

Masonic Care Limited - Glenwood Masonic Hospital

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:	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: 3 December 2024	End date: 4 December 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:	43	

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

Glenwood Masonic Hospital is part of the Masonic Care Group and provides hospital services - medical and geriatric, and rest home level of care for up to 56 residents. On the day of the audit, there were 43 residents.

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

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

This certification audit identified shortfalls around care plan interventions and evaluations.

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.

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

Hunga mahi me te hanganga | Workforce and structure

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

Subsections applicable to this service fully attained.

The service is governed by a Board of Trustees. Services are planned, coordinated, and are appropriate to the needs of the residents. Glenwood Masonic Hospital has a documented quality and risk management system. A robust health and safety programme is implemented, and hazards are reviewed on a regular basis. There are human resources policies including recruitment, selection, orientation, staff training and development. There is an in-service education/training programme covering relevant aspects of care and support and external training is supported. Competencies are maintained. The staffing policy aligned

with contractual requirements and included skill mixes. Residents and family/whānau reported that staffing levels are adequate to meet the needs of the residents.

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

Ngā huarahi ki te ora | 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.
---	--	---

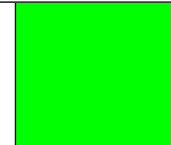
There is an admission package available prior to or on entry to the service. The clinical nurse manager and registered nurses are responsible for each stage of service provision. The registered nurses assess, plan and review residents' needs, outcomes, and goals with the resident and family/whānau input. 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 healthcare assistants 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.

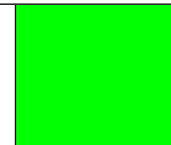


Subsections applicable to this service fully attained.

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. There are sufficient number of toilets/bathrooms for residents, 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. 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.

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.

Infection prevention and control management systems are in place to minimise the risk of infection to residents, service providers and visitors. The infection prevention control programme is implemented and meets the needs of Glenwood Masonic Hospital and provides information and resources to inform the service providers. Documentation evidenced that relevant infection prevention and

control education is provided to all staff as part of their orientation and as part of the ongoing in-service education programme. Infection prevention and control practices support tikanga guidelines.

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

The service has a robust pandemic and outbreak management plan in place. The internal audit system monitors for a safe environment. There have been Covid-19 outbreaks since the previous audit.

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

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. Glenwood Masonic Hospital is committed that restraint would only be used as a last resort, with an overall aim to become restraint free. Restraint minimisation is overseen by the restraint coordinator who is the clinical nurse manager. The facility has one resident currently using restraint. Use of restraints are considered as a last resort, only after all other options are explored. The management 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	28	0	1	0	0	0
Criteria	0	175	0	2	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>	FA	<p>A Māori Health Plan is documented for the service which acknowledges Te Tiriti o Waitangi as a founding document for New Zealand. The aim is to co-design health services ensuring Māori have the same level of health as non-Māori, while safeguarding Māori cultural concepts, values, and beliefs. At the time of the audit there were no residents that identified as Māori.</p> <p>The Māori health plan includes commitment to the concepts of Te Whare Tapa Whā Māori model of health, and the provision of services based on the principles of mana motuhake. There is Māori representation on the Board. The appointment of a cultural advisor has been implemented since the last audit. This appointment has seen a strengthening in cultural links and development of a working relationship with staff to ensure meaningful implementation of the Māori health plan. The cultural advisor is available to residents as required.</p> <p>Glenwood Masonic Hospital is committed to providing a service that is responsive and inviting for Māori. The service currently has staff who identify as Māori and actively seeks to employ more Māori staff members. Staff have completed training around cultural safety and Te Tiriti o Waitangi. Residents and whānau are involved in providing input</p>

		into the resident's care planning, their activities, and their dietary needs.
<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>A Pacific health plan is documented that focuses on upholding the principles of Pacific people by acknowledging respectful relationships, valuing families, and providing high quality health care. The plan addresses equity of access, reflecting the needs of Pasifika. The service aims to achieve optimal outcomes for Pasifika. Pacific culture, language, faith, and family values form the basis of their culture and are therefore important aspects of recognising the individual within the broader context of Pasifika. There were no residents identifying as Pasifika during the audit.</p> <p>There were staff that identified as Pasifika at the time of the audit. The service has links with the local Pacific community through staff linkages and are strengthening relationships within the local community. Individual cultural beliefs are documented in the resident's care plan and activities plan. Family members of Pacific residents will be encouraged to be present during the admission process, including completion of the initial care 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-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>Masonic Care Limited policies and procedures are being implemented at Glenwood Masonic Hospital and align with the requirements of the Health and Disability Commissioner's (HDC) Code of Health and Disability Services Consumers' Rights (the Code). Information related to the Code is made available to residents and their families/whānau. The Code of Health and Disability Services Consumers' Rights is displayed in multiple locations in English and te reo Māori. Information about the Nationwide Health and Disability Advocacy is available to residents on the noticeboard and in the information pack. Other formats are available online. Resident meetings provide a forum for residents to discuss any concerns. The staff interviewed (three registered nurses, seven healthcare assistants (HCAs), one admin/receptionist, one diversional therapist, one housekeeper, one laundry manager, one maintenance and one head cook) confirmed their understanding of the Code and its application to their specific job role</p>

		<p>and responsibilities.</p> <p>Staff have received education in relation to the Code at orientation and through the annual training programme, which includes understanding the role of advocacy services. Advocacy services are linked to the complaints process. Staff completed training on advocacy services in 2024. The residents (four hospital and three rest home) and relatives (two hospital and one rest home) interviewed stated they felt their rights were upheld and they were treated with dignity, respect, and kindness. Staff confirmed Māori mana motuhake is recognised, as described in the Māori health plan. Interactions observed between staff and residents were respectful.</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>	FA	<p>There are cultural safety policies in place and resources readily available on the electronic resident management system. Resources include policies on consumer rights, diversity and inclusiveness, intimacy and sexuality, spirituality and counselling, and a human rights and non-harassment policy. Policies are being implemented that align with the requirements of the Health and Disability Commissioner. Healthcare assistants and registered nurses interviewed described how they arrange their shift to ensure they are flexible to meet each person's needs. Staff are trained around the Code of Health and Disability Services Consumers' Rights at orientation and through regular in-services. The service recognises Māori mana motuhake, as evidenced in the policy and Māori health plan.</p> <p>Glenwood Masonic Hospital delivers training that is responsive to the diverse needs of people accessing services. Training provided in 2023-2024 included sexuality/intimacy; abuse and neglect; privacy/confidentiality; advocacy; tikanga Māori; cultural safety; and Te Tiriti o Waitangi. Staff interviewed stated they respect each resident's right to have space for intimate relationships. The use of te reo Māori is encouraged throughout the service. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family/whānau involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held.</p>

		<p>The staff and management described responding to tāngata whaikaha needs and enabling participation in te ao Māori, as documented in the Māori health plan. Care staff interviewed described how they support residents to choose what they want to do and be as independent as they can be. Residents interviewed stated they had choice, and they are supported and encouraged to make a range of choices around their daily life. Residents can choose which activities they participate in, and it was observed that residents are treated with dignity and respect. Satisfaction surveys reviewed confirm that residents and families/whānau are treated with respect.</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>	FA	<p>The abuse and neglect policy is implemented. Glenwood Masonic Hospital policies guide staff in how to prevent any form of discrimination, coercion, harassment, or any other exploitation. The service is inclusive of all ethnicities and cultural days are held to celebrate diversity. Staff have been provided with education on how to identify abuse and neglect in 2024. All residents and families/whānau interviewed confirmed that the staff are very caring, supportive, and respectful. The service implements the protection of property and finances policy to manage residents' comfort funds, such as sundry expenses. Staff are educated on how to value the older person, showing them respect and dignity.</p> <p>A staff code of conduct is discussed during the new employee's induction to the service, with evidence of staff signing the code of conduct policy. Professional boundaries are defined in job descriptions. Interviews with the management team and staff confirmed their understanding of professional boundaries, including the boundaries of their role and responsibilities. Professional boundaries are also covered as part of orientation. Staff interviews confirm that they would be comfortable addressing racism with management, if they felt that this was an issue. A strengths-based and holistic model is prioritised in the Māori health plan to facilitate wellbeing outcomes for Māori residents.</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</p>	FA	<p>A comprehensive information pack is provided to residents and family/whānau on admission which includes information on the Code of</p>

<p>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>Resident Rights, advocacy services, complaints and information around service provision. Residents interviewed stated they were comfortable discussing any issues with staff. Residents and family/whānau complete annual surveys, which evidenced overall satisfaction with communication. Family/whānau interviewed felt they are promptly informed of any changes and general practitioner consultations. There are policies and procedures documented relating to accident/incidents, complaints, and open disclosure that inform staff of their responsibility to notify family/next of kin of any accident/incident that occurs. Progress notes in the electronic resident files identified family/whānau are kept informed.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated. At the time of the audit there were no residents who did not speak English. Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family/whānau are informed prior to entry of the scope of services and any items that are not covered by the agreement. The service communicates with other agencies that are involved with the resident, such as the hospice, wound care specialist and Health New Zealand specialist services. The delivery of care includes a multidisciplinary team. The management team and registered nurses described an implemented process around providing residents with time for discussion around care, time to consider decisions, and opportunity for further discussion, if required.</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>	FA	<p>Resuscitation care and informed consent policies guide staff around informed consent processes. Admission agreements had been signed and sighted for all the seven files reviewed. The resident files reviewed included signed general consent forms. Other consent forms include photographs and vaccinations. Copies of enduring power of attorneys (EPOAs) were on resident files where applicable. Where an EPOA has been activated, an activation letter and incapacity assessment were on file. In the resident files reviewed, there were appropriately signed resuscitation plans and advance directives in place; these are regularly reviewed. The service follows relevant best practice tikanga guidelines, welcoming the involvement of family/whānau in decision making where</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.		the person receiving services wants them to be involved. Discussions with residents and family/whānau confirmed that they are involved in the decision-making process, and in the planning of care. Staff have received training related to informed consent.
<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>The complaints procedure is provided to residents and family/whānau on entry to the service. The complaints process is equitable for Māori and complaints related documentation is available in te reo Māori. The facility manager maintains a complaint/compliment register and documents all verbal and written complaints. There were two complaints received in 2023, and five complaints made in 2024 thus far. The complaints reviewed evidenced complaints are managed within the timeframes set out by the Health and Disability Commissioner. Review of documentation and interview with the facility manager confirmed that complaints are discussed at Board level and shared with staff during staff meetings. Corrective action plans are created when required to ensure learnings occur when gaps are identified in service delivery.</p> <p>Discussions with residents and family/whānau confirmed they were provided with information on complaints and complaints forms are available at reception. Residents have a variety of avenues they can choose from to make a complaint or express a concern. Residents and family/whānau making a complaint can involve an independent support person in the process if they choose; this is documented as an option in the outcome letter that is sent to the complainant and includes an online link and phone number to advocacy services. The resident meeting minutes sighted evidenced residents are given the opportunity to provide feedback. The residents and family/whānau all reported that any issues residents and family/whānau have, are discussed with the facility manager and/or clinical nurse manager directly. The facility manager and clinical nurse manager implement an 'open door' policy which was confirmed during interviews with staff, residents and family/whānau.</p>
<p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the</p>	FA	Glenwood Masonic Hospital is part of Masonic Care Limited and is situated in the town of Masterton in the Wairarapa. The governing body

<p>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>has a Board of Directors. Three of the directors have a close relationship with the health sector. The service provides care for up to 56 residents at hospital (geriatric and medical) and rest home level care. There are seven suites designed as double rooms. There are 49 dual purpose rooms.</p> <p>On the day of the audit, there were 28 hospital level residents, including one resident on a younger person with disability (YPD) contract, and one resident on respite care. There were 15 rest home level of care. Residents not on a contract were under the age-related residential care (ARRC) contract.</p> <p>The general manager provided support to the team for the audit and was knowledgeable around contractual and legislative requirements. The Board meets monthly. The general manager confirmed they meet with the facility manager fortnightly at the facility. There is a five-year strategic plan which is split into yearly increments in the annual business plan. The strategic plan is reviewed annually and progress towards meeting annual goals are reviewed regularly and discussed at Board meetings. Masonic Care has a clinical governance group that meets monthly and signs off on the clinical outcome report that is sent to the Board from each Masonic Care facilities. At facility level, clinical governance is provided by the facility manager, clinical nurse manager and infection control coordinator.</p> <p>The Board is committed to supporting the strategies laid down by Manatū Hauora Ministry of Health's 'New Zealand Health Strategy'. Objectives listed in the business plan include a commitment to providing and assisting in the provision of good quality care to all people and to improving the health status of ethnic groups including Māori and Pacific people. The general manger described the overarching strategic plan for the Masonic Care Group, which includes how the organisation collaborates with Māori in a manner that aligns with the Ministry of Health strategies and how they address any barriers to equitable service delivery. Discussion with the general manager and review of documentation confirmed how the provider ensures working practices are holistic in nature, inclusive of cultural identity and respect the importance of the connection to family/whānau and the wider community.</p> <p>The annual business plan includes the vision, mission statement,</p>
---	---

		<p>philosophy, and measurable goals. Reporting includes occupancy; finances; health and safety; staffing; infection; quality trend and analysis; and restraint minimisation. There is collaboration with mana whenua in business planning and service development that support outcomes to achieve equity for Māori, and tāngata whaikaha. There is a Board member and staff employed who identify as Māori. The cultural advisor is working alongside the facility manager and staff to offer expert support in te reo Māori and tikanga Māori. The general manager confirmed they, the Board and chief executive have completed Treaty of Waitangi training to ensure cultural competency.</p> <p>The facility manager is a registered nurse and has been in the position for nearly 10 years. The clinical nurse manager has been in the position for over three years and has previous experience in aged care and acute services. They are supported by an administrator, a quality coordinator, senior registered nurse (infection control coordinator) and a team of clinical and non-clinical staff.</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>	FA	<p>Glenwood Masonic Hospital has an established quality and risk management system which has been developed by an external consultant. The quality monitoring programme is designed to monitor contractual and standards compliance and the service delivery in the facility. Internal audits have been held according to schedule and any corrective actions identified have been followed up and signed off as completed. The electronic quality management system benchmarks the quality data collated. Quality data is reported to the Board in the monthly facility manager and clinical nurse manager report. There was documented evidence in the staff meetings of discussions held around quality data. Meeting minutes are made available to staff who were unable to attend the meeting. Facility meetings and resident meetings have been held according to schedule.</p> <p>Policies and procedures provided by an external consultant align with current good practice and they are suitable to support rest home and hospital levels of care. Policies are reviewed a minimum of two yearly, modified (where appropriate) and implemented. New policies are discussed with staff. The review of policies and quality goals, monthly monitoring of clinical indicators and adherence to the Ngā Paerewa</p>

		<p>Standard are processes that provide a critical analysis of practice to improve health equity. Staff and members of the Board have completed cultural training, including Te Tiriti o Waitangi, to ensure all residents are cared for in a culturally sensitive way.</p> <p>Annual resident and relative satisfaction surveys are conducted. The 2024 results have been collated and these have been analysed, with the results evidencing a high satisfaction rate from respondents. Results have been shared with staff, residents, and family/whānau.</p> <p>Health and safety policies are implemented and monitored through the monthly meetings. Risk management, hazard control and emergency policies and procedures are in place. The health and safety representative (administrator) were interviewed about the health and safety programme. The maintenance of the hazard and risk register is the responsibility of the facility manager. Hazard identification forms and an up-to-date hazard register had been reviewed in November 2024 (sighted). The service documents incidents/accidents, unplanned or untoward events and provides feedback to the service and staff so that improvements are made. Incidents and accidents forms are completed for all adverse events. Results are collated, analysed, and included in quality data and in the Board report. Incident data was evidenced as discussed at all facility meetings.</p> <p>Discussions with the facility manager and clinical nurse manager evidenced awareness of their requirement to notify relevant authorities in relation to essential notifications. Notification was made to the Health Safety Quality Commission 30 August 2024 (part B), regarding a resident falling and sustaining a fractured hip.</p> <p>There have been outbreaks of Covid-19 since the last audit, which were notified to the appropriate authorities in a timely manner.</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</p>	FA	<p>There is a staffing policy that describes rostering requirements. The roster reviewed provides sufficient coverage for the delivery of care. The facility manager and clinical nurse manager work full time from Monday to Friday. The facility manger provides after hours on-call support, seven days per week. The clinical nurse manager and senior registered nurse provides after-hours support for all clinical issues over</p>

<p>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>		<p>seven days. Interviews with staff confirmed that overall staffing is adequate to meet the needs of the residents. Good teamwork amongst staff was highlighted during the healthcare assistant (HCA) interviews. Staff and residents are informed when there are changes to staffing levels.</p> <p>An education programme is in place for 2024-2025. A broad range of topics are covered appropriate to the service delivered. Most training is now completed online, with some education delivered face to face with guest speakers and internal trainers. Education in 2024 included manual handling; infection control; outbreak/Covid-19 management; health and safety; hazards; restraint; abuse and neglect; pain management; and fire drills. Training is also provided to staff through toolbox talks. The education and training schedule lists all mandatory topics. Staff have been provided with cultural safety training, including Māori equity and Te Tiriti o Waitangi. Staff participate in learning opportunities that provide them with up-to-date information on Māori health outcomes and disparities and health equity. External training opportunities for care staff include training through Health New Zealand.</p> <p>The service supports and encourages healthcare assistants to obtain a New Zealand Qualification Authority (NZQA) qualification. Thirteen healthcare assistants have completed their level four qualifications, four have completed level three, and six have completed their level two qualification. A competent care provision policy is being implemented. Competencies are completed by staff, which are linked to the annual in-service schedule. Additional (annual) competencies completed include medication; restraint; hand hygiene; use of personal protective equipment (PPE); fire and emergency training; cultural safety; and manual handling. Three registered nurses are interRAI trained, and a further two are due to complete this early next year. Support systems promote health care and support worker wellbeing and a positive work environment.</p>
<p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills,</p>	<p>FA</p>	<p>Human resources policies are in place and include recruitment, selection, orientation, and staff training and development. Staff files are held securely. Seven staff files reviewed evidenced implementation of</p>

<p>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>the recruitment process, employment contracts, and police checking. There are job descriptions in place for all positions that includes personal specifications, duties and responsibilities, area of work and expected outcomes to be achieved in each position. All files evidenced completed orientation documentation and annual appraisals for staff who have been employed for one year or more. A copy of practising certificates is maintained for all health professionals.</p> <p>The service has a role-specific orientation programme in place that provides new staff with relevant information for safe work practice and includes buddying when first employed. Competencies are completed at orientation. The service demonstrates that the orientation programme supports all staff to provide a culturally safe environment for Māori.</p> <p>An employee ethnicity database is maintained. Management and staff reported they have the opportunity to be involved in a debrief discussion to receive support following incidents. Documentation was submitted that confirmed debrief to ensure wellbeing support is provided, with evidence confirming debrief events occurred post all outbreak events. Staff wellbeing is recognised through acknowledging individual staff contributions and participation in health and wellbeing activities. The Employee Assistance Programme is available to staff.</p>
<p>Subsection 2.5: Information</p> <p>The people: Service providers manage my information sensitively and in accordance with my wishes.</p> <p>Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity.</p> <p>As service provider: We ensure the collection, storage, and use of personal and health information of people using our services is accurate, sufficient, secure, accessible, and confidential.</p>	FA	<p>The service utilises an electronic format for resident information, documentation, and data. Electronic information (policies and procedures, incident, and accidents) are backed up and password protected. The resident files are appropriate to the service type and demonstrate service integration. Records are uniquely identifiable, legible, and timely. Signatures that are documented include the name and designation of the service provider. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. The service is not responsible for National Health Index registration.</p>

<p>Subsection 3.1: Entry and declining entry</p> <p>The people: Service providers clearly communicate access, timeframes, and costs of accessing services, so that I can choose the most appropriate service provider to meet my needs.</p> <p>Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care.</p> <p>As service providers: When people enter our service, we adopt a person-centred and whānau-centred approach to their care. We focus on their needs and goals and encourage input from whānau. Where we are unable to meet these needs, adequate information about the reasons for this decision is documented and communicated to the person and whānau.</p>	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. Seven 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 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. The organisation has links with local iwi, and staff are trained in cultural safety, tikanga and consulting whānau in any decision making. There were residents who identified as Māori. Staff are available to residents and whānau to provide supports as required.</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</p>	PA Low	<p>Seven files were reviewed for this audit: five hospital residents, including one YPD and one on a respite contract, and two rest home residents. The clinical nurse manager and the registered nurses are responsible for conducting all assessments and for the development of care plans. All residents including the YPD and respite residents had a range of assessments completed on admission and six-monthly, including (but not limited to) falls risk; pressure risk; nutrition; pain; dietary; oral; and mobility. Additional information is gathered from allied health, referral agencies and family/whānau. There is evidence of</p>

<p>whānau to support wellbeing.</p>	<p>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>For the resident files reviewed, the outcomes from assessments and risk assessments are not always reflected into care plans. The care plans identify resident focussed goals, recognise Te Whare Tapa Whā and reflects a person-centred model of care; however, the care plans do not always identify key assessed risks, including medical risks and interventions reflective of interRAI assessments or describe interventions in sufficient detail to ensure safe holistic resident care.</p> <p>Care plan evaluations were completed six-monthly and when care needs changed; however, did not always evidence progress against goals. All care plan documentation reflects contractual 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 Glenwood Masonic Hospital. Specialist referrals are initiated as needed. Allied health interventions were documented and integrated into care plans. There is a physiotherapist who is available when requested. 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>Healthcare assistants and registered nurses interviewed described a verbal and written handover at the beginning of each duty that maintains a continuity of service delivery. Written handover notes were viewed and were comprehensive. Progress notes are written daily by HCAs and registered nurses. The RN further adds to the progress notes if there are any incidents, GP visits or changes in health status.</p>
-------------------------------------	--

		<p>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.</p> <p>Wound assessments, and wound management plans with body map, photos and wound measurements and evaluations were reviewed. A hard copy wound register is maintained. The register provided appropriate details of the wound, and evaluation. There were four wounds currently being treated, including one chronic wound, skin tears and one skin irritation. There are no pressure injuries. There was evidence of wound nurse involvement in the management of the chronic wound.</p> <p>Registered nurses and HCAs 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. HCAs and RNs complete monitoring charts, including bowel chart; blood pressure; weight; food and fluid chart; pain; behaviour; and blood glucose levels. Neurological observations are completed for unwitnessed falls and suspected head injuries according to the policy.</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>There are two activities coordinators (both qualified diversional therapists) who cover Monday to Saturday. They are supported by a casual diversional therapist who covers for leave. Volunteers support the delivery of the programme. Resources are available for HCAs to cover activities on Sundays. The programme is planned monthly and displayed weekly on noticeboards and in each resident's room.</p> <p>The weekly activity programme provides variety in the content and includes a range of activities which incorporate education, leisure, cultural, spiritual and community events. Activities are held in each area, with opportunities provided for the residents to join in activities with other units. A resident attendance list is maintained for activities, entertainment and outings. Activities include interdenominational church services; bowls; board games; newspaper reading; exercises;</p>

		<p>quiz; music therapy; art therapy; pet therapy etc. Live entertainment occurs weekly and there are van outings once or twice weekly. One on one activities are scheduled each afternoon between 3pm and 4pm and provide opportunities for residents who are unable or reluctant to join in group activities.</p> <p>Cultural celebrations have included Māori language week, Te Tiriti o Waitangi and Matariki celebrations. A Ratana church service is held monthly. The diversional therapist explained how they incorporate te reo Māori into all aspects of the activities programme. Other activities included in the programme include flax weaving; cultural arts and crafts; incorporating te reo Māori in quizzes and singing of waiata. Glenwood Masonic Hospital welcomes cultural visitors several times a year. The service has a relationship with a local total immersion Māori school who visit three-monthly and provide kapa haka entertainment. Dancers from a local Filipino group also visit three-monthly.</p> <p>The residents' activities assessments are completed by the activities' coordinator on admission to the facility, and within 21 days. Information on residents' interests, family, and previous occupations is gathered during the interview with the resident and/or their family/whānau and documented. The activity assessments include a cultural assessment and resident profile which gathers information about cultural needs, values, and beliefs. Spiritual needs are identified, with twice weekly services held in the facility chapel. Several residents are supported to attend external Sunday services. Information from these assessments is used to develop the resident's individual activity care plan. The residents' activity needs are reviewed six-monthly.</p> <p>Younger people are supported to access activities in accordance with their individual preferences.</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 safe</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>medication administration has been provided. Registered nurses complete syringe driver training. Staff were observed to be safely administering medications. Registered nurses and HCAs interviewed could describe their role regarding medication administration. Glenwood Masonic Hospital 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>Fourteen 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 was one resident self-medicating inhalers only. Review of the residents file identified policy and process are followed. As required medications are administered as prescribed, with effectiveness documented in the progress notes. Medication competent HCAs, enrolled nurses or registered nurses sign when the medication has been administered.</p> <p>Standing orders are in use and include evidence of regular GP reviews, and indications and instructions for use in accordance with medication legislation and policy.</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>
---	--

<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>Glenwood Masonic Hospital prepare and cook all meals on site. The main cook was interviewed on the day of audit. The kitchen was observed to be clean, well-organised, well equipped and a current approved food control plan was evidenced, expiring on 31 July 2025.</p> <p>The four-weekly seasonal menu has been reviewed by a dietitian in February 2024. There is a full-time main cook, a second cook and five part-time kitchen hands. There is a food services manual available in the kitchen. The cook 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 cook (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 displayed on noticeboards outside the kitchen and nurses' stations. Likes and dislikes are catered for.</p> <p>Residents have access to nutritious snacks including sandwiches, biscuits, fruit and yoghurt. There are two small kitchenettes available for residents and family/whānau to make tea and coffee at any time. 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 and relaxing, with no distracting background noise. Meals are served directly to residents from bain-maries which are taken to the two dining rooms, and plated for residents who wish to have meals in their room. 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 the menu.</p> <p>Paper based documentation evidenced monitoring of fridge, freezer,</p>
--	----	---

		<p>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 were satisfied with the quality and quantity of food provided. 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 registered nurses 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> <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</p>	FA	<p>The building holds a current warrant of fitness, which expires 27 July 2025. The environment is inclusive of peoples' cultures and supports cultural practices.</p> <p>There is a full-time maintenance person who also maintains the enclosed gardens (interviewed). There is a maintenance request book for repairs and maintenance requests located at front reception. This is checked daily and signed off when repairs have been completed. There is a monthly 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.</p>

<p>of belonging, independence, interaction, and function.</p>	<p>Essential contractors/tradespeople are available as required. Medical equipment, including (but not limited to) hoists and scales, were checked and calibrated in April 2024. Healthcare assistants interviewed stated they have adequate equipment to safely deliver care for rest home and hospital level of care residents.</p> <p>There are seven suites for single or couple occupancy available under occupation right agreements. On the days of audit there were four of these occupied, including one room occupied by a couple. All other rooms are single, with some variation in size and configuration. Apparatus for ceiling hoists is installed in one bedroom and one bathroom. 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 private patios. There is safe access to all communal areas and the outdoors.</p> <p>Most rooms have either single or shared ensuites, with provision of additional showers, trolley shower bathroom and adequate toilets for residents, 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. Communal door labels and directions are documented 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, recreation rooms and dining rooms in both 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 radiators in all areas, including resident rooms, powered by an external heat pump. Wall heat pumps are located in communal areas, some care suites and offices.</p> <p>Residents interviewed were complimentary of the environment and found their own bedrooms to be very comfortable. There are no future developments planned for the site; however, the facility manager is aware of the need for consultation and co-design for the building, to</p>
---	--

		ensure that they reflect the aspirations and identity of Māori.
<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>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 17 December 2020. Fire evacuation drills are held six-monthly, and the last one was completed on 16 August 2024. Civil defence supplies are stored in secured emergency bins and checked six-monthly. In the event of a power outage, there is a generator on site which has the capacity to run lights, heating, cooking and to continue pumping water throughout the facility. The back-up system in place ensures residents' electric beds, nurse call bells, the medication system and information technology will continue uninterrupted. The service has additional gas cooking (BBQ) available.</p> <p>There are adequate supplies in the event of a civil defence emergency, including food supplies for five days and water supplies (three 3230 litre tanks) plus potable water, to provide residents with 20 litres per day, for a minimum of seven 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 indicator lights displayed above resident doors. Call bells and sensor mats are tested monthly. The residents were observed to have their call bells in close proximity. Residents and family/whānau interviewed confirmed that call bells are answered in a timely manner. The building is secure after hours, and staff complete security checks at night.</p>
<p>Subsection 5.1: Governance</p> <p>The people: I trust the service provider shows competent</p>	FA	<p>Infection prevention and control and antimicrobial stewardship (AMS) is an integral part of the Glenwood Masonic Hospital quality programme, which is linked to the strategic plan, to ensure the environment</p>

<p>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>minimises the risk of infection to residents, staff, and visitors. Expertise in infection prevention and control and antimicrobial stewardship can be accessed through Health New Zealand and Public Health. Infection prevention and control and antimicrobial stewardship resources are accessible.</p> <p>Any significant events are managed using a collaborative approach involving the infection control team, the general practitioner and the public health team. There is a communication pathway for reporting infection control and antimicrobial stewardship issues to the Board. The infection control coordinator (registered nurse), facility manager, clinical nurse manager and general manager are informed of any outbreaks, and these are reported immediately.</p> <p>The infection prevention control programme, its content and detail, is appropriate for the size, complexity and degree of risk associated with the service.</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>The infection control programme has been developed by an external consultant and has been approved by the management team, infection control coordinator and Board. The infection control programme is reviewed three-monthly and discussed at infection control meetings. Infection control data is included in the clinical manager reports, which are discussed at Board level.</p> <p>The infection prevention and control manual includes a comprehensive range of policies, standards and guidelines. This includes defining roles, responsibilities and oversight, pandemic and outbreak management plan, responsibilities during construction/refurbishment, training, and education of staff. Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. Policies are available to staff. The pandemic response plan is clearly documented to reflect the current expected guidance from Health New Zealand.</p> <p>Policies and procedures are reviewed by the infection control team regularly to ensure compliance with standards and regulations. The infection prevention and control coordinator (registered nurse) job description outline the responsibility of the role relating to infection</p>

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

		<p>there be plans for development and ongoing refurbishments of the building. Infection prevention and control is part of facility meetings.</p> <p>The infection prevention coordinator is committed to the ongoing education of staff and residents, as described in infection control policies. Infection prevention and control is part of staff orientation and included within the mandatory staff training schedule. Staff have completed hand hygiene skin infections, standard precautions, and personal protective equipment training. Resident education occurs as part of the daily cares.</p> <p>Family/whānau are kept informed of extra precautions required or outbreaks and updated through emails and phone calls. Visitors are asked not to visit if unwell. There are hand sanitisers, plastic aprons and gloves strategically placed around the facility near point of care. Handbasins all have flowing soap and paper towels.</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>	FA	<p>The service has antimicrobial stewardship policy and monitors compliance of antibiotic and antimicrobial use through evaluation and monitoring of medication prescribing charts and medical notes. The policy is appropriate for the size, scope, and complexity of the resident cohort. Infection rates are monitored monthly and reported to the quality and staff meetings. Significant events are reported to the Board immediately. Prophylactic use of antibiotics is not considered to be appropriate and is discouraged. The GP and clinical nurse manager provide oversight on antimicrobial use within the facility.</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</p>	FA	<p>Infection surveillance is an integral part of the infection prevention control programme. Monthly infection data is collected for all infections based on signs, symptoms, and definition of infection. Infections are entered into electronic infection logs. The monthly infection summary (report extracted from the electronic quality system) includes all infections, including organisms and ethnicity. This data is monitored and analysed for trends and patterns by the clinical manager and is included in the monthly report to the Board. Infection prevention and control surveillance is discussed at facility meetings, as confirmed by</p>

methods specified in the infection prevention programme, and with an equity focus.		<p>staff interviewed and review of staff meeting minutes.</p> <p>The infection control coordinator described developing action plans where required for any infection rates of concern. Short-term care plans are utilised for residents with infections. Internal infection control audits are completed, with corrective actions for areas of improvement. Clear culturally safe communication pathways are documented to ensure communication to staff and family/whānau for any staff or residents who develop or experience a healthcare-acquired infection. The service receives information from Health New Zealand services for any community concerns. The infection control coordinator described developing action plans where required for any infection rates of concern.</p> <p>There have been Covid-19 outbreaks since the last audit. The last one was August 2024. Prior to this, a Covid-19 outbreak occurred in April 2023. These have been appropriately reported, with evidence provided of maintenance of infection outbreak logs. Information pertaining to residents and staff affected was collated, outlining the length of outbreak and numbers affected. The infection control coordinator and staff interviews confirmed debrief meetings were held to discuss what went well and what improvements will be implemented on the next occasion.</p>
<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>Policies are in place regarding chemical safety and hazardous waste and other waste disposal. Chemicals were clearly labelled with manufacturer's labels and stored in locked areas. Cleaning chemicals are stored on a lockable cupboard on the cleaning trolleys and the trolleys are kept in a locked cupboard when not in use. Safety data sheets and product sheets are available and current. Sharps containers are available and meet the hazardous substances regulations for containers. Gloves, aprons, masks, and disposable visors are available for staff, and they were observed to be wearing these as they carried out their duties on the days of audit. There are two sluice rooms with sanitisers, a stainless-steel bench and separate handwashing facilities with flowing soap and hand towels. Staff have completed chemical safety training. A chemical provider monitors the effectiveness of chemicals. The members of the housekeeping team</p>

		<p>interviewed were knowledgeable around chemicals, infection control practices and cleaning practices during outbreaks.</p> <p>There is a laundry on site, with all laundry completed by dedicated laundry staff. There are defined dirty and clean areas. Personal laundry is delivered back to residents' rooms. Linen is delivered to cupboards by staff and stored appropriately. There is enough space for linen storage. The linen cupboards were well stocked, and linen sighted to be in a good condition. The washing machines and dryers are checked and serviced regularly.</p> <p>The infection prevention control coordinator is overseeing the implementation of the cleaning and laundry audits and is involved in overseeing infection control practices in relation to the building.</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>	FA	<p>Glenwood Masonic Hospital has a Restraint Governance Framework Policy and is committed to providing services to residents without the use of restraint. The purpose described in the policy is that use of any restraint is minimised and used only if the safety of the resident or another is at risk. This was confirmed by the facility manager and the restraint coordinator (clinical nurse manager). There was one resident using a restraint at time of audit. There was no evidence of restraint related injury reported since the last audit, as per discussion with the facility manager and in review of the incident register since the last 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. Glenwood Masonic Hospital ensures the consultation process in place ensures that the voice of any resident or family member who identifies as Māori is heard. 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, providing an opportunity to involve the resident and EPOA in decision making. The clinical nurse manager maintains the restraint portfolio and has a job description for the role (sighted). The use of restraint is reported in the registered nurse, staff and quality meetings and in a monthly restraint summary, which is shared with members of the Board.</p>

		The aim of having a restraint-free environment and managing challenging behaviour and associated risks is included as part of the orientation programme and mandatory staff training schedule. Staff have completed the required training.
<p>Subsection 6.2: Safe restraint</p> <p>The people: I have options that enable my freedom and ensure my care and support adapts when my needs change, and I trust that the least restrictive options are used first.</p> <p>Te Tiriti: Service providers work in partnership with Māori to ensure that any form of restraint is always the last resort.</p> <p>As service providers: We consider least restrictive practices, implement de-escalation techniques and alternative interventions, and only use approved restraint as the last resort.</p>	FA	<p>Assessments for the use of restraint, monitoring, and evaluation were documented and included all requirements of the Standard. Residents and family/whānau confirmed their involvement in the process. Access to advocacy is facilitated as necessary. A restraint register is maintained and reviewed at each restraint approval group meeting. The register contained enough information to provide an auditable record. Staff, management meeting minutes, and clinical manager's reports documented discussions about restraint. The clinical manager stated that any use of restraint in an emergency would be documented as an incident and all restraint data is collected and analysed as part of the monthly reporting. If emergency restraint is required, the registered nurse will consult with the clinical manager, resident and family, and determine depending on the situation, who will debrief the staff.</p>
<p>Subsection 6.3: Quality review of restraint</p> <p>The people: I feel safe to share my experiences of restraint so I can influence least restrictive practice.</p> <p>Te Tiriti: Monitoring and quality review focus on a commitment to reducing inequities in the rate of restrictive practices experienced by Māori and implementing solutions.</p> <p>As service providers: We maintain or are working towards a restraint-free environment by collecting, monitoring, and reviewing data and implementing improvement activities.</p>	FA	<p>The restraint committee undertakes a six-monthly review of all restraint use which includes all the requirements of the Standard. The outcome of the review is reported to the governance body. Any changes to policies, guidelines, education, and processes are implemented if indicated. Internal benching marking is completed. The benchmarking identifies trends, ways to minimise and eliminate the use of restraint, and ongoing restraint and challenging behaviour education to all staff.</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 3.2.3</p> <p>Fundamental to the development of a care or support plan shall be that:</p> <p>(a) Informed choice is an underpinning principle;</p> <p>(b) A suitably qualified, skilled, and experienced health care or support worker undertakes the development of the care or support plan;</p> <p>(c) Comprehensive assessment includes consideration of people's lived experience;</p> <p>(d) Cultural needs, values, and beliefs are considered;</p> <p>(e) Cultural assessments are completed by culturally</p>	PA Low	<p>The service moved to an electronic resident management system two years ago; however, not all registered staff are familiar with the programme and care planning documentation functionality. Assessments and care plans are documented by the registered nurses. The care plans are individualised and reflect resident preferences; however, not all assessments and care plan interventions were documented in sufficient detail to guide the resident needs. Progress notes identified staff were familiar with resident requirements and care was provided as per handover.</p>	<p>(i). One hospital resident with a history of cognitive changes and delirium and reduced mobility did not have interventions fully documented for restraint, activities of daily living, mood, skin care, or behaviour management.</p> <p>(ii). One hospital level care resident with a terminal illness, mobility restrictions, pressure injury risk, and requiring continuous oxygen therapy did not include sufficient interventions to guide care.</p> <p>(iii). One hospital resident with a history of frequent falls, behaviours of concern and</p>	<p>i). – iv). Ensure all care plan interventions are current, individualised and reflect the assessed needs of residents.</p> <p>90 days</p>

<p>competent workers and are accessible in all settings and circumstances. This includes traditional healing practitioners as well as rākau rongoā, mirimiri, and karakia;</p> <p>(f) Strengths, goals, and aspirations are described and align with people's values and beliefs. The support required to achieve these is clearly documented and communicated;</p> <p>(g) Early warning signs and risks that may adversely affect a person's wellbeing are recorded, with a focus on prevention or escalation for appropriate intervention;</p> <p>(h) People's care or support plan identifies wider service integration as required.</p>			<p>compression stockings did not include sufficient interventions to guide management of care.</p> <p>(iv). One rest home resident with type 2 diabetes did not include signs and symptoms of hypoglycaemia or hyperglycaemia and related management.</p>	
<p>Criterion 3.2.5</p> <p>Planned review of a person's care or support plan shall:</p> <p>(a) Be undertaken at defined intervals in collaboration with the person and whānau, together with wider service providers;</p> <p>(b) Include the use of a range of outcome measurements;</p> <p>(c) Record the degree of achievement against the person's agreed goals and aspiration as well as whānau goals and aspirations;</p> <p>(d) Identify changes to the</p>	PA Low	<p>There are comprehensive policies around care planning including evaluations. Short-term care plans are evaluated and evidence weekly reviews towards the goals. Long-term care plan reviews do not evidence progress towards the goals.</p>	<p>Evaluations do not always reflect progress against goals.</p>	<p>Ensure care plan evaluations document progress against documented goals.</p> <p>90 days</p>

<p>person's care or support plan, which are agreed collaboratively through the ongoing re-assessment and review process, and ensure changes are implemented;</p> <p>(e) Ensure that, where progress is different from expected, the service provider in collaboration with the person receiving services and whānau responds by initiating changes to the care or support plan.</p>				
---	--	--	--	--

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.

No data to display

End of the report.