



Final Inspection Report

Cressida Eltham Limited –
Mercy Jenkins Care Centre

Date of Inspection: 30 July 2012

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Executive summary

HealthCERT undertook an unannounced inspection at Mercy Jenkins Care Centre on 30 July 2012 to determine whether health care services being provided by Cressida Eltham Limited 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 outcome of the unannounced inspection identified areas of non-compliance with the Health and Disability Services Standards (the Standards), with seven partially attained.

These findings were in the areas of: quality and risk management, staffing levels and skill mix, evaluation of care, provision of activities, external environment, and infection prevention and control.

Cressida Eltham Limited must complete the required improvements to ensure compliance against the Standards. Ongoing monitoring will be undertaken by Taranaki District Health Board (DHB) in conjunction with the Ministry of Health.

History:

Cressida Eltham Limited purchased the Mercy Jenkins Care Centre in January 2010.

In October 2010 the Ministry was notified of a serious incident concerning two residents missing from the secure dementia unit, resulting in the death of one resident.

The facility manager left the service in June 2011 and was not immediately replaced. Taranaki DHB appointed a temporary manager for the months of November and December 2011. A new manager was appointed in January 2012.

The certification audit undertaken in May 2011 resulted in two low-risk partially attained criteria against the Standards, with one a recurrence with a different corrective action requirement. The provider was issued with a three-year certification which is due to expire 30 July 2014. There is a surveillance audit required three months either side of 29 December 2012.

Service description

Cressida Eltham Limited provides aged residential care rest home services including dementia services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Rest Home	15	20
Dementia Unit	9	17
Total	24	37

Reasons for the inspection

The purpose of the inspection was to determine whether health care services provided by Cressida Eltham Limited were 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 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 and XXX XXX, Senior Advisors, HealthCERT under the delegated authority of the Director-General of Health.

Methodology

The inspection was conducted to determine if healthcare services were being provided in compliance with section 9 of the Act. Findings are according to the Health and Disability Services Standards NZS8134:2008 (the Standards).

The inspection was conducted using the following methods:

- interview with 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 appendix for a list of documents that were requested as part of the inspection process.
- clinical Notes review: a sample of residents' notes.

Entry meeting

Present: Isobel Marehu, Facility Manager, XXX XXX, Senior Advisor HealthCERT, and XXX XXX, SeniorAdvisor, Advisor HealthCERT.

A copy of the letter of introduction addressed to the manager was provided to Isobel Marehu at 0830 hours.

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

Summation meeting

A summation meeting was attended by: Isobel Marehu, Facility Manager, Registered Nurse, XXX XXX, Portfolio Manager, Taranaki DHB, XXX XXX, Senior Advisor, HealthCERT and XXX XXX, Senior Advisor, HealthCERT.

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 Advisor confirmed that there would be findings against the Health and Disability Services standards as per the following table.

Inspection findings

The following areas of non-compliance against the Standards were identified on the day of the inspection.

Organisational management

Standard/ Criteria	
<p>1.2.3.6 Quality improvement data are collected, analysed, and evaluated and the results communicated to service providers and, where appropriate, consumers.</p>	<p>Finding: Partially Attained Although complaints and incident and accidents are fully reported and actioned these are not linked into quality improvements for residents and education for staff. Quality and Risk meeting minutes were examined, and there was no evidence of resident/family meetings</p> <p>CAR: Ensure that data collected is analysed, evaluated and is linked into quality improvements for residents and for staff education. Ensure that resident/family meetings occur on a regular basis.</p>
<p>1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.</p>	<p>Finding: Partially Attained The Registered Nurse (RN) continues to keep her competency level by working alternate weekends at a hospital, which also links her into the DHB education program, Cressida does not have a program for RNs, to ensure continuing clinical competence.</p> <p>The facility has a dedicated activities Health Care Assistant (HCA) who has not trained nor undertaking training in diversional therapy. She does however in her own time link with other diversional therapists in the area, in order to obtain support and training.</p> <p>CAR: Ensure that RN staffs are linked into the DHB education program. Ensure that the activities HCA is provided with a diversional training program.</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>Service provider levels of direct care work in order to provide safe service delivery when considered with care staff allocated hours for kitchen, laundry and cleaning duties, had approximately 70 hours shortfall in HCA hours.</p> <p>There is no allocated time for the RNs to carry out Infection Prevention and Control or Restraint coordination roles.</p> <p>CAR: Ensure that policy and rationale for staff levels is a clinical responsibility and that they clearly define provision for safe service delivery.</p>
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Continuum of service delivery

Standard/ Criteria	
<p>1.3.3.1 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is undertaken by suitably qualified and/or experienced service providers who are competent to perform the function.</p>	<p>Finding: Partially Attained</p> <p>A resident had returned from hospital XXX XXX (Friday), but he was not assessed by an RN until Monday. The progress notes and care plan did not reflect changes in treatment or medications post the hospital assessment, and there was no discharge summary on file.</p> <p>A resident had no behaviour management strategies regarding aggressive behaviour for staff to follow in the care plan or short term care plan. The resident had been seen by the General Practitioner (GP) but a note to review for dementia level care assessment was not followed up. This was addressed immediately by the RN when it was pointed out at the inspection.</p> <p>A resident had a falls risk assessment as moderate however in the short term care plan the risk was assessed as high. The resident had had two recent falls. Staff were using a wheel chair as the resident was not mobilising well, the care plan did not update staff in respect of this.</p> <p>CAR: Ensure that residents returning to the facility post Emergency Department or Hospital treatment are assessed by an RN and care plans updated to ensure currency of cares.</p> <p>Ensure that changes to resident needs are documented and updated in 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</p> <p>The HCA dedicated to this role also assists with cares in the rest home and medications and does the weekly staff rosters. This impacts on the time she has available to carry out activities and is reflected in resident activities plans not being reviewed as per policy.</p> <p>The dementia unit does not have dedicated time allocated for residents within the unit. HCAs carry out activities for residents as time allows. To assist the activities coordinator takes a few residents into the rest home so that they can join in activities.</p> <p>CAR: Ensure that there are sufficient hours allocated to all areas of the facility to ensure residents have their activities needs met, and that activities plans are kept up to date and relevant.</p>

<p>1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.</p>	<p>Finding: Partially Attained The facility did not have a copy of the "Medicines Care Guidelines for Residential Aged Care" for staff to refer to and the competency for HCA was not meeting these guidelines. The Manager obtained a copy for RNs to follow immediately and a plan was put in place for staff training for medication competency.</p> <p>Recommendation: That the facility aligns staff training and competency with the "Medicines Care Guidelines for Residential Aged Care" and initiate staff training.</p>
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Safe and appropriate environment

Standard/ Criteria	
<p>1.4.2.6 Consumers are provided with safe and accessible external areas that meet their needs.</p>	<p>Finding: Partially Attained It was observed during the inspection that dementia unit residents were taken from the unit to join in rest home activities. During this transition these residents are not always escorted by staff, and are left to make their own way to the main lounge, passing the main external door. One incident report highlights a dementia unit resident found out in rest home garden and the resident being brought back to the secure unit.</p> <p>The Dementia Unit garden fence is low in places and could be scaled by a resident.</p> <p>CAR: Ensure that residents in the secure unit are escorted by staff when being transferred for any reason.</p> <p>Ensure resident safety is maintained when using the external garden area.</p>

Infection prevention and control

Standard/ Criteria	
<p>3.1.8 There is a clear process for early consultation and feedback with the infection control person/team, when significant changes are proposed to staffing, practices, products, equipment, the facility, or the development of new services.</p>	<p>Finding: Partially Attained HCAs assist in the kitchen; carry out laundry duties (this week due to the heavy duty washing machine breaking down the linen is now being sent out to a commercial laundry, however all personal laundry is still washed on site). HCAs also carry out all cleaning for the facility over the 24hours and assist with food service at meal times.</p> <p>Due to the change in laundry process, there is a need for non-permeable linen bags to use for dirty linen to be transferred in and universal coloured bags for different types of soiled linen. Staffs also need adequate protective clothing for sluicing heavily soiled linen prior to sending it to the external laundry.</p> <p>These changes approved by Head Office have not had an Infection Prevention and Control assessment to ensure safety by the the clinical infection prevention and control coordinator or staff training, with regard to cross infection between roles.</p> <p>CAR: Ensure infection prevention and control processes are monitored and evaluated to ensure effectiveness.</p> <p>Ensure senior clinical consultation prior to change in staff practices, use of</p>

	differing products, equipment, or the development of new services.
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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:

- complaints and incidents /accidents were not linked into quality improvements for residents and staff education
- resident/ relative meetings were not occurring
- registered nursing staff were not provided with an education programme or linked into the Taranaki DHB programme
- the activities health care assistant had no training programme in place
- There was insufficient appointment of appropriate service providers to safely meet the needs of consumers.

Continuum of service delivery:

- the lack of updating of assessments following changes to treatment resulted in care plans not being current
- care plans did not reflect changes in acuity or events requiring short-term care plans or alteration in care
- there were insufficient hours allocated to all areas of the facility to ensure residents had their activities needs met, and that activities plans are kept up to date and relevant
- the medicines management system did not fully meet guidelines with regard to staff training and competency.

Safe and appropriate environment:

- residents being transferred from the secure unit needed to be escorted by staff at all times
- resident safety in the secure unit's outdoor area required reassessment.

Infection prevention and control:

- changes approved by head office had not been assessed as meeting Infection Prevention and Control practices
- senior clinical consultation had not been carried out prior to change in staff practices, use of differing products or equipment, or the development of new services.

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 Taranaki District Health Board by 20 September 2012.
2. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.2.3.6, 1.2.7.3, 1.2.8.1, 1.3.3.1, 1.3.7.1, 1.4.2.6, 3.1.8 as identified in the Inspection Report must be submitted to the Taranaki District Health Board by 20 September 2012.
3. HealthCERT may elect to carry out an 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.

Appendix 1: Documents requested

- 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.