

Masonic Care Limited - Woburn Masonic Care

Introduction

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

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

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

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

The specifics of this audit included:

Legal entity:	Masonic Care Limited
Premises audited:	Woburn Masonic Care
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 25 September 2024 End date: 26 September 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:	53

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

Woburn Masonic Care is one of five facilities owned and operated by Masonic Care Limited. The facility is purpose built and opened mid-2023. The service is certified to provide hospital (medical and geriatric) and rest home level of care for up to 63 residents. There are 62 rooms including one double room available for a couple. All the beds are dual purpose. On the day of the audit there were 53 residents.

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

The facility manager a registered nurse is appropriately qualified, with years of experience in aged care. The facility manager is supported by a clinical nurse manager and a team of experienced staff. These roles are supported by the Masonic Care Limited general manager.

Feedback from residents and family/whānau was positive about the care and the services provided. An induction and in-service training programme are in place to provide staff with appropriate knowledge and skills to deliver care.

This audit has identified a shortfall related to activities.

The service has been awarded a continuous improvement rating related to falls management.

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.

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

Residents receive services in a manner that considers their dignity, privacy, and independence. Woburn Masonic Care provides services and support to people in a way that is inclusive and respects their identity and their experiences. The service listens and respects the voices of the residents and effectively communicates with them about their choices. Care plans accommodate the choices of residents and/or their family/whānau. There is evidence that residents and family/whānau are kept informed.

The rights of the resident and/or their family/whānau to make a complaint is understood, respected, and upheld by the service. Complaints processes are implemented, and complaints and concerns are actively managed and well-documented.

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.

The business plan includes a mission statement and operational and clinical objectives. The service has effective quality and risk management systems in place that takes a risk-based approach, and these systems meet the needs of residents and their staff.

Quality improvement projects are implemented. Internal audits, meetings, and collation of data were all documented as taking place as scheduled, with corrective actions as indicated.

A health and safety system is in place. Health and safety processes are embedded in practice. Health and safety policies are implemented. Staff incidents, hazards and risk information is collated at Woburn Masonic Care, reported to the general manager. A consolidated report and analysis of all Masonic Care Limited facilities are then provided to the Board each month.

There is a staffing policy documented. Human resources are managed in accordance with good employment practice. A role specific orientation programme and regular staff education and training are in place.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Some subsections applicable to this service partially attained and of low risk.
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There is an admission package available prior to or on entry to the service. The clinical nurse manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. Care plans viewed demonstrated service integration and were evaluated at least six-monthly. Resident files included medical notes by the general practitioner and visiting allied health professionals. Discharge and transfers are coordinated and planned.

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

There is an activities programme implemented. Medication policies reflect legislative requirements and guidelines. Registered nurses, and medication competent caregivers are responsible for administration of medicines. They complete annual education and medication competencies. The electronic medicine charts reviewed met prescribing requirements and were reviewed at least three-monthly by the general practitioner.

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

Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities.		Subsections applicable to this service fully attained.
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The building holds a current warrant of fitness. There is a preventative maintenance programme documented and implemented. Residents can freely mobilise within the communal areas with safe access to the outdoors, seating, and shade. All bedrooms have an ensuite. There are sufficient number of toilets/bathrooms for staff, visitors, and contractors in the public areas. Rooms are personalised. Documented systems are in place for essential, emergency and security services. Staff have planned and implemented strategies for emergency management, including Covid-19. There is always a staff member on duty with a current first aid certificate. All resident rooms have call bells which are within easy access of residents. Security checks are performed by staff and an external contractor. Close circuit television is available to support the security of the facility.

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

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

Subsections applicable to this service fully attained.

A suite of infection prevention and control policies and procedures are documented. There is a comprehensive pandemic plan. The infection control programme is appropriate for the size and complexity of the service. All policies, procedures, the pandemic plan, and the infection control programme have been approved by the Board.

The infection prevention and control coordinator is a registered nurse. There is access to a range of resources. Education is provided to staff at induction to the service and is included in the education planner. Internal audits are completed with corrective actions completed where required. There are policies and procedures implemented around antimicrobial stewardship and data is collated and analysed monthly.

The type of surveillance undertaken is appropriate to the size and complexity of the service. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements. Internal benchmarking within the organisation occurs. Staff are informed about infection control practices through handover, meetings, and education sessions.

There are documented processes for the management of waste and hazardous substances in place. There are dedicated housekeeping staff, who provide all cleaning duties and laundry services. Documented policies and procedures for the cleaning and laundry services are implemented with appropriate monitoring systems in place to evaluate the effectiveness of these services.

Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Woburn Masonic Care is committed that restraint would only be used as a last resort with an overall aim that they remain restraint free. Restraint minimisation is overseen by the restraint coordinator who is the clinical nurse manager. The facility has no residents currently using restraints. Restraint has never been used since the facility opened. Use of restraints are considered as a last resort, only after all other options are explored. The leadership team and governance are committed to work towards strategies to eliminate restraint and this is documented in the strategic plan.

Summary of attainment

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

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Subsection	0	26	0	1	0	0	0
Criteria	1	166	0	1	0	0	0

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

Attainment against the Ngā paerewa Health and disability services standard

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

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
<p>Subsection 1.1: Pae ora healthy futures</p> <p>Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing.</p> <p>As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.</p>	<p>FA</p>	<p>A Māori health plan is documented for the service. The plan acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The service has residents who identify as Māori. Woburn Masonic Care respects the self-determination, cultural values, and beliefs of Māori residents. Te Whare Tapa Whā forms the basis of the Māori Health care plan as evidenced in residents` files. Links are established with local Māori community members and organisations. Cultural assessments are in place and are completed for residents who identify as Māori.</p> <p>The Masonic Care limited strategic plan (2022-2027) and Māori Health plan support strategies to increase Māori capacity by employing and recruiting Māori staff at Woburn Masonic Care. Interview with the facility manager confirmed a commitment and responsiveness to a culturally diverse workforce. At the time of the audit, there were staff members who identified as Māori. Woburn Masonic Care is supporting Māori staff to succeed in the workplace.</p> <p>Residents and family/whānau are involved in providing input into the resident’s care planning, their activities, and their dietary needs. Interviews with 18 staff (five caregivers, four registered nurses [RNs], one enrolled nurse (EN), three housekeepers, one laundry assistant,</p>

		one maintenance person, one quality and education coordinator, one activities coordinator and the kitchen manager) and four managers (facility manager, clinical nurse manager, general manager and the chief executive officer) and documentation reviewed identified that the service puts people using the services, and family/whānau at the heart of their services.
<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>Ola Manuia – Pacific Health and Wellbeing Action Plan 2020 – 2025 is the basis of the Woburn Masonic Care Pacific Peoples Health Plan. The aim is to uphold the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality healthcare.</p> <p>On admission all residents state their ethnicity. There were residents identifying as Pasifika at the time of the audit and the facility manager confirmed that the residents’ family/whānau are encouraged to be involved in all aspects of care particularly in nursing and medical decisions, satisfaction of the service and recognition of cultural needs.</p> <p>Woburn Masonic Care partners with their Pasifika employees to ensure connectivity within the region to increase knowledge, awareness and understanding of the needs of Pacific people and celebrating cultural ceremonies. The Health and Disability Commissioner’s (HDC) Code of Health and Disability Code of Rights (the Code) are accessible in a range of Pasifika languages.</p> <p>The service continues to actively recruit new staff. There are currently staff employed that identify as Pasifika. The facility manager described how Woburn Masonic Care increases the capacity and capability of the Pacific workforce as described in the Pacific Peoples Health Plan.</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-</p>	FA	<p>Details relating to the Code are included in the information that is provided to new residents and their family/whānau. The facility manager, clinical nurse manager or registered nurses discuss aspects of the Code with residents and their family/whānau on admission. The</p>

<p>determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>		<p>Code is displayed in multiple locations in English, and te reo Māori.</p> <p>Discussions relating to the Code are held during the resident meetings. Family/whānau are invited to attend. Residents and family/whānau interviewed reported that the service is upholding the residents' rights. Interactions observed between staff and residents during the audit were respectful.</p> <p>Information about the Nationwide Health and Disability Advocacy Service and the resident advocate is available at the entrance to the facility and in the entry pack of information provided to residents and their family/whānau. There are links to spiritual supports.</p> <p>Interdenominational church services are held, and these are attended by residents. Staff have completed cultural competencies and training which includes Māori rights, Māori model of care and health equity. The service recognises Māori mana motuhake, which reflects in the Masonic Care Limited strategic business plan 2022- 2027 and Māori health plan.</p> <p>Staff receive education in relation to the Code at orientation and through the annual education and training programme which includes (but is not limited to) understanding the role of advocacy services. Advocacy services are linked to the complaints process. Interviews with six residents (three rest home and three hospital) and four family/whānau (two hospital and two rest home) confirm that individual cultural beliefs and values, are respected.</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>Caregivers and registered nurses interviewed described how they support residents to choose what they want to do. Residents are supported to make decisions about whether they would like family/whānau members to be involved in their care or other forms of support. Residents have control over their choice and personal matters including choice over activities they participate in and who they socialise with.</p> <p>The Masonic Care Limited annual training plan demonstrates training that is responsive to the diverse needs of people across the service. The service promotes care that is holistic and collective in nature through educating staff about te ao Māori and listening to tāngata</p>

		<p>whaikaha when planning or changing services. It was observed that residents are treated with dignity, respect and spoke to in a courteous manner. Satisfaction surveys have been completed to survey resident satisfaction in relation to upholding resident's rights and privacy.</p> <p>A sexuality and intimacy policy is in place with training completed as part of the education schedule. Staff interviewed stated they respect each resident's right to have space for intimate relationships, including for the three couples admitted in the service. Staff were observed to use person-centred and respectful language with residents. Residents and family/whānau interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured and independence is encouraged. Family/whānau interviewed stated that they enjoy coming and going as they please to visit their family member.</p> <p>Residents' files and care plans identified resident's preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, church services are held, and spiritual support is available. A spiritual pastoral care policy is in place.</p> <p>The facility manager confirmed that Woburn Masonic Care is committed to supporting a Māori world view of health and ensuring quality (culturally and clinically safe), equitable, and effective services for Māori, as evidence in the documented strategic plan and quality plan. Cultural awareness training is provided annually and covers Te Tiriti o Waitangi, health equity, Māori models of care and tikanga Māori.</p> <p>Te reo Māori is celebrated, and staff are encouraged and supported with correct pronunciation. Te reo resources are available on the education platform. Residents are supported to participate in 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</p>	<p>FA</p>	<p>An elder abuse and neglect policy is being implemented. Woburn Masonic Care policies document guidelines on prevention of any form of institutional racism, discrimination, coercion, harassment, or any other exploitation. The organisation is inclusive of all ethnicities, and</p>

<p>services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.</p>		<p>cultural days are celebrated. A staff code of conduct is discussed during the new employee's induction to the service with evidence of staff signing the code of conduct policy. All staff are held responsible for creating a positive, inclusive and a safe working environment. Cultural diversity is acknowledged, and staff are educated on systemic racism and the understanding of injustices through policy and the code of conduct. Masonic Care Limited Māori Health plan includes strategies to abolishing institutional racism.</p> <p>Staff complete education on orientation and annually as per the training plan to recognise the signs of abuse and neglect. All residents and family/whānau interviewed confirmed that the staff are very caring, supportive, and respectful.</p> <p>Police checks are completed as part of the employment process. The service implements a process to manage residents' comfort funds. Professional boundaries are defined in job descriptions. Interviews with staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are covered as part of orientation. The staff satisfaction survey for 2024, evidence positive comments related to teamwork and a positive workplace culture. Te Whare Tapa Whā is recognised, and the care plans identify resident focussed goals and reflects a person-centred model of care.</p>
<p>Subsection 1.6: Effective communication occurs</p> <p>The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing.</p> <p>Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori.</p> <p>As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.</p>	<p>FA</p>	<p>Information about the service is provided to residents and family/whānau on admission. Monthly resident meeting minutes identify feedback from residents and consequent follow up by the service.</p> <p>Policies and procedures relating to accident/incidents, complaints, and open disclosure alert staff to their responsibility to notify family/whānau of any accident/incident that occurs. Electronic accident/incident forms have a section to indicate if family/whānau have been informed of an accident/incident. This is also documented in the progress notes. Twelve accident/incident forms reviewed identified family/whānau were kept informed. This was also confirmed through interviews with family/whānau.</p>

		<p>An interpreter policy and contact details of interpreters are available. Interpreter services are used where indicated.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement.</p> <p>The service communicates with other agencies that are involved with the resident such as hospice and Health New Zealand - Te Whatu Ora specialist services. The delivery of care includes a multidisciplinary team and residents and family/whānau provide consent and are communicated with regarding services involved. The clinical nurse manager described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunities for further discussion, if required.</p> <p>Residents and family/whānau interviewed confirm they know what is happening within the facility and felt informed regarding events/changes through regular communication and newsletters. Resident meetings are held monthly, and minutes indicate that the service is open and transparent with updates about the services.</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</p>	<p>FA</p>	<p>Resuscitation care and informed consent policies guide staff around informed consent processes. The resident files reviewed included signed general consent forms. Other consent forms include vaccinations and van outings. Residents and family/whānau interviewed could describe what informed consent was and knew they had the right to choose.</p> <p>In the eight files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the</p>

<p>to exercise independence, choice, and control.</p>		<p>planning of care. Staff have received training related to informed consent.</p> <p>Admission agreements had been signed and sighted for all the eight files reviewed. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment was on file.</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 management procedure is provided to residents and family/whānau on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including investigation, follow-up letters and resolution letters demonstrate that complaints are being managed in accordance with guidelines set by the Health and Disability Commission (HDC).</p> <p>There have been no external complaints logged. Review of the complaints register confirmed that the service had received five complaints since the previous audit. There were no identified trends in respect of these complaints. Complaints logged include an investigation, follow up, and replies to the satisfaction of the complainant. The complaints process links to advocacy services. Staff are informed of complaints (and any subsequent corrective actions) in the staff, quality and registered nurse meetings (minutes sighted). Higher risk complaints are managed with the support of the general manager.</p> <p>Discussions with residents and family/whānau confirmed they are provided with information on complaints and complaints forms are available at the entrance to the facility. Residents have a variety of avenues they can choose from to make a complaint or express a concern including but not limited to resident meetings or one on one feedback with management. During interviews with family/whānau, they confirmed the facility manager is available to listen to concerns and acts promptly on issues raised. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose. Information about support resources for Māori is available to staff to assist Māori residents in the complaints</p>

		<p>process. The complaints management procedure ensures Māori residents are supported to ensure an equitable complaints process. The facility manager acknowledged the understanding that for Māori there is a preference for face-to-face communication.</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>Woburn Masonic Care is one of five facilities owned and operated by Masonic Care Limited. The facility is purpose built and opened mid-2023. The service is certified to provide hospital (medical and geriatric) and rest home level of care for up to 63 residents. There are 62 rooms including one double room available for a couple. All the beds are dual purpose. On the day of the audit there were 53 residents; 31 at rest home level of care including two on Accident Compensation Corporation (ACC) funding and one resident on younger person with a disability (YPD) contract; and 22 at hospital level of care including two residents on younger person with a disability (YPD) contract. All the remaining residents are under the age-related residential care contract (ARRC). The double room was occupied by a couple at the time of the audit.</p> <p>Masonic Care Limited has a current strategic business plan (2022-2027) in place with clear goals to support their documented vision, mission, and values. The goals include but not limited to being sustainable (as relates to occupancy, growth, supplier management, financial and community connection); to provide resident centred care; to achieve ongoing quality improvement and to be the best place to work (including reference to staff education and development, supporting volunteers, sector leadership and effective staff communication). The model of care incorporates the Māori concept of wellbeing. The Masonic Care Limited management team report to the general manager and chief executive, who liaise with, and acts as a conduit to the board of directors.</p> <p>Interview with the chief executive and the general manager confirmed that Masonic Care Limited is governed by a board of directors who are experienced, long standing and strive to support the organisation to meet its goals to support the vision, mission, and values. Specifically, three directors have close relationship with the health sector from a governance, operational, advisory and financial</p>

	<p>perspective. Orientation and training of new directors is director specific and driven by knowledge of the aged care sector, governance experience, understanding of sector challenges and opportunities. Representation from Waiwhetū marae in Lower Hutt and Kokiri Marae Keriana Olsen Trust provide advice and guidance to the directors in order to further identify barriers to equitable service delivery, implement solutions on ways to achieve equity and improve outcomes for Māori and tāngata whaikaha.</p> <p>The management team and directors have completed cultural training (June 2023) to ensure they are able to demonstrate knowledge of Te Tiriti o Waitangi, health equity and cultural safety.</p> <p>The board of directors' meetings are held monthly, and they receive a detailed report from management that covers not only financial performance but also operational issues, risk management and clinical performance. The chief executive and general manager report to the Masonic Care Limited Board monthly on outputs based on the four goals from its Masonic Care Limited's strategic business plan.</p> <p>Masonic Care Limited has a Clinical Governance Group (CGG) that meets monthly and signs off on the clinical outcome report that is then sent to the Board. The group includes the chief executive, general manager, quality coordinators, clinical nurse managers and facility managers from the five facilities. The CGG responsibilities include (but not limited to) providing clinical input and advice to the Board, management and staff; developing strategies to improve quality and ensure that services work in partnership with Māori to enable better service integration, planning and support for Māori, residents, family/whānau and staff. Across all the five facilities the quality coordinators meet monthly and report through to the CGG.</p> <p>Residents and family/whānau are supported to participate in service delivery through resident meetings, general feedback, annual surveys and through the complaints process.</p> <p>The facility manager, a registered nurse with a current practicing certificate, has 15 years' experience working in aged care (including management roles). They have been in the current role at Woburn Masonic Care since May 2023. The facility manager is supported by a clinical nurse manager who has been in the role since November</p>
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		<p>2022 but with years of experience in aged care including working for Woburn Masonic Care. They are both supported by the Masonic Care Limited general manager, a quality and education coordinator (registered nurse) and an experienced care team.</p> <p>The facility manager and the clinical nurse manager have completed professional development activities in excess of eight hours annually, related to managing an aged care facility.</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>FA</p>	<p>Woburn Masonic Care is implementing a quality and risk management programme. Quality and risk management systems include performance monitoring through internal audits and through the collection of clinical indicator data (e.g., falls, medication errors, infections, skin integrity/tears, complaints).</p> <p>A range of monthly meetings (e.g., staff, registered nurse and quality) provide an avenue for discussions in relation to (but not limited to): quality data; health and safety; infection control/pandemic strategies; complaints received (if any); cultural compliance; internal audit compliance; staffing; and education. Internal audits, meetings, and collation of data were documented as taking place. Corrective actions were documented to address service improvements with evidence of progress and sign off when achieved. Quality data and trends in data are posted on the noticeboard, located in the nurses' station. Corrective actions are discussed in meetings to ensure any outstanding matters are addressed with sign-off when completed. Quality data analysis including benchmarking, feedback through resident meetings and complaints management provides an avenue for critical analysis of work practices to ensure health equity.</p> <p>Woburn Masonic Care has site specific quality goals that align to the organisational strategic business plan (2022-2027). These include (but not limited to) providing a safe working environment, ensuring competent registered nurses and caregivers, having a positive and engaged workforce, resident satisfaction with service provision and to have a reduction of falls. Quarterly progress evaluation has been completed and discussed during meetings. Quality improvement plans have been documented and include monitoring of progress on clinical</p>

		<p>indicators such as falls (in order to reduce the incidents) and ensure quality of life. The service has attained a continuous improvement rating for the reduction in the falls rates across the service.</p> <p>Cultural safety is embedded in the quality system. Tāngata whaikaha have meaningful representation through monthly resident meetings and six-monthly care plan review meetings.</p> <p>The results of the most recent resident (August-September 2024) and family/whānau (February 2024) satisfaction survey results demonstrate overall satisfaction with service delivery. Woburn Masonic Care has implemented a corrective action plan based on the outcome of the results. Interviews with residents and family/ whānau on the days of the audit demonstrated satisfaction with the service provision including meeting the spiritual and cultural needs. The outcome of the satisfaction results has been shared with residents, family/whānau and staff through newsletters and meetings.</p> <p>There are procedures to guide staff in managing clinical and non-clinical emergencies. Policies, procedures and associated systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to a policy are communicated and discussed with staff.</p> <p>A health and safety system is in place. The health and safety team, led by the facility manager, meets monthly as part of the quality meeting. Interview with the health and safety officer (facility manager) confirmed that they had completed the required external training for the role and are supported by the maintenance manager who also completed all the required external training. Hazard identification forms and an up-to-date hazard register were reviewed. Staff incidents, hazards and other health and safety issues are discussed monthly as part of the quality meeting. Staff incidents, hazards and risk information is collated at facility level, reported at organisational level by the general manager and a consolidated report of the analysis of facilities are provided to the board.</p> <p>Electronic reports are completed for each incident/accident. Incident and accident data is collated monthly and analysed. A summary is provided against each clinical indicator. Masonic Care Limited</p>
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		<p>undertakes internal benchmarking of data across its five facilities and also participates in the national benchmarking group representing aged care providers within New Zealand as well as Quality Performance Systems (QPS) benchmarking for both New Zealand and Australia. Ethnicity data is linked to benchmarking data. Results are discussed in meetings and at handover. Opportunities to minimise future risks are identified by the clinical nurse manager in consultation with registered nurses and caregivers and acted upon. Internal audit on accident and incident reporting was completed and evidence full compliance.</p> <p>Discussions with the facility manager and clinical nurse manager reflected their awareness of their requirement to notify relevant authorities in relation to essential notifications. There have been two section 31 notifications completed to notify HealthCERT of pressure injuries stage three and above (February and June 2024) and one Severity Assessment Code (SAC) 2 reporting to Health Quality and Safety Commission (HQSC) for a pressure injury in July 2024. Public Health authorities have been notified in relation to two Covid-19 related outbreaks (May and June 2024).</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. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a staffing policy that describes rostering and staffing ratios. The roster provides sufficient and appropriate cover for the effective delivery of care and support. Woburn Masonic Care have a full complement of registered nurses. There have not been any section 31 notifications related to registered nurse cover required to be completed since last audit. The rosters reviewed evidence any vacancies and unplanned absences have been covered. Review of the registered nurse roster confirms that there are always two registered nurses in the morning, afternoon and one at night. The registered nurses are supported by medication competent caregivers.</p> <p>The roster reviewed for the last two weeks were fully covered and backfilled when staff were absent on short notice. Residents and family/whānau interviewed confirmed their care requirements are attended to in a timely manner. Registered nurses, activity staff and a selection of caregivers have completed first aid training and hold current first aid certificates. There is a first aid trained staff member on</p>

	<p>duty 24/7. Staff, residents and family/whānau interviewed confirmed they are informed of any changes in staffing levels.</p> <p>The facility manager and the clinical nurse manager work full-time (Monday to Friday). The registered nurses on shift manage most of the queries and staffing cover with the clinical nurse manager and facility manager providing support out of hours 24/7. A part time quality and education coordinator assists with the implementation of the education and quality programme.</p> <p>The Māori health plan includes objectives around establishing an environment that supports culturally safe care through learning and support. There is an annual education and training schedule being implemented. The education and training schedule lists compulsory training which includes cultural awareness training. External training opportunities for care staff include training through Health New Zealand –Te Whatu Ora and hospice.</p> <p>Staff are encouraged to participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities, and health equity. Staff confirmed that they are provided with resources during their cultural training and sharing of information. Māori staff also share information and whakapapa experiences to support learning about inequities.</p> <p>The service supports and encourages caregivers to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirty-two caregivers are employed; eight with level 4; 15 with level 3 and the remainder with level 2 NZQA qualifications. Woburn Masonic Care supports all employees to transition through the NZQA certificate in health and wellbeing.</p> <p>A training policy is being implemented. All staff are required to complete competency assessments as part of their orientation. Additional RN specific competencies include subcutaneous fluids, syringe driver and interRAI assessment competency. Registered nurses have attended in-service training which included medical conditions specific to the current residents. Six of the nine registered nurses are interRAI trained.</p> <p>Caregivers are required to complete competencies at orientation. Annual competencies include for restraint, moving and handling, hand</p>
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		<p>hygiene and cultural competencies. A selection of caregivers' complete annual medication administration competencies. A record of completion is maintained in the staff files and electronic record.</p> <p>There are documented policies to manage stress and work fatigue. Staff could explain workplace initiatives that support staff wellbeing and a positive workplace culture. Staff are provided with opportunity to participate and give feedback at regular staff meetings, employee surveys and performance appraisals. Signage supporting organisational counselling programmes are posted in visible staff locations. Interviews with staff confirmed that they feel supported by their managers.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation, and staff training and development. Staff files are on an electronic human resources platform. Eight staff files reviewed (three caregivers, one laundry assistant, one quality and education coordinator, one clinical nurse manager, one activity assistant and one maintenance manager) evidenced implementation of the recruitment process, employment contracts, police checking and completed orientation. There are job descriptions in place for all positions that includes outcomes, accountability, responsibilities, and functions to be achieved in each position.</p> <p>A register of practising certificates is maintained for all health professionals including (but not limited to) registered nurses, enrolled nurses, general practitioner, podiatrist, physiotherapist and pharmacist. The appraisal policy is implemented. All staff have a post orientation review following their period of orientation, followed by annual performance appraisals. All performance appraisals were completed as per the appraisal schedule.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information on safe work practice and includes buddying when first employed. A comprehensive range of competencies are completed at orientation. The service demonstrates that the orientation programmes support RNs and caregivers to provide a culturally safe environment for Māori.</p>

		Information held about staff is kept secure, and confidential. Ethnicity data is identified, and the service maintains an employee ethnicity database. Following any staff incident/accident, evidence of debriefing, support and follow-up action taken is documented.
<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>	FA	<p>There is a resident` records documentation policy. Resident files and the information associated with residents and staff are retained and archived. Electronic information is regularly backed-up using cloud-based technology and is password protected. There is a documented Woburn Masonic Care business continuity plan in case of information systems failure.</p> <p>The resident files are appropriate to the service type and demonstrated service integration. Records are uniquely identifiable and legible. Signatures that are documented include the name and designation of the service provider. Hardcopy documents are securely stored in a locked room and easily retrievable when required.</p> <p>Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The facility manager is the privacy officer and there is a pathway of communication and approval to release health information. The service is not responsible for National Health Index registration</p>
<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose 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</p>	FA	<p>There is an acceptance and decline entry to service policy. Residents' entry into the service is facilitated in a competent, equitable, timely and respectful manner. Information packs are provided for family/whānau and residents prior to admission or on entry to the service. Review of residents' files confirmed that entry to service complied with entry criteria. Eight 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 needs of the resident and the contracts under which the service operates. The</p>

<p>communicated to the person and whānau.</p>		<p>facility manager and clinical nurse manager 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 collects and documents ethnicity information at the time of enquiry from individual residents. The service has a process to combine collection of ethnicity data from all residents, and the analysis of same for the purposes of identifying entry and decline rates.</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 and whānau to support wellbeing.</p>	<p>FA</p>	<p>Eight files were reviewed for this audit (three hospital residents [including one YPD], five rest home residents [including one YPD and one respite ACC]). The clinical nurse manager and the registered nurses (RNs) are responsible for conducting all assessments and for the development of care plans. There is evidence of resident and family/whānau involvement in the initial assessments, interRAI assessments, and family/whānau meetings where the long-term care plans are reviewed. This is documented in the progress notes and resident records. The service supports Māori and family/whānau to identify their own pae ora outcomes in their care or support plan.</p> <p>All residents have admission assessment information collected, and an initial care plan completed at time of admission. All reviewed files (except the resident on ACC respite care) had initial interRAI assessments completed in a timely manner to reflect the resident's needs. The long-term care plan includes interventions to guide care delivery related to mobility; hygiene; continence; dietary needs; sleep; communication; medication; skin care and pressure injury prevention; mood and behaviours; social and cultural; intimacy and sexuality; and pain. The care plan aligns with the service's model of person-centred care. Care plan evaluations were completed as needs changed. Evaluations stated progress against the set goals. Care plans have been updated when there were changes in health condition and identified needs. All care plan documentation reflects contractual</p>

		<p>requirements regarding the completion within set timeframes.</p> <p>The service contracts a general practitioner (GP) who assesses residents within five working days of admission. The GP reviews each resident at least three-monthly and is involved in the six-monthly resident reviews. After-hours support is available from the contracted practice. The clinical nurse manager is available Monday to Friday to provide clinical support and provides after hours support as required. When interviewed, the GP expressed satisfaction with the standard of care at Woburn Masonic Care. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. There is a physiotherapist who visits for four hours a week. A podiatrist visits every six weeks and a dietitian, speech language therapist, occupational health therapist, continence advisor, hospice specialists, and wound care specialist nurse are available as required.</p> <p>Caregivers and RNs interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery; this was sighted on the day of audit and found to be comprehensive in nature. Progress notes are written daily by caregivers and RNs. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status. Residents interviewed reported their needs and expectations were being met. When a resident's condition alters, a RN initiates a review with a GP. Family/whānau were notified of all changes to health, including infections, accident/incidents, GP visits, medication changes, and any changes to health status. Wound assessments, and wound management plans with body map, photos and wound measurements were reviewed. A hard copy wound register is maintained. The register provided appropriate details of the wound, and evaluation. There were 10 minor wounds currently being treated. There are currently no pressure injuries.</p> <p>Registered nurses and caregivers interviewed stated there are adequate clinical supplies and equipment provided, including continence, wound care supplies and pressure injury prevention resources. Care plans reflect the required health monitoring interventions for individual residents. Caregivers and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food</p>
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		and fluid chart; pain; behaviour; blood glucose levels. Neurological observations are completed for unwitnessed falls and suspected head injuries according to the policy.
<p>Subsection 3.3: Individualised activities</p> <p>The people: I participate in what matters to me in a way that I like.</p> <p>Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga.</p> <p>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>	PA Low	<p>There is one primary activities coordinator who works Monday to Thursday. They are supported by a part time activities officer who works 24 hours per week. Volunteers support the delivery of the programme. Resources are available for caregivers to cover activities during the weekends. The programme is planned monthly and includes themed cultural events, including those associated with residents and staff. However, the programme requires review to include activities that are meaningful, and to develop residents' strengths, skills and interests. There is a monthly programme placed in communal areas with noticeboards displaying daily activities. Residents receive their own copies delivered to their rooms ahead of time.</p> <p>The service facilitates opportunities to participate in te reo Māori with participation in Māori language week, Waitangi Day celebrations and Matariki. Māori phrases are incorporated into the activities, bilingual signages are used, and there are cultural focussed activities. Opportunities for Māori is created to participate in te ao Māori. All activities are carried out in the communal lounges. A resident's social and cultural profile includes the resident's past hobbies and present interests, likes and dislikes, career and family/whānau connections. A social and cultural plan is developed on admission and reviewed six-monthly at the same time as the review of the long-term care plan. A resident attendance list is maintained for activities, entertainment and outings. There are regular van drives scheduled for outings and visits to exhibitions.</p> <p>There are resident meetings held monthly with family/whānau welcome to attend these. Residents can provide an opportunity to provide feedback on activities at resident meetings and six-monthly resident reviews.</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>	FA	<p>Policies to guide safe medicine management is documented that meet legislative requirements. All clinical staff who administer medications are assessed as competent on an annual basis. Education around</p>

<p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p>		<p>safe medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses and caregivers interviewed could describe their role regarding medication administration. Woburn Masonic Care currently packages medication for regular use, and 'as required' medications are blister packed. Additional 'as required' medications are in clearly labelled boxes and bottles. 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 facility medication areas and locked trollies. Medication fridge and medication room temperatures are monitored daily. The temperature records reviewed showed that the temperatures were within acceptable ranges. All medications, including the bulk supply order, are checked monthly. All eyedrops have been dated on opening.</p> <p>Sixteen (16) electronic medication charts were reviewed. The medication charts reviewed confirmed the GP reviews all resident medication charts three-monthly and each chart has a photo identification and allergy status identified. Over the counter medications are charted on the electronic medication chart. There were no residents self-medicating. However, there is policy and process in place to guide staff should a resident wish to self-medicate in the future. As required medications are administered as prescribed, with effectiveness documented in the progress notes. Medication competent caregivers, enrolled nurses or registered nurses sign when the medication has been administered.</p> <p>There are no vaccines kept on site, and no standing orders are in use.</p> <p>Residents and family/whānau are updated around medication changes, including the reason for changing medications and side effects. This is documented in the progress notes. The clinical nurse manager 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.</p>
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<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>Woburn Masonic Care contract an external company to prepare and cook all meals on site. The food services manager provided support for the team during the audit process. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 30 March 2025.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian. There is a full-time kitchen manager, a full-time chef, two catering staff and six full time kitchen hands. There is a food services manual available in the kitchen. The kitchen manager receives resident dietary information from the registered nurses and is notified of any changes to dietary requirements (vegetarian, dairy free, pureed foods) or residents with weight loss. The kitchen manager (interviewed) is aware of resident likes, dislikes, and special dietary requirements. Alternative meals are offered for those residents with dislikes or religious and cultural preferences. Dietary profiles reviewed at time of audit were noted to be current with updates documents where needed. The daily menu is written on noticeboards in each dining room and full copies for the month strategically placed in all areas of the facility. Residents receive their own copy delivered to their rooms. Residents request their meal choice for each day out of the options given.</p> <p>Residents have access to nutritious snacks. On the day of audit, meals were observed to be well presented. The meal service was observed in the dining room and the environment was calm, relaxing with no distracting background noise. Meals are served directly to residents from the kitchen to the closest dining room with hot boxes utilised to deliver food to residents in all other areas of the facility. Residents were observed enjoying their meals. Staff were observed assisting residents with meals in the dining areas, and modified utensils are available for residents to maintain independence with eating as required.</p> <p>All staff interviewed understood tikanga guidelines in terms of everyday practice. Tikanga guidelines are available to staff. Days of national significance are always celebrated including Waitangi Day and Matariki. Residents are provided with foods from different cultures including Māori as evidenced by discussion with staff and review of</p>
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		<p>the menu.</p> <p>The kitchen manager outlined the kitchen team all utilise the service specific electronic application which includes all fridge, freezer, chiller temperatures recordings and kitchen cleaning regimes. This system records any anomalies and tasks that are yet to be completed. Food temperatures are checked at different stages of the preparation process. These are all within safe limits. Staff were observed wearing correct personal protective equipment in the kitchen. Food services staff have all completed food safety and hygiene courses.</p> <p>The residents and family/whānau interviewed advised that the quality of the meals does fluctuate but were appreciative of staff addressing concerns when issues were raised about the quality of the food. They can offer feedback at the resident meetings and through resident surveys or raise issues with the facility manager or the kitchen team.</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>	FA	<p>Planned discharges or transfers are coordinated in collaboration with residents and family/whānau to ensure continuity of care. Resident discharge or transfer policy and procedures are documented to ensure discharge, or transfer of residents is undertaken in a timely and safe manner. Family/whānau are involved for all discharges or transfers to and from the service, including being given options to access other health and disability services and social support or Kaupapa Māori agencies, where indicated or requested. The clinical nurse manager explained 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>	FA	<p>The building holds a current warrant of fitness, which expires 20 May 2025. The building was opened in 2023. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>There is a full-time maintenance person (interviewed). There is a gardening team that maintain the gardens, and courtyard areas to a high standard. There is a maintenance request book for repairs and</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>maintenance requests located at front reception. This is checked daily and signed off when repairs have been completed. There is an annual maintenance plan that includes electrical testing and tagging of equipment, call bell checks, calibration of medical equipment, and monthly testing of hot water temperatures. Hot water temperature records reviewed evidenced acceptable temperatures. Essential contractors/tradespeople are available as required. Medical equipment, including (but not limited to) hoists and scales, were checked and calibrated on 9 and 22 May 2024. Caregivers interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>All rooms are single with some variation in size and configuration. Apparatus for ceiling hoists are installed in all bedrooms. The ground floor has predominantly standard rooms, which include a large single room. There are some larger rooms and care suites. Access between the two care floors is accessed from a lift. Care staff confirm there is enough space in all rooms to provide care.</p> <p>The corridors are very wide and promote safe mobility with the use of mobility aids. Residents were observed moving freely around the areas with mobility aids where required. The external decks/courtyards and gardens have seating and shade. Some rooms have opening doors out onto the decks. There is safe access to all communal areas and the outdoors. There are seating and shade.</p> <p>All rooms have ensuites with provision of adequate toilets for visitors and staff. Fixtures, fittings, and flooring are appropriate. Toilet/shower facilities are easy to clean. There is sufficient space in toilet and shower areas to accommodate shower chairs and commodes. Door labels are written in both English and te reo Māori. There is adequate space for the use of a hoist for resident transfers as required. Residents are encouraged to personalise their bedrooms, as viewed on the day of audit. There are spacious lounges and dining rooms in all wings with provision of areas where residents can meet with visitors in private. All bedrooms and communal areas have ample natural light and ventilation. There are heat pumps/wall heaters in all areas, including resident rooms.</p> <p>Residents interviewed were complimentary of the environment and found their own bedrooms to be very comfortable. There are no future</p>
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		<p>developments planned for the site; however, the facility manager is aware of the need for consultation and co-design for the building, to ensure that they reflect the aspirations and identity of Māori.</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 outline the specific emergency response and evacuation requirements, as well as the duties/responsibilities of staff in the event of an emergency. Emergency management procedures guide staff to complete a safe and timely evacuation of the facility in case of an emergency. A fire evacuation plan is in place that has been approved by Fire and Emergency New Zealand dated 11 May 2023. Fire evacuation drills are held six-monthly, and the last one was completed on 27 March 2024. Civil defence supplies are stored in an identified cupboards and are checked monthly. In the event of a power outage, there is a generator on-site and gas cooking (BBQ).</p> <p>The back up system in place ensures residents electric beds, nurse call bells, the medication system and information technology will continue uninterrupted. There are adequate supplies in the event of a civil defence emergency, including food supplies for five days and water supplies (two 10,000 litre tanks) plus the kitchen has a separate emergency water supply, to provide residents with 20 litres per day, for a minimum of three days. Emergency management is included in staff orientation. It is also ongoing as part of the education plan. Emergency procedures for the facility were explained to the audit team. A minimum of one person trained in first aid is always available. There are call bells in the residents' rooms, communal toilets and showers and lounge/dining room areas with many residents provided with their own personal pendants Indicator lights are displayed above resident doors. Call bells are tested monthly. The residents were observed to have their pendants or be near the call bells. Residents and/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, and staff complete security checks at night. There is also closed-circuit television coverage and security checks are maintained by an external contractor twice each evening.</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>Infection prevention and control (IPC) and antimicrobial stewardship (AMS) are an integral part of the Woburn Masonic Care strategic plan to ensure an environment that minimises the risk of infection to residents, staff, and visitors by implementing an infection control programme.</p> <p>The Masonic Care Limited clinical governance group has personnel with expertise in infection control and AMS. Expertise can also be accessed from Public Health, and Health New Zealand- Te Whatu Ora, who can supply Woburn Masonic Care with infection control resources.</p> <p>There is a documented pathway for reporting infection control and AMS issues to the Board. The facility manager report includes IPC and AMS analysis, is reported monthly to the general manager whose report is available to the CEO and the Board. Outbreak of infectious diseases is reported if and when they occur. Monthly collation of data is completed, trends are analysed and then discussed at the registered nurse, quality and staff meetings.</p> <p>There are policies and procedures in place to manage significant infection control events. Any significant events are managed using a collaborative approach and involve the infection control coordinator, the clinical governance team, the general practitioner, and the Public Health team.</p> <p>External resources and support are available through external specialists, microbiologist, general practitioner, wound nurse, and Health New Zealand- Te Whatu Ora when required. Overall effectiveness of the IPC and AMS programme is monitored by the facility management team.</p> <p>The infection prevention and control coordinator is a registered nurse. They are supported by the clinical nurse manager in their role. A documented and signed role description for the position is in place. The infection prevention and control coordinator reports to the facility manager.</p> <p>There are adequate resources to implement the infection prevention</p>

		<p>and control programme at Woburn Masonic Care. The infection prevention and control coordinator is responsible for implementing the IPC programme, liaises with management and staff who meet monthly as part of the registered nurse, quality and staff meetings and as required.</p> <p>Infection control reports are discussed at the registered nurse, quality and staff meetings. The infection prevention and control coordinator has access to all relevant resident data to undertake surveillance, internal audits, and investigations. Staff interviewed demonstrated an understanding of the infection prevention and control programme.</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 programme is appropriate for the size and complexity of the service. The infection prevention and control and antimicrobial stewardship (AMS) programmes are reviewed annually and is linked to the quality and business plan.</p> <p>There are documented policies and procedures in place that reflect current best practice relating to infection prevention and control and include policies related to: hand hygiene; aseptic technique; transmission-based precautions; prevention of sharps injuries; prevention and management of communicable infectious diseases; management of current and emerging multidrug-resistant organisms (MDRO); outbreak management; single use items; healthcare acquired infection (HAI); and the built environment.</p> <p>Infection prevention and control resources including personal protective equipment (PPE), were accessible and observed to be used appropriately and as indicated for resident care and housekeeping procedures. Staff were observed to be complying with the infection control policies and procedures. Staff demonstrated knowledge on the requirements of standard precautions and were able to locate policies and procedures. Woburn Masonic Care has a pandemic response plan in place which were implemented during Covid-19 outbreaks and proved to be successful. The infection prevention and control coordinator has input when infection prevention and control policies and procedures are reviewed.</p> <p>The infection prevention and control coordinator is responsible for</p>

		<p>coordinating/providing education and training to staff. The orientation package includes specific training around hand hygiene and standard precautions. Annual infection control training is included in the mandatory in-services that are held for all staff. Staff have completed infection control education in the last 12 months. The infection prevention and control coordinator has access to an online training system with resources, guidelines, and best practice. The infection prevention and control coordinator has completed infection control audits.</p> <p>The facility manager and infection prevention and control coordinator have responsibility for purchasing consumables. Infection control personnel have input into new buildings or significant changes. There is a policy in place for decontamination of reusable medical devices and this is followed. Reusable medical equipment is cleaned and disinfected after use and prior to next use. Single-use medical devices are not reused. The service completed cleaning and environmental audits to safely assess and evidence that these procedures are carried out. Aseptic techniques are promoted through hand hygiene, sterile single use wound packs for wound management and catheterisations. Educational resources in te reo Māori are accessible and available. All residents are included and participate in infection control and staff are trained in cultural safety.</p>
<p>Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation</p> <p>The people: I trust that my service provider is committed to responsible antimicrobial use.</p> <p>Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant.</p> <p>As service providers: We promote responsible antimicrobials prescribing and implement an AMS programme that is appropriate to the needs, size, and scope of our services.</p>	<p>FA</p>	<p>There are approved policies and guidelines for antimicrobial prescribing. The antimicrobial stewardship (AMS) policy is appropriate for the size, scope, and complexity of the resident cohort. It was developed using evidence-based antimicrobial prescribing guidance and expertise. The AMS policy was approved and is reviewed by the clinical governance group. The policy in place aims to promote optimal management of antimicrobials to maximise the effectiveness of treatment and minimise potential for harm.</p> <p>Responsible use of antimicrobials is promoted. The general practitioner has overall responsibility for antimicrobial prescribing. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged.</p>

		<p>Prescribing of antimicrobial use is monitored, recorded, and analysed. This is reported and discussed at the registered nurse, staff and quality meetings. The service monitors antimicrobial use through evaluation and monitoring of medication prescribing charts, prescriptions, and medical notes. Trends are identified both at site level and organisational level.</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>Surveillance is an integral part of the infection control programme. The purpose and methodology are described in the infection notification, surveillance and classifications policy in use at the facility. The infection prevention and control coordinator (registered nurse) uses the information obtained through surveillance to determine infection control activities, resources and education needs within the service.</p> <p>Monthly infection data is collected for all infections based on standard definitions. Infection prevention and control data is monitored and evaluated monthly and annually. Trends are identified and analysed, and corrective actions are established where trends are identified. These, along with outcomes and actions are discussed at the registered nurse, quality and staff meetings. Meeting minutes are available to staff. Ethnicity data is included in analysis of infection control data at facility and national level.</p> <p>Staff are made aware of new infections at handovers on each shift, progress notes and clinical records. Short-term care plans are developed to guide care for all residents with an infection. There are processes in place to isolate infectious residents.</p> <p>Education for residents regarding infections occurs on a one-to-one basis and includes advice and education about hand hygiene, medications prescribed and requirements if appropriate for isolation. There have been two Covid-19 related outbreaks (May and June 2024) since last audit. These were documented, well managed and reported to Public Health. Outbreak debrief meetings occurred with quality improvements implemented. Residents and family/whānau were updated regularly through the outbreaks.</p> <p>Hand sanitisers and gels are available for staff, residents, and visitors</p>

		to the facility. Record keeping of all incoming and outgoing visits is maintained.
<p>Subsection 5.5: Environment</p> <p>The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment.</p> <p>Te Tiriti: Māori are assured that culturally safe and appropriate decisions are made in relation to infection prevention and environment. Communication about the environment is culturally safe and easily accessible.</p> <p>As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.</p>	FA	<p>The facility implements Masonic Care Limited waste management policies that conform to legislative and local council requirements. Policies include (but are not limited to): considerations of staff orientation and education; incident/accident, and hazards reporting; use of personal protective equipment (PPE); and disposal of general, infectious, and hazardous waste.</p> <p>Current material safety data information sheets are available and accessible to staff in relevant places in the facility, such as the sluice, laundry and cleaning rooms. Staff receive training and education in waste management and infection control as a component of the mandatory training.</p> <p>Interviews (housekeepers and a laundry assistant) and observations confirmed that there is enough PPE and equipment provided, such as aprons, gloves, and masks. Interviews confirmed that the use of PPE is appropriate to the recognised risks. Observation confirmed that PPE was used in high-risk areas. There are three sluice rooms (two on the ground floor and one on level one) with sanitisers and adequate supplies of PPE, including eye wear.</p> <p>Cleaning services are provided seven days a week. Cleaning duties and procedures are documented to ensure correct cleaning processes occur. Cleaning products are dispensed from an in-line system according to the cleaning procedure. There are designated locked rooms for the safe and hygienic storage of cleaning equipment and chemicals. Housekeepers are aware of the requirement to keep their cleaning trolleys in sight. Chemical bottles/cans in storage and in use were noted to be appropriately labelled. Cleaning staff have completed chemical safety training.</p> <p>The safe and hygienic collection and transport of laundry items into relevant colour containers was observed. All the laundry, resident's personal clothing, linen, towels, and mop heads are laundered on site by a laundry staff. Visual inspection of the on-site laundry area demonstrated the implementation of a clean/dirty process. Residents'</p>

		<p>clothing is labelled, laundered, and personally delivered to their rooms by staff each day. Residents and family/whānau confirmed satisfaction with laundry services in interviews and in satisfaction surveys. Any concerns that arise are immediately addressed.</p> <p>There is a policy to provide direction and guidance to safely reduce the risk of infection during construction, renovation, installation, and maintenance activities. It details consultation by the infection control team. There were no construction, installation, or maintenance in progress at the time of the audit. Infection control internal audits are completed by the infection prevention and control coordinator.</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>Woburn Masonic Care maintains a restraint free environment. There were no residents using a restraint at time of audit. Policy and procedures are comprehensive and guide staff to maintain a resident centred approach to maintaining resident care in the least restrictive manner possible. The strategic plan confirms that the service is committed to providing services to residents without the use of restraint. Should there be no other option than to restrain, staff are guided to ensure that restraint consideration and application must be done in partnership with the family/whānau. The clinical nurse manager maintains the restraint portfolio and has a job description for the role (sighted). Should there be any restraint use this would be reported in the registered nurse, staff and quality meetings and in a monthly restraint summary which is shared with members of the Board.</p> <p>Maintaining a restraint-free environment and managing distressed behaviour and associated risks is included as part of the orientation programme and mandatory staff training schedule. Staff have completed the required training.</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 3.3.1</p> <p>Meaningful activities shall be planned and facilitated to develop and enhance people’s strengths, skills, resources, and interests, and shall be responsive to their identity.</p>	PA Low	<p>The activities programme is delivered within a purpose-built area located in the centre of the facility by staff who work across Monday to Friday. A basic schedule is in place for the weekend which included the playing of a movie. It was noted that the programme was well resourced, and the new facility van enables residents to access the community; however, the programme needs review. This has been acknowledged by the facility manager and there has been a corrective action plan in place since October 2023 (which is still ongoing). As a part of the corrective action process, the facility manager asked a diversional therapist (DT) at another Masonic facility to review the programme and give advice. The DT responded comprehensively that the programme did not meet the needs of the residents in several areas and gave advice of two sample programmes to be deliver instead. This had not been implemented. At the time of audit, the activity programme was not providing meaningful activities that</p>	<p>Changes are yet to be implemented to the activities programme that enhances the residents’ strengths, skills and interests.</p>	<p>Ensure the residents activities programme is meaningful and enhances their strengths, skills and interests.</p> <p>90 days</p>

		<p>develop and enhance residents' strengths, skills, and interests. A review of the current programme still evidences a lack of variety. Church services occur four times in two weeks; exercise is scheduled all through the week with classes often exceeding 30 minutes duration and there was no evidence provided of how the needs were met for the residents who wish to remain in their room or are unable to participate in group activities.</p> <p>Residents and family/whānau interviewed advised they found the programme "was not appropriate for the age and stage of the resident group," "never changed," "was too focussed on chair exercises." Residents expressed they were unable to see or hear very well, they wanted to engage in activities where they were able to keep up to date with current affairs and engage in good discussion and do not believe the current programme enabled them to do this.</p> <p>Review of resident meetings outlined comments related to the activities programme. Comments expressed included "lack of many activities," "no variation to the programme" and "lack of activities on the weekend." Review of staff meeting minutes outlined that staff were requesting more variety to the programme, and more opportunities for the residents to have their intellectual and social needs met.</p> <p>The activities programme observed on day one of the audit was quiet across the facility; however, day two started with gardening club with residents gathering for a group activity in the main lounge activities room. The attendance was high, and the residents were very engaged.</p> <p>A corrective action was implemented in May 2023 (following opening in February 2023). The programme was reviewed by a diversional therapist and changes were made to suit the residents requests and interests. A further review was completed in November 2023 and</p>		
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		the gardening group, men's club, knitting group was commenced. The programme continues to be reviewed.		
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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, these is a message “no data to display” then no continuous improvements were recorded as part of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
<p>Criterion 2.2.3</p> <p>Service providers shall evaluate progress against quality outcomes.</p>	CI	<p>Collation of data was documented as taking place with corrective actions documented where indicated, to address service improvements. Corrective action plans evidence sign off when achieved. Quality data and trends in data are posted on the noticeboard, located in the nurses' station. Quality improvement plans have been documented and include monitoring of progress on clinical indicators such as the rate of falls. An increased falls rate identified in December 2023, prompted a focus on specific and targeted falls reduction strategies in order to improve the quality of life of residents. Strategy planning includes collaboration with staff, residents, other allied health professionals and family/whānau with regular monitoring and feedback through regular quality meetings. The service has attained a continuous improvement rating for the reduction in the falls rates across the service; the achievement is beyond the expected full attainment of the criteria. Fall related incidents have significantly reduced</p>	<p>A falls rate of 32.3 per 1000 bed days were recorded in December 2023 year and was above the acceptable limit and reference range of 13.4 per 1000 bed days for Masonic Care Limited facilities. In order to improve the quality of life for the residents a quality initiative was commenced with strategies that included (but not limited to) critical analysis of data to identify trends such as time of day, location and resident characteristics; developing individualised (resident specific) falls prevention plans which included a collaboration with the multidisciplinary team including the general practitioner, pharmacist (for polypharmacy review), physiotherapist (mobility, exercise, rehabilitation strategies) and the clinical team; staff training and discussions (during meetings and handovers); environmental modifications and review of staff routines.</p> <p>The quality initiative documentation reviewed provided evidence of ongoing reviews of the effectiveness of these</p>

		<p>following the implementation of the strategies.</p>	<p>strategies, adjustment of strategies based on data driven insights, engagement with residents and family/whānau to assess satisfaction and gather suggestions for improvements which were implemented. The implementation of the measures has seen the fall rates for Woburn Masonic Care decrease. The lowest rates were recorded in June 10.8 per 1000 bed days (9.4 per 1000 bed days for Masonic Care Limited facilities) and July 8.4 per 1000 bed days (11.5 per 1000 bed days for Masonic Care Limited facilities). Positive outcomes have been documented and interviews with residents and family/whānau evidence satisfaction related to service delivery. Staff interviewed at the time of the audit were conversant with the falls quality improvement project and pleased to see the difference the interventions were making to the quality of life of the residents each day.</p>
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End of the report.