

Inspection Report

Auckland Presbyterian Hospital Trustees Inc.

Date of inspection: 11 October 2010

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HealthCERT
Provider Regulation
Population Health
Ministry of Health

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Undertaken 11 October 2010

Provider: WAU06
Auckland Presbyterian Hospital Trustees Inc.

Nominated Contact Person: Mr XXX XXX

Premise: St Andrew's Village
207 Riddell Road
Glenn Innes
Auckland

Executive Summary

Background

History:

Auckland Presbyterian Hospital Trustees Inc. has been in operation for a period of seven years, and during this last certification period the following has occurred:

October 2008: Notification of Gastroenteritis outbreak.

August 2009: MOH complaint re care provision, substantiated. This complaint is also a HDC open complaint currently.

October 2010: HDC current complaint concerning adverse advent; staff shortage, staff breaching policy, staff training, transfer of residents, currently open.

Previous Recent Complaints:

Nil.

Nature of Current Complaint:

The Ministry of Health received from the Health and Disability Commissioner a complaint about the care provided to a resident at St. Andrew's Village.

In summary, the complaint alleged that the resident had a fall and received critical injuries due to a breach of handling protocols, and that this event was the third in a series of fall injuries sustained by this resident.

In addition to the above complaint, the Ministry was also notified of:

- An alleged shortage of staff, including registered nurses
- An alleged culture of staff breaching policy and procedure.
- An alleged lack of effective staff training in manual handling procedures
- Alleged poorly managed transfer of the resident.

Service Description

Auckland Presbyterian Hospital Trustees Inc. – provides Aged Residential Care Hospital Care (Geriatric and Medical) and Rest Home (Inclusive of Dedicated Dementia Care) services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	98	100
Rest Home	50	50
Dementia	30	30
Total	178	180

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Auckland Presbyterian Hospital Trustees Inc. are being provided in compliance with section 9, Health and Disability Services (Safety) Act 2001, that is a person providing health care services of any kind must do so whilst meeting all relevant standards.

Health and Disability service providers are required under section 9 of the Health and Disability Services (Safety) Act 2001 (the Act) to provide services:

- (a) *'while certified by the Director-General to provide health care services of that kind; and*
- (b) *while meeting all relevant service standards;*
- (c) *in compliance with any conditions subject to which the person was certified by the Director-General to provide health care services of that kind; and*
- (d) *in compliance with this Act.'*

The inspection team

The inspection was undertaken by XXX XXX, Senior Advisor HealthCERT, and XXX XXX, Senior Advisor HealthCERT, under the delegated authority of the Director-General of Health.

Methodology

The inspection was conducted to investigate the complaint made to the Ministry of Health that may have resulted in systems failures and non-compliance against the Health and Disability Services Standards. Findings are according to the Health and Disability Services Standards NZS8134:2008.

The inspection was conducted utilising the following methods:

- Interview with Manager
- Interview with Registered Nurse (Clinical Leader)
- Individual staff interviews
- Relative/Resident interviews
- Observation: During facility tours and casual observation of the facility
- Observation: Residents and Staff
- Document and policy review: See the appendix for a list of documents that were requested as part of the audit process.
- Clinical notes review: A sample of residents' notes from the facility was audited.

Limitations

The scope of the inspection was limited to the issues raised in the complaint.

Entry Meeting

The introduction meeting was attended by:

XXX XXX, Senior Advisor HealthCERT, and XXX XXX, Senior Advisor HealthCERT, XXX XXX, Care Facility Manager.

A copy of the letter of introduction addressed to Mr XXX XXX was provided to XXX XXX, Care Facility Manager.

A proposed agenda for the day was discussed including a request to interview any relatives or health professionals visiting the facility during the course of the day. The inspection commenced with a tour of the facility.

Summary of Inspection findings

Organisational Management - Standard 1.2

1.2.7.4 – Partial attainment

The staff orientation programme is established and includes a programme/checklist for completion. Completed orientation is on files.

Staff state that the orientation programme is well developed.

Orientation policy, clinical support states there is a buddy system for new RNs.

The service has new RN graduates who have previously had the role of HCA within the service, which can sometimes prove to be a difficult transition for them. RNs interviewed (4) identified that some of the tensions between the new RNs and HCAs are cultural ones. There is no evidence of delegation and direction training for RN and HCAs so they are clear of their responsibilities.

Corrective Actions:

That as part of the orientation for new graduate RNs, and HCAs training is given to include delegation and direction within their role. The service needs to develop culturally appropriate support and training in this area to ensure new staff are fully aware of their roles and responsibilities to safely meet consumer's needs.

1.2.9.10 – Partial Attainment

Review of resident notes found that wound assessment plans are not held in residents files or linked to care plans/progress notes.

Incident/accident reports are not held in residents files.

Weights recorded in weight book.

A cardex system is in place for use by HCAs rather than their referring to the care plan. HCAs can only access resident files when they get the key from an RN . Staff need to be able to access integrated consumer notes.

Corrective Actions:

Consumer files are integrated and accessible to all staff.

Continuum of Service Delivery - Standard 1.3

1.3.4.4– Partial attainment

Handover time – was being interrupted by staff having to answer call bells, as a routine process, thus staff were not always getting a full handover as they had to leave to answer the call bells- the provider has now extended one extra HCA over handover time to answer bells.

For this resident it was identified that her caregiver missed parts of the hand over , the RN did not follow-up with care giver, and the care giver who was working in a different part of the facility than she normally would have , did not work with buddy as per policy.

Corrective Actions:

That the service ensures that a full handover, including resident assessment and interventions is communicated to all relevant service providers at the commencement of all service providers duties.

1.3.5.2– Partial attainment

Wound assessment plans are not linked to care plans/progress notes. Incident/accident reports interventions/outcomes are not always written up on form or in residents care plans/progress notes. No short term care plans.

Corrective Actions:

Long and short term care plans describe the required support and/or intervention to ensure desired goals are met.

1.3.6.1– Partial attainment

There is a manual handling policy in place. The Assessment, MDT communication form and cardex in place document the 2 person hoist/transfer instructions for the resident.

The service interventions for the resident did not meet her assessed needs. The Hoist was not used although assessed as being required. A single caregiver transferred the resident from a wheelchair to toilet chair resulting in the resident falling.

Corrective Actions:

Interventions are consistent with the consumers assessed needs and service policy.

Safe and Appropriate Environment - Standard 1.4

1.4.7.1 – Partial attainment

There is no immediate action/emergency response detailed in the Falls Policy or Clinical

Manual – 'Emergency or first aid response section' for HCAs. Although the provider confirmed it is following the Waitemata DHB Falls Guidelines, these are not referred to or linked to the Falls Policy, providing clear guidance for staff to follow.

Corrective Actions:

All staff receive appropriate information and training to respond to emergency situations.

Summation meeting

A summation meeting was attended by:

XXX XXX, Senior Advisor and XXX XXX, Senior Advisor HealthCERT, XXX XXX, Care Facility Manager; XXX XXX, RN, Human Resource Manager; XXX XXX and XXX XXX, Clinical Support Managers.

XXX XXX thanked the facility for their participation and approach to the investigation recognizing that this was an unannounced inspection. It was explained that a full summation of findings could not be provided at the closing meeting, and an explanation of the investigation report process was given. XXX XXX noted that staff interviewed had been complementary to the service, and that staff were approachable. She confirmed that there would be findings against the Health and Disability Services Standards

Key issues raised at summation were:

Relevant to complaint:

- Care intervention for the resident
- Short term care plans
- Integration of documentation
- Falls Management, specifically emergency response
- RN orientation

Not relevant to complaint/adverse event:

- Requirement to notify

Section 31 (5) of the Health and Disability Services (Safety) Act 2001 states Providers to give Director-General certain information

A person certified to provide health care services of any kind must promptly give the Director-General written notice of—

- (a) any incident or situation (for example, a fire, flood, or failure of equipment or facilities) that has put at risk, may have put at risk, puts at risk, or may be putting at risk the health or safety of people for whom the person was or is providing the services; and
- (b) any investigation commenced by a constable into any aspect of the services, their provision, or any premises in which they were provided; and
- (c) any death of a person to whom the person was providing the services, or occurring in any premises in which they were provided, that is required to be reported to a coroner under the Coroners Act 2006.

Conclusion

Auckland Presbyterian Hospital Trustees Inc. will be required to take the above corrective actions to improve compliance against the Health and Disability Services Standards. Ongoing monitoring will be undertaken by the Ministry of Health in conjunction with the District Health Board.

The complaint about the healthcare services provided by Auckland Presbyterian Hospital

Trustees Inc. - St Andrews Village, which alleged that:

- A resident had a fall and received critical injuries due to a breach of handling protocols, and that this event was the third in a series of fall injuries sustained by this resident.

This complaint was found to be substantiated.

- An alleged shortage of staff, including registered nurses
- An alleged culture of staff breaching policy and procedure.
- An alleged lack of effective staff training in manual handling procedures.

These three complaints were not found to be substantiated.

Additional Conditions

Additional conditions to be placed on the Certification Schedule:

1. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.2.7.4; 1.2.9.10; 1.3.4.4; 1.3.5.2; 1.3.6.1; 1.4.7.1; as identified in the Inspection Report must be submitted to the Director-General by 29 January 2011.
2. HealthCERT may elect to carry out a verification audit in relation to these corrective actions
3. The Director-General may impose any further condition, or vary any condition, where the Director-General thinks it is necessary or desirable to do so in order to help achieve the purposes of the Act.

Summary for Publication

The Ministry of Health received from the Health and Disability Commissioner a complaint about the care provided to a resident at Auckland Presbyterian Hospital Trustees Inc.-St. Andrew's Village.

In summary, the complaint alleged that the resident received critical injuries due to an adverse event.

The purpose of the unannounced inspection undertaken on 11 October 2010, was to determine whether health care services being provided by, Auckland Presbyterian Hospital Trustees Inc. are being provided in compliance with section 9, of the Health and Disability Services (Safety) Act 2001. That is a person providing health care services of any kind must do so whilst meeting all relevant standards

Findings against the Health and Disability Services Standards were found in the following areas:

Organisational Management:

That as part of the orientation for new graduate RNs, and HCAs training is given to include delegation and direction within their role. The service needs to develop culturally appropriate support and training in this area to ensure new staff are fully aware of their roles and responsibilities to safely meet consumers needs, and that consumer files are integrated and accessible to all staff.

Continuum of Service Delivery:

That the service ensures that a full handover including resident assessment and interventions is communicated to all relevant service providers, at the commencement of all service providers duties.

Long and short term care plans describe the required support and/or intervention to ensure desired goals are met, and that Interventions are consistent with the consumers assessed needs and service policy.

Safe and Appropriate Environment:

That staff receive appropriate information and training to respond to emergency situations.

Where non-compliance to the Health and Disability Services Standards has been identified, specific to the complaint and inspection. Auckland Presbyterian Hospital Trustees Inc. will be required to take corrective actions to improve compliance against the Health and Disability Sector Standards. Ongoing monitoring will be undertaken by the Ministry of Health in conjunction with the District Health Board.

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Appendix

Documents requested

- Complaints management policy
- Complaints records and register for the last 6 months .
- Staff training records and in-service training programme
- Staff rosters for the current period and last 8 weeks
- Quality and risk management plan
- Incident and accidents records for the last 6 months.
- Minutes of staff meetings
- Minutes of quality meetings
- Resident files
- Completed resident satisfaction survey
- Falls Prevention Management Policy
- Manual Handling Policy and Procedure
- Maintenance records of clinical equipment for last 12 months
- Adverse Event Policy and Procedure

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