

# The Kawerau Social Services Trust Board - Mountain View Home & Hospital

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## Introduction

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

The audit has been conducted by The DAA Group Limited, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to 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:

|   |  |
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| <b>Legal entity:</b>  | The Kawerau Social Services Trust Board  |
| <b>Premises audited:</b>  | Mountain View Home & Hospital  |
| <b>Services audited:</b>  | Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care) |
| <b>Dates of audit:</b>  | Start date: 17 June 2025    End date: 17 June 2025   |
| <b>Proposed changes to current services (if any):</b>   | None   |
| <b>Total beds occupied across all premises included in the audit on the first day of the audit:</b> | 52   |



# Executive summary of the audit

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## 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

Mountain View Home and Hospital (Mountain View) provides rest home and hospital aged care services for up to 54 residents. There have been no significant changes to the service or facilities since the previous certification audit in 2023.

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

There were no corrective actions at the previous audit that required follow-up. No corrective actions were identified during this audit. The continuous improvement rating in quality and risk management relating to reduced hospital admissions and other quality initiatives is ongoing.

## Ō tātou motika | Our rights

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| 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. |
|---|--|--|

Mountain View works collaboratively to support and encourage a Māori world view of health in service delivery. Māori are provided with equitable and effective services based on Te Tiriti o Waitangi and the principles of mana motuhake.


Pacific peoples are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau were informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code) and these were upheld. Service providers maintain professional boundaries and there was no evidence of abuse, neglect, discrimination or other exploitation. The property of residents was respected.

Policies and the Code provide guidance to staff to ensure informed consent is gained as required. Residents and whānau felt included when making decisions about care and treatment.

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

## Hunga mahi me te hanganga | Workforce and structure

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| 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. |
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The governing body assumes accountability for delivering a high-quality service. This includes ensuring compliance with legislative and contractual requirements, supporting quality and risk management systems, and reducing barriers to improve outcomes for Māori.

Planning ensures the purpose, values, direction, scope and goals for the organisation are defined. Performance was monitored and reviewed at planned intervals.

A clinical governance structure met the needs of the service, supporting and monitoring good practice.

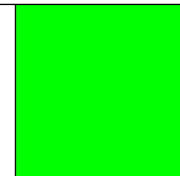
The quality and risk management systems were focused on improving service delivery and care using a risk-based approach. An integrated approach included collection and analysis of quality improvement data, and identifies trends that lead to improvements. Actual and potential risks were identified and mitigated.

The National Adverse Events Policy was followed, with corrective actions supporting systems learnings. The service complied with statutory and regulatory reporting obligations.

Staffing levels and skill mix met the cultural and clinical needs of residents. Staff had the skills, attitudes, qualifications and experience to meet the needs of patients. A systematic approach to identify and deliver ongoing learning and competencies supported safe equitable service delivery.

Professional qualifications were validated prior to employment. Staff felt well supported through the orientation and induction programme, with regular performance reviews implemented.

## Ngā huarahi ki te oranga | Pathways to wellbeing

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| 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. |  | Subsections applicable to this service fully attained. |
|---|--|--|

The service worked in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive risk-based assessments, and accommodated any new problems that arose. Files reviewed demonstrated that care met the needs of residents and whānau and was evaluated on a regular and timely basis.

Medicines were safely managed and administered by staff who were competent to do so.

The food service met the nutritional and cultural needs of the residents. Food was safely managed, supported by an approved food control plan.

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

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

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| Includes two subsections that support an outcome where Health and disability services are provided in a safe environment appropriate to the age and needs of the people receiving services that facilitates independence and meets the needs of people with disabilities. |  | Subsections applicable to this service fully attained. |
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The facility, plant and equipment met the needs of residents and were culturally inclusive. A current building warrant of fitness and planned maintenance programme ensure safety. Electrical equipment was tested as required.

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

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

A documented infection prevention (IP) programme has been developed by those with IP expertise, has been approved by the governing body, was linked with the quality improvement programme, and was reviewed and reported on annually.

Staff demonstrated good principles and practice around infection control supported by relevant IP education.

The 'Surveillance of health care-associated infections' programme was appropriate to the size and setting of the service, using standardised surveillance definitions, with an equity focus.

## Here taratahi | Restraint and seclusion

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

Subsections applicable to this service fully attained.

The service eliminated the use of restraint interventions in December 2022, which is supported by the governing body and policies and procedures. One resident was admitted with the use of restraints in August 2024. Alternative methods were implemented with good effect, but the resident still requires a lap belt when seated due to their high risk of falls and confusion. Review of the restraint assessment, approval and monitoring systems, and review of the restraint in use demonstrated compliance with this subsection. Staff demonstrated a sound knowledge and understanding of providing the least restrictive practice, de-escalation techniques and alternative interventions.

## Summary of attainment

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

| Attainment Rating | Continuous Improvement (CI) | Fully Attained (FA) | Partially Attained Negligible Risk (PA Negligible) | Partially Attained Low Risk (PA Low) | Partially Attained Moderate Risk (PA Moderate) | Partially Attained High Risk (PA High) | Partially Attained Critical Risk (PA Critical) |
|-------------------|-----------------------------|---------------------|--|--------------------------------------|--|--|--|
| Subsection        | 0                           | 18                  | 0  | 0                                    | 0  | 0                                      | 0  |
| Criteria          | 1                           | 48                  | 0  | 0                                    | 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.<br/>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>Mountain View has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake was respected. Partnerships have been established with local iwi to support service integration, planning, equity approaches, and support for Māori. A local group of kuia/kaumātua visit the service regularly to engage in group and one-to-one activities with all residents. At the time of audit, there were more staff than residents who identified as Māori. Eight percent of the resident population identify as Māori. Regular internal audits of Māori residents revealed a high level of satisfaction with cultural practices. Other residents and staff interviewed stated services were provided in a culturally safe manner.</p> |
| <p>Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa</p> <p>The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing.<br/>Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga.<br/>As service providers: We provide comprehensive and equitable</p> | FA                | <p>There were no Pacific residents in the home on the day of the audit. A small number of staff are from Pacific nations. Those interviewed stated there were resources and local networks available for any future residents, and that they would assist with ensuring Pacific worldviews, and cultural and spiritual beliefs were taken into account.</p>   |

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| <p>health and disability services underpinned by Pacific worldviews and developed in collaboration with Pacific peoples for improved health outcomes.</p>   |           |   |
| <p>Subsection 1.3: My rights during service delivery</p> <p>The People: My rights have meaningful effect through the actions and behaviours of others.</p> <p>Te Tiriti: Service providers recognise Māori mana motuhake (self-determination).</p> <p>As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.</p>  | <p>FA</p> | <p>Staff interviewed understood the requirements of the Code of Health and Disability Services Consumers' Rights (the Code) and were observed supporting residents in accordance with their wishes. Posters of the Code in English, te reo Māori and New Zealand Sign Language were posted on notice boards around the facility.</p> <p>Residents and whānau interviewed reported being made aware of the Code and the Nationwide Health and Disability Advocacy Service (Advocacy Service) and were provided with opportunities to discuss and clarify their rights.</p>         |
| <p>Subsection 1.5: I am protected from abuse</p> <p>The People: I feel safe and protected from abuse.</p> <p>Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse.</p> <p>As service providers: We ensure the people using our services are safe and protected from abuse.</p>  | <p>FA</p> | <p>Residents received services free of discrimination, coercion, harassment, exploitation, and abuse and neglect, supported by policies and staff education. There were no examples identified during the audit (including professional boundaries being breached) through staff and/or resident or whānau interviews, or in documentation reviewed.</p> <p>Residents reported that their property and finances were respected. Residents' belongings were labelled on admission to services. There was an account residents could deposit their money into for safe keeping.</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</p> | <p>FA</p> | <p>Residents and/or their legal representative were provided with the information necessary to make informed decisions in line with the Code. Those interviewed, and where appropriate their whānau, felt empowered to actively participate in decision-making. Signed admission agreements and informed consent forms were available in the residents' records.</p> <p>Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code.</p>   |

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| <p>manage their own health, keep well, and live well.</p> <p>As service providers: We provide people using our services or their legal representatives with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice, and control.</p>  |    |  |
| <p>Subsection 1.8: I have the right to complain</p> <p>The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response.</p> <p>Te Tiriti: Māori and whānau are at the centre of the health and disability system, as active partners in improving the system and their care and support.</p> <p>As service providers: We have a fair, transparent, and equitable system in place to easily receive and resolve or escalate complaints in a manner that leads to quality improvement.</p>   | FA | <p>A fair, transparent and equitable system is in place to receive and resolve complaints that leads to improvements. The process met the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so.</p> <p>Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation.</p> <p>The service assured the process worked equitably for Māori by offering support from a Māori advocate.</p> <p>There have been no complaints received from external sources since the previous audit.</p>  |
| <p>Subsection 2.1: Governance</p> <p>The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve.</p> <p>Te Tiriti: Honouring Te Tiriti, Māori participate in governance in partnership, experiencing meaningful inclusion on all governance bodies and having substantive input into organisational operational policies.</p> <p>As service providers: Our governance body is accountable for delivering a highquality service that is responsive, inclusive, and sensitive to the cultural diversity of communities we serve.</p> | FA | <p>Mountain View Home and Hospital is governed by a nine-member board of trustees, and day-to-day operations are overseen by a facility manager (FM) who is a registered nurse (RN) with a current practising certificate. An interview with the board chairperson confirmed the ways in which the board takes accountability for delivering a high-quality service to residents and their whānau. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required.</p> <p>The leadership structure, including clinical governance, is appropriate to the size and complexity of the organisation, with reporting to staff groups and monitoring of resident safety and clinical measures.</p> <p>The purpose, values, direction, scope and goals are defined, and monitoring and reviewing of performance occurs through regular reporting at planned intervals. A focus on monitoring quality outcomes</p> |

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|  |           | <p>was evident in the sampled board reports reviewed.</p> <p>Interview with the board chairperson and review of board reports confirmed service delivery is designed to improve outcomes and improve equity for Māori by collection and analysis of statistical data, and use of Māori focused care tools. The chairperson demonstrated knowledge and understanding related to equity issues. The board and management work in ways that minimise and prevent barriers for any potential resident and their whanau.</p> <p>The service holds contracts with Health New Zealand – Te Whatu Ora for aged residential care - hospital medical, geriatric, and rest home care. The agreement included provision for respite/short-stay, and palliative care.</p> <p>On the days of audit, most of the residents were receiving services under the aged residential care agreement. Of these, 18 were assessed at rest home-level care, and 34 residents were receiving hospital-level care. One of the hospital residents was under the Accident Compensation Corporation (ACC) scheme and was transferring to long-term residential care.</p> |
| <p>Subsection 2.2: Quality and risk</p> <p>The people: I trust there are systems in place that keep me safe, are responsive, and are focused on improving my experience and outcomes of care.</p> <p>Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity.</p> <p>As service providers: We have effective and organisation-wide governance systems in place relating to continuous quality improvement that take a risk-based approach, and these systems meet the needs of people using the services and our health care and support workers.</p> | <p>FA</p> | <p>Mountain View has a documented and implemented quality and risk management system that is reviewed and kept current by the management team and the external owner of the quality system. The system included a risk management plan and policies and procedures that clearly describe all potential internal and external risks and corresponding mitigation strategies.</p> <p>The effectiveness of service delivery is overseen by the quality committee and monitored through complaints, internal audit activities, regular resident and relative satisfaction surveys and the organisation's reporting systems. Reporting systems utilised clinical indicators for incidents and accidents, surveillance of infections, pressure injuries, falls data, and medication errors. Quality improvement data was collected, collated and analysed to identify trends. Where audits or quality data indicated the need for improvement, corrective action plans were developed, implemented and evaluated before being closed out. There was communication with staff of any subsequent changes to procedures</p>                         |

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|   |           | <p>and practice through meetings and staff notices. A range of meeting minutes (quality, health and safety, RN and staff meetings) confirmed how this information is reported and discussed with all levels of staff. Residents and family were notified of relevant updates in one-to-one meetings, and at resident meetings or through regular newsletters.</p> <p>Mountain View continues to demonstrate a commitment to quality improvement. The continuous improvement rating in criterion 2.2.2 is ongoing.</p> <p>Annual resident and relative surveys were conducted which provided valuable feedback used to monitor improvement or decrease in satisfaction with services. The September 2024 resident survey (20 respondents) revealed a high level of satisfaction across all areas of service delivery. Where ratings were less than 100%, the residents' issues were followed up to a satisfactory outcome. The next of kin survey conducted at the same time revealed no issues.</p> <p>Relevant corrective actions were developed and implemented to address any shortfalls. Progress against quality outcomes was evaluated.</p> <p>Adverse and near-miss events were reported and documented in line with the National Adverse Events Policy. A sample of incidents forms reviewed showed these were fully completed, incidents were investigated, action plans developed, and actions followed up in a timely manner.</p> <p>The FM understood and has complied with essential notification reporting requirements. Two Section 31 reports, for a change in board membership and a temporary change in the facility manager, were submitted in 2023 and 2024. One notification of a stage 3 pressure injury was submitted to the Health Quality &amp; Safety Commission In October 2024. There have been no events requiring notification to date in this calendar year.</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>FA</p> | <p>There was a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility adjusted staffing levels to meet the changing needs of residents. A multidisciplinary team</p>   |

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| <p>Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.</p> |           | <p>(MDT) approach ensured all aspects of service delivery were met. Those providing care reported there were adequate staff to complete the work allocated to them. Residents and whānau interviewed supported this. At least one staff member on duty had a current first aid certificate and there was 24/7 RN coverage in the hospital.</p> <p>All RNs had current practicing certificates with the New Zealand Nursing Council.</p> <p>The employment process, which included a job description defining the skills, qualifications and attributes for each role, ensured services were delivered to meet the needs of residents.</p> <p>Continuing education supported equitable service delivery. This was planned on a two-yearly basis, and staff attendance was monitored. Training completed for the 2025-2026 training plan contained education on consumer rights, cultural competency, identifying and preventing inequities, discrimination and unconscious bias, tikanga best practice and Te Tiriti o Waitangi, infection control, restraint, health and safety including manual handling, plus a range of essential resident care topics. For example, falls prevention, medication and pain management, syringe drivers, palliative/end of life care, skin tear and wound management, diabetes, incontinence and first aid refresher training.</p> <p>Care staff have either completed or commenced a New Zealand Qualification Authority (NZQA) education programme to meet the requirements of the provider's agreement with the funder. Of the 38 care givers, 13 have achieved Level 4 of the National Certificate in Health and Wellness, seven are at Level 3, one at Level 2, six are progressing to Level 2 and 11 new carers are yet to engage. Staff records reviewed demonstrated completion of the required training and competency assessments.</p> |
| <p>Subsection 2.4: Health care and support workers</p> <p>The people: People providing my support have knowledge, skills, values, and attitudes that align with my needs. A diverse mix of people in adequate numbers meet my needs.</p> <p>Te Tiriti: Service providers actively recruit and retain a Māori</p>                                | <p>FA</p> | <p>Human resources management policies and processes were based on good employment practice and relevant legislation. The recruitment process included referee checks, police vetting, proof of vaccination status and confirmation of qualifications before an offer of employment was made.</p>  |

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| <p>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>Staff records sampled confirmed the organisation’s policies were being consistently implemented. There were current position descriptions attached to each staff file outlining the role and responsibilities. Records were kept confirming all regulated staff and contracted providers had proof of current certification with their regulatory bodies. For example, the New Zealand Nursing Council, the NZ Medical Council, and the NZ Pharmacy, Physiotherapy and Podiatry Boards.</p> <p>All new staff engaged in a comprehensive orientation programme, tailored for their specific role. Formal performance appraisals occurred at least annually. Each of the six staff files sampled contained evidence that an appraisal had occurred in 2024 and 2025 or that they were scheduled for 2025.</p>   |
| <p>Subsection 3.2: My pathway to wellbeing</p> <p>The people: I work together with my service providers so they know what matters to me, and we can decide what best supports my wellbeing.</p> <p>Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga.</p> <p>As service providers: We work in partnership with people and whānau to support wellbeing.</p> | <p>FA</p> | <p>The multidisciplinary team worked in partnership with the resident and whānau to support wellbeing. A care plan was developed by the registered nurses following a comprehensive assessment, including consideration of the person’s lived experience, cultural needs, values and beliefs, and which considered wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, were recorded.</p> <p>Timeframes for the initial assessment, general practitioner (GP) assessment, initial care plan, long-term care plan and review timeframes met contractual and policy requirements. Staff supported Māori and whānau to identify their own pae ora outcomes in their care plan. Māori health care plans were completed for residents who identified as Māori using Te Whare Tapa Wha model of care. This was verified by sampling residents’ records, and from interviews of clinical staff, residents and whānau. The GP expressed satisfaction with the standard of care provided to residents.</p> <p>Management of any specific medical conditions was well documented with evidence of systematic monitoring and regular evaluation of responses to planned care, including the use of a range of outcome measures. Where progress was different to that expected, changes were made to the care plan in collaboration with the resident and whānau (where applicable). Residents and whānau confirmed active involvement</p> |

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|   |    | <p>in the process.</p> <p>Residents' records, observations and interviews verified that care provided to residents was consistent with their assessed needs, goals and aspirations. A range of equipment and resources were available, suited to the levels of care provided and in accordance with the residents' needs.</p>  |
| <p>Subsection 3.4: My medication</p> <p>The people: I receive my medication and blood products in a safe and timely manner.</p> <p>Te Tiriti: Service providers shall support and advocate for Māori to access appropriate medication and blood products.</p> <p>As service providers: We ensure people receive their medication and blood products in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.</p> | FA | <p>The medication management policy was current and in line with the Medicines Care Guide for Residential Aged Care and current best practice. A safe system for medicine management using an electronic system was observed on the day of audit. All staff who administered medicines were competent to perform the function they managed.</p> <p>Medication reconciliation occurred. All medications sighted were within current use-by dates. Medicines were stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range.</p> <p>Prescribing practices met requirements, as confirmed in the sample of records reviewed. Medicine-related allergies or sensitivities were recorded, and any adverse events responded to appropriately. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders were not used.</p> <p>Self-administration of medication was facilitated and managed safely.</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>The menu has been developed in line with recognised nutritional guidelines for people using the services, taking into consideration the food and cultural preferences of residents. Dietary needs forms were completed for all residents. Evidence of resident satisfaction with meals was verified from resident and whānau interviews, satisfaction surveys and resident meeting minutes.</p> <p>The service operated with an approved food safety plan and registration. An external food verification audit was completed on 9 October 2024.</p>  |

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| <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>A transfer and discharge policy was available to guide care. Transfer or discharge from the service was planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs were identified and managed. Whānau reported being kept well informed during the transfer of their relative.</p>   |
| <p>Subsection 4.1: The facility</p> <p>The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely.</p> <p>Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau.</p> <p>As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.</p> | FA | <p>Appropriate systems were in place to ensure the residents' physical environment and facilities (internal and external) were fit for their purpose, well maintained and that they met legislative requirements. There was a current building warrant of fitness with an expiry date of 21 May 2026. Maintenance staff followed a planned maintenance schedule. Evidence of monthly maintenance and compliance checks of call bells, wheelchairs and hoists, hot water temperature testing, egress, emergency systems and inspection of internal and external areas was confirmed by interview and in completed record keeping. Reactive maintenance was addressed in a timely manner. The testing and tagging of electrical equipment was undertaken annually by registered electricians and as required when residents brought in their own electrical devices. This last occurred in December 2024. Servicing of biomedical equipment occurred in January 2025.</p> <p>Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy and maintenance.</p> |
| <p>Subsection 5.2: The infection prevention programme and implementation</p>   | FA | <p>The infection prevention and control coordinator (IPCC) was responsible for overseeing and implementing the IP programme, which had been</p>   |

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| <p>The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection.</p> <p>Te Tiriti: The infection prevention programme is culturally safe. Communication about the programme is easy to access and navigate and messages are clear and relevant.</p> <p>As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.</p>   |    | <p>developed by those with IP expertise and approved by the governance body. The programme was linked to the quality improvement programme and was reviewed and reported on annually. It was last reviewed on 13 January 2025. This was confirmed by the IPCC and review of the programme documentation.</p> <p>Staff were familiar with policies and practices through orientation and ongoing education and were observed to follow these correctly. Residents and their whānau were educated about infection prevention in a manner that met their needs.</p>  |
| <p>Subsection 5.4: Surveillance of health care-associated infection (HAI)</p> <p>The people: My health and progress are monitored as part of the surveillance programme.</p> <p>Te Tiriti: Surveillance is culturally safe and monitored by ethnicity.</p> <p>As service providers: We carry out surveillance of HAIs and multi-drug-resistant organisms in accordance with national and regional surveillance programmes, agreed objectives, priorities, and methods specified in the infection prevention programme, and with an equity focus.</p> | FA | <p>Surveillance of health care-associated infections (HAIs) was appropriate to that recommended for the type of services offered and was in line with risks and priorities defined in the infection control programme. Surveillance methods, tools, documentation, analysis, and assignment of responsibilities were described and documented using standardised surveillance definitions. Monthly surveillance data was collated and analysed to identify any trends, possible causative factors, and required actions. Surveillance included ethnicity data. Results of the surveillance programme were shared with staff and reported to the governing body.</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>Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this. Any restraint activities were reported to them. At the time of this audit, there was one restraint being used at Mountain View, which was the only restraint intervention since December 2022. The resident was admitted with the use of restraints in August 2024. The restraint coordinator has eliminated the bed rails, but the resident still requires a lap belt when seated due to their high risk of falls and confusion. Review of the restraint assessment, approval and monitoring system, and review of the restraint in use, demonstrated compliance with this subsection. Staff reported, and documentation evidenced, that staff had been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific</p> |

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|  |  | interventions, and de-escalation techniques. |
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## Specific results for criterion where corrective actions are required

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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.

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| No data to display |
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## Specific results for criterion where a continuous improvement has been recorded

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

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

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

| Criterion with desired outcome   | Attainment Rating | Audit Evidence   | Audit Finding  |
|--|-------------------|--|--|
| <p>Criterion 2.2.2</p> <p>Service providers shall develop and implement a quality management framework using a risk-based approach to improve service delivery and care.</p> | CI                | <p>Mountain View continues to demonstrate a commitment to quality improvement. The quality improvement project teams that were put in place in 2019 are ongoing. Each of these teams has a nominated RN champion in the following care subjects: elimination of restraint, prevention of infections, wounds and pressure areas, falls prevention, palliative care and nutrition. Mountain View is maintaining low overall rates of falls and infections. For example, monthly fall rates fluctuate from between 2% to 5% and very few infections (less than three per month). The service initiated a project to reduce the number of resident admissions to public hospital in 2023. From an average of 20 per year, the number of admissions dropped to seven in 2023 and nine in 2024. There have been five admissions to date in 2025. The service is considering submitting this project to the NZACA awards.</p> | <p>Quality improvement projects are continuing to reduce harm and prevent resident admissions to hospital.</p> |

End of the report.