliefs and providing high quality healthcare. At the time of the audit there were Pasifika residents. There were staff employed at the facility who identified as Pasifika.</p>

<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	<p>FA</p>	<p>The Code of Health and Disability Services Consumers' Rights (the Code) is displayed in English and te reo Māori. The facility manager (interviewed) demonstrated how it is also provided in welcome packs, in the language most appropriate for the resident, to ensure they are fully informed of their rights. Three residents interviewed (rest home) and two family/whānau (one hospital, one rest home) reported that all staff respected their rights, and that they were supported to know and understand their rights. Care plans reviewed were resident centred and evidenced input into their care and choice/independence. Staff have completed training on the Code of Rights.</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>An abuse and neglect policy is being implemented. Masonic Court policies prevent any form of discrimination, coercion, harassment, or any other exploitation. A comprehensive house rules / code of conduct is discussed and signed by staff during their induction to the service. The house rules / code of conduct addresses harassment, racism, and bullying. Staff sign to acknowledge that they accept the house rules / code of conduct as part of the employment process.</p> <p>Staff complete education on orientation and annually as per the training plan on how to identify abuse and neglect. Staff are educated on how to value the older person, showing them respect and dignity. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements a process to manage residents' comfort funds, such as sundry expenses.</p> <p>Professional boundaries are defined in job descriptions. Interviews with three registered nurses and three caregivers confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation.</p> <p>Interviews with eight staff (three caregivers, three registered nurse, one head cook, one maintenance), the facility manager, residents and family/whānau and documentation reviewed, confirmed that the staff are very caring, supportive, and respectful.</p>

<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>There is a policy that guides informed consent (including Māori, who may wish to involve whānau for collective decision making). Five resident files were reviewed and written general consents sighted for outings, photographs, release of medical information, medication management and medical cares were included and signed as part of the admission process. Residents and family/whānau interviewed were able to describe what informed consent was and knew they had the right to make choices. At interview with family/whānau, they confirmed that they are involved in the decision-making process, and in the planning of resident's care.</p> <p>Discussions with registered nurses and caregivers confirmed they are familiar with the requirements to obtain informed consent for personal cares and entering rooms. Signed admission agreements, enduring power of attorney (EPOA) and activation documentation were evident in the resident files sampled.</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>FA</p>	<p>The complaints procedure is an equitable process provided to residents and families/whānau during the resident's entry to the service. Access to complaint forms is located at the entrance and in visible places throughout the facility or on request from staff. Residents or family/whānau making a complaint can involve an independent support person in the process if they choose. The complaints process is linked to advocacy services. The Code of Health and Disability Services Consumers' Rights and complaints process is visible, and available in te reo Māori, and English.</p> <p>A complaints register is maintained which includes all complaints, dates and actions taken. There have been five internal complaints received since the last audit, with themes around food and care. It is evidenced in meeting minutes that complaints are discussed with staff and the Board. The health and disability commissioner (HDC) complaint from 2021 remains open (noted in previous audit, June 2022), with all required documents and reports supplied to HDC.</p> <p>Documentation of complaints, including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner (HDC). All</p>

		<p>complaints are documented as resolved and closed.</p> <p>Discussions with residents and family/ whānau confirmed that they were provided with information on the complaints process and remarked that any concerns or issues they have raised, were addressed promptly. Information about the support resources for Māori is available to staff to assist Māori in the complaints process. Interpreters contact details are available. The facility manager acknowledged their understanding that for Māori, there is a preference for face-to-face communication and to include whānau participation. Staff interviewed confirmed they are informed of complaints (and any subsequent corrective actions) in staff meetings.</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, located in Whanganui, is certified for up to 56 beds: eleven dedicated rest home level and 45 dual purpose beds. There are no double or shared rooms.</p> <p>At the time of audit, there were 51 residents in the facility: 34 rest home level of care residents, including one on long-term support chronic health contract (LTS-CHC) and two on Accident Compensation Corporation (ACC) funding; and 17 hospital level of care residents, including four on Accident Compensation Corporation (ACC) funding, two on a palliative care contract and one on intermediate care. All remaining residents were on the age-related residential care agreement (ARRC).</p> <p>Masonic Court is governed by a Trust Board, consisting of nine Board members with a range of experience and skills, including clinical expertise. The governance body meets legislative, contractual, and regulatory requirements. The governance body understands the obligation to comply with Ngā Paerewa NZS 8134:2021. The organisation values were displayed in the facility and in information available to residents and family/whānau and is included in the strategic business plan.</p> <p>There are currently Māori representatives at governance level and as a Board they demonstrate core competencies which include understanding of the service's obligations under Te Tiriti, health equity, and cultural safety. Masonic Court's philosophy and values flow from the principles of the free masonry and underpins the business plan, quality goals and objectives. The strategic business plan is developed annually, and has key outcomes which are resident centred, such as resident satisfaction; health and safety;</p>

		<p>complaint; education; ongoing refurbishment of the facility; new equipment; and a new information technology (IT) system and fiscal stability, which are monitored at Board meetings. Business plans and goals are reviewed regularly by the Board of Trustees, with the 2023 goals having been signed off by the facility manager and Board representative. The organisation has an annual quality and risk management plan, which is developed with input from facility staff. The plan ensures barriers to equitable service delivery for Māori and tāngata whaikaha are addressed.</p> <p>The Māori health plan describes how the organisation will ensure equity. The facility manager described how the facility has embarked on cultural awareness training, creating working relationships with local Māori and Pacific groups, introducing the basics of te reo Māori and supporting staff to upskill in Māori tikanga. Families/whānau are encouraged to participate in the planning, implementation, monitoring, and evaluation of service delivery.</p> <p>The facility manager oversees the facility's quality and operational performance and holds a weekly meeting with the Board secretary, who visits the facility in person, as well as producing a monthly report for the Board.</p> <p>The facility manager (non-clinical) has been in the role for almost three years, is experienced in elderly care management and is responsible for the daily operations for the facility. They are supported by a part time clinical nurse leader (CNL) (on leave at the time of the audit), who has been in the role for two years, and an assistant manager. The manager, clinical nurse lead, and assistant manager have maintained at least eight hours annually of professional development activities related to managing a rest home.</p>
<p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous</p>	<p>FA</p>	<p>Masonic Court has an implemented quality and risk management programme, developed by an external contractor. The quality system includes performance monitoring; internal audits; resident family satisfaction; staff retention; and the collection, collation, and benchmarking of clinical indicator data. Monthly quality improvement and staff meetings provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place, with corrective actions documented where</p>

<p>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>indicated to address service improvements, with evidence of progress and sign off when achieved. Quality goals and progress towards attainment are discussed at meetings. Quality data and trends are added to meeting minutes and available for staff to access in the staffroom. Corrective actions are discussed at staff meetings to ensure any outstanding matters are addressed with sign off when completed as sighted in the meeting minutes.</p> <p>Resident, family/whānau satisfaction surveys are completed annually. The November 2022 and most recent November 2023 resident, family/ whānau satisfaction surveys have been collated, analysed, and indicate that residents, and family/ whānau have reported high levels of satisfaction with the service provided. The results have been communicated to residents and family/whānau, and quality actions/improvements related to food and laundry have been put in place as indicated. This is an improvement on the previous audit, and the partial attainment relating to # 2.2.3 has been satisfied.</p> <p>A health and safety system is in place. Hazard identification forms are completed, and an up-to-date hazard register was reviewed (sighted). Manufacturer safety datasheets are up to date. Staff are kept informed on health and safety issues in handovers and meetings. In the event of a staff accident or incident, a debrief process is documented on the accident/incident form.</p> <p>Electronic accident/incident forms are completed for each incident/accident, and immediate action is documented with any follow-up action(s) required, evidenced in the twelve accident/incident records reviewed. Each incident involving a resident reflected a clinical assessment and a timely follow up by a registered nurse. Opportunities to minimise future risks were identified where possible through a corrective action plan and discussions at staff meetings. Incident and accident data is collated monthly and analysed for trending. Results are discussed at the meetings.</p> <p>Discussions with the facility manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been Section 31 notifications completed to notify HealthCERT of an outbreak and registered nurse shortage; with the last one completed first week of January 2024. There was one gastroenteritis related outbreak since previous audit, which was appropriately notified.</p>
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<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>There is a staffing policy that describes rostering. The roster provides sufficient and appropriate coverage for the effective delivery of care and support. The registered nurses, activities staff, and a selection of caregivers hold current first aid certificates. There is a first aid trained staff member on duty 24/7. Interviews with staff confirmed that their workload is manageable, and that management is very supportive. Staff and residents are informed when there are changes to staffing levels, evidenced in staff interviews.</p> <p>The facility manager, and clinical nurse leader are available Monday to Friday. Clinical on call is rotated between the clinical nurse leader and the senior registered nurses. The facility manager is available 24/7 for any non-clinical concerns.</p> <p>There have been Section 31 notifications completed to notify HealthCERT of registered nurse shortage since last audit. The last notification was completed in the first week of January 2024. The service now has a full complement of registered nurse staff to ensure 24/7 registered nurse cover of shifts. This was sighted on the rosters reviewed. The previous audit shortfall (# 2.3.1) has been addressed.</p> <p>There is an annual education and training schedule being implemented that includes mandatory training completed for 2023 and being implemented for 2024. A record of completion is maintained on the electronic staff file records and hard copy training register. The education and training schedule lists compulsory training, which includes Māori health, tikanga, and Te Tiriti O Waitangi. Cultural awareness training is part of orientation and provided annually to all staff. External training opportunities for care staff includes training through Te Whatu Ora Health New Zealand -Whanganui.</p> <p>Competencies and questionnaires are completed by staff, which are linked to the education and training programme. Staff completed competency assessments and questionnaires as part of their orientation related to cultural competency; fire safety; infection prevention and control; moving and handling; falls; Code of Rights; ageing; communication; restraint; dementia; challenging behaviour; and medication management. All care staff who administer medications and those who are medication checkers are required to complete medication competencies annually. A record of completion is maintained in the electronic competency register.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Of the 22 caregivers, 12 have</p>
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		<p>completed NZQA level 3 and above, and five completed NZQA level 2.</p> <p>Additional RN competencies cover medication administration; syringe driver; nebuliser; oxygen; interRAI assessment; and wound management. There are seven registered nurses (including the clinical nurse leader), with two being interRAI trained.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are stored securely in the facility manager's office. The staff files reviewed evidenced implementation of the recruitment process, employment contracts, police checking, and completed orientation programmes specific to their roles. All staff signed a house rules/code of conduct document at time of employment commencement.</p> <p>There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and additional roles (eg, restraint coordinator, infection control coordinator) to be achieved in each position. All staff sign their job description during their onboarding to the service.</p> <p>A register of practising certificates is maintained for all health professionals. The appraisal policy is implemented, and all staff who had been employed for over one year have an annual appraisal completed.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation.</p>
<p>Subsection 3.2: My pathway to wellbeing</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</p>	PA Low	<p>Five resident files were reviewed: three rest home; including one on Accident Compensation Corporation (ACC) funding, and one on long-term support chronic health contract (LTS-CHC), and two hospital level of care, including one on intermediate care. The registered nurses (RNs) are responsible for all residents' assessments, care planning and evaluation of care; however, there were long-term care plans and short-term care plans developed and evaluated by non-regulated staff. Care plans are based on data collected during the initial nursing assessments, and information from pre-entry assessments completed by the Needs Assessment Service</p>

<p>and whānau to support wellbeing.</p>	<p>Coordination (NASC) or other referral agencies.</p> <p>Initial assessments and long-term care plans were completed within the required timeframes for residents, detailing needs and preferences. The individualised long-term care plans (LTCPs) are developed with information gathered during the initial assessments and the interRAI assessment. All LTCP and interRAI sampled (except for intermediate care and ACC) had been completed within three weeks of the residents' admission to the facility. Documented interventions and early warning signs meet the residents' assessed needs; however, the interventions were not detailed to provide guidance to care staff in the delivery of care. The activity assessments include a cultural assessment, which gathers information about cultural needs, values, and beliefs. Information from these assessments is used to develop the resident's individual activity care plan.</p> <p>Short-term care plans are developed for acute problems, for example infections, wounds, and weight loss. Resident care is evaluated on each shift and reported at handover and in the progress notes. If any change is noted, it is reported to the registered nurse. 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 registered nurses and include the degree of achievement towards meeting desired goals and outcomes. Residents interviewed confirmed assessments are completed according to their needs and in the privacy of their bedrooms.</p> <p>There was evidence of family/whānau involvement in care planning and documented ongoing communication of health status updates. Family/whānau interviews and resident records evidenced that family/whānau are informed where there is a change in health status. The service has policies and procedures in place to support all residents to access services and information. The service supports and advocates for residents with disabilities to access relevant disability services.</p> <p>The initial medical assessment is undertaken by the general practitioner (GP) within the required timeframe following admission. Residents have ongoing reviews by the GP within required timeframes and when their health status changes. There are weekly GP visits and as required. Medical documentation and records reviewed were current. The GP interviewed stated that they had recently started their contract with the service and are establishing systems and communication pathways with the team. The</p>
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		<p>contracted GP is also available on call during work hours and afterhours. On weekends, the service accesses Whanganui Accident Medical (WAM) Centre or the emergency department. There is access to a physiotherapist and continence specialist as required. A podiatrist visits regularly and a dietitian, speech language therapist, hospice, psychiatrist, wound care nurse specialist and medical specialists are available as required through Te Whatu Ora - Whanganui.</p> <p>An adequate supply of wound care products were available at the facility. A review of the wound care plans evidenced that most wounds were assessed in a timely manner and reviewed at appropriate intervals; however, not all pressure injuries had the stage / grade documented. Photos were taken where this was required. Where wounds required additional specialist input, this was initiated, and a wound nurse specialist was consulted. At the time of the audit, there were 27 active wounds from 13 residents, including seven pressure injuries (one stage I, one stage II, and the rest did not have their grade/stage documented).</p> <p>The progress notes are recorded and maintained in the integrated records. Monthly observations such as weight and blood pressure were completed and are up to date. Neurological observations are recorded following unwitnessed falls or where there is suspected injury to the head. A range of monitoring charts are available for the care staff to utilise. These include (but not limited to) monthly blood pressure; fluid balance; weight; bowel records; and repositioning chart. Review of records confirmed that these monitoring charts were completed as indicated. Staff interviews confirmed they are familiar with the needs of all residents in the facility and that they have access to equipment, supplies and products they require to meet those needs. Staff receive handover at the beginning of their shift, which was observed to be comprehensive on the day of the audit.</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</p>	<p>PA Moderate</p>	<p>There are policies available for safe medicine management that meet legislative requirements. Staff who administer medications have been assessed for competency on an annual basis. Education around safe medication administration has been provided.</p> <p>All medication charts and signing sheets are electronic, with the exception of the recently admitted respite resident. Staff were observed to be safely</p>

<p>medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>administering medications. The registered nurses and caregivers interviewed could describe their role regarding medication administration. The service uses blister packs for all regular medications. All medications are checked on delivery against the medication chart and any discrepancies are fed back to the supplying pharmacy.</p> <p>Medications were appropriately stored in the medication trolley and the medication cupboard. There is a process for checking expiry dates and out of date medications are returned to the pharmacy. There were no expired or out of date medications in storage. This is an improvement on the previous audit. The medication fridge temperature monitoring was completed daily. This is an improvement on the previous audit. The medication room temperatures have not been monitored daily and there were no documented corrective actions when temperatures were above 25 degrees. Not all eyedrops and creams have been dated on opening. Controlled drugs are stored appropriately, and weekly stock check has been completed regularly by medication competent staff. Six-month pharmacist check and reconciliation has been completed since last audit, with last check completed November 2023. This is an improvement on the previous audit. Medication incidents were completed in the event of a drug error and corrective actions were acted upon.</p> <p>Ten electronic medication charts were reviewed. The medication charts reviewed identified that the general practitioner had reviewed all resident medication charts three-monthly, and each medication chart has photo identification and allergy status identified. The effectiveness of 'as required' medications is not always recorded in the electronic medication system. This continues to be an ongoing partial attainment. There were no residents self-administering medications. The medication policy describes the procedure for self-medicating residents, and this can be implemented as required. There are no standing orders in use.</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</p>	<p>FA</p>	<p>Residents' nutritional requirements are assessed on admission to the service in consultation with the residents and family/whānau. The dietary profile and nutritional assessment identifies residents' personal food preferences, allergies, intolerances, any special diets, cultural preferences, and modified texture requirements. A daily running sheet ensures residents receive their special diets and food preferences. Copies of individual dietary</p>

<p>traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>		<p>profile and nutritional assessments were available in the kitchen folder. A food control plan is in place and expires 26 August 2024.</p>
<p>Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>	<p>FA</p>	<p>A standard transfer notification form is utilised when residents are required to be transferred to the public hospital or another service. Residents and their families/whānau were involved in all transfers to and from the service and there was sufficient evidence in the residents' records to confirm this. Records sampled evidenced that the transfer and discharge planning included risk mitigation and current residents' needs. The discharge plan sampled confirmed that, where required, a referral to other allied health providers to ensure the safety of the resident was completed.</p>
<p>Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	<p>FA</p>	<p>The buildings, plant, and equipment are fit for purpose at Masonic Court and comply with legislation relevant to the health and disability services being provided. The environment is inclusive of people's cultures and supports cultural practices. The current building warrant of fitness expires 22 June 2024. There is an annual maintenance plan that includes electrical testing and tagging, equipment checks, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Essential contractors/tradespeople are available 24 hours a day as required. Hot water temperature recording reviewed had corrective actions undertaken when outside of expected ranges, including discussion at the health and safety meeting and escalation to the Board through the facility managers monthly report.</p>

<p>Subsection 5.2: The infection prevention programme and implementation</p> <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>The infection prevention and control manual outlines a comprehensive range of policies, standards and guidelines and includes defining roles, responsibilities and oversight, and the training and education of staff. Policies and procedures are provided by an external consultant, with input from infection control specialists and reviewed by the management team. Infection control is included in the internal audit schedule. Any corrective actions identified have been implemented and signed off as resolved. The infection control programme is reviewed and reported on annually.</p> <p>Infection prevention and control is part of staff orientation and included in the annual training plan. Staff education includes (but is not limited to): standard precautions; isolation procedures; hand washing; and donning and doffing of personal protective equipment (PPE). The clinical nurse leader is the infection control coordinator. The service receives additional support from expertise at Te Whatu Ora- Whanganui.</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>PA Low</p>	<p>Infection surveillance is an integral part of the infection programme, as described in the infection prevention control policy. Monthly infection data is collected for all infections based on signs, symptoms, and the definition of the infection. Infections are entered into the infection register and surveillance of all infections (including organisms) is collated onto a monthly infection summary. Reports include antibiotic use.</p> <p>This data is monitored and analysed for trends, monthly and annually. Masonic Court does not incorporate ethnicity data into surveillance methods and data captured around infections. Infection control surveillance results are discussed at quality improvement and staff meetings. Meeting minutes and data are available for staff. Action plans are completed for any infection rates of concern. Internal infection control audits are completed, with corrective actions for areas of improvement.</p> <p>Masonic Court receives regular notifications and alerts from Te Whatu Ora- Whanganui for any community concerns. There has been one gastroenteritis related outbreak reported since the previous audit in July 2022. This was well documented, managed, and reported to Public Health.</p>

<p>Subsection 6.1: A process of restraint</p> <p>The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices.</p> <p>As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.</p>	<p>FA</p>	<p>Maintaining a restraint-free environment is the aim of the service. Policies and procedures meet the requirements of the Standard. An interview with the registered nurses, caregivers and the facility manager described Masonic Court's commitment to restraint minimisation. This is supported by the Board and policies and procedures. On the days of audit, there were no restraints in use. The clinical nurse leader is the restraint coordinator.</p> <p>Restraint is included as part of the orientation for staff and staff attend training related to restraints, falls prevention, and management of behaviours that challenge and de-escalation techniques. Alternatives to restraint, behaviours that challenge, and residents who are a high falls risk, are discussed at staff meetings and quality improvement meetings. Any use of restraint and how it is being monitored and analysed, would be reported at these meetings.</p> <p>A comprehensive suite of assessment, approval, monitoring, and quality review process is documented for all use of restraint. The facility manager and the RNs interviewed described ways they would work in partnership with residents and family/whānau to promote and ensure services are mana enhancing, and the cultural advisor will be consulted as required.</p>
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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 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 beliefs are considered;</p> <p>(e) Cultural assessments are</p>	PA Low	<p>The service has comprehensive policies related to assessment, support planning and care evaluation. Registered nurses are responsible for completing assessments (including interRAI), developing resident centred care interventions, and evaluating the care delivery six-monthly or earlier, as residents needs change. However, three of the assessments, care planning and evaluation reviewed evidenced them being completed by non-regulated staff. The service seeks multidisciplinary input as appropriate to the needs of the resident. Care plan evaluations identify progress to meeting goals.</p> <p>The outcome of assessments informs</p>	<p>(i). Care plans reviewed for two hospital and one rest home resident evidence assessments, interventions and care evaluation being completed and signed off by a non-regulated staff member.</p> <p>(ii). There were no detailed interventions to guide staff in the delivery of care service for a). one hospital resident in relation to pressure injury risk management. The same resident did not have detailed interventions related to pain management.</p> <p>(iii). One rest home resident in relation to management of a urinary tract infection.</p>	<p>(i). Ensure that only registered nurses (or enrolled nurses under direction and delegation) are responsible for resident clinical assessments, care planning and evaluations.</p> <p>(ii).- (iv). Ensure that there are detailed interventions to guide staff in the delivery of care services.</p> <p>(iii). Ensure that all pressure injuries have their stage/grade</p>

<p>completed by culturally competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people’s values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person’s wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People’s care or support plan identifies wider service integration as required.</p>		<p>the long-term care plans, with interventions to deliver care. However, interventions in long-term care plans reviewed were not detailed to provide guidance for staff in the delivery of care. A review of the wound care plans evidenced that most wounds were assessed in a timely manner and reviewed at appropriate intervals; however, not all pressure injuries had their stage / grade documented.</p> <p>Supplementary documentation reviewed and interviews with resident, family/whānau and care staff identified that the shortfalls noted relates to documentation only and the residents received the required care; therefore, the risk is assessed as a low risk.</p>	<p>(iv). One rest home resident had no interventions documented in relation to a). diabetes management including signs and symptoms of hypo and hyperglycaemia and management, b). The initial care plan and nutritional and dietary profile did not refer to the resident being diabetic, and c) the same resident did not have a wound care plan for the stage II pressure injury since admission (for three days).</p> <p>(v). Documentation reviewed for five of seven pressure injuries did not have the classified stages/grades documented.</p>	<p>documented.</p> <p>90 days</p>
<p>Criterion 3.4.1</p> <p>A medication management system shall be implemented appropriate to the scope of the service.</p>	<p>PA Moderate</p>	<p>The registered nurses and medication competent caregivers are responsible for the administration of medications. Those responsible for medication administration have all completed medication competencies and education related to medication management. There is a policy and process on safe medicine management including reconciliation, storage, and documentation requirements. However, medication room temperature monitoring had not</p>	<p>(i). Eye drops and creams not dated on opening.</p> <p>(ii). Medication room temperature monitoring not completed daily.</p> <p>(iii). There were entries of medication room temperatures greater than 25 degrees with no corrective actions documented as having been completed.</p> <p>(iv). Six of ten charts did not demonstrate documentation on the</p>	<p>(i). Ensure eye drops and creams are dated on opening.</p> <p>(ii). Ensure medication room temperatures are monitored and recorded as per policy.</p> <p>(iii). Where temperatures are out of expected range, ensure that corrective actions</p>

		<p>been consistently done daily as per policy. There were entries when the temperature recorded was above 25 degrees; however, there was no evidence of corrective actions put in place to manage the risk.</p> <p>Review of the medication charts and progress notes indicated that staff were not always documenting the outcome or effectiveness of pro re nata (PRN) medications when they were administered. Observation of the medication round confirmed that creams and eye drops in use in the medication trolley, were all not dated on opening. Staff have received training related to medicine management and audits have been completed as scheduled.</p>	effectiveness of PRN medication administered to residents.	<p>are put in place.</p> <p>(iv). Ensure effectiveness of PRN medications is monitored and documented.</p> <p>60 days</p>
<p>Criterion 5.4.3</p> <p>Surveillance methods, tools, documentation, analysis, and assignment of responsibilities shall be described and documented using standardised surveillance definitions. Surveillance includes ethnicity data.</p>	PA Low	<p>Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into the infection register. Surveillance of all infections (including organisms) is entered onto a monthly infection summary. This data is monitored and analysed for trends, monthly and annually. Infection control surveillance is discussed at staff, health and safety, and quality improvement meetings. Masonic Court captures ethnicity data on admission and is working towards incorporating this into surveillance methods and data captured around infections.</p>	Infection surveillance does not include ethnicity data.	<p>Ensure infection surveillance includes ethnicity data.</p> <p>90 days</p>

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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.