

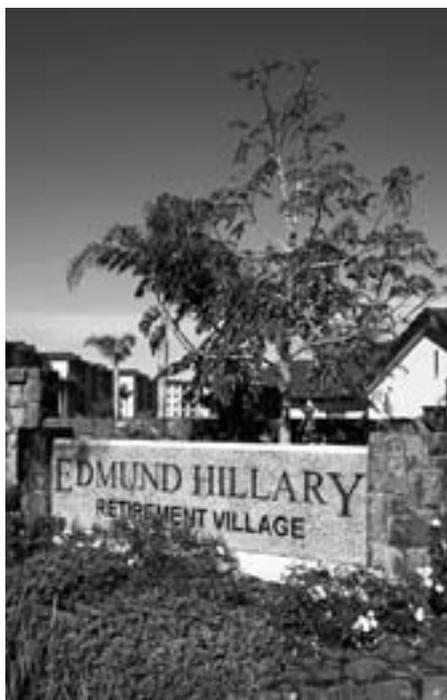
# Rest home roulette

What are your chances of finding a good rest home?

REPORT: JESSICA WILSON

**The Ministry of Health has investigated more than 40 rest homes over the past two years. But the public's not allowed to know which ones. The names of only two homes have been released to us so far - the Edmund Hillary Retirement Village in Auckland and Summerset Care in Wellington.**

The ministry carried out an unannounced inspection of the Edmund Hillary Retirement Village in October 2008. The inspection followed two complaints about the quality of care at the Village's rest home and hospital. One



complainant alleged injuries suffered by a resident in two separate falls weren't adequately assessed. Admitted to Auckland Hospital, the resident was diagnosed with neck and rib fractures and died the next day.

While it's cold comfort for relatives, the ministry's inspection found "significant issues" relating to falls, pain management, medication, staffing, resident weight loss and admissions. A previous Auckland District Health Board audit had already highlighted standards were not being fully met in several of these areas. Conditions were imposed as a result of the October inspection and the Village, owned by Ryman Healthcare, was put on notice to remedy outstanding problems.

A month later, an unannounced inspection of Summerset Care in Upper Hutt also found deficiencies in standards of care. The inspection followed two complaints to the ministry. One of these complaints alleged that failure to provide appropriate care had hastened the death of a resident caused by dehydration and pneumonia. The rest home acknowledged



"some" aspects of care were inadequate in these cases. According to the ministry's report, the Village's care facility was failing to fully meet standards in several areas, including the clinical assessment of residents, medicine management and infection control.

## Up to standard?

These homes aren't the only ones where spot inspections have uncovered evidence of substandard care. Reports released to *Consumer* under the Official Information Act show 44 unannounced inspections of rest homes were carried out by the ministry over the past



PhotoNewZealand: Forrest Smyth

## What's happened since?

Since these inspections, standards have improved at both Edmund Hillary Retirement Village and Summerset Care. The ministry says Summerset Care has met all the required conditions; an external audit of the Edmund Hillary Retirement Village in May 2009 found only one provision relating to chemical storage didn't fully meet required standards. The ministry says the Auckland District Health Board continues to work with the Village in "providing clinical oversight".

While these improvements will reassure prospective residents, it's hugely troubling that routine monitoring failed to pick up the extent of problems in these facilities.

## Standards of care

These failures in routine monitoring matter because 25 to 30 percent of people over 65 can expect a spell in long-term care before they die. If you are looking for a rest home – either for yourself or someone else – you want to know the place you choose is up to scratch. You can't easily find this out from available public information.

Aged-care facilities – both rest homes and hospitals – are expected to comply with minimum levels of service set in the Health and Disability Services Standards 2008. Every facility has to be independently audited to check it complies. If minimum standards are met, a rest home will normally be certified for three years.

But failing to comply with the standards doesn't mean a home will be declined certification. Where one or more standards haven't been met or only "partially met", a home may be certified for a shorter period and then re-audited. Of the 830 facilities listed on the ministry's website in July, 147 had less than the full three-year certification. In a few cases, this may be because the provider is new or a facility has changed hands and "provisional certification" has been given for 12 months. But this won't be the case for the majority.

There's another problem. Facilities are usually given plenty of notice of an audit – no surprises then if the auditors turn up and everything's smelling of air freshener. Several homes where major problems were uncovered by unannounced ministry inspections had three-year certifications. »

## IF THEY'RE FAILING TO PROVIDE AN APPROPRIATE STANDARD OF CARE, THE PUBLIC HAS A RIGHT TO KNOW – OTHERWISE HOMES HAVE LITTLE INCENTIVE TO IMPROVE.

two years. The problems uncovered included: a critical shortage of nursing staff, assaults by residents on other residents, inadequate assessment of patients' needs and planning of care, and inappropriate use of restraint – staff in one home used sheets to tie a resident to the bed.

In most cases, the ministry instructed rest homes to take "corrective actions". Some of the problems identified and the actions required to fix them were relatively minor. But in other cases major improvements were needed. One inspection report listed 41 corrective actions, several relating to the number and competency of staff. Our analysis identified only 14 reports where no "corrective actions" were required by the provider.

**Bureaucratic games:** We can't tell you the names of all the rest homes where problems were found – or even the names of those where no problems

were evident. Spot-inspection reports aren't routinely published. Copies were only made available to us after we laid a complaint with the Office of the Ombudsmen. Six months after our initial request, the Ministry of Health provided the reports. However, the names of the rest homes were blanked out from all except two reports, which had previously been released to complainants. The ministry says disclosing the names of other providers could "unreasonably prejudice the commercial position" of the homes.

Commercial sensitivities shouldn't be placed before consumers' right to know about the quality of care given to one of society's most vulnerable groups. Rest homes receive significant public funding. If they're failing to provide an appropriate standard of care, the public has a right to know – otherwise homes have little incentive to improve.

This raises the question: how useful are routine audits? A *Consumer* researcher recently rang the ministry posing as a relative of someone looking for rest-home care. We asked for copies of audit reports for rest homes in the Wellington area. The ministry staff member told us the reports were likely to be of little help and advised us to contact Age Concern. Age Concern does a lot of good work but monitoring rest homes is not its role.

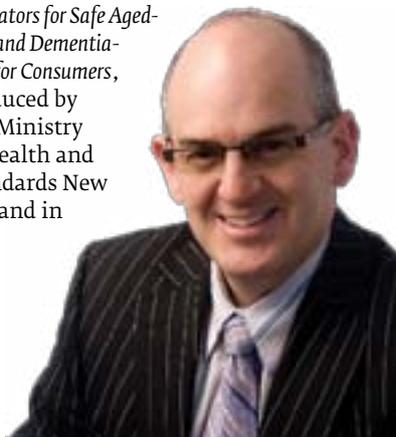
**Raising its game:** From October this year, the ministry plans to introduce unannounced “spot” audits of rest homes. Unannounced inspections are made now only *after* complaints are received or when monitoring identifies problems that need investigating. Summaries of audit reports have also begun to be published on the ministry’s website. That’s welcome but we think full reports need to be made available. The summary reports don’t give enough detail about how well homes are meeting standards.

## Who cares?

Even if spot audits started tomorrow, major staffing issues in rest homes remain. There’s a clear – and obvious – link between staffing and quality of care. Yet there are no regulations setting staff-to-resident ratios. Standard funding contracts between

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district health boards and rest homes do stipulate minimum staffing levels. However, these fall short of the staffing levels recommended in *Indicators for Safe Aged-care and Dementia-care for Consumers*, produced by the Ministry of Health and Standards New Zealand in



**Tony Ryall, Minister of Health:** the government doesn’t support increased regulation of the aged-care sector.

2005.

Most of the “care” in rest homes is provided by untrained staff: it’s estimated that fewer than half of all caregivers have a vocational qualification. Low pay and lack of a career path also make recruitment and retention difficult. New Zealand isn’t the only country grappling with this issue. A survey of 19 OECD countries found staff shortages and lack of qualifications were the two most important issues in the long-term care sector.

Last year, Parliament’s Health Select Committee recommended (by majority) that the government set mandatory staff levels for aged-care facilities, on the same lines as those used in the early childhood sector. The government has rejected this recommendation and says it doesn’t support increased regulation of rest homes.

This position is hard to defend. Parliament has passed legislation to regulate staffing levels in early childhood centres to ensure care is safe and appropriate. Why fail to do the same in rest homes, which provide care for another equally vulnerable group?

## We say

- Moving from the independence of the family home into a rest home can be traumatic – both for the person making the shift and their family. The transition can be easier if you know the quality of care in the rest home is of a high standard. Current regulations aren’t providing these assurances.
- Plans to introduce unannounced auditing of rest homes are welcome – but it’s taking too long for these to be rolled out.
- It’s time to take a hard look at rest-home standards. With an ageing population, more people will require long-term care. We need to be sure they’ll receive the standard of care we’d want for ourselves. As things stand, we can’t be.

## When things go wrong

Confusingly, there are three agencies with the power to investigate complaints about rest homes:

- **District health boards (DHBs):** DHBs distribute public funding to rest homes. Under the terms of funding contracts, they can act on complaints and investigate any rest home to ensure it’s providing a safe service.
- **Ministry of Health:** The Health and Disability Services (Safety) Act gives the ministry the power to enter and inspect any rest home to assess whether health care services are being provided in a safe and satisfactory manner.
- **Health and Disability Commissioner:** The commissioner has the power to investigate complaints about the provision of a health or disability service to a rest-home resident.

This system is too cumbersome. We’d like to see a central agency with responsibility for the aged-care sector. The Australian model could be a useful guide. Australia has an Office of Aged Care Quality and Compliance, which manages a Complaints Investigation Scheme. The scheme is available to anyone who has a complaint or concern about a subsidised aged-care service.

**OTHER STUFF** Age Concern: [www.ageconcern.org.nz](http://www.ageconcern.org.nz) » Aged Care Crisis (an Australian site with useful consumer info): [www.agedcarecrisis.com](http://www.agedcarecrisis.com) » **Alzheimers New Zealand:** [www.alzheimers.org.nz](http://www.alzheimers.org.nz) » **Eldernet** (provides a searchable database of aged-care facilities): [www.eldernet.co.nz](http://www.eldernet.co.nz) » **Health and Disability Commissioner:** [www.hdc.org.nz](http://www.hdc.org.nz) » **Ministry of Health:** [www.moh.govt.nz](http://www.moh.govt.nz) » **Work and Income:** [www.workandincome.govt.nz](http://www.workandincome.govt.nz)

## MORE INFO »

### Worth looking at:

- +SUPPORT SERVICES FOR OLDER PEOPLE *Consumer 477*
- +RETIREMENT VILLAGES *Consumer 467*
- +INDEPENDENT LIVING *Consumer 452*

### On our website:

- Free access
- +AIDS FOR INDEPENDENT LIVING
- Online and premium subscribers only
- +HOME SUPPORT
- +RETIREMENT VILLAGES

consumer.org.nz



PhotoNewZealand: Forrest Smyth

**Financial assessment:** If you're assessed as needing long-term care, you may be eligible for a residential care subsidy. The needs assessor can provide an application form. Both assets and income are taken into account.

Even if you're not eligible for a subsidy, there's a cap on the amount you or any individual must pay towards your care. Maximum contributions vary slightly by district.

At 1 July 2009, the maximum weekly contribution in Auckland city is \$834.54; in Southland, it's \$759.50. The maximum contribution applies to any person who has been assessed as requiring long-term care. Rates are reviewed on 1 July each year.

For detailed information on the residential care subsidy, go to [www.workandincome.govt.nz](http://www.workandincome.govt.nz). Work and Income assesses eligibility for the subsidy.

### Finding a rest home

We've heard from members about good rest homes where residents are well-treated and the staff are outstanding. We've also heard about experiences of poor care, which have resulted in the family moving their relative to another home.

It's not always easy to tell a good home from a bad one. Things may look great – new carpet, en suite bathroom, flash paint job. But superficial appearances aren't what count. In good homes, staff are attentive and caring. They will have recognised qualifications and do regular training to keep up-to-date. Residents are happy and run their own affairs as much as possible. They have opportunities to keep their minds and bodies active.

**Doing your homework:** If you're looking for a home, you'll need to do your homework. Consumer has developed a free checklist available at [www.consumer.org.nz](http://www.consumer.org.nz). When you're visiting a home for the first time, ask plenty of questions and get copies of any written information. Ask if you can stay for a while once the tour is over. If they say no, cross the home off your list. When you've made a shortlist, go back to each one without an appointment to see if your first impressions hold.

**ASK FOR A COPY OF THE HOME'S LATEST AUDIT REPORT.**

During your visits, focus on the following areas:

- **Residents:** Talk to the residents. Do they seem happy and well cared for? Talk to their families as well.
- **Staff:** Get details of the number, qualifications and in-service training of caregivers and watch staff in action. Do they appear genuinely interested in the residents?
- **Medical and nursing care:** Find out the ratio of residents to registered nurses. Is there a GP on call at all times? Does the home have good skills in dealing with health needs similar to those of the potential resident?
- **Food:** Try to visit during a mealtime. Look at the quality and quantity of food. Do residents have access to food and drink between meals?
- **Activities:** Find out about activities. A well-structured programme should offer a good range of activities, appropriate to the residents' abilities.
- **Audit reports:** Ask for a copy of the home's latest audit report. Find out how long its current certification is for and when the next audit is due. Ask whether the home has been the subject of any complaints and what the outcome of these complaints has been. **Q**

### Rest-home ratings

If you're looking for a rest home in the US, you can find a list of the best and worst at the touch of a button. The US has a five-star rating system, which ranks rest homes across the country. Ratings are based partly on a set of indicators developed by Interrai, an international group of aged-care specialists. The indicators measure critical aspects of care such as the rate of pressure sores, infections, weight loss, depression and changes in mobility.

That's a far cry from what we have here. Our standards don't require this kind of hard data to be collected. In 2005, the Health Ministry did release a set of indicators for safe aged-care and dementia care. These indicators cover many aspects of care identified as critical by Interrai – but they're voluntary and we're not aware of any rest home that's using them.

# What you need to know

## Assessing needs

If you're looking for a rest home for yourself or a family member, there are two key processes you need to know about: the needs assessment and the financial assessment.

**Needs assessment:** This determines the level of care and is mandatory if you want to apply for a residential care subsidy. The assessment considers the person's physical and mental abilities, their emotional state and the level of family and community support.

The assessment, which is free, will produce a grading between very low and very high. A person with high or very high needs will face significant safety issues staying at home. They will probably need to be in a rest home or getting specialised hospital care.

Your GP or district health board can put you in touch with needs assessment agencies in your area. You can also find a list of agencies on the Ministry of Health website.