Kamo Home and Village Charitable Trust - Mountain View

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 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:

Legal entity:	Kamo Home & Village Charitable Trust
Premises audited:	Mountain View
Services audited:	Rest home care (excluding dementia care)
Dates of audit:	Start date: 14 May 2026 End date: 15 May 2026

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: 15

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 haumaru | 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

Mountainview Rest Home provides rest home care services and is certified to provide care for up to 19 residents. There have been no significant changes to the service or the facility since the previous audit. The service is operated by Kamo Home Village Charitable Trust (KHVCT), which owns four aged residential care facilities. The facility is managed by a registered nurse who is currently being supported by the operations manager clinical services and overseen by the chief executive officer. The role of chief operating officer (COO) is a new role established since the previous audit. The COO was not involved in the audit process. The CEO is currently appointing a chief financial officer to strengthen the executive team.

This certification audit was conducted against the Ngā Paerewa Health and Disability Service Standard NZS 8134:2021 and the provider's contract with Health New Zealand – Te Whatu Ora Te Tai Tokerau. This certification process included review of policies and procedures, review of residents' and staff records, observations, and interviews with residents, family members, governance representatives, contracted service providers, the general practitioner and staff.

Strengths of the service, resulting in five continuous improvement ratings, relate to communication, health equity, the intranet, activities, and person-centred and safe environment. No areas were identified as requiring improvement.

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.

Mountainview Rest Home (Mountainview) works collaboratively to support and encourage a Māori worldview 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.

Policies document that when Pacific peoples are admitted, they are provided with services that recognise their worldviews and are culturally safe.

Residents and their whānau are informed of their rights according to the Code of Health and Disability Services Consumers' Rights (the Code), and these are upheld. Personal identity, independence, privacy and dignity are respected and supported. Staff have participated in Te Tiriti o Waitangi training, which is reflected in day-to-day service delivery. Residents are safe from abuse.

Residents and whānau receive information in an easy-to-understand format and felt listened to and included when making decisions about care and treatment. Open communication is practised. Interpreter services are provided as needed. Whānau and legal representatives are involved in decision-making that complies with the law. Advance directives are followed wherever possible.

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

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 governing body assumes accountability for delivering a high-quality service. This includes supporting meaningful inclusion of Māori in governance groups, honouring Te Tiriti, and reducing barriers to improve outcomes for Māori and people with disabilities.

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

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

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

Staffing levels and skill mix meet the cultural and clinical needs of residents. Staff are appointed, orientated, and managed using current good practice. A systematic approach to identify and deliver ongoing learning supports safe and equitable service delivery.

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

Ngā huarahi ki te oranga | Pathways to wellbeing

Includes eight subsections that support an outcome where people participate in the development of their pathway to wellbeing, and receive timely assessment, followed by services that are planned, coordinated, and delivered in a manner that is tailored to their needs.		Subsections applicable to this service fully attained.

When people enter Mountain View Rest Home, a person-centred and whānau-centred approach is adopted. Relevant information is provided to the potential resident and whānau.

The service works in partnership with the residents and their whānau to assess, plan and evaluate care. Care plans were individualised, based on comprehensive information, 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.

Residents are supported to maintain and develop their interests and participate in meaningful community and social activities suitable to their age and stage of life.

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

The food service meets the nutritional needs of the residents, with special cultural needs catered for. Food is safely managed.

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

Te aro ki te tangata me te taiao haumaru | 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 facility meets the needs of residents and was clean and well maintained. There was a current building warrant of fitness. Electrical equipment is tested as required. External areas are accessible, safe, provide shade and seating, and meet the needs of people with disabilities.

Staff are trained in emergency procedures, the use of emergency equipment and supplies, and attend regular fire drills. Staff, residents and whānau understood emergency and security arrangements. Residents reported a timely staff response to call bells. Security is maintained.

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.

The governing body ensures the safety of residents and staff through planned infection prevention (IP) and antimicrobial stewardship (AMS) programmes that are appropriate to the size and complexity of the service. An experienced and trained infection control coordinator leads the programme.

The infection control officer is involved in procurement processes, any facility changes, and processes related to the decontamination of any reusable devices.

Staff demonstrated good principles and practice around infection control. Staff, residents and whānau were familiar with the pandemic/infectious diseases response plan.

The service promotes responsible prescribing of antimicrobials. Infection surveillance is undertaken, with follow-up action taken as required.

The environment supports both preventing infections and mitigating their transmission. Waste and hazardous substances were well managed. There were safe and effective laundry 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.

The service aims for a restraint-free environment. This is supported by the governing body and policies and procedures. There were no residents using restraints at the time of audit.

A comprehensive assessment, approval and monitoring process, with regular reviews, occurs for any restraint used. 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	27	0	0	0	0	0
Criteria	5	163	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
Subsection 1.1: Pae ora healthy futures Te Tiriti: Māori flourish and thrive in an environment that enables good health and wellbeing. As service providers: We work collaboratively to embrace, support, and encourage a Māori worldview of health and provide high-quality, equitable, and effective services for Māori framed by Te Tiriti o Waitangi.	FA	Mountainview has developed policies, procedures and processes to embed and enact Te Tiriti o Waitangi in all aspects of its work. Mana motuhake is respected. Partnerships have been established with local iwi and marae, and with Health New Zealand – Te Whatu Ora Te Tai Tokerau to support service integration, planning, equity approaches and support for Māori. A Māori health plan has been developed with input from a kaumātua and local churches, as the organisation is a Christian-based service. There were no residents who identified as Māori on the day of the audit. There were staff who identified as Māori. Strategies were in place to actively recruit a Māori health workforce across all roles and were discussed with the chief executive officer (CEO). Resident and staff ethnicities were recorded in the registers sighted. Data was collated and trended. Staff respected that if there were Māori residents admitted to the service, their right to Māori self-determination would be respected and they would be cared for in a culturally safe manner. Cultural training was provided to all staff at orientation, and this was ongoing. The training records were reviewed. The CEO interviewed stated that the members of the Trust board and the leadership team have attended cultural safety training and Te Tiriti

		o Waitangi training.
Subsection 1.2: Ola manuia of Pacific peoples in Aotearoa The people: Pacific peoples in Aotearoa are entitled to live and enjoy good health and wellbeing. Te Tiriti: Pacific peoples acknowledge the mana whenua of Aotearoa as tuakana and commit to supporting them to achieve tino rangatiratanga. 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.	FA	Mountainview has identified and works in partnership with Pacific communities and organisations to provide a Pacific plan that supports culturally safe practices for Pacific peoples using the service, and on achieving equity. Partnerships enable ongoing planning and evaluation of services and outcomes. The Fonofale model of care has been chosen to use when Pacific peoples are admitted to the service. Cultural needs assessments on admission are completed by the registered nurse (RN) and the diversional therapist, to identify any requirements. Pacific staff interviewed felt their worldview, and cultural and spiritual beliefs were embraced for any residents admitted to this service. At the time of the audit, no residents identified as Pacific peoples. Active recruitment, training and actions to retain a Pacific workforce are encouraged by management. The staff have links with cultural advisors through staff and community groups. Training is provided for all staff, as per the training records reviewed.
Subsection 1.3: My rights during service delivery The People: My rights have meaningful effect through the actions and behaviours of others. Te Tiriti:Service providers recognise Māori mana motuhake (self-determination). As service providers: We provide services and support to people in a way that upholds their rights and complies with legal requirements.	FA	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 and New Zealand Sign Language were posted on notice boards around the facility. 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. Pamphlets of the Code and the Advocacy Service are provided upon admission to the facility. There were no residents who identified as Māori at the time of the audit. Interviewed staff understood how to provide culturally safe care that respects Māori mana motuhake, to support Māori residents when

		admitted to the service.
Subsection 1.4: I am treated with respect The People: I can be who I am when I am treated with dignity and respect. Te Tiriti: Service providers commit to Māori mana motuhake. As service providers: We provide services and support to people in a way that is inclusive and respects their identity and their experiences.	FA	The service supports residents in a way that is inclusive and respects their identity and experiences. Residents and whānau, including people with disabilities, confirmed that they received services in a manner that had regard for their dignity, gender, privacy, sexual orientation, spirituality and choices. Staff were observed to maintain privacy throughout the audit. All residents have a private room. Te reo Māori and tikanga Māori are promoted within the service through the activities programme and signage around the facility labelled in te reo and English. Staff have undertaken training in Te Tiriti o Waitangi and understood the principles and how to apply these in their daily work. The needs of tāngata whaikaha are responded to, including their participation in te ao Māori if they choose to.
Subsection 1.5: I am protected from abuse The People: I feel safe and protected from abuse. Te Tiriti: Service providers provide culturally and clinically safe services for Māori, so they feel safe and are protected from abuse. As service providers: We ensure the people using our services are safe and protected from abuse.	FA	Staff understood the organisation's policy on abuse and neglect, including what to do should there be any signs. There were no examples of discrimination, coercion, or harassment identified during the audit through staff and/or resident or whānau interviews, or in documentation reviewed. Residents' property is labelled on admission, and they reported that their property is respected. Residents are not encouraged to bring in any cash; either the resident or their whānau manage their finances. Professional boundaries are maintained by staff, as confirmed in interviews with residents. Staff interviewed felt comfortable in raising any concerns in relation to institutional and systemic racism and that any concerns would be acted upon. A strengths-based and holistic model of care was evident and included use of Te Whare Tapa Whā model when Māori residents are admitted to the service.

Subsection 1.6: Effective communication occurs The people: I feel listened to and that what I say is valued, and I feel that all information exchanged contributes to enhancing my wellbeing. Te Tiriti: Services are easy to access and navigate and give clear and relevant health messages to Māori. As service providers: We listen and respect the voices of the people who use our services and effectively communicate with them about their choices.	FA	Residents and whānau reported that communication was open and effective, and they felt listened to. Information was provided in an easy-to-understand format. Changes to residents' health status were communicated to relatives/whānau in a timely manner through phone calls, email and face-to-face conversations when whānau visit. This was confirmed in interviews with whānau. Where other agencies were involved in care, communication had occurred. Residents' meetings are held three-monthly, and residents stated that they can voice their concerns in these meetings and that regular updates on changes are provided. Notification on the notice boards advised of when the next residents' meeting would be held, the menu of the day and upcoming activities. Examples of open communication were evident following adverse events and during the management of any complaints. Staff knew how to access interpreter services, if required. A continuous improvement rating has been awarded for successfully improving communication using New Zealand Sign Language.
Subsection 1.7: I am informed and able to make choices 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. 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. 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.	FA	Residents and/or their legal representative are provided with the information necessary to make informed decisions. They felt empowered to actively participate in decision-making. With the consent of the resident, whānau were included in decision-making. Signed informed consent, open disclosure forms and admission agreements were available in residents' files sampled for review. Nursing and care staff interviewed understood the principles and practice of informed consent, supported by policies in accordance with the Code and in line with tikanga guidelines. Advance care planning, establishing and documenting of enduring power of attorney (EPOA) requirements and processes for residents unable to consent were documented, as relevant, in the resident's record.

Subsection 1.8: I have the right to complain The people: I feel it is easy to make a complaint. When I complain I am taken seriously and receive a timely response. 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. 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.	FA	A fair, transparent, and equitable system is in place to receive and resolve complaints that leads to improvements. The process meets the requirements of the Code. Residents and whānau understood their right to make a complaint and knew how to do so. Documentation sighted showed that complainants had been informed of findings following investigation. Where possible, improvements had been made as a result of the investigation. No complaints had been received from residents/family/whānau since the previous audit. There have been no complaints received from external sources since the previous audit. The service assures the process works equitably for Māori by ensuring the complaints policy and procedure is documented in te reo Māori and that interpreter services are available if needed. There have been no complaints received from Māori residents to date. The nationwide advocacy posters and pamphlets are displayed around the facility and are accessible if needed.
Subsection 2.1: Governance The people: I trust the people governing the service to have the knowledge, integrity, and ability to empower the communities they serve. 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. 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.	FA	The governing body assumes accountability for delivering a high-quality service to the resident communities served, with meaningful Māori representation on governance groups. The governance group demonstrated expertise in Te Tiriti, health equity and cultural safety. The leadership structure, including for clinical governance, is appropriate to the size and complexity of the organisation and there is an experienced and suitably qualified person managing the service. There is Māori representation on the Trust board, a kaumātua who provides advice and expertise as needed. The purpose, values, direction, scope and goals are clearly defined and demonstrated that monitoring and reviewing of performance does occur through regular reporting at planned intervals. The Kamo Home and Village Charitable Trust (KHVCT) business plan 2026 to 2028 was reviewed. A focus on identifying barriers to access, improving outcomes and achieving equity for Māori and tāngata whaikaha was evident in plans and monitoring documentation reviewed and through a continuous improvement initiative put in place (refer to 2.1.7). A

		commitment to the quality and risk management system was evident. Members of the governance group, including the CEO, were well informed on progress and risks. This was confirmed in a sample of records to the board of directors and the health equity data analysis report sighted. Compliance with legislative, contractual and regulatory requirements is overseen by the leadership team and governance group, with external advice sought as required. People receiving services and their whānau participate in planning and evaluation of services through an annual survey (refer to 2.2). The service holds contracts with Health New Zealand – Te Whatu Ora Te Tai Tokerau for providing rest home level care and rest home level care – respite for up to 19 residents. On the day of the audit, there were 15 residents all under the rest home contract. No residents were under the respite care contract.
Subsection 2.2: Quality and risk 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. Te Tiriti: Service providers allocate appropriate resources to specifically address continuous quality improvement with a focus on achieving Māori health equity. 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.	FA	The organisation has a planned quality and risk system that reflects the principles of continuous quality improvement. This includes management of incidents and complaints, audit activities, a regular patient satisfaction survey, monitoring of outcomes, policies and procedures, clinical incidents including infection prevention and control, and restraint management. The resident survey of February 2026 was a small sample; however, overall feedback was consistently positive, with a high level of satisfaction in areas related to respect, dignity, and person-centred care. There were no trends or reoccurring areas of concern identified. Residents felt safe and secure. Positive comments were made about the effective communication with staff and the general practitioner. A staff survey was last completed in October 2025. Staff expressed satisfaction with the workplace and with the education provided. Critical analysis of practices and systems, using ethnicity data, identifies possible inequities and the service works to address these. Delivering high-quality care to Māori residents is supported through

		relevant training, tikanga policies, and access to cultural support roles internally and externally. This is also aligned with the continuous improvement in 2.1.7. Relevant corrective actions are developed and implemented to address any shortfalls. Progress against quality outcomes is evaluated. Policies reviewed covered all necessary aspects of the service and of contractual requirements and were current. The CEO interviewed described the processes for the identification, documentation, monitoring, review and reporting of risks, including health and safety risks, and development of mitigation strategies. Staff document adverse and near-miss events 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. The CEO and the operations manager clinical services understood and have complied with essential notification reporting requirements. Two Section 31 notifications were reported for infection prevention outbreaks, one in July 2025 and another in February 2026. No events have been reported to the Health Quality & Safety Commission since the previous audit.
Subsection 2.3: Service management The people: Skilled, caring health care and support workers listen to me, provide personalised care, and treat me as a whole person. Te Tiriti: The delivery of high-quality health care that is culturally responsive to the needs and aspirations of Māori is achieved through the use of health equity and quality improvement tools. As service providers: We ensure our day-to-day operation is managed to deliver effective person-centred and whānau-centred services.	FA	There is a documented and implemented process for determining staffing levels and skill mixes to provide culturally and clinically safe care, 24 hours a day, seven days a week (24/7). The facility care manager (FCM) is a registered nurse who is interRAI competent. The FCM works Monday to Friday. The organisation has an after-hours call system in place. The facility adjusts staffing levels to meet the changing needs of residents. A multidisciplinary team (MDT) approach ensures all aspects of service delivery are 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 has a current first aid certificate. The employment process, which includes a job description defining the skills, qualifications and attributes for each role, ensures services are

		delivered to meet the needs of residents. Continuing education is planned on an annual basis, including mandatory training requirements. Related competencies are assessed and support equitable service delivery and the ability to maximise the participation of people using the service and their whānau. High-quality Māori health information is accessed and used to support training and development programmes, policy development, and care delivery. Care staff have either completed or commenced a New Zealand Qualifications Authority education programme to meet the requirements of the provider's agreement with Health New Zealand – Te Whatu Ora Te Tai Tokerau. There is a total of 10 caregivers employed at this facility. Eight caregivers have completed Level 4 training and two have completed Level 2. Records reviewed demonstrated completion of the required training and competency assessments. Staff reported feeling well supported and safe in the workplace.
Subsection 2.4: Health care and support workers 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. 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. 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.	FA	Human resources management policies and processes are based on good employment practice and relevant legislation. A sample of staff records reviewed confirmed the organisation's policies are being consistently implemented. Job descriptions were documented for each role. Professional qualifications and registration (where applicable) had been validated prior to employment. The RN is responsible for reviewing the contracted health professionals' practising certificates (APC) annually, and a record is maintained. The operations manager clinical services validates the RNs' APC each year and records this in the personal records maintained electronically. Staff reported that the induction and orientation programme prepared them well for the role, and evidence of this was seen in files reviewed. Opportunities to discuss and review performance occur three months following appointment and yearly thereafter, as confirmed in records reviewed.

		Staff performance is reviewed and discussed at regular intervals. Staff information, including ethnicity data, is accurately recorded, held confidentially, and used in line with the Health Information Standards Organisation (HISO) requirements. Opportunities to be involved in a debrief and discussions following any serious incidents or challenging situations were provided, as confirmed by staff interviewed.
Subsection 2.5: Information The people: Service providers manage my information sensitively and in accordance with my wishes. Te Tiriti: Service providers collect, store, and use quality ethnicity data in order to achieve Māori health equity. 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.	FA	All necessary demographic, personal, clinical and health information was fully completed in the residents' files sampled for review. An electronic information management system is used. Clinical notes were up to date, integrated and legible, and met current documentation standards. Information is accessible for all those who need it. Files are held securely for the required period before being destroyed. No personal or private resident information was on public display during the audit. The service is not responsible for National Health Index registration of residents.
Subsection 3.1: Entry and declining entry 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. Te Tiriti: Service providers work proactively to eliminate inequities between Māori and non-Māori by ensuring fair access to quality care. 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.	FA	Residents enter Mountain View Rest Home when their required level of care has been assessed and confirmed by the local Needs Assessment and Service Coordination (NASC) agency. Files reviewed met contractual requirements. Residents enter the service based on documented entry criteria available to the community on the organisation's website and understood by staff. The entry process meets the needs of residents. Whānau interviewed were satisfied with the admission process and the information that had been made available to them on admission. Where a prospective resident is declined entry, there are processes for communicating the decision. Related data is documented and analysed quarterly. The CEO is aware of the requirement to include entry and decline rates for Māori.

		The service has developed partnerships with Māori communities and organisations to support Māori and their whānau when admitted to the service.
Subsection 3.2: My pathway to wellbeing 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. Te Tiriti: Service providers work in partnership with Māori and whānau, and support their aspirations, mana motuhake, and whānau rangatiratanga. As service providers: We work in partnership with people and whānau to support wellbeing.	FA	The multidisciplinary team at Mountain View Rest Home works in partnership with the resident and whānau to support wellbeing. A care plan, based on the provider's model of care, is developed by the facility and care manager following a comprehensive assessment, including consideration of the person's lived experience, cultural needs, values and beliefs, and which considers wider service integration, where required. Early warning signs and risks, with a focus on prevention or escalation for appropriate interventions, are recorded. Assessment is based on a range of clinical assessments and includes resident and whānau input (as applicable). Timeframes for the initial assessment, medical practitioner assessment, initial care plan, long-term care plan and review timeframes meet contractual and policy requirements. This was verified by sampling residents' records, and from interviews of clinical staff, residents and whānau. Staff understood how to support Māori and whānau when they enter the service to identify their own pae ora outcomes using a Māori health care plan. 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 is different to that expected, changes are made to the care plan in collaboration with the resident and/or whānau. Residents and whānau confirmed active involvement in the process. Tāngata whaikaha participate in service development through the assessment and care planning process. Examples of choices and control over service delivery were discussed with staff, tāngata whaikaha and whānau. Tāngata whaikaha/whānau can independently access information, or are supported to access information if required. The GP, residents and whānau expressed satisfaction with the care being provided.

Subsection 3.3: Individualised activities The people: I participate in what matters to me in a way that I like. Te Tiriti: Service providers support Māori community initiatives and activities that promote whanaungatanga. 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.	FA	The activities programme supports residents to maintain and develop their interests and was suitable for their age and stage of life. The activities programme is led by a qualified diversional therapist (DT). A weekly activities calendar is posted on the notice boards around the facility. Activity assessments and plans identify individual interests and consider the person's identity. Individual and group activities reflected residents' goals and interests, ordinary patterns of life, and included normal community activities. The facility and care manager stated that opportunities for Māori and whānau to participate in te ao Māori and initiatives to meet the needs of Māori will be facilitated when Māori residents enter the service. Cultural events celebrated include Waitangi Day and Matariki. School children from a nearby school perform kapa haka for residents when they visit the facility. The Chaplin visits for church services on Sundays. Some residents are involved in facilitating activities as able. This was observed on the days of the audit. Other activities on the calendar include exercises, bingo, movies, table tovertafel, van outings, quiz, New Zealand Sign Language sessions and music sessions. Feedback on the programme is provided through satisfaction surveys and at residents' meetings. Residents interviewed confirmed they found the programme meets their needs. A continuous improvement rating has been awarded for the electronic interactive activity equipment, enabling a proactive and multidisciplinary approach to recognising and monitoring frailty while promoting reablement and meaningful activity participation.
Subsection 3.4: My medication The people: I receive my medication and blood products in a safe and timely manner. Te Tiriti: Service providers shall support and advocate for Māori to	FA	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 administer medicines were competent to perform the function they managed.

access appropriate medication and blood products. 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.		Current medication administration competencies were available in staff files. Medication reconciliation occurs. All medications sighted were within current use-by dates. Medicines are stored safely, including controlled drugs. The required stock checks have been completed. Medicines stored were within the recommended temperature range. Prescribing practices meet requirements. Medicine-related allergies or sensitivities are recorded, and any adverse events responded to appropriately. Over-the-counter medication and supplements are considered by the prescriber as part of the person's medication. The required three-monthly GP review was consistently recorded on the medicine chart. Standing orders are not used. There are policies and procedures to guide safe self-administration of medication. There were no residents who were self-administering medication at the time of the audit. Residents are supported to understand their medications, including Māori residents and their whānau when they enter the service.
Subsection 3.5: Nutrition to support wellbeing The people: Service providers meet my nutritional needs and consider my food preferences. Te Tiriti: Menu development respects and supports cultural beliefs, values, and protocols around food and access to traditional foods. As service providers: We ensure people's nutrition and hydration needs are met to promote and maintain their health and wellbeing.	FA	The food service is outsourced to external catering services. The food service is in line with recognised nutritional guidelines for people using the services. The menu has been reviewed by a qualified dietitian on 24 February 2026. Recommendations made at that time have been implemented. All aspects of food management comply with current legislation and guidelines. The service operates with an approved food safety plan and registration that is valid until 30 July 2027. Each resident has a nutritional assessment on admission to the facility. Personal food preferences, any special diets and modified texture requirements are accommodated in the daily meal plan. The chef stated that if Māori and their whānau enter the service, menu options that are culturally specific to te ao Māori will be provided when requested. Residents have access to prepare their own hot drinks and

		snacks in the kitchenette. Evidence of resident satisfaction with meals was verified by resident and whānau interviews, satisfaction surveys, and resident meeting minutes. Residents were given sufficient time to eat their meals in an unhurried fashion, and those requiring assistance had this provided with dignity. Residents can choose to go to the dining room for their meals or have a meal in their room if desired.
Subsection 3.6: Transition, transfer, and discharge The people: I work together with my service provider so they know what matters to me, and we can decide what best supports my wellbeing when I leave the service. Te Tiriti: Service providers advocate for Māori to ensure they and whānau receive the necessary support during their transition, transfer, and discharge. As service providers: We ensure the people using our service experience consistency and continuity when leaving our services. We work alongside each person and whānau to provide and coordinate a supported transition of care or support.	FA	Transfer or discharge from the service is planned and managed safely, with coordination between services and in collaboration with the resident and whānau. Risks and current support needs are identified and managed. Options to access other health and disability services and social/cultural supports are discussed, where appropriate. Whānau reported being kept well informed during the transfer of their relative. Records of transfers and discharges are maintained.
Subsection 4.1: The facility The people: I feel the environment is designed in a way that is safe and is sensitive to my needs. I am able to enter, exit, and move around the environment freely and safely. Te Tiriti: The environment and setting are designed to be Māori-centred and culturally safe for Māori and whānau. As service providers: Our physical environment is safe, well maintained, tidy, and comfortable and accessible, and the people we deliver services to can move independently and freely throughout. The physical environment optimises people's sense of belonging, independence, interaction, and function.	FA	A current building warrant of fitness (BWOF) was publicly displayed at the entrance to the facility. The expiry date is 1 November 2026. Appropriate systems are in place to ensure the physical environment and facilities (internal and external) are fit for their purpose, well maintained, and that they meet legislative requirements. An external area at the front of the property was developed into a resident-centred safe and accessible environment and has been used significantly by all residents at this home. This was observed as a continuous improvement for this small rural care setting (refer to 4.1.2). The operations manager confirmed the processes to be followed for any maintenance or repairs to be made. Testing and tagging of all electrical equipment and appliances had been completed by the maintenance team. This was last completed on 14 January 2026. An external contractor checks all biomedical resources annually and an

		inventory is maintained. This was completed in February 2026. The environment was comfortable and accessible, promoting independence and safe mobility and minimising risk of harm. Personalised equipment was available for residents with disabilities to meet their needs. Residents' bedrooms were personalised with paintings and photographs. There are adequate numbers of accessible bathroom and toilet facilities throughout the facility. Residents and whānau were happy with the environment, including heating and ventilation, natural light, privacy, and maintenance. The current environment is inclusive of people's cultures and supported cultural practices. If any new building or projects were to be approved, consultation would be sought, to ensure the aspirations and identity of Māori would be met.
Subsection 4.2: Security of people and workforce The people: I trust that if there is an emergency, my service provider will ensure I am safe. Te Tiriti: Service providers provide quality information on emergency and security arrangements to Māori and whānau. As service providers: We deliver care and support in a planned and safe way, including during an emergency or unexpected event.	FA	Disaster and civil defence plans and policies direct the facility in its preparation for disasters and describe the procedures to be followed. Staff have received relevant information and training and have appropriate equipment to respond to emergency and security situations. Staff interviewed knew what to do in an emergency. The fire evacuation plan was approved by Fire and Emergency New Zealand (FENZ) on 20 January 2017. The last fire drill and training session for staff was completed on 26 March 2026. Adequate supplies for use in the event of a civil defence emergency meets the National Emergency Management Agency recommendations for the region. Water is available, with two 6,000-litre tanks on the property. Emergency power in the form of a portable generator was also available. Emergency lighting, foodstuffs including dry goods and frozen foods, and stock are checked regularly. The civil defence kit contains batteries, torches, LED lighting and other resources. A gas bottle and barbecue are available for cooking purposes. KHVCT has an instructional video available for staff which covers all areas of emergency and fire procedures. The video also demonstrates where to locate and turn off the gas main for the facility. Staff can provide a level of first aid relevant to the risks for the type of

		service provided. Call bells alert staff to residents requiring assistance. Residents and whānau reported that staff respond promptly to call bells. Appropriate security arrangements are in place. Residents and whānau were familiarised with emergency and security arrangements, as and when required.
Subsection 5.1: Governance The people: I trust the service provider shows competent leadership to manage my risk of infection and use antimicrobials appropriately. Te Tiriti: Monitoring of equity for Māori is an important component of IP and AMS programme governance. 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.	FA	The infection prevention (IP) and antimicrobial stewardship (AMS) programmes are appropriate to the size and complexity of the service, have been approved by the governing body, link to the quality improvement system, and are reviewed and reported on yearly. Expertise and advice are sought following a defined process. A documented pathway supports risk-based reporting of progress, issues and significant events to the governing body. The current business plan includes a goal to minimise the risk of infection. An infection prevention and control component was included in the monthly staff meetings. Any issues or significant events were reported by the CEO to the board.
Subsection 5.2: The infection prevention programme and implementation The people: I trust my provider is committed to implementing policies, systems, and processes to manage my risk of infection. 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. As service providers: We develop and implement an infection prevention programme that is appropriate to the needs, size, and scope of our services.	FA	The infection prevention and control officer is responsible for overseeing the implementation of the IP programme Trust-wide, with reporting lines to the governance group. The facility and care manager oversees the implementation of the IP programme at site level. The infection control officer has the appropriate skills, knowledge and qualifications for the role, and confirmed access to the necessary resources and support. Their advice and/or the advice of the committee has been sought when making decisions around procurement relevant to care delivery, or facility changes, and policies. The IP programme is reviewed quarterly and was last reviewed in March 2026. The infection prevention and control policies reflect the requirements of the standard and are based on current accepted good practice. Cultural advice is accessed where appropriate.

		Staff were familiar with policies through orientation and ongoing education, and were observed to follow these correctly. Residents and their whānau are educated about infection prevention in a manner that meets their needs. Educational resources on hand hygiene are available in te reo Māori. A pandemic/infectious diseases response plan is documented and has been regularly tested. There are sufficient resources and personal protective equipment (PPE) available, and staff have been trained accordingly. Staff were familiar with policies for decontamination of reusable medical devices, and there was evidence of these being appropriately decontaminated. The process is audited to maintain good practice. Single-use medical devices are not reused.
Subsection 5.3: Antimicrobial stewardship (AMS) programme and implementation The people: I trust that my service provider is committed to responsible antimicrobial use. Te Tiriti: The antimicrobial stewardship programme is culturally safe and easy to access, and messages are clear and relevant. 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.	FA	Responsible use of antimicrobials is promoted. The AMS programme is appropriate for the size and complexity of the service, supported by policies and procedures. The effectiveness of the AMS programme is evaluated by monitoring antimicrobial use and identifying areas for improvement.
Subsection 5.4: Surveillance of health care-associated infection (HAI) The people: My health and progress are monitored as part of the surveillance programme. Te Tiriti: Surveillance is culturally safe and monitored by ethnicity. 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	FA	Surveillance of health care-associated infections (HAIs) is appropriate to that recommended for the type of services offered and is in line with risks and priorities defined in the infection control programme. Monthly surveillance data, using standardised surveillance definitions, is collated and analysed to identify any trends, possible causative factors and required actions. Surveillance includes ethnicity data. Results of the surveillance programme are shared with staff at three-monthly IPC meetings, facility and care managers monthly, and with the governance body, and where necessary, recommendations for improvement are identified. Two infection outbreaks were reported since the previous

focus.		audit. A summary report for a recent infection outbreak was reviewed, and it demonstrated a thorough process for investigation and follow-up. Learnings from the event have now been incorporated into practice. Communication between the clinical team and those residents experiencing a health care-associated infection (HAI) is culturally safe, as confirmed in interviews with residents.
Subsection 5.5: Environment The people: I trust health care and support workers to maintain a hygienic environment. My feedback is sought on cleanliness within the environment. 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. As service providers: We deliver services in a clean, hygienic environment that facilitates the prevention of infection and transmission of antimicrobialresistant organisms.	FA	A clean and hygienic environment supports prevention of infection and mitigation of transmission of antimicrobial-resistant organisms. Staff follow documented policies and processes for the management of waste and infectious and hazardous substances. Laundry and cleaning processes are monitored for effectiveness. Cleaning and laundry policies guide staff practice. Laundry is completed off site at the sister facility nearby. Clean linen is delivered and dirty linen is picked up daily. Infection prevention personnel have oversight of the environmental testing and monitoring programme. Cleaning staff have completed relevant training and were observed to carry out duties safely. Chemicals were stored safely. Residents and whānau reported that the laundry is managed well, and the facility is kept clean and tidy. This was confirmed through observations.
Subsection 6.1: A process of restraint The people: I trust the service provider is committed to improving policies, systems, and processes to ensure I am free from restrictions. Te Tiriti: Service providers work in partnership with Māori to ensure services are mana enhancing and use least restrictive practices. As service providers: We demonstrate the rationale for the use of restraint in the context of aiming for elimination.	FA	Maintaining a restraint-free environment is the aim of the service. The governance group demonstrated commitment to this, supported by a member of the executive leadership at operational level. At the time of audit, there was no restraint used, and this has been the case since the facility opened. Any use of restraint is reported to the governing body. Policies and procedures meet the requirements of the standards and were reviewed in April 2026. Staff have been trained in the least restrictive practice, safe restraint practice, alternative cultural-specific interventions, and de-escalation techniques. Training was provided on restraint elimination on 14 January 2026 and de-escalation training in

		March 2026.

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.

No data to display

Specific results for criterion where a continuous improvement has been recorded

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

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

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

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding
Criterion 1.6.6 My service provider shall make communication and information easy for all people to access; understand; and use, enact, or follow.	CI	The service has implemented a quality improvement initiative that demonstrates a sustained and innovative approach to promoting effective communication and equitable, person-centred care for residents whose hearing had significantly declined despite the use of hearing aids. Communication barriers were identified as impacting the residents’ ability to participate fully in daily life and social interactions within the facility. In response, the service introduced a structured New Zealand Sign Language (NZSL) initiative involving both staff and residents. Basic NZSL education sessions were provided focusing on essential daily communication needs. Voluntary NZSL learning opportunities were also offered to residents to encourage peer communication, inclusion, and social connectedness. Sign language was incorporated into group activities and	This initiative demonstrates a significant and sustained improvement in communication practices using basic NZSL that exceeds expected standards and supports equitable, inclusive, and person-centred care outcomes for residents. A continuous improvement rating has been awarded as the initiative has demonstrated strong measurable improvement, with ongoing monitoring in place to support full and sustained achievement of effective communication.

		routine interactions to reinforce learning, and visual communication supports, including picture sign posters, were developed and displayed throughout the facility. Staff participation was supported within existing work schedules to promote ongoing engagement and competency development. The initiative resulted in measurable improvements in communication between the resident, staff, and other residents. Audit observations confirmed staff and residents using NZSL effectively during everyday interactions. Resident participation in activities and social engagement increased, alongside improvements in wellbeing, confidence, dignity, independence, and sense of belonging. Staff reported increased confidence and competence in communicating with residents experiencing hearing impairment, contributing to reduced communication barriers and more inclusive care delivery. The effectiveness of the initiative was evaluated through direct observation, monitoring of resident engagement, staff feedback, and increased participation across all aspects of facility life. The programme initially commenced with three residents and has expanded to include 10 residents regularly participating in education sessions, demonstrating sustained engagement and positive uptake. Residents interviewed during the audit confirmed they valued the initiative, found the learning meaningful, and some reported applying their skills to communicate with family members experiencing hearing loss. Sustainability measures have been embedded into practice through the inclusion of basic sign language education within staff orientation and ongoing training programmes, alongside continued assessment of communication needs during	

		admission and care planning processes.	
Criterion 2.1.7 Governance bodies shall ensure service providers identify and work to address barriers to equitable service delivery.	CI	Following internal review of its quality programme, Kamo Home and Village Charitable Trust recognised that, although its quality assurance systems were comprehensive and well embedded, they did not provide a systematic method for identifying or monitoring potential health inequities across the resident population. Rather than simply meeting the minimum requirements of Ngā Paerewa, the organisation undertook a significant quality improvement project to proactively embed health equity into its quality management system. Between 2024 and 2026, governance led the development and implementation of a comprehensive health equity programme. This included authorising a dedicated Health Equity Policy, adopting the Health Equity Assessment Tool (HEAT) framework, redesigning data collection processes to capture and analyse equity information across all available datasets rather than relying solely on routine monthly reporting, and developing a dedicated health equity dashboard to enable systematic six-monthly monitoring and trend analysis. This represented a substantial enhancement of the existing quality programme rather than a correction of non-compliance. The new processes enabled the organisation to identify emerging patterns and previously unrecognised equity risks, particularly those relating to socioeconomic barriers affecting access to services and additional service costs. The information generated was actively used to inform quality improvement initiatives and organisational decision-making, providing a level of	The service has demonstrated a significant and sustained improvement by proactively strengthening its quality management system to incorporate a comprehensive health equity framework that exceeds the requirements of Ngā Paerewa. Through governance leadership, the implementation of a dedicated Health Equity Policy, adoption of the Health Equity Assessment Tool (HEAT), development of an organisation-wide health equity dashboard, enhanced data analysis, staff education, and engagement with local iwi, the service has embedded health equity into its continuous quality improvement programme. These improvements have enabled the identification of previously unrecognised equity risks, informed targeted quality improvement initiatives, strengthened governance oversight and decision-making, and established a sustainable system for monitoring and improving equitable health outcomes for residents.

		analysis that had not previously been available. The improvement extended beyond data collection. Governance and staff undertook education to strengthen understanding of health equity principles, and engagement with local iwi was established to improve cultural responsiveness and ensure Māori and Pacific perspectives informed service delivery. These initiatives have become embedded within governance reporting, quality meetings and continuous quality improvement processes, creating an organisational culture that proactively considers equity when planning and evaluating care. This initiative demonstrates improvement beyond the requirements of achieving a Fully Attained rating.	
Criterion 2.3.4 Service providers shall ensure there is a system to identify, plan, facilitate, and record ongoing learning and development for health care and support workers so that they can provide high-quality safe services.	CI	Following review of workforce data, staff feedback and induction outcomes, Kamo Home and Village Charitable Trust identified that, although its induction programme met organisational requirements, the volume of information provided during orientation limited staff retention of key knowledge and reduced confidence in undertaking their roles. Analysis identified that approximately 45% of newly employed staff, predominantly healthcare assistants, were leaving within their first three months of employment. Staff also reported low confidence in responding to emergency situations, as emergency procedures (other than fire evacuation training) were generally reinforced only through annual education sessions. The organisation recognised this presented risks to staff confidence, emergency preparedness, resident safety and workforce retention.	The service has demonstrated a significant and sustained improvement in workforce orientation and ongoing staff education through the development and implementation of an innovative organisation-wide intranet-based learning platform. Following analysis of staff turnover, induction effectiveness and emergency preparedness, the organisation proactively redesigned its induction and education programme by introducing site-specific instructional videos that provide consistent, readily accessible learning across all facilities. The initiative has become embedded within routine practice and has resulted in measurable improvements, including a 50% increase in staff satisfaction with the induction process and a 100% improvement in staff knowledge and confidence relating to emergency procedures.

		Rather than making incremental changes to the existing induction programme, the organisation undertook a comprehensive quality improvement project to redesign the way staff education and orientation were delivered across all four facilities. A bespoke KHVCT intranet was developed containing site-specific instructional videos covering induction topics, organisational policies, workplace culture, emergency procedures and operational processes. The platform was designed to provide consistent, personalised and readily accessible education that staff could revisit whenever required, supporting both new employee orientation and ongoing competency maintenance. The resource also addressed the challenges associated with staff working across multiple sites by providing location-specific guidance and standardised information. The effectiveness of the initiative was evaluated by repeating baseline staff surveys following implementation and monitoring workforce indicators. Post-implementation results demonstrated a 50% improvement in staff satisfaction with the induction process and a 100% increase in staff knowledge and confidence regarding emergency procedures among both new and existing employees. Staff reported increased confidence in locating information when required, reducing reliance on memory alone. The initiative has become embedded within the organisation's education programme and continues to support consistent induction, ongoing learning and emergency preparedness across all services. This initiative demonstrates a sustained improvement that extends beyond meeting the requirements of the standard by introducing an innovative, organisation-wide education system that has produced measurable improvements in	

		staff capability, confidence and workforce retention.	
Criterion 3.3.1 Meaningful activities shall be planned and facilitated to develop and enhance people's strengths, skills, resources, and interests, and shall be responsive to their identity.	CI	The Trust identified an opportunity to strengthen its multidisciplinary approach to recognising, monitoring, and measuring early signs of increasing frailty among residents. A further driver for improvement was the need to provide meaningful activities that support engagement, prevent decline, and promote reablement. In response, the Trust invested in electronic interactive activity equipment initially intended to enhance quality of life and care for people living with dementia. Following early positive observations, the Trust recognised the broader benefits of the equipment for all residents, including those at rest home level, resulting in the equipment being introduced at Mountain View Rest Home. The implementation aimed to improve resident wellbeing through increased engagement, physical activity, and social interaction. Reported benefits included reduced restlessness and tense behaviours, increased participation in activities, improved relationships between residents and staff, greater social interaction, and enhanced staff enjoyment in care delivery. The equipment was installed at Mountain View Rest Home to support wider resident participation and enable evaluation of outcomes across a broader resident group. A Trust-wide evaluation framework was developed using a combination of interRAI outcome scores, grip strength, depression rating score (DRS), Montreal cognitive assessment (MoCA) and revised index of social engagement (RISE) were used as valuable measures. Baseline and post-engagement data were collected to measure the impact of the equipment. Wellbeing indicators included activity	The implementation of the electronic activity equipment at Mountain View Rest Home has demonstrated meaningful and measurable improvements in resident engagement, emotional wellbeing, and multidisciplinary monitoring of frailty indicators. While the equipment does not alter the progression of advanced conditions, regular engagement has enhanced residents' quality of life, supported reablement, and enabled earlier recognition of decline, demonstrating sustained continuous quality improvement outcomes. Evidence demonstrated measurable and sustained improvements beyond expected practice, supporting the award of a continuous improvement rating.

		attendance, revised index of social engagement scores, falls rates, grip strength, and care level changes. Six of six residents who participated maintained a high RISE score with four encouraging other residents to engage in the activity. The established goal was for residents to engage with the equipment at least three times per week. Evaluation and graphs reviewed demonstrated sustained emotional wellbeing and social stability among residents who regularly engaged with the equipment. Increased participation was observed among previously isolated residents, and residents with low engagement scores demonstrated clear enjoyment and sensory engagement, indicating quality-of-life benefits beyond measurable clinical outcomes. One resident experienced sufficient improvement in wellbeing and function to enable discharge back home. Quantitative data showed stable wellbeing measures with continued participation. Qualitative feedback from residents, staff, and families identified positive impacts on mood, social connection, and engagement. Staff reported feeling happy, excited, and motivated when participating in activities alongside residents, contributing to a more positive and energised care environment. Families also observed increased emotional responsiveness and engagement. All survey respondents reported that the equipment use resulted in either themselves or the residents feeling happy. Additional feedback described emotions such as excitement, competitiveness, relaxation, awe, and surprise. Survey results further demonstrated increased spontaneous participation, with residents, staff, and families joining activities after observing others engaging with the	

		equipment.	
Criterion 4.1.2 The physical environment, internal and external, shall be safe and accessible, minimise risk of harm, and promote safe mobility and independence.	CI	An unattractive piece of lawn on the front of the rest home property, previously used for cars to park on, has been totally transformed into a now popular area for residents to enjoy the outdoors. Residents previously did not have much space to sit at the tables placed on the lawn, and the umbrellas were exposed to the wind and the rain. The issue was discussed and it was decided by the residents, at a residents' meeting, that this area had the potential to be developed so that the residents could benefit by being outside the facility more, rather than sitting in the lounge for most of the day. Management were in agreement, so the project was initiated. The grass area was replaced with non-slip concrete so that a permanent structure could be erected. The pergola was built by the maintenance team. When completed, appropriate tables and chairs that were comfortable for the residents were purchased. The outcome evaluated by the diversional therapist (DT) evidenced an increase in the number of residents walking daily and those now preferring to sit outdoors rather than in the lounge. The diversional therapist stated that the overall wellbeing, mobility and engagement in activities of residents has increased, with a special interest in participating in regular outdoor activities.	Mountainview, a small rural resident-centred care facility, is committed to continuous improvement. With previously minimal outside space for residents to walk or to sit in the sunshine, an outside pergola has been erected to provide shade, tables and seating arrangements. The increase in the number of residents enjoying this setting was evidenced. Flower planting by the residents has also enhanced this outside space, and the residents have enjoyed the project and participated in the activities. Positive feedback was provided by the DT, residents and their family members in the survey conducted, and at audit.

End of the report.