Final Inspection Report

Presbyterian Support Central - Brightwater Centre

Date of inspection: 1 February 2011

HealthCERT
Provider Regulation
Clinical Leadership Protection and Regulation
Ministry of Health

Contents

Undertaken	**1 February 2011**
File Ref:	**WPR 32**
Provider:	**Presbyterian Support Central - Brightwater Centre**
Contact Person:	**XXX XXX**
Premise:	**Brightwater Centre 69 Brightwater Terrace Brightwater PALMERSTON NORTH**

Executive Summary

History

August 2009: Certification audit, 30 Partial Attainments against the Health and Disability Services Standards were identified; eight high risk, 16 moderate and the remaining six low risk.

September 2009: The District Health Board (DHB) final report of an issues based audit identified and upheld a Health and Disability Commission (HDC) complaint regarding a respite care client.

January 2010: Surveillance audit. Twelve Partial Attainments (PAs) were identified; one high risk, five moderate and the remaining six rated low risk.

February 2010: Change of Manager.

June 2010: Certification audit identified four Partial Attainments; one moderate risk and three low risk. These had recurred over the past year, but a marked improvement was noted in the risk rating noted below.

Criterion	Aug 2009	Jan 2010	Current
1.3.4.2	Mod	Mod	Low
1.3.5.1	Mod	FA	Mod
1.3.6.1	High	Mod	Low
1.3.8.3	High	Mod	Low

Previous Recent Complaints:

Health and Disability Commission complaint (staffing issues), substantiated via District Health Board issues audit (September 2009).

Nature of Current Complaint:

The Ministry of Health received a complaint from Mr XXX about the standard of care provided to the late Mrs X at Brightwater Home. The complaint concerns the care provided to Mrs X and other residents particularly with respect to the management of scabies and infection control procedures at the facility.

Further Information (DHB):

The District Health Board, Health of Older Persons Portfolio Manager, expressed concern that the Brightwater Manager is now also managing Coombrae Home in Fielding (two days per week), and there is a possibility that she may also be required to manage another rest home in Palmerston North, which will increase her already stretched resource from Brightwater. The Manager needs robust structures in place to provide good client care.

Service Description

Presbyterian Support Central provides Aged Residential Care Hospital Care - Geriatric Services, Medical Services and Rest Home Care including Dementia Care Unit services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	33	33
Rest Home	8	8
Dementia	22	23
Total	**63**	**64**

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Presbyterian Support Central, 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.

Health and Disability service providers are required under section 9 of the Act to provide services:

(a) 'while certified by the Director-General to provide health care services of that kind;
(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 arisen from system 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 using 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.
- Review (physical) of skin integrity of a sample of residents.

Limitations

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

Entry Meeting

Present: XXX XXX (Ministry), XXX XXX (Ministry), XXX XXX (Manager Presbyterian Support Central – Brightwater Centre).

A copy of the letter of introduction addressed to Ms XXX XXX was provided. 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

Summary of findings where non-compliance to the Health and Disability Services Standards has been identified specific to the complaint and inspection.

Organisational Management - Standard 1.2

1.2.4.3 The service provider documents adverse, unplanned or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.

Partial attainment

Finding:

A finding was identified in relation to adverse event reporting. Mrs X's file noted the presence of sacral and shoulder pressure ulcers 14/12/10. No incident form was completed in respect of these pressure ulcers.

Corrective Actions required by 14 April 2011:

The provider is required to ensure that:

1. Staff are provided with the appropriate training to ensure incident forms are completed as required and reported for follow-up as per Presbyterian Support Central policy. All completed incident forms must be filed in the residents file.

Continuum of Service Delivery - Standard 1.3

1.3.3.3 Each stage of the service provision (assessment, planning, provision, evaluation, review and exit) is provided in time frames that safely meet the needs of the consumer.

Partial attainment

Finding:

Long term care plans were completed and evaluated three monthly in five out of six files reviewed. Short term care plans were not consistently completed to guide required interventions where a resident's condition had changed. Specifically, short term skin infection care plans were only completed for two of the six residents' files reviewed with documented rashes. The care plans completed did not provide guidance for care staff about the required precautions and interventions.

Mrs X's file noted the presence of sacral and shoulder pressure ulcer 14/12/10. The last Braden assessment was completed on 8/11/10 and Braden assessments had been

completed three monthly in 2010. However, Mrs X's mobility declined in November 2010 and no additional Braden reassessment was completed. There was no short term/wound care plan to guide pressure area and ulcer care. The Registered Nurse (RN) reported Mrs X was nursed on a spenco mattress not an air mattress.

Corrective Actions required by 14 April 2011:

The provider is required to ensure that:

1. Staff seek appropriate information and are able to access appropriate resources to enable effective assessment and interventions.
2. All consumers care provision is delivered in accordance with policy, good practice guidelines, contracts and the Health and Disability Services Standards.
3. Assessments are accurately documented, linked to the plan of care and evaluated to safely meet the needs of the consumer. Residents must be re-assessed according to their level of risk and change of condition and any changes to the level and type care required must be reflected in the residents' care plan to guide staff.

1.3.5.5 The service delivery plan is communicated in a manner that is understandable to the consumer and service provider responsible for its implementation and, with the consumer's consent, their family/whānau of choice.

Partial attainment

Finding:

Personal cares/skin cares are part of the Health Care Assistant's (HCA's) daily work. HCA's stated that if they have concerns about a resident's skin status, they ask the registered nurse on duty for advice. They would also document their concern. This was evident in the progress notes.

The HCA's interviewed stated changes to care or the required care were not always documented in a residents care plan.

Six out of six files reviewed did not have short term care plans developed to reflect changes to residents' level of need/risk and/or precautions and interventions required.

Corrective Actions required by 14 April 2011:

The provider is required to ensure that:

1. Documented short term care plans are developed to reflect changes to a resident's level of need/risk.
2. All care plans need to be goal orientated, reflect the assessment and detail the support and interventions needed to achieve the desired outcomes. Required interventions and/or precautions must be accurately communicated (staff shift handovers, multidisciplinary team meetings, family) and documented, for all service providers to follow.

Infection Prevention and Control - Standard 3

3.1.5 There is a defined process for gaining infection control/infectious disease/microbiological advice and support, where this is not available within the organisation.

Partial attainment

Finding:

The provider has adopted the "2009 Bugs Control" policy and has this in place; however the policy has not been updated to the 2011 version of the "Bugs Control" policy. The policy did not clearly define the local process for staff to gain infection control/infectious disease/microbiological advice and support for staff.

During the period of August 2010 to January 2011 in which cases of suspected scabies amongst staff and residents were diagnosed and/or treated, staff did not seek infection control expertise from either within or outside their own organisation.

Corrective Actions required by 14 March 2011:

The provider is required to ensure that:
1. When adopting policy from other organisations, these policies are current, even if Presbyterian Support Central policy review date does not coincide.
2. That staff have available and know how to access current local information regarding access to expertise in infection control/infectious disease/microbiological advice and support.

3.2.3 The infection control team/personnel members shall receive continuing education in infection control and prevention.

Partial attainment

Finding:

The Infection Prevention and Control (IPC) Registered Nurse (RN), has been in this role for one month, and has yet to receive any specific training in IPC for this role. It was noted that a training process has been put in place for this staff member and she is to commence a two year diploma course shortly at Wairaki Polytechnic. There was a gap of four months when other RNs were filling in for the IPC role (July to December 2010). These RNs did not have specific IPC training and this time frame also coincided with diagnosed and/or treatment of residents and staff with suspected scabies.

MidCentral DHB offers free access to a Professional Development and Recognition Programme (PDRP) knowledge and skills programme for registered nurses to ensure they remain current. One of the modules deals with Infection Control. It was noted that RNs at Brightwater have not participated in this MidCentral DHB program.

Corrective Actions required by 14 April 2011:

The provider is required to ensure that:
1. The Infection Prevention and Control (IPC) RN and team members receive continuing education in infection control and prevention.

3.4.2 All service providers and support staff receive orientation and ongoing education on infection control that is relevant to their practice within the service or organisation.

Partial attainment

Finding:

Twice yearly staff education and orientation on standard precautions has been undertaken at the facility, although the level of staff participation for these has been low. It was noted that low uptake has been a subject that management is currently addressing through developing a revised education program for the facility for 2011.

There was no evidence of staff being provided specific education concerning scabies over the last six month period during which time both residents and staff were diagnosed and/or treated at the facility.

Both quality and staff meetings had no reference to specific scabies infection prevention and control procedures for staff. At the time when the first two residents being diagnosed and/or treated for suspected scabies, isolation procedures were instigated. However, staff were not specifically aware of the spread of the disease organism or educated in preventative measures required and thus did not always adhere to policy.

Corrective Actions required by 14 April 2011:

The provider is required to ensure that:
1. The revision of the staff education program is completed to ensure staff training specifically for IPC is undertaken.

3.4.5 Consumer education occurs in a manner that recognises and meets the communication method, style, and preference of the consumer. Where applicable a record of this education should be kept.

Partial attainment

Finding:

It was not evidenced that any information and/or education for relatives or visitors, with residents diagnosed or treated for suspected scabies was distributed or notices displayed within the facility, for example, pamphlets on scabies treatment and prevention of spread, during the August 2010 to December 2010 period. It was noted that in January 2011, a letter and pamphlet was distributed at the time of facility wide treatment.

Corrective Actions required by 14 April 2011:

The provider is required to ensure that:
1. Consumer education occurs in a manner that recognises and meets the communication method, style and preference of the consumer.

Summation meeting

A summation meeting was attended by XXX XXX (Ministry); XXX XXX (Ministry), XXX XXX, Senior Portfolio Manager, Health of Older People Mid Central DHB, Ms XXX XXX(Facility Manager), Ms XXX XXX(Regional Manager), XXX (Hospital Care Manager and IPC RN) and Ms XXX XXX (Quality Coordinator).

XXX XXX thanked the facility 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.

XXX noted that the facility overall environment and care for residents was found to be satisfactory, and progress notes were well written on each shift and reflected the care delivered on that shift. Staff had commented they were appreciative of the changes made by and the approachability of the new manager. XXX confirmed that there would be findings in relation to the complaint against the Health and Disability Services Standards.

Key issues raised at summation were:

Relevant to complaint:

1. **Resident assessment not carried out for changing needs**
Short term care plans were not consistently completed to guide required interventions where a resident's condition had changed. Specifically, short term skin infection care plans were only completed for two of the six files of the six residents files reviewed with documented rashes. The care plans completed did not provide guidance for care staff about the required precautions and interventions.

2. **Care planning interventions not developed**
Changes to care or the required care was not always documented in a residents care plans.

3. **Infection prevention and control procedures not carried out**
During the period of August 2010 to January 2011 in which cases of suspected scabies were diagnosed and/or treated within the resident and staff population of the facility, staff did not seek infection control expertise from either within or outside their own organisation.

There was a gap of four months when RNs were filling in for the IPC role (July to December 2010). These RNs did not have specific IPC training and this time frame also coincided with the diagnosis and/or treatment of residents and staff with suspected scabies.

Mid Central DHB offers free access to a Professional Development and Recognition Programme for registered nurses to ensure they remain current. One of the modules deals with Infection Control. It was noted that RNs at Brightwater had not participated in this MidCentral DHB programme.

There was no evidence of staff being provided specific education concerning scabies over the last 6 month period during which time both residents and staff were diagnosed and/or treated at the facility. Both quality and staff meetings minutes had no reference to specific scabies infection prevention and control procedures for staff. At the time of the first two residents being diagnosed and treated for suspected scabies, isolation procedures were instigated. However staff were not specifically aware of the spread of the disease organism or educated in preventative measures required and thus did not always adhere to policy.

It was not evidenced that any information and/or education for relatives or visitors, with residents diagnosed and/or treated for suspected scabies was distributed or notices displayed within the facility, for example, pamphlets on scabies treatment and prevention of spread, during the August 2010 to December 2010 period. It was noted that in January 2011 a letter and pamphlet were distributed at the time of facility wide treatment.

Not relevant to complaint

An additional finding was identified in relation to adverse event reporting. No incident form was completed in respect of documented pressure ulcers.

Conclusion

Presbyterian Support Central – Brightwater Centre 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 in conjunction with the DHB.

Overall the environment and care for residents was found to be satisfactory.

Complaint concerning Mrs X :

1. With regard to Mrs X it was noted that both the locum General Practitioner and Nurse Practitioner did not diagnose scabies and that Mrs X was not treated for scabies. It was noted that the Liverpool Care Pathway was started on 31 January 2011, which ensured that Mrs X was pain free during the terminal care stage of her life, until her death on 2 March 2011.

2. Communication with Mrs X's family was evidenced throughout progress notes and a communication sheet was completed.

3. Whilst Mrs X was not diagnosed with scabies, the inspection did identify that processes around Infection Prevention and Control policy and procedure were not compliant with the Health and Disability Services Standards.

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: 3.1.5 as identified in the Inspection Report must be submitted to your District Health Board by 14 March 2011. Your District Health Board will notify the Director-General of Health of progress, if any, if required in accordance with the Ministry of Health's requirements for the processing of progress reports.
2. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.2.4.3, 1.3.3.3; 1.3.5.5; 3.2.3; 3.4.2; 3.4.5 as identified in the Inspection Report must be submitted to your District Health Board by 14 April 2011. Your District Health Board will notify the Director-General of Health of progress, if any, if required in accordance with the Ministry of Health's requirements for the processing of progress reports.
3. HealthCERT may elect to carry out a verification audit in relation to these corrective actions.
4. 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 a complaint about the standard of care provided and infection prevention and control procedures for a resident by Presbyterian Support Central-Brightwater Centre.

The purpose of the unannounced inspection undertaken on 1 February 2011 was to determine whether health care services being provided by Presbyterian Support Central-Brightwater Centre 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.

Corrective actions are required for the findings identified specific to the complaint and inspection in the following areas:

1. Organisational Management

The provider is required to ensure that:

- Staff are provided with the appropriate training to ensure incident forms are completed as required and reported for follow-up as per Presbyterian Support Central policy. All completed incident forms should be filed in the resident's file.

2. Continuum of Service Delivery

The provider is required to ensure that:

- Staff seek appropriate information and are able to access appropriate resources to enable effective assessment and interventions are undertaken.
- All consumers are assessed to ensure appropriate care and outcomes in accordance with policy, good practice guidelines, contracts and the Health and Disability Services Standards.
- Assessments are accurately documented, linked to the plan of care and evaluated to safely meet the needs of the consumer. Residents must be re-assessed according to their level of risk and change of condition and any changes to the level and type care required must be reflected in the residents care plan to guide staff.
- Documented short term care plans are developed to reflect changes to a resident's level of need/risk.
- All care plans need to be goal orientated, reflect the assessment and detail the support and interventions needed to achieve the desired outcomes. Required interventions and/or precautions are accurately communicated (staff shift handovers, Multidisciplinary team meetings, family) and documented, for all service providers to follow.

3. Infection Prevention and Control

The provider is required to ensure that:

- When adopting policy from other organisations, the provider needs to ensure that these policies are current, even if Presbyterian Support Central policy review date does not coincide.
- That staff have available and know how to access current local information regarding access to expertise in infection control/infectious disease/micorobiological advice and support.
- The Infection Prevention and Control Registered Nurse and team members receive continuing education in infection control and prevention.
- The revision of the staff education program is completed to ensure adequate staff training specifically for IPC.
- Consumer education occurs in a manner that recognises and meets the communication method, style and preference of the consumer.

Presbyterian Support Central - Brightwater Centre is required to complete the required corrective actions by 14 March and 14 April 2011. Ongoing monitoring will be undertaken by the District Health Board in conjunction with the Ministry of Health.