



Inspection Report

Kindred Rest Home Limited

Date of Inspection: 16 November 2012

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Executive summary

HealthCERT undertook an unannounced inspection at Kindred Rest Home on 16 November 2012 to determine whether health care services being provided by Kindred Rest Home Limited were being provided in compliance with section 9 of the Health and Disability Services (Safety) Act 2001 (the Act). That is, a person providing health care services of any kind must do so while meeting all relevant Health and Disability Services Standards (the Standards). The inspection identified 14 partially attained criteria against the Standards as well as a large number of concerns with the lack of ongoing maintenance.

The 14 areas of partial attainment were in: consumer rights, organisational management, continuum of service delivery and safe and appropriate environment.

Kindred Rest Home Limited must complete the required improvements identified at the inspection within the specified timeframes. Ongoing monitoring will be undertaken by Auckland District Health Board (DHB) in conjunction with the Ministry of Health (the Ministry).

Reasons for the inspection

The owner of Kindred Rest Home owns two certified facilities - Kindred Rest Home and Sylvia Park Rest home and Hospital. Sylvia Park Rest Home recently had a certification audit that resulted in eight standards not being met and 64 partially attained criteria.

The purpose of this inspection was to determine whether health care services being provided by Kindred Rest Home Limited at Kindred Rest Home were being provided in compliance with section 9 of the Act. 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'.*

Service description

Kindred rest home provides Aged Residential Care Rest Home services. The occupancy and capacity are outlined below:

Area	Occupied	Capacity
Rest Home	18	22
Total	18	22

Recent history

The provider currently has a three year certification, expiring August 2013. At the previous certification audit in 2010, nine criteria under the standards were partially attained, two of which were rated as high risk, one moderate risk and the remaining six low risk. Six of the nine partially attained criteria (including both high risk criteria) were within the Standard for safe and appropriate environment.

At the unannounced surveillance audit in January 2012, nine partially attained criteria and one unattained criteria were identified. The majority were within quality and risk management inclusive of the unmet criterion. There was one recurring criterion from the certification audit.

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 using the following methods:

- interview with owner of Kindred Rest Home
- individual staff interviews
- observation: during facility tour 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 inspection process
- clinical notes review: a sample of residents' notes was examined.

Entry meeting

Present; XXX XXX, Senior Advisor, HealthCERT; XXX XXX, Senior Advisor, HealthCERT; Ms Wen Ying Xu, Owner.

The inspection team arrived at the facility at 8.30am and a caregiver was asked to phone the owner (Ms Wen Ying Xu) as it was established that the rest home manager was on annual leave. The letter of introduction addressed to Wen Ying Xu was provided to her.

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

Tour of the facility

The service operates from an older style building that would require considerable maintenance to ensure risks were minimised. There was considerable wear and tear of walls, doors and skirting boards. The main front door entrance was a ranch slider that had sustained a large crack through the glass. The internal area was carpeted, except for the bathroom/toilet areas, which had vinyl on the floors. Hand basins sighted in the laundry, kitchen and staff/visitors toilet were in poor condition, dirty and difficult to keep clean. Household rubbish bins in the toilets and shower were dirty and were not well maintained. Wallpaper was peeling off behind the toilets and this area could not be cleaned satisfactorily.

Residents' rooms were cluttered, with painting equipment and old curtains and furniture, making it difficult for residents to move comfortably around their bedspace. Several net curtains in the residents' rooms were torn and in poor condition. Latches on the bedroom windows were broken.

There was a small sun room that had a fire exit door. On the day of the inspection resident armchairs were placed in front of the exit door, preventing residents or staff from exiting in an emergency.

A number of other examples of poor maintenance were sighted and included: a broken door and cupboard handles, broken cupboard doors, laundry door with no door handle, torn wallpaper and dirty skirting boards. One of the communal showers was out of action and the shower room contained a variety of old painting containers and maintenance equipment. The remaining communal shower was in poor condition and could not be cleaned satisfactorily. There was no provision of a safe chemical dispensing system. On the day of the inspection there were two bottles of chemicals on the toilet floor.

The facility had a small garden area at the rear of the building which could be accessed via the laundry. Chemicals were stored in an unlocked cupboard in the laundry. The laundry door could not be secured as there was no door handle.

The garden was overgrown. The rusty commode noted in the surveillance audit report was lying in the outside area adjacent to the washing line.

Drains outside the laundry area were filthy and appeared to be covered in slime and debris.

One of the decks was very slippery and residents could not use this in winter. There was no shade or cover for resident use in external areas.

Inspection findings

The following areas of non-compliance against the Standards were identified on the day of the inspection as listed below:

Consumer rights

Standard/Criteria	
<p>1.1.2.1 The Code of Health and Disability Services Consumers' Rights is clearly displayed and easily accessible to all consumers.</p>	<p>Finding: Partially Attained There was no clear display of the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights</p> <p>Corrective Action Requirement: Ensure the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights is displayed.</p>
<p>1.1.11.1 Consumers are informed of their rights to an independent advocate, how to access them, and their right to have a support person/s of their choice present.</p>	<p>Finding: Partially Attained There was no advocacy information for residents or families displayed or available at the facility.</p> <p>Corrective Action Requirement: Ensure consumers are informed of their rights to an independent advocate and how to access an advocate.</p>

Organisational management

Standard/Criteria	
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<p>1.2.3.9 Actual and potential risks are identified, documented and where appropriate communicated to consumers, their family/whānau of choice, visitors, and those commonly associated with providing services. This shall include:</p> <p>(a) Identified risks are monitored, analysed, evaluated, and reviewed at a frequency determined by the severity of the risk and the probability of change in the status of that risk.</p> <p>(b) A process that addresses/treats the risks associated with service provision is developed and implemented.</p>	<p>Finding: Partially Attained There was no evidence of a hazard assessment, a register/log of current hazards and the review process.</p> <p>Corrective Action Requirement: Ensure adequate protective equipment for staff is available at all times.</p>
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Continuum of service delivery

Standard/Criteria	
<p>1.3.4.2 The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.</p>	<p>Finding: Partially Attained Although assessments were carried out, there was no documentation for reassessment when a resident had been having falls, and therefore no change to care documentation/delivery.</p> <p>Corrective Action Requirement: Ensure reassessment is carried out when resident acuity changes.</p>
<p>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.</p>	<p>Finding: Partially Attained Care plans were relevant but did not have any resident or family involvement.</p> <p>Corrective Action Requirement: Ensure there is involvement and communication with residents and families in the development of care plans.</p>
<p>1.3.7.1 Activities are planned and provided/facilitated to develop and maintain strengths (skills, resources, and interests) that are meaningful to the consumer.</p>	<p>Finding: Partially Attained There was evidence of excellent activity planning and documentation up until May 2012, since this time no documentation had been carried out, and activities have been limited.</p> <p>Corrective Action Requirement: Ensure activities are planned and provided/facilitated that are meaningful to the consumers.</p>

Safe and Appropriate Environment

Standard/Criteria	
<p>1.4.1.6 Protective equipment and clothing appropriate to the risks involved when handling waste or hazardous substances is provided and used by service providers.</p>	<p>Finding: Partially Attained Non disposable aprons for staff use were heavily stained and perished, and disposable aprons were available only in the emergency supply.</p> <p>Corrective Action Requirement: Ensure adequate protective equipment for staff is available at all times.</p>
<p>1.4.2.2 Where there is a requirement under the New Zealand Building Code there is</p> <p>(a) A current Building Warrant of Fitness for older buildings; or</p> <p>(b) A code of compliance certificate and certificate of public use for new buildings.</p>	<p>Finding: Partially Attained Building Warrant of Fitness expired 29 September 2012.</p> <p>Corrective Action Requirement: Ensure there is a current Building Warrant of Fitness for the facility.</p>
<p>1.4.2.3 Amenities, fixtures, equipment, and furniture are selected, located, installed, and maintained with consideration of consumer and service provider safety, needs, and abilities.</p>	<p>Finding: Partially Attained Resident's rooms were cold, unclean, cluttered and net curtains on windows had holes in them.</p> <p>Bathroom off main lounge full of painting equipment and old curtains and furniture and was unable to be used.</p> <p>A shower floor was dirty and the drain blocked - on occasion staff have been issued with a plunger to clear this.</p> <p>Toilets had leaking taps.</p> <p>Carpets were vacuumed daily but appeared dirty.</p> <p>Main lounge - smoke stop doors were wedged open. Alarm system appeared to be disconnected.</p> <p>Sun lounge – fire exit doors were blocked by chairs.</p> <p>Corrective Action Requirement:</p> <p>Ensure the following:</p> <ol style="list-style-type: none"> i. Bathroom off main lounge needs to be cleared of junk and reinstated as bathroom. ii. Repair leaking taps. iii. Clean dirty lounge carpet. iv. Ensure smoke stop doors are not wedged open. v. Remove the chairs in front of the emergency exit vi. Review alarm system and reconnect.
<p>1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>Finding: Partially Attained The outside area was dirty and unkempt. There was a broken commode chair outside adjacent to the washing line. Pathways were filled with slime and appeared not to have been cleaned for some time. Drains were filthy and there was a build-up of green slime.</p>

	<p>There was an external wooden staircase leading to the flat above the rest home. The wood had rotted over time and appeared to be very unsafe.</p> <p>There was minimal shade protected area of a deck for residents to use as an external environment.</p> <p>Corrective Action Requirement: Ensure:</p> <ul style="list-style-type: none"> i. The broken commode chair is correctly disposed of. ii. Clean slime from pathways iii. Ensure the wooden staircase to upstairs flat is inspected and repaired/replace if necessary. iv. Provide shade on the only outside decking area.
<p>1.4.3.3 Consumers, service providers and visitors are provided with adequate hand washing facilities to ensure compliance with infection control policies.</p>	<p>Finding: Partially Attained</p> <p>The staff toilet was filthy and accessible to residents. Two bottles of chemicals were on the floor behind the toilet. A dirty hand towel was at the sink to dry hands.</p> <p>There was no specific hand washing facility other than the sink in the kitchen.</p> <p>Corrective Action Requirement: Ensure</p> <ul style="list-style-type: none"> i. chemicals are stored in appropriate safe storage. ii. clean hand towels are available at all times in staff toilet.
<p>1.4.3.4 Fixtures, fittings, floor, and wall surfaces are constructed from materials that can be easily cleaned, which are in line with infection prevention guidelines.</p>	<p>Finding: Partially Attained</p> <p>The skirting boards, and household rubbish bins in toilets and showers, appeared dirty and were not well maintained. Wallpaper was peeling off behind some toilets and this area could not be cleaned satisfactorily.</p> <p>Corrective Action Requirement: Replace wallpaper which is peeling and clean all skirting boards and household rubbish bins in the communal showers and in all resident toilets.</p>
<p>1.4.6.2 The methods, frequency, and materials used for cleaning and laundry processes are monitored for effectiveness.</p>	<p>Finding: Partially Attained</p> <p>The kitchen appeared to be generally clean. However there were residents' personal shavers, dressing materials and diabetic glucometers in a drawer.</p> <p>Laundry-washing line – personal clothing on line appeared to have been there for days, very dried and had suffered extreme weather exposure. The laundry door to the outside was filthy, step covered in green slime. Non disposable aprons for staff use were filthy. A domestic washing machine and dryer were the only source of laundry equipment.</p> <p>Corrective Action Requirement: Review and upgrade cleaning and the laundry environment and processes.</p> <p>Discard non-disposable aprons and supply appropriate aprons for this area.</p>

<p>1.4.6.3 Service providers have access to designated areas for the safe and hygienic storage of cleaning/laundry equipment and chemicals.</p>	<p>Finding: Partially Attained</p> <p>The cupboard storing chemicals next to the laundry was open, and chemicals were in an unlocked cupboard under sink in laundry. In the staff/visitor toilet, two bottles of chemicals on floor behind toilet.</p> <p>Corrective Action Requirement:</p> <p>Take remedial action to ensure the laundry door can be closed. Clean out the cupboard where chemicals are stored and install a locking device on the cupboard. Keep chemicals locked away safely at all times.</p>
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Summation meeting

A summation meeting was attended by: Ms Wen Ying Xu, owner; XXX XXX, Senior Advisor, HealthCERT; XXX XXX, Senior Advisor, HealthCERT; XXX XXX, Auckland DHB Portfolio Manager.

The lead Senior Advisor thanked the facility personnel 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.

The lead Senior Advisor expressed concern about the overall condition of the facility, in particular, that the overall condition of the facility was extremely poor.

Ms Wen Ying Xu advised those present that there was a business plan in place. This involved a major renovation project for Kindred Rest Home. The intention was to relocate all residents to Sylvia Park Rest Home and Hospital (the other facility owned by Ms Xu). Ms Wen Ying Xu advised that Sylvia Park Rest Home and hospital was in the process of opening a new wing. Some of the residents had already transferred to Kindred Rest Home from Sylvia Park Rest Home and Hospital. The plan was to relocate all the Kindred residents once the new wing was finished and a verification audit completed. The lead Senior Advisor confirmed that there would be findings against the Standards. The process for the preparation of the report was explained and the provider was also informed that the inspection report would be published on the Ministry website.

Conclusion

The unannounced inspection of Kindred Rest Home was focussed on whether the relevant Standards were being met. It was determined that Kindred Rest Home Limited was not providing a safe and appropriate environment as set out in Standard 1.4. (Safe and Appropriate Environment).

It was agreed that the residents residing at Kindred Rest Home should be transferred to Sylvia Park Rest Home and Hospital when the new wing was ready to occupy. Ms Wen Ying Xu was advised that a transitional plan with timeframes agreed by the DHB and HealthCERT would be required.

Appendix 1

Documents requested	Documents supplied
<ul style="list-style-type: none"> • Staffing and skill mix policy • Rosters (last month and this month) • Abuse and neglect policy • Complaints management policy • Complaints records for the last six months • Clinical assessment tools in current use • Staff training records and in-service training programme • List of staff with current first aid certification • List of staff with current medication competency • Quality and risk management plan • Emergency response policy • Incident and accidents records for the last six months • Minutes of staff meetings • Minutes of quality meetings • Resident files. • Staffing and skill mix policy • Rosters (last month and this month) • Abuse and neglect policy • Complaints management policy • Complaints records for the last six months • Clinical assessment tools in current use • Staff training records and in-service training programme • List of staff with current first aid certification • List of staff with current medication competency • Quality and risk management plan • Emergency response policy • Incident and accidents records for the last six months • Minutes of staff meetings • Minutes of quality meetings • Resident files. 	<ul style="list-style-type: none"> • Staffing and skill mix policy • Rosters (last month and this month) • Complaints records for the last two months • Staff training records and in-service training programme • List of staff with current first aid certification • List of staff with current medication competency • Quality and risk management plan • Incident and accidents records for the last two months • Minutes of staff meetings • Minutes of quality meetings • Resident files • Completed resident satisfaction survey.