



Inspection Report

Cressida Care Limited - Lady Alice

Date of Inspection: 3 October 2012

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Executive summary

HealthCERT undertook an unannounced inspection at Lady Alice Rest Home on 3 October 2012 to determine whether health care services being provided by Cressida Care Limited - Lady Alice 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 while meeting all relevant Health and Disability Services Standards (the Standards).

The inspection identified nine areas of non-compliance with the Standards. Three of the findings were identified at the surveillance audit and have been included in this report due to the increased risk of ongoing non-compliance.

The nine areas of non-compliance were: advanced directives, complaint management, qualified manager, adverse event reporting, caregiver education, staffing levels and skill mix, coordination and documentation of care, reassessment of residents, and infection prevention and control.

Cressida Care Limited - Lady Alice must complete the required improvements identified at the inspection and complete the corrective actions identified in the surveillance audit that occurred in August 2012. Ongoing monitoring will be undertaken by Auckland District Health Board (DHB) in conjunction with the Ministry of Health (the Ministry).

Reasons for the inspection

Four facilities in the Cressida Care Limited group have been inspected by the Ministry. A number of similar findings were identified across all four facilities and are of significant concern as they impact directly on resident care and safety. These include lack of clinical input into decision making at governance and facility level and low staffing levels.

The recent surveillance audit demonstrated a significant slippage in meeting the standards. There was an increase in the number of non-attained criteria against the Standards, and increased risk levels.

The purpose of this inspection was to determine whether health care services being provided by Cressida Care Limited - Lady Alice 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 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'.*

Recent history

The provider is currently certified to provide rest home services for two years with an expiry

date of 3 November 2013. The 2011 certification audit resulted in 13 partially attained criteria against the Standards. There were four recurring criteria from the previous audit, in medication, environment and infection control standards. Five criteria were rated moderate risk and the rest low risk.

The unannounced surveillance audit on 13 August 2012 resulted in 21 partially attained criteria against the Standards. Seven criteria were recurring from the 2011 audit. The criteria that were partially attained were: content of advance directives, resident assessments and care planning, medicine management, infection control policy, signing of agreements, the complaints process, input by residents and families to care planning, the quality and risk management programme, performance appraisals, food services, painting of some surfaces, and training for staff on abuse, neglect and challenging behaviour. Nine criteria were rated moderate risk and 12 rated low risk.

Service description

Lady Alice rest home provides Aged Residential Care Rest Home services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Rest Home	13	
YPD	5	
Total	18 (two residents are currently admitted to Auckland City Hospital)	39

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 Facility Manager
- interview with the General Manager
- interview with Registered Nurse
- individual staff interviews
- relative/resident 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, Facility Manager; XXX XXX, General Manager; XXX XXX, Senior Advisor, HealthCERT; and XXX XXX, Senior Advisor, HealthCERT.

The inspection team arrived at the facility at 8.30am and a caregiver was asked to phone the Manager. A copy of the letter of introduction addressed to XXX XXX was provided to her.

A proposed agenda for the day was discussed 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.

Inspection findings

The following areas of non-compliance against the Standards were identified on the day of the inspection. Corrective Action Requirements (CARs) are listed below:

Consumer rights

Standard/Criteria	
1.1.10.7 Advanced directives that are made available to service providers are acted on where valid.	<p>Finding: Partially Attained</p> <p>This criterion was raised at the recent surveillance audit and it was noted that the documentation for advance directives was still not correct. There was evidence of residents and EPOAs still signing advance directives. The GP had signed on one file that resident was not competent to sign yet there was a resident signature and family member signature, and a witnessing signature of the facility manager.</p> <p>CAR:</p> <p>Ensure that consent, advanced directives and resuscitation documentation is clear and compliant with the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code).</p>
1.1.13.3 An up-to-date complaints register is maintained that includes all complaints, dates and actions taken	<p>Finding: Partially Attained</p> <p>This criterion was raised at the August 2012 surveillance audit and it was noted that the complaint process still had resolutions outstanding. There was one complaint in respect of the staff not answering the telephone. The complainant was a family member. There was one staff member on duty from 2000-0700 hours. The recommendation was for a portable phone so staff could have it in their pocket to respond to calls and be able to make calls in an emergency. Two months later the phone was still not purchased.</p> <p>CAR:</p> <p>Implement review findings from the complaints and communicate changes to staff.</p> <p>Complaint process must be completed within time frames as per policy.</p>

Organisational management

Standard/Criteria	
1.2.1.3 The organisation is managed by a suitably qualified and/or experienced person with authority, accountability and responsibility for the provision of services	<p>Finding: Partially Attained</p> <p>The current Facility Manager (non-clinical) had no training or support until recently to undertake the manager role. The registered nurse (RN) hours were insufficient to support the manager. The new general manager has recommended that the Facility Manager must be an RN with a current Annual Practicing Certificate.</p> <p>CAR:</p> <p>Secure the timely recruitment of an experienced RN to undertake the Facility Manager role.</p>
1.2.4.3 The service provider documents adverse, unplanned, or untoward events including service	<p>Finding: Partially Attained</p> <p>RN assessments were not occurring following an adverse event or incidents. Family communication and notifications were inconsistent after an adverse event.</p>

<p>shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.</p>	<p>CAR: RN to assess and review all adverse events and staff to notify family of the adverse event in a timely fashion.</p>
<p>1.2.7.5 A system to identify, plan, facilitate and record ongoing education for service providers to provide safe and effective services to consumers</p>	<p>Finding: Partially Attained Caregiver (CG) staff had not completed ACE and/or dementia training as per Age-Related Residential Care (ARRC) agreement. CAR: All CG staff to have completed ACE training as per the ARRC agreement.</p>
<p>1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.</p>	<p>Finding: Partially Attained The ARRC agreement states that an RN is required to be on call 24/7. There is no on call RN for the facility. Between hours 2000-0700 there is only one CG on duty, and no caregiver rostered to provide on call assistance as required. The RN at interview confirmed that she was not involved or consulted re staff roster. The rosters were examined and revealed those CG hours were approximately 13 hours per week short for direct care for residents, as per The New Zealand Handbook "Indicators for Safe Aged-care and Dementia-care for Consumers" (SNZ HB 8163:2005). With the additional duties that CGs were required to do in the kitchen, laundry and cleaning, there was an approximated 40 hours shortfall in CG hours per week. New Zealand Standards Handbook, "Indicators for Safe Aged-care and Dementia-care for Consumers", (SNZ HB 8163:2005) notes there should be a minimum of 2 hours RN input per week for each rest home resident. RN hours were 20 hours per week. There was no specific time allocated for RNs to carry out the roles of Infection Prevention and Control or Restraint Management. CAR: Ensure that policy and rationale for staff levels is a clinical responsibility and that they clearly define provision for safe service delivery. Ensure that on call processes are available, known to all staff and meet the ARRC agreement.</p>

Continuum of service delivery

<p>Standard/Criteria</p>	
<p>1.3.3.4 The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach</p>	<p>Finding: Partially Attained Progress notes were not completed by caregivers regularly to inform handover and as a record of care delivered. There was no RN notation in the progress notes that demonstrated they had read the residents' progress reports. CAR: Ensure progress notes are written in an accurate and timely manner for all residents by CGs and RN.</p>
<p>1.3.4.2 The needs, outcome, 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 This criterion was identified in the August 2012 surveillance audit. There were a large number of residents who required reassessment due to changes in physical condition, increasing personal safety needs resulting in the need for a secure facility. CAR: All residents require an urgent reassessment by the DHB Needs Assessment and Service Coordination service.</p>
<p>1.3.6.4 The consumer receive safe and respectful services in accordance with</p>	<p>Finding: Partially Attained There are a large number of residents in the facility whose physical and mental acuity has changed, resulting in the need for re-assessment and</p>

current accepted good practice and which meets their assessed needs and desired outcomes	a higher level of care. CAR: As for 1.3.4.2
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Infection prevention and control

Standard/Criteria	
3.1.1 The responsibility for infection control is clearly defined and there are clear lines of accountability for infection control matters in the organisation leading to the governing body and/or senior management.	<p>Finding: Partially Attained</p> <p>The Infection Control coordinator was the part time RN who has had no external infection control training provided. The Facility Manager (non-clinical) is to ensure that infection control monitoring occurs and report to the general manager. There was no evidence of corrective actions or improvements.</p> <p>CAR:</p> <p>Ensure RN receives training in Infection Prevention and Control to undertake the co-ordinator role.</p>

Summation meeting

A summation meeting was attended by: XXX XXX, Facility Manager; XXX XXX, General Manager; XXX XXX, Senior Advisor, HealthCERT; XXX XXX, Senior Advisor, HealthCERT; XXX XXX, Auckland DHB Portfolio Manager; and XXX XXX, Acting Director of Nursing, Auckland DHB.

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 large number of residents in the rest home who were requiring a higher level of care. There were a number of residents with dementia and it was evident that five residents physical health was deteriorating with a subsequent need for a higher level of care.

The staff informed the Advisors that a number of residents required a secure facility as they would leave the facility if the front door was open and unlocked. For most residents the locked door and the need to use a key pad to exit represented an environmental restraint.

The DHB was asked to arrange a re assessment of all residents to establish their current care needs. The lead Senior Advisor confirmed that there would be findings against the Health and Disability Services 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 of Health website.

Cressida Care Limited - Lady Alice is required to take the above corrective actions to improve compliance against the Health and Disability Services Standards.

Conclusion

The unannounced inspection was focussed on whether the Health and Disability Services Standards were being met.

The following were the outcomes from the inspection:

Organisational management:

- complaint recommendations and actions were not completed
- the manager of the facility was non-clinical and there were minimal RN hours to support the manager in delivering a safe level of residential care
- there was insufficient appointment of appropriate service providers to safely meet the needs of consumers
- there were no arrangements for 24/7 RN on call cover and caregivers to be on call that were known to all staff.

Continuum of service delivery:

- progress reports were not regularly recorded and there was no regular RN review of progress notes
- all residents required urgent reassessment by the Needs Assessment and Service Coordination service to ensure they are in the appropriate facility.

Infection prevention and control:

- the RN training for infection prevention and control activity was not available or supported.

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: as identified in the Inspection Report must be submitted to the Auckland District Health Board by 20 November 2012.
2. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.1.10.7, 1.1.13.3, 1.2.1.3, 1.2.4.3, 1.2.7.5, 1.2.8.1, 1.3.3.4, 1.3.4.2, 1.3.6.4, 3.1.1 as identified in the Inspection Report must be submitted to the Auckland District Health Board by 20 November 2012.
3. HealthCERT may elect to carry out an inspection 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.

Appendix 1: Documents requested and supplied

Documents Requested

- 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.
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- Staff training records and in-service training programme
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- Quality and risk management plan
- Emergency response policy
- Incident and accidents records for the last six months
- Minutes of staff meetings

Documents Supplied

- 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.

- Minutes of quality meetings
- Resident files.