

Masonic Care Limited - Glenwood Masonic Hospital

Introduction

This report records the results of a Surveillance Audit of a provider of aged residential care services against the Ngā Paerewa Health and Disability Services Standard (NZS8134:2021).

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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 Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity:	Masonic Care Limited
Premises audited:	Glenwood Masonic Hospital
Services audited:	Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)
Dates of audit:	Start date: 11 July 2023 End date: 11 July 2023
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:	48

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

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

Key to the indicators

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

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

General overview of the audit

Masonic Care Limited – Glenwood Masonic Hospital (Glenwood Masonic) provides hospital services - medical and geriatric, rest home care, and respite, palliative and health recovery care, for up to 54 residents in 48 rooms.

This surveillance audit process included review of policies and procedures, review of residents' and staff files, observations and interviews with residents, family members, managers, staff and a general practitioner.

Improvements are required at the governance level to meet some of the new requirements of the Standard including specific responsibilities of the governance board(s) and by the facility.

Ō tatou 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.		Some subsections applicable to this service partially attained and of low risk.
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Services to Māori are based on Te Tiriti o Waitangi and the principles of mana motuhake. Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Glenwood Masonic Hospital worked collaboratively with their staff to support residents in all aspects of service delivery. All staff had received in-service education on Te Whare Tapa Whā, pronunciation of te reo Māori, cultural diversity, and the Code of Health and Disability Services Consumers' Rights (the Code). Residents were treated equitably and confirmed that their self-determination/mana motuhake was supported. The service was socially inclusive and person-centred. Te reo Māori and tikanga Māori were incorporated in daily practices.

Residents and their relatives/whānau confirmed that they were treated with dignity and respect. There was no evidence of abuse, neglect, or discrimination.

Complaints were resolved promptly and effectively in collaboration with all parties involved.

Hunga mahi me te hanganga | Workforce and structure

Includes 5 subsections that support an outcome where people receive quality services through effective governance and a supported workforce.		Some subsections applicable to this service partially attained and of low risk.
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The governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, and honouring Te Tiriti.

The quality and risk management systems are focused on improving service delivery and care. Residents and families provide regular feedback and staff are involved in quality activities. An integrated approach includes collection of quality improvement data, identifies trends and leads to improvements. Actual and potential risks are identified and mitigated.

Adverse events are documented with corrective actions implemented. The service complies with statutory and regulatory reporting obligations.

Staffing levels and skill mix meet the cultural and clinical needs of residents. A systematic approach to identify and deliver ongoing learning supports safe equitable service delivery.

Residents' information is recorded, securely stored and not accessible to unauthorised people.

Ngā huarahi ki te ora | Pathways to wellbeing

Includes 8 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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On admission to Glenwood Masonic Hospital residents received a person and family /whānau centred approach to care. Routine analysis of entry and decline rates included specific data for Māori.

Residents and their family/whānau participated in the development of a pathway to wellbeing through timely assessment that was planned, co-ordinated and reviewed to address residents' needs. Care plans were individualised and demonstrated wellbeing outcomes for all.

The activity programme offered a diverse range of activities and incorporates the cultural requirements of the residents. All activity plans were completed in consultation with residents. Opportunities for residents who identified as Māori to participate in te ao Māori were facilitated.

Medicines were safely managed and administered by staff who were competent to do so. All residents were supported to understand their medications.

The food service met the nutritional needs of the residents with special cultural needs catered for. Access to menu options that were culturally specific to te ao Māori was available.

A documented transition, discharge or transfer plan was in place, developed in collaboration with the person and their family/whānau.

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

Includes 2 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.

The facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment has been tested as required. External areas are accessible, safe and provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, use of emergency equipment and supplies and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Security is maintained.

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

Includes 5 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.
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Glenwood ensure the safety of residents and staff through a planned infection prevention (IP) and antimicrobial stewardship (AMS) programme that was appropriate to the size and complexity of the service. The programme was coordinated by the quality manager. There was a pandemic plan in place which was assessed periodically.

Surveillance of infections was undertaken, and results were monitored and shared with all staff. Action plans were implemented as and when required.

Here taratahi | Restraint and seclusion

Includes 4 subsections that support outcomes where Services shall aim for a restraint and seclusion free environment, in which people's dignity and mana are maintained.		Some subsections applicable to this service partially attained and of low risk.
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Restraints are in use at Glenwood Masonic. Managers and staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

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	14	0	7	0	0	0
Criteria	0	38	0	8	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.

There may be subsections in this audit report with an attainment rating of 'not applicable' which relate to new requirements in Ngā Paerewa that the provider is working towards. The provider will be expected to meet these requirements at their next audit.

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

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

Subsection with desired outcome	Attainment Rating	Audit Evidence
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	There are currently four staff members at the facility who identify as Māori. The facility manager (FM) was interviewed and they spoke about the work done to attract and retain staff members who identify as Māori in a challenging recruitment environment. A recent recruitment drive has resulted in the appointment of two Māori staff members. The FM has worked with Work and Income to provide opportunities to local rangatahi. These recent candidates from this programme have been recruited and are progressing well in their first three months in the job. One of these was involved in the staff interviews and spoke positively about their experience of being supported through training and orientation.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.	Not Applicable	Glenwood Masonic does not have a Pacific plan. There are Masonic Care guidelines for the provision of culturally safe practices for any Pacific people who may use the service, which includes a Pacific model of care, Pacific worldviews, and cultural and spiritual beliefs.

<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>		<p>On the day of the audit there were no residents at Glenwood Masonic who were Pasifika. There are currently three staff members who identify as Pasifika and Filipina staff members, who originate from the western Pacific.</p>
<p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>	FA	<p>The Code of Health and Disability Service Consumers' Rights (the Code) was on display in English and te reo Māori. There were no residents in Glenwood Masonic Hospital (Glenwood) at the time of audit who identified as Māori. Documentation, observations, and interviews evidenced residents' mana motuhake was recognised and respected. Enduring Power of Attorney (EPOA)/family/whānau/representatives of choice were consulted in the assessment process to determine residents' wishes and support needs when required. The service was guided by the cultural policies and training sessions that outlined cultural responsiveness to residents who identified as Māori.</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>	PA Low	<p>Records sampled confirmed that each resident's individual cultural, religious, and social needs, values, and beliefs had been identified, documented, and incorporated into their care plan.</p> <p>Staff at Glenwood have had training on Te Tiriti o Waitangi, and this was reflected in their practice. Interviews verified staff understood what Te Tiriti o Waitangi meant to their practice, however te reo Māori and tikanga Māori were not being promoted. The organisation had acknowledged tikanga practices in the policies and procedures reviewed. Residents and their family /whānau reported that their values, beliefs, and language were respected in the care planning process. The service was evidenced to respond to tāngata whaikaha needs, however there had been no formal specific engagement with tāngata whaikaha to enable their participation in te ao Māori if residents required this. This requires attention.</p>

<p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>	<p>PA Low</p>	<p>The Equal opportunities, cultural policy and cultural training included discussion on discrimination racism, and the ability to question its existence at Glenwood if it was thought to exist. Policies and procedure sighted did not mention the facilities commitment to promoting an environment that does not support institutional and systemic racism.</p> <p>The Facility Manager (FM) and Clinical Nurse Manager (CNM) stated that any observed or reported racism, abuse, or exploitation at Glenwood was addressed promptly and they were guided by a code of conduct.</p> <p>Residents expressed that they had not witnessed any abuse or neglect, they were treated fairly, they felt safe, and protected from abuse and neglect.</p> <p>During interview with the CNM it was stated that a holistic model of health at Glenwood was promoted, that encompassed an individualised approach and that ensured best outcomes for all. This was evidenced in interviews, documentation, and observation. However, there was no evidence the service had engaged with local Māori organisations or communities to be able to support residents who identified as Māori. This is an area needing to be addressed.</p>
<p>Subsection 1.7: I am informed and able to make choices</p> <p>The people: I know I will be asked for my views. My choices will be respected when making decisions about my wellbeing. If my choices cannot be upheld, I will be provided with information that supports me to understand why.</p> <p>Te Tiriti: High-quality services are provided that are easy to access and navigate. Providers give clear and relevant messages so that individuals and whānau can effectively manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>	<p>FA</p>	<p>Appropriate best practice tikanga guidelines around informed consent were in place to guide staff. Four staff members who identified as Māori were able to assist staff to support residents with informed consent if needed. Evidence was sighted of supported decision making, being fully informed, the opportunity to choose, and cultural support when a resident had a choice of treatment options available to them. Staff had received training on cultural safety and tikanga best practice.</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>	FA	<p>A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. This meets the requirements of the Code. Residents, family and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation.</p> <p>There have been five complaints received since December 2021, when the facility was last audited. All complaints had been responded to within the time frames of the Code and complainants received respectful and appropriate correspondence. There have been no complaints received from external organisations.</p> <p>There are no residents who identify as Māori at Glenwood.</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>	PA Low	<p>Glenwood Masonic is part of Masonic Care Limited, a philanthropic trust which operates aged care and retirement village services in the North Island. The Trust has governance boards which have oversight of Glenwood Masonic and there are systems for monitoring service delivery.</p> <p>One governance board member identifies as Māori and provides advice to the board on te ao Māori. There are two other board members who work in senior roles in the health sector. Evidence of recent training for the governance board in Te Tiriti o Waitangi was seen in board meeting minutes (June 2023).</p> <p>The governing body has not yet established systems for delivering services which ensure service providers:</p> <ul style="list-style-type: none"> • Deliver services focused on improving outcomes for Māori and people with disabilities • Identify and work to address barriers to equitable service delivery. An

		<p>area for improvement is identified for the latter.</p> <p>Glenwood Masonic has forty-eight rooms. Seven rooms are suites which residents enter with an occupation right agreement (ORA). These suites can accommodate two residents who occupy the room together by choice. This brings the total possible bed numbers to fifty-four. On the first day of the audit there were forty-eight residents in the facility.</p> <p>The provider holds contracts with Te Whatu Ora – Health New Zealand Wairarapa (Wairarapa) for rest home, respite, hospital, palliative, long term chronic health conditions and health recovery services, and with Whaikaha Ministry for Disabled People (Whaikaha).</p> <p>On the first day of the audit twenty-two residents were receiving rest home level care.</p> <p>Twenty-six residents were receiving hospital level care. This included, one resident funded by the respite contract, one resident funded by the long-term chronic health conditions contract and another resident aged under sixty-five who is funded by Whaikaha.</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>	PA Low	<p>The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infections and the use of restraint.</p> <p>Relevant corrective actions are developed and implemented to address any shortfalls. The results of a wide range of internal audits are collated and reported to the Masonic Care board each month. There was evidence of analysis of data at the facility level with notes in the registered nurse (RN) meetings, caregiver (CG) auxiliary (cleaning, laundry and maintenance) and combined staff meeting minutes. Graphs were on display in the staff room and staff members interviewed stated that they receive timely information and discuss trends in data and feedback about individuals who need specific</p>

		<p>interventions.</p> <p>The facility has a large number of policies, procedures and systems for monitoring service delivery and wellbeing. However, they have not developed a system or process to ensure health care and support workers can deliver high-quality health care for Māori. An area for improvement is identified in relation to this.</p> <p>The FM described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. There is a current risk register for the facility which is reviewed regularly and updated as needed.</p> <p>Essential notification requirements are well understood and have been complied with. Since the last onsite audit there have been five section 31 notifications. Four occurred in January 2022 when the FM and then clinical nurse leader covered four-night shifts. The other two were in May 2023 and related to a resident being admitted from the local regional public hospital with a pressure area and a missing controlled drug (one fentanyl patch).</p>
<p>Subsection 2.3: Service management</p> <p>The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person.</p> <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools.</p> <p>As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p>	FA	<p>There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusts staffing levels to meet the changing needs of residents when needed. Health care and support workers reported there were adequate staff to complete the work allocated to them. Residents, family and whānau interviewed supported this. At least one staff member on duty has a current first aid certificate and there is 24/7 RN coverage. Review of the rosters for the fortnight at the time of the audit, and the following fortnight, reflected the staffing policy requirements.</p> <p>Continuing education is planned on an annual basis, including mandatory training requirements and cultural training. Related competencies are assessed and support equitable service delivery. Care staff have either completed or commenced a New Zealand Qualification Authority education programme to meet the requirements of the provider's agreement with the Te Whatu Ora – Health New Zealand Wairarapa regional public hospital (Te Whatu Ora Wairarapa). Records reviewed demonstrated completion of the required training and competency assessments including medication, nursing, and support worker competencies appropriate for the provision of aged care</p>

		<p>hospital services.</p> <p>The FM and QC have attended Te Tiriti o Waitangi training which included concepts of health equity for Māori. This training is also included on the annual plan for other staff to be completed later in 2023.</p> <p>The staff development systems don't yet include systems for collecting and sharing high-quality Māori health information, or for developing health equity expertise.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori health workforce and invest in building and maintaining their capacity and capability to deliver health care that meets the needs of Māori.</p> <p>As service providers: We have sufficient health care and support workers who are skilled and qualified to provide clinically and culturally safe, respectful, quality care and services.</p>	FA	<p>Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. This included the validation of professional registration for all employed health care and support workers, as well as contracted health and allied health staff.</p> <p>A robust and supportive orientation and induction programme is implemented which prepares new employees well for their roles. The orientation is specific to the facility and each role. A staff member interviewed who commenced work recently spoke positively about their orientation and has been well supported throughout. Records reviewed demonstrated that orientation documentation was completed as required.</p> <p>Information held about staff members was accurate, relevant to their roles and held securely in line with legal requirements. Ethnicity data is collected and used in accordance with the Health Information Standards organisation requirements.</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>	PA Low	<p>Glenwood conducted routine analysis of entry and decline rates; this included specific data for entry rates for Māori. There had been no residents who had been declined entry into Glenwood in the last two years. The unit had been closed for a time in August 2022, due to a COVID-19 outbreak.</p> <p>Glenwood had attempted to make contact with the two local iwis, however had not at the time of audit developed formal meaningful partnerships with the local Māori or community organisations to benefit Māori individuals and whānau. Te Whatu Ora Wairarapa has a Māori health unit that had been</p>

<p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>		<p>identified as a connection, however the service was unaware if this enabled access to Māori health practitioners and traditional Māori healers.</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>PA Low</p>	<p>The multidisciplinary team at Glenwood worked in partnership with the resident and their family/whānau to support the residents' wellbeing. Eight residents' files were reviewed: six from the hospital and two from the rest home. Files included residents under 65 years, residents on an LTS-CHC contract, residents on a contract funded by the ACC, residents receiving respite care, and residents being cared for under the Aged Related Residential Care (ARRC) contract. File reviews included residents who were admitted with a pressure injury, residents with a facility acquired pressure injury, residents with behaviours that challenge, residents with a catheter, residents with pain, residents who fall frequently. Files reviewed verified a care plan is developed by an RN following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values, and beliefs, and considers wider service integration, where required.</p> <p>Assessment was based on a range of clinical assessments and included resident and family/whānau input (as applicable). Timeframes for the initial assessment, medical assessment, initial care plan, long-term care plan, short-term care plans and review/evaluation timeframes met contractual requirements. This was verified by sampling residents' records, from interviews, including with the general practitioner (GP), and from observations.</p> <p>The service uses an electronic resident management system to manage the resident's care. The electronic care system directly relates to the six-monthly assessments. For any changes in care to be documented in the electronic care plan, a full comprehensive assessment needs to be undertaken. Because of this, updates to care are recorded in progress notes, "event forms" where corrective actions are recorded, and in the medication system.</p>

		<p>A co-ordinated approach is enabled by daily verbal handovers and oversight from the CNM who is aware of ongoing changes.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care. Where progress was different to that expected, changes were made to the care provided in collaboration with the resident and their family/whānau. Residents and whānau confirmed active involvement in the process, including residents with a disability.</p> <p>Glenwood had not worked with tāngata whaikaha to develop policies and procedures that enabled their participation in service development, by removing barriers and providing choice and control.</p> <p>There was no evidence sighted that verified Glenwood understood the Māori constructs of oranga and implemented a process to identify and support Māori and whānau to identify their own pae ora outcomes in the care plan.</p>
<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>	FA	<p>One diversional therapist and two diversional therapy assistants provided an activities programme at Glenwood seven days a week. The programme supported all residents to maintain and develop their interests and aspirations. The service had no evidence it encouraged their workforce to support community initiatives that meet the health needs and aspirations of whānau. The activities programme provided at Glenwood facilitates opportunities for Māori to participate in te ao Māori. The programme recognises Te Tiriti o Waitangi and celebrated Waitangi Day and was preparing for the upcoming Matariki celebration. Quizzes are run around Māori language and singing in Māori. Māori entertainers visit and in the past the local kapa haka group entertained.</p>
<p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p>	FA	<p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administer medicines were competent to perform the function they manage.</p> <p>Medications were supplied to the facility from a contracted pharmacy.</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>Medication reconciliation occurred. All medications sighted were within current use-by dates.</p> <p>There was a process in place to identify, record, and communicate residents' medicine related allergies or sensitivities.</p> <p>Medicines were stored safely, including controlled drugs. The required stock checks had been completed. Medicines stored were within the recommended temperature range. Prescribing practices met requirements. The required three-monthly GP review was consistently recorded on the medicine chart.</p> <p>Self-administration of medication was facilitated and managed safely. Residents, including Māori residents, were supported to understand their medications and treatment.</p> <p>Over-the-counter medication and supplements were considered by the prescriber as part of the person's medication. Standing orders were used at Glenwood, and instructions met standing order guidelines.</p>
<p>Subsection 3.5: Nutrition to support wellbeing</p> <p>The people: Service providers meet my nutritional needs and consider my food preferences.</p> <p>Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods.</p> <p>As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.</p>	FA	<p>Each resident had a nutritional assessment on admission to the facility. The care plan in place included cultural values, beliefs, and protocols around food. The personal food preferences, any special diets and modified texture requirements were accommodated in the daily meal plan. All residents had opportunities to request meals of their choice and the kitchen would address this, including the ability to offer menu options that are culturally specific to te ao Māori.</p> <p>Family/whānau were welcome to bring culturally specific food for their relatives. The interviewed residents and whānau expressed satisfaction with the food options.</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</p>	FA	<p>Transfer or discharge from the service was planned and managed safely with coordination between services and in collaboration with the resident and whānau. A resident and family member of a resident recently transferred, reported being kept well informed during the transfer of the resident to an acute facility.</p>

<p>their transition, transfer, and discharge.</p> <p>As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.</p>		
<p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p>	FA	<p>Appropriate systems are in place to ensure the residents' physical environment and facilities (internal and external) are fit for their purpose, well maintained and that they meet legislative requirements. They have well documented systems for recording their routine and responsive activities which are planned, and consistently completed, throughout the year. The records were reviewed to confirm completion. The building warrant of fitness was current at the time of the audit, expiry date 25 July 2023.</p> <p>There is no new building development or refurbishment planned for Glenwood Masonic. The last construction was completed in 2020. A process is now in place to ensure tangata whenua involvement in the design via the Māori cultural advisor on the governance board.</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>	FA	<p>There is an approved fire evacuation plan dated 17 December 2020. The most recent fire evacuation practice took place on 7 February 2023.</p> <p>Security systems are in place for the facility. External doors are locked at dusk and reopened in the morning as the kitchen staff arrive. Staff members have access to the facility when working after hours and there is the ability for callers to alert staff when needed.</p> <p>There is a list of residents in the facility which is updated daily by the administrator. This includes peoples' support needs and room number so that they can be identified if needed for assistance. There is a system for evacuations which includes identifying those people who need assistance to evacuate.</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>	FA	<p>A pandemic preparedness plan was in place, and this was reviewed at regular intervals. The plan was evaluated during a COVID-19 outbreak in August 2022 and March 2023. Sufficient infection prevention (IP) resources including personal protective equipment (PPE) were sighted. The IP resources were readily accessible to support the pandemic preparedness plan if required.</p> <p>Glenwood had no educational resources available in te reo Māori and that were accessible to Māori. Partnerships with Māori had not been established for the protection of culturally safe IP practices.</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>	FA	<p>Surveillance of health care-associated infections at Glenwood was appropriate to that recommended for long term care facilities and was in line with priorities defined in the infection control programme. Surveillance data collected included ethnicity data.</p> <p>There were culturally safe processes for communicating between service providers and people receiving services who developed a hospital acquired infection.</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>	PA Low	<p>On the day of the audit, two residents in the facility had restraints in use for safety reasons. In both cases the residents had been admitted to Glenwood Masonic with these restraints in use and the request was made by family/whānau that they be continued. Records of assessment, consent and review of restraint use for both residents were reviewed.</p> <p>There is a Masonic Care Limited policy for restraint minimisation. This describes the process for restraint minimisation in Masonic Care facilities, defines the role of restraint coordinators and describes responsibilities of health care and support workers. At interview the GM identified that they are</p>

		<p>the executive leader responsible for ensuring a commitment to restraint minimisation. However, this is not included in the policy.</p> <p>Aggregated restraint data is reported to the governance board(s) of Masonic Care Limited as a total number of restraints in use across the group. Data is reported on a monthly basis and whether any new restraints have been initiated. No other information is reported, or requested by, the governance board(s). An area for improvement is identified in relation to this, and formal identification of the GM's role of executive leader for restraint minimisation.</p>
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Specific results for criterion where corrective actions are required

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
<p>Criterion 1.4.6</p> <p>Service providers shall respond to tāngata whaikaha needs and enable their participation in te ao Māori.</p>	PA Low	There were several residents with disabilities and several younger residents at Glenwood at the time of audit. The service was evidenced to be responsive to tāngata whaikaha needs, however, there had been no formal specific engagement with tāngata whaikaha to enable their participation in te ao Māori if residents required this. Relationships with local Māori communities or organisations had not been developed.	Glenwood had no formal processes in place that enabled the service to be responsive to tāngata whaikaha needs and enable their participation in te ao Māori.	<p>Provide evidence the service is responsive to tāngata whaikaha needs and is able to enable their participation in te ao Māori</p> <p>180 days</p>
<p>Criterion 1.5.6</p> <p>My service provider shall prioritise a strengths-based and holistic model ensuring wellbeing outcomes for Māori.</p>	PA Low	A holistic model of health at Glenwood was promoted, that encompassed an individualised approach and that ensured best outcomes for all. However, at the time of audit the facility had not established any relationships with local	Glenwood’s holistic model doesn’t have processes in place to ensure wellbeing outcomes for Māori.	Provide evidence a strengths-based holistic model ensures wellbeing outcomes for Māori.

		iwi, Māori organisations or Māori communities to enable Glenwood to provide support to residents who identified as Māori.		180 days
<p>Criterion 2.1.7</p> <p>Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.</p>	PA Low	The governance board(s) have systems for monitoring performance against the strategic plan of the wider organisation. Monthly reports and meeting minutes were reviewed and confirmed that performance is monitored. However, there are not yet processes and systems to meet all aspects of this revised Standard.	The governance board(s) have not yet developed ways to ensure service providers identify and work to address barriers to equitable service delivery.	<p>Ensure that the governance board(s) develop ways for service providers to identify and work to address barriers to equity in service delivery.</p> <p>180 days</p>
<p>Criterion 2.2.7</p> <p>Service providers shall ensure their health care and support workers can deliver highquality health care for Māori.</p>	PA Low	There are a range of monitoring tools (e.g.: internal audits) for ensuring residents receive high quality services.	There is not a process or system for ensuring health care and support workers can deliver high-quality health care for Māori.	<p>Develop, or use existing, systems or processes to ensure health care and support workers can deliver high-quality health care for Māori.</p> <p>180 days</p>
<p>Criterion 3.1.6</p> <p>Prior to a Māori individual and whānau entry, service providers shall:</p> <p>(a) Develop meaningful partnerships with Māori communities and organisations to benefit Māori individuals and whānau;</p> <p>(b) Work with Māori health practitioners, traditional Māori</p>	PA Low	Glenwood had attempted to make contact with the two local iwīs, however had not at the time of audit developed formal meaningful partnerships with the local Māori or community organisations to benefit Māori individuals and whānau. Te Whatu Ora Wairarapa has a Māori health unit that had been identified as a connection, however the service was unaware if this enabled access to Māori	Glenwood had not at the time of audit developed meaningful partnerships to benefit Māori individuals and whānau and enable access to Māori health practitioners if requested.	<p>Provide evidence partnerships with Māori communities and organisations have been established to benefit Māori and whānau.</p> <p>180 days</p>

healers, and organisations to benefit Māori individuals and whānau.		health practitioners and traditional Māori healers.		
<p>Criterion 3.2.7</p> <p>Service providers shall understand Māori constructs of oranga and implement a process to support Māori and whānau to identify their own pae ora outcomes in their care or support plan. The support required to achieve these shall be clearly documented, communicated, and understood.</p>	PA Low	At the time of audit Glenwood had not developed meaningful partnerships with local Māori organisations. There has been training on Te Tiriti o Waitangi and Tikanga guidelines. There was no evidence sighted that verified Glenwood understood the Māori constructs of oranga or had implemented a process to identify and support Māori and whānau to identify their own pae ora outcomes in the care plan.	Glenwood is unable to verify they understood the constructs of oranga and implement a process to support Māori and whānau to identify their own pae ora outcomes.	<p>Provide evidence Glenwood understands the constructs of oranga and has implemented a process to support Māori and whānau identify their own pae ora outcomes.</p> <p>180 days</p>
<p>Criterion 6.1.1</p> <p>Governance bodies shall demonstrate commitment toward eliminating restraint.</p>	PA Low	<p>Restraint is being used at Glenwood and data is reported to the governing board through the reporting system</p> <p>There was no evidence of the governance board(s) having systems in place to demonstrate a commitment toward eliminating restraint.</p>	Masonic Care Limited has not yet developed systems to demonstrate their commitment to the elimination of restraint.	<p>Ensure that the governance board(s) have systems which support the elimination of restraint.</p> <p>180 days</p>
<p>Criterion 6.1.3</p> <p>There shall be an executive leader who is responsible for ensuring the commitment to restraint minimisation and elimination is implemented and maintained.</p>	PA Low	The GM reports that they are the executive leader who holds this responsibility. This was not included in the Masonic Care Limited restraint policy and procedure, which is used by Glenwood Masonic.	The role of the GM as the executive leader with responsibility for restraint minimisation and elimination needs to be formalised by the wider organisation along with processes for ensuring this occurs.	<p>Ensure that this criterion is met by the governing body.</p> <p>180 days</p>

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Specific results for criterion where a continuous improvement has been recorded

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

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

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

No data to display

End of the report.