



Final Inspection Report

Avonlea Trust Board

Date of inspection:

23 August 2011

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Undertaken 23 August 2011
File Ref: WAV07
Provider: Avonlea Trust Board
Contact Person: Anna Looby
Premises: Avonlea Hospital and Home
52 Ward Street
TAUMARUNUI

Executive Summary

HealthCERT received an anonymous complaint on 19 August 2011 about the services provided to residents at Avonlea Hospital and Home by Avonlea Trust Board. The complainant's allegations included that:

- staff were required to perform duties outside their scope of expertise
- medication errors had occurred
- controlled drugs had gone missing
- there were a high number of falls at the facility
- families were often not notified after falls
- complaints and incidents were not followed up appropriately by the manager
- some residents had not been appropriately assessed
- the food quality was poor and there was no access to food after hours
- the physical environment was not safe for residents or staff
- some residents did not have appropriate privacy.

The inspection reviewed Avonlea Trust Board's compliance against Health and Disability Services Standards (2008) specific to the allegations made in the complaint. Aspects of the complaint related to the food service, the physical environment, residents' privacy, and incident/accident reporting were not substantiated. Aspects of the complaint related to quality and risk management, registered nurse coverage, care planning and evaluation, and medication management were partially substantiated.

Service Description

Avonlea Trust Board – provides Aged Residential Care Hospital (Medical, Geriatric) and Rest Home services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	10	10
Rest Home	31	31
Total	41	41

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by **Avonlea Trust Board** at Avonlea Hospital and Home were 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. The Standards in this case are the Health and Disability Services Standards (NZS 8134: 2008), referred to as the Standards.

The inspection team

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

Methodology

The inspection was conducted using the following methods:

- interview with Manager
- Interview with Registered Nurse
- individual staff interviews
- relative/ Resident interviews
- observation during facility tours and casual observation of the facility
- observation of Residents and Staff
- document and policy review (Appendix lists documents requested as part of the inspection process)
- clinical notes review

Limitations

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

Entry meeting

On arrival at the premises, an entry meeting was attended by Anna Looby, Manager, and XXX and XXX, Senior Advisors, HealthCERT. A copy of the letter of introduction was provided to Anna Looby.

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

Exit meeting

Following the inspection, an exit meeting was attended by Anna Looby, XXX, Registered Nurse, XXX and XXX. Anna Looby was advised that the policy review would be undertaken off-site and considered against the on-site findings. Ms Looby was also advised that where areas of non-compliance against the Standards were identified, follow-up corrective actions would be required.

Inspection findings

Summary of findings where non-compliance against the Health and Disability Services Standards was identified specific to the complaint.

Organisational Management - Standard 1.2

1.2.3.3 – Partial Attainment

A number of policies were removed from site post inspection due to time constraints - refer Appendix 1. Policies sighted had generally been signed as reviewed within the last two years. A number referenced the 2001 Health and Disability Sector Standards - i.e. Medicine Management Policy, Care Planning. Staff interviewed were aware of policy content and implications for practice.

Corrective Actions:

Operational policies should reference current standards.

1.2.8.1 – Partial Attainment

Avonlea is certified to provide Rest Home and Hospital level care and is contractually required to have a Registered Nurse (RN) on site at all times. Difficulty meeting this requirement is a known ongoing issue and the Ministry and District Health Board are aware. At the time of the inspection a newly appointed RN was being orientated which would mean Avonlea had RN cover Monday-Friday morning and afternoon shift, plus two night duties. When there is no RN on site an on-call system operates - policies and staff interviews confirmed the on-call process worked sufficiently to minimise clinical risk. Despite the systems in place to minimise risk, the requirement for 24 hour RN cover continues.

Six weeks of rosters were reviewed showing sufficient numbers of staff over a 24 hour period.

This shortfall was identified at the time of the surveillance audit (5 May 2011) and reporting on corrective actions is due to the DHB.

Continuum of Service Delivery - Standard 1.3

1.3.5.2 – Partial Attainment

Care planning is modelled on Marjory Gordon's functional health status. Three resident care plans were reviewed with all evidencing family involvement in plan development. Care Plans reviewed showed evidence of assessment tools being used (falls risk assessment and pressure area assessment) with assessments being linked to care plan interventions. Medical assessments and notes within the file directed care needs.

Two of the three care plans reviewed provided some guidance to staff on resident care needs. However not all interventions were documented to provide consistent care. For example:

- the care plan of a resident with increased Blood Pressure did not record the acceptable range for a Blood Pressure reading, the frequency of monitoring or signs to observe

- the care plan of a resident who required two person transfers did not detail the type of lifting aid to be used
- the care plan of a resident who had experienced an incident around food temperature did not document interventions in respect of food management and nutritional requirements.
- another resident was directed by GP to have >1000mls/day. This was recorded on a fluid chart within the file but did not consistently meet the required daily amount.

A Communication Book is used to provide guidance to staff on resident appointments, outings. Daily progress notes within resident files indicate care needs. Progress notes written by RN, or most senior staff on duty.

This shortfall was identified at the time of the surveillance audit (5 May 2011) and reporting on corrective actions is due to the DHB.

1.3.8.3 – Partial Attainment

Three resident files were reviewed and it was noted progress notes indicated some changes to care were recorded. Short term care plans were not evidenced to direct care interventions where there were changes to expected progress. For example:

- one resident had creams and powders applied to breast folds, but there was no assessment or short term care plan to guide staff in consistent use.
- wound management forms did not show reassessment of wound on a regular basis – documentation related to treatment type.

This shortfall was identified at the time of the surveillance audit (5 May 2011) and reporting on corrective actions is due to the DHB.

1.3.12.1 – Partial Attainment

Medicine storage room locked, keypad access. Medicine system Douglas medico, also charts and administration sheets. Photo ID on each medication chart sighted. Short course medication is not blister packed (i.e. antibiotics)

There were policies relating to medication management sighted and had all been reviewed within the last 14 months. It was noted there was no policy on stock medication or the process for managing medications not prescribed for a resident (i.e. impress stock). There were controlled drug medications of deceased residents in the cupboard that had not been returned to the pharmacy. The controlled drug book was checked weekly by two staff. A recent controlled drug incident was noted where 20 M-eslon tablets could not be accounted for. Investigation by the facility included notifying police and reportedly an internal investigation occurred (not sighted). Medication errors are reported on incident forms and aggregated monthly – the Incident Summary report for 06/11 to 08/11 shows 1 reported medication event. It was difficult to further analyse reported medication errors during the inspection as reviewed event forms are filed in the resident files.

Staff interviews were consistent in informing that the senior person on duty administers medication (as stated in policy) and annual caregiver competencies are completed.

It was noted that short course medication (e.g. antibiotics) were being administered directly from the individual residents bottle. To reduce risk of administration errors, consider Pharmacy pack short course medications.

This shortfall was identified at the time of the surveillance audit (5 May 2011) and reporting on corrective actions is due to the DHB.

Conclusion

Environment

The complainant alleged there was a unisex toilet which has only a curtain resulting in a compromise of resident privacy. In addition there were concerns raised around resident room size and doorways, and availability of appropriate equipment. The inspection found toilets were well signposted with sliding doors and vacant/engaged signs in place. Visual inspection observed the facility corridors to be wide enough to allow two people to pass safely, and, although rooms were not large there was adequate space for safe manoeuvre. Although doorways were single width, access via wheelchair or gurney could occur - two staff commented that it could be 'tricky' but was possible. The inspection team observed adequate transferring equipment including an overhead hoist available in nine resident rooms and one of the small lounges. There is access to wheel chairs and a range of mobility equipment. The resident beds sighted were appropriate to need.

This aspect of the complaint was not substantiated.

Food

The complainant alleged residents were unable to eat the food presented due to poor quality, and the kitchen was locked after hours so that special dietary requirements could not be met (i.e. diabetic residents).

Six residents were asked about the food and all expressed positive comments with no concerns raised around difficulty accessing food at any time. All residents observed during the inspection were eating well. One resident with a pureed meal was managing to feed independently with supervision as required. Condiments to meet special requirements were available. Additional food was sighted in small fridges – packaged, labelled and dated appropriately. Staff interviewed advised that biscuits and juice were readily available after hours and if extra food was required a senior staff member held a key. There was no indication that food was difficult to access.

This aspect of the complaint was not substantiated.

Staffing and human resource management

The complainant suggested Avonlea had a lack of RN cover and caregivers were left in charge in the absence of the Manager.

Avonlea has experienced difficulty attracting a full complement of RNs dating back to 2008. This issue is well known to both the Ministry and District Health Board. The inspection verified appropriate systems were in place to ensure sufficient clinical care (and/or advice) is available in the absence of an RN on site to minimise risk to residents.

The inspection considered relevant documentation including: the procedure for contacting the RN on call and Afterhours, and the service management policy. Staff were interviewed about clinical oversight afterhours. They were consistent in their

understanding of the on-call process in the absence of an on-site RN and their views aligned to the policies sighted.

Six weeks of rosters were reviewed and evidenced sufficient cover to meet clinical need.

The staff file review and staff interview indicated appropriate employment practices were undertaken and ongoing attendance at in-service education/training was maintained on file. Staff issues that had been raised to management in writing were held on individual files and there was a process in place to consider concerns – this was confirmed via staff and manager interview.

The complainant's concerns around staffing were partially substantiated in respect of RN cover. It is noted this is a long-standing issue and is being monitored.

Incident/accident management

There were a number of concerns raised by the complainant that link to the event reporting system including medication errors, missing controlled drugs, high incidence of falls and follow-up of incidents.

During the inspection, the relevant policy and a number of completed event forms were reviewed. In addition, staff were interviewed to determine their understanding of the reporting process. The reviewed event forms had been completed in line with the policy including Manager review and sign-off. It is noted corrective action planning was not verified during the inspection. Event forms, once reviewed are filed in resident files. This meant during the inspection it was difficult to review, for example, all falls, or medication errors. Despite this there was evidence reporting was occurring. Monthly trending was being completed and reporting to the Board occurred.

This aspect of the complaint was not substantiated.

Medication Management

The complainant alleged poor medication management by Care Givers, incident reporting that was not being followed up, and most recently, missing controlled drugs.

Policies relating to medication management were sighted – although it was noted there was no policy on stock medication (i.e. impress stock). There were controlled drug medications of deceased residents in the cupboard that had not been returned to the pharmacy.

The issue relating to missing controlled drugs was reviewed. The Manager reported there had been an internal investigation undertaken and the pharmacy had been informed. The inspection team understand police were notified. Medication errors are reported on incident forms and aggregated monthly. It was difficult to further analyse reported medication errors during the inspection as reviewed event forms are filed in the resident files.

Staff Interviews were consistent in informing that the senior person on duty administers medication (as stated in policy) and annual care giver competencies are completed.

Although there was a finding against 1.3.12.1 (above) the concerns raised by the complainant could not be substantiated.

Resident Care

The complaint reported concerns around using a Communication Book to report clinical issues rather than recording changes to care in care plans and/or progress notes. In addition the complainant reported residents at Avonlea whose needs had changed and had not been reassessed.

Three resident care plans were reviewed with all evidencing family involvement in plan development. Care Plans reviewed showed evidence of assessment tools being used (falls risk assessment and pressure area assessment) with assessments being linked to care plan interventions. Medical assessments and notes within the file directed care needs. Two of the three care plans reviewed provided some guidance to staff on resident care needs, however not all interventions were documented to provide consistent care.

A Communication Book is used to provide guidance to staff on resident appointments, outings, Daily progress notes within resident file indicate care needs. Progress notes are written by RN, or most senior staff on duty. There was no evidence of residents who were requiring reassessment.

This aspect of the complaint was partially substantiated. ✓

Communication

The complainant alleged there were instances of inappropriate verbal communication between all levels of staff. During the inspection the communication observed between staff was respectful towards residents and each other. For example, staff were observed transferring a dependant resident and communicated effectively to each other and the resident for safe transfer.

Staff interviewed did not specifically raise issues in respect of communication.

This aspect of the complaint was not substantiated.

Incidental findings

During review of policies the inspection team noted there were a number of documents referencing the 2001 Health and Disability Sector Standards, for example, Medicine Management Policy and Care Planning. Policy management was not raised by the complainant.

Appendix

Documents requested:

- Quality Report for December 2010 & January 2011, February 2011, March 2011, April 2011, May 2011, June 2011
- AC/PC Meeting 2pm 20 July 2011
- Staff meeting minutes 19 Jan '11
- Medicine Management Policy
- Key Holders Policy
- Protocol on Phone Medication Orders
- Procedure for Applying Creams, Lotions or Ointments
- Incident Summary by Subtypes
- QM Audit for Infection Control (06/11 to 08/11)
- Rosters – June, July, August 2011
- Care Planning
- Assessment Procedure
- Documentation – Detail, Frequency & Co-ordination Policy
- Prevention and Management of Falls
- Fall Risk Profile (and assessment)
- Accident/Incidents, Potential Hazard Procedure
- Manual Handling Policy
- Health & Safety – Lifting & Back Care
- Pressure Area Assessment & Prevention
- Wound Care Policy
- Guidelines for writing residents reports

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