



Final Inspection Report

Beachview Retirement Home

Date of inspection: 9 January 2014

HealthCERT
Provider Regulation
Clinical Leadership, Protection and Regulation

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Provider Details

Provider:	Orewa Secure Care Limited
Premises:	Beachview Retirement Home
Contact Person:	Belinda Richardson
Internal File Ref:	GO3795-CO1
Inspection Date:	9 January 2014

1. Executive Summary

The Ministry of Health (the Ministry) received a copy of an anonymous complaint on 9 December 2013. The complaint raised concerns about the standard of care being provided at Beachview Retirement Home, Orewa.

At HealthCERT's request, Waitemata District Health Board's (DHB's) Portfolio Manager and Clinical Nurse Specialist visited Beachview Retirement Home on 9 December 2013 to investigate the complainant's concerns. The DHB advised HealthCERT that all but one of the concerns were being managed appropriately by the provider.

The DHB then completed a review of clinical information gathered during its site visit. This included a review of the care provided to a former resident who is now deceased Mr (A) who was referred to in the complaint. Based on their review, the DHB asked the Ministry to undertake an unannounced inspection of Beachview Retirement Home. The purpose of the inspection was to ascertain if issues raised in their review were isolated or whether there were systemic problems at the facility.

In summary, the issues raised by the DHB were:

- failure to record observations of a resident following a fall
- lack of clear directions regarding resuscitation
- failure to respond proactively to indications of a resident's deterioration.

An unannounced inspection of the services provided by Orewa Secure Care Limited at Beachview Retirement Home was undertaken by the Ministry on 9 January 2014 in accordance with sections 40, 41 and 43 of the Health and Disability Services (Safety) Act 2001 (the Act).

On the basis of evidence reviewed, the Ministry concluded that Orewa Secure Care Limited had failed to fully comply with relevant Health and Disability Services Standards (NZS 8134:2008).

The partially attained standards related to complaint management, adverse event reporting, staffing numbers, care assessments, planning and evaluations, planned activities, all the standards related to the restraint minimisation and safe practice. Orewa Secure Care Limited is required to undertake the corrective actions outlined in section six. Ongoing monitoring will be undertaken by Waitemata DHB in conjunction with the Ministry

2. Background

Law

Providers of health care services must be certified by the Director-General of Health (sections 9(a) and 26 of the Act), and must comply with all relevant health and disability service standards (section 9(b)).

The relevant service standards are approved under the Health and Disability Services (Safety) Notice 2008, and the standard approved is the Health and Disability Services Standards NZS 8134:2008.

Facts

- *Failure to record observations of a resident following a fall*

The incident and accident form was sighted in relation to a reported fall by Mr A. The incident form stated that observations had been normal. However, there was no record of the observations in either the progress notes or on the incident form. There was no documentation that the General Practitioner (GP) had been advised of the fall before Mr A died and before certifying Mr A's death.

- *Lack of clear directions regarding resuscitation*

Mr A's file was reviewed. The resuscitation instructions dated May 2013 had no information as to whether Mr A was for resuscitation or not in the event resuscitation was required. There was no documentation from the GP and no evidence of family/whanau consultation on Mr A's resuscitation status. The staff had no specific instructions or clear guidelines on how to respond appropriately.

- *Failure to respond proactively to indications of a residents deterioration*

Review of Mr A's file evidenced that an entry by a registered nurse the day after Mr A fell stated "up for breakfast, voice noted to be husky, resident returned to room after breakfast". At 1pm the registered nurse entered Mr A's room to administer routine medications. A care giver reported to the registered nurse that Mr A was sitting in his chair and was unresponsive. At 2pm a registered nurse noted Mr A was pale, still warm, with no pulse.

Further review of Mr A's file evidenced the following:

- October 2011 the initial assessment was incomplete
- Nutrition and behavioural assessments were both incomplete
- No evidence of other health professionals involved in care planning
- Noted to have pain but no pain assessment tool evidenced in clinical file (history of headaches, leg and back pain)
- Skin integrity assessment not completed
- Long-term care plan dated 28/10/11 noted pain regularly, no evidence of pain assessments
- Care plans evaluated April 2012 family consulted and further evaluation October 2012, no care evaluations for 2013
- Progress notes are not recorded daily by care givers. Mr A's notes initially had regular registered nurse input after admission. More recently there was little evidence of registered nurse input in the progress notes.
- Resuscitation form dated May 2013, there was no indication or date by general practitioner of discussion with family of resuscitation status. The initial resuscitation status in October 2012 was incomplete.

The facility manager and clinical manager telephoned to speak with the Ministry advisors while on site. However, neither of them were able to come to the facility during the inspection. The clinical nurse manager advised the Ministry staff that all assessments for residents had been updated into the InterRAI system. The registered nurse on duty was unable to access the InterRAI system to verify this and there were no other staff members on duty that day that could access InterRAI assessments.

Following the inspection, the DHB portfolio manager was asked to investigate further with the InterRAI administration team to establish if there was evidence of Mr A's assessment. The DHB portfolio manager advised the Ministry that Mr A's InterRAI assessment could not be found. This was confirmed by the Manager of applications for InterRAI. There were four InterRAI assessments in draft version and 20 completed assessments.

Certification

Beachview Retirement Home – Orewa Secure Care Limited is certified for two years. The current certificate expires 30 July 2014.

3. Inspection team

The inspection was undertaken by [REDACTED] and [REDACTED], Senior Advisors HealthCERT, Ministry of Health, under delegated authority of the Director-General of Health.

4. Inspection process

The following process was used during the inspection:

- Interview with registered nurse
- Interview with relative
- Physical inspection of premises / equipment
- Review of nine clinical records.

5. Inspection limitations

The scope of the inspection was limited to the issues raised in the complaint and the concerns raised from the DHB investigation. The issues raised were then linked to criteria within the Health and Disability Services Standards.

6. Inspection Findings

Findings have been reported against the following standards:

- Health and Disability Services Standards 8134.1:2008

Relevant Standard/Criterion	Findings	Required Corrective Action/s	Rating and time frame.
Standard 1.1.13	Not all complaints were logged into the complaints register. There was no documentation in the complaints register that demonstrated that complaints had been responded to within the specified timeframe according to policy.	Corrective Action Request: Ensure the complaints register is sufficiently detailed and includes all actions undertaken with evidence of correspondence to complainant acknowledging complaint and any further correspondence.	Rated: Moderate Time frame: Three months
Standard 1.2.4	The registered nurse was not able to find the folder with completed adverse events forms and was not able to locate the forms covering the event of the deceased resident.	Corrective Action Request: Provide documented evidence that all adverse events are being documented, investigated, and corrective action plans developed, implemented and monitored to address shortfalls identified.	Rated: Moderate Time frame: Two months

Relevant Standard/Criterion	Findings	Required Corrective Action/s	Rating and time frame.
Standard 1.2.8	The organisation did not have a verifiable process to identify how staffing needs were identified and changed to ensure the care needs of residents were being met.	Corrective Action Request Ensure a process is implemented to demonstrate that staffing needs are identified and changed as the result of changes in clients' care needs and or levels of care.	Rated: Moderate Time frame: Two months
Standard 1.3.3	In eight of the nine files reviewed there was no evidence of family/whanau input into the development of care plans.	Corrective Action Request Ensure family/whanau are involved in service provision planning.	Rated: Moderate Time frame Three months
Standard 1.3.4	Nine out of nine resident files evidenced not all assessment tools were completed consistently. All files reviewed evidenced a gap of more than six months since assessments were updated.	Corrective Action Request Ensure assessment plans are consistently updated and reflected in the care plans when changes are made. Ensure family/whanau are informed of changes to care plans.	Rated: Moderate Time frame Three months
Standard 1.3.5	The six files reviewed in the hospital unit did not clearly identify strategies for minimising episodes of challenging behaviours based on assessment and prevention. One resident had episodes of aggression there was no action plan or follow up by the clinical nurse manager. No registered nurse contribution to progress notes.	Corrective Action Request: Ensure the care plan describes the required supports and interventions to achieve the desired outcomes identified by the ongoing assessment process.	Rated: Moderate Time frame Three months
Standard 1.3.7	In five of nine files reviewed the activities plans were incomplete. One of five files had a photo ID on clinical file the remainder did not. There was no evidence of an activities attendance record, or evaluation. There had been nothing documented since March 2013.	Corrective Action Request: Ensure all activity plans are individualised and completed within the specific timeframes.	Rated: Moderate Time frame Three months
Standard 1.3.8	In all nine of nine files reviewed the care plans had not been evaluated for twelve months. No evidence of care plans being evaluated or reviewed could be confirmed. The registered nurse advised the inspection auditor that all care plans had been put onto InterRAI. There was no information in the current files to advise that InterRAI assessments had been completed. On the day of the inspection the registered nurse was not able to access the InterRAI system.	Corrective Action Request: Ensure all documentation is current and accessible. Ensure there is a transition process in place to assess updated information on the InterRAI system i.e print outs of all updated documents should be on files for staff to access when access is not available.	Rated: HIGH Time frame One month
Standard 2.1	The facility was not able to demonstrate a process for determining approval of all types of restraint. The policy did not clearly define this process. Staff were not able to identify who the restraint coordinator was.	Corrective Action Request Ensure there is a clearly defined process for determining restraint in the restraint policy, and the restraint coordinator is clearly identified.	Rated: Moderate Time frame Three months

Relevant Standard/Criterion	Findings	Required Corrective Action/s	Rating and time frame.
Standard 2.2	Each episode of restraint was not documented in sufficient detail to provide an accurate account of the indication for use, intervention, duration, outcome, as considered in the criteria list a-h).	Ensure that monitoring and documentation occurs during each episode of restraint.	Rated: Moderate Time frame Three months
Standard 2.3	There was no evidence of the continued use of restraint being continuously monitored and regularly reviewed to ensure it was applied for the minimum amount of time as necessary.	Corrective Action Request: Ensure that monitoring and continuous review of restraints are occurring.	Rated: Low Time frame One month
Standard 2.4	Evaluations of each episode of restraint were not occurring in order to determine if criteria (a) to (k) was being met.	Corrective Action Request: Ensure evaluations are occurring as required and documented.	Rated: Moderate Time frame Three months
Standard 2.5	There was no comprehensive review of restraint practices in order to determine (a) to (h) were met.	Corrective Action Request: Ensure there is a review of the restraint practices and this is well documented.	Rated: Moderate Time frame Three months

7. Meeting at end of inspection

Present: [REDACTED] and [REDACTED], Ministry of Health; [REDACTED], senior registered nurse, Orewa Secure Care Limited.

[REDACTED] thanked the registered nurse and staff for their participation and approach to the investigation, recognising that this was an unannounced inspection. It was explained that a full summation of findings could not be provided at the closing meeting as information gathered needed further analysis. As the manager and clinical nurse manager were both away on leave, the registered nurse was advised that the DHB portfolio manager would be briefed on the findings following this inspection in the absence of the manager.

8. Conclusion

Under section 9 of the Act, certified providers must meet all relevant standards and comply with any conditions subject to which the provider was certified by the Director-General of Health. Orewa Secure Care Limited is required to undertake the corrective actions identified in section six within the specified timeframes. If the corrective actions are not achieved, the Ministry may take action in relation to non-compliance with the requirements of the Act.

Orewa Secure Care Limited was given a copy of the draft report and asked to comment on any factual errors. No response was received and the draft report was finalised.