

Final Inspection Report

Springlands Retirement Village Limited

Date of Inspection: 3 September 2012

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Executive summary

On 27 August 2012 HealthCERT received a complaint about the standard of care provided by Springlands Retirement Village Limited to residents at Springlands Lifestyle Village.

The complainant's allegations related to: consumer rights, low staff levels, quality and risk management, including the internal audit process, care planning, nutrition, medication management, pain management, complaints management, open disclosure, communication and response to emergency situations.

HealthCERT undertook an unannounced inspection at Springlands Lifestyle Village on 3 September 2012 to determine whether health care services provided by Springlands Retirement Village 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 unannounced inspection identified areas of non-compliance with the standards relevant to the allegations in the complaint. This inspection reports on exception findings relevant to the complaint. There were 21 partially attained criteria against the relevant standards. These findings were in the areas of: open disclosure, complaint management, clinical management, quality and risk management, staff training, staffing levels and skill mix, staff appraisal, assessment and evaluation of care, activities, medication management, multidisciplinary referral and infection prevention and control.

Because of insufficient clinical oversight for residents, there was due cause to have an appointment of a clinical consultant. This was addressed immediately by the provider in consultation with Nelson Marlborough District Health Board (DHB).

The complainant's allegations were in part substantiated as per the findings in this report. Springlands Retirement Village Limited must complete the required improvements to ensure compliance against the Health and Disability Services Standards. Ongoing monitoring will be undertaken by Nelson Marlborough DHB in conjunction with the Ministry of Health (the Ministry).

Background

On 27 August 2012 the Ministry received a complaint which alleged Springlands Retirement Village Limited could be in breach of its obligations as a certified provider under the Health and Disability Services (Safety) Act 2001 to provide services at Springlands Lifestyle Village. The complainants' allegations related to:

- consumer rights
- low staff levels
- quality and risk management, including internal audit process
- care planning
- nutrition
- medication management
- pain management
- complaints management
- open disclosure
- communication
- response to emergency situations.

The complaint related, but was not limited, to the following Health and Disability Services Standards (HDSS):

- HDSS 1.1 Consumer Rights
- HDSS 1.2 Organisational management
- HDSS 1.3 Continuum of Service Delivery
- HDSS 1.4 Safe and Appropriate Environment

Service description

Springlands Retirement Village Limited provides Aged Residential Care Hospital (Geriatric and Medical) and Rest Home services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	6	21
Rest Home	37	32
Swing Beds	(3)	(21)
(Apartment Rest Home)	(2)	
Total	44	53

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Springlands Retirement Village 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 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; and*
- (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 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 was audited.

Limitations

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

Entry meeting

Present: XXX XXX, Facility Manager; XXX XXX, Senior Advisor, HealthCERT; and XXX XXX, Senior Advisor, HealthCERT.

A copy of the letter of introduction addressed to XXX XXX, Manager, was provided to XXX XXX, Assistant Manager, at 0830 hours.

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.

Summation meeting

A summation meeting was attended by: XXX XXX, Manager; XXX XXX, Senior Advisor HealthCERT and XXX XXX, Senior Advisor HealthCERT.

The Lead Advisor thanked the facility Manager for the facility's 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.

Consumer rights

Standard/ Criteria	
1.1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.	<p>Finding: Partially Attained</p> <p>No evidence of Open Disclosure policy.</p> <p>Six of seven files reviewed had no documentation of communication with families, or notification post incidents/accidents written on them.</p> <p>Corrective Action Requests:</p> <p>Ensure there is an open disclosure policy.</p> <p>Ensure that communication with families is carried out and documented.</p>
1.1.10.1 Informed consent policies/procedures identify: (a) Recording requirements; (b) Information (including documentation) to be provided to the consumer by the service;	<p>Finding: Partially Attained</p> <p>There is a "not for resuscitation orders" process which is completed for each resident, in three of seven files these were completed by family members or Enduring Power of Attorney (EPOA). Advanced Directives must only be completed by the person to whom they relate.</p> <p>Where EPOA had been enacted these were not in the resident's file.</p> <p>Corrective Action Requests:</p> <p>Ensure the process for advanced directives and resuscitation consent is</p>

	<p>amended to meet the standard.</p> <p>Ensure that EPOA documents are in resident files.</p>
<p>1.1.13.1 The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.</p>	<p>Finding: Partially Attained</p> <p>There were no complaint forms available at reception as evidenced on the day of the audit.</p> <p>There was no evidence of the correct time frame for response to a complaint. The clinical nurse manager did not address any clinical issues within complaints. The complaints process did not comply with Right 10 of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights. (the Code)</p> <p>Corrective Action Requests:</p> <p>The complaints process needs to be reviewed to ensure it meets the requirement of the Code.</p>
<p>1.1.13.3 An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.</p>	<p>Finding: Partially Attained</p> <p>There was no hard copy complaints register available to review. The complaints register was held on a computer. When evidenced not all dates and actions taken had been completed.</p> <p>Corrective Action Requests:</p> <p>Ensure that all complaints are responded to within the required time frame.</p> <p>Ensure the complaints register is kept up to date at all times.</p>

Organisational management

Standard/ Criteria	
<p>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>	<p>Finding: Partially Attained</p> <p>The facility manager is non-clinical and has limited experience in aged care. The manager has attended one aged care conference.</p> <p>As per interview the Clinical Nurse Manager confirmed that she had only recently (nine weeks) been promoted to the Clinical Nurse Manager CNM role. Prior to this she had three years' experience in a rest home and DHB combined specific to aged care.</p> <p>Corrective Action Requests:</p> <p>Ensure the clinical manager completes at least eight hours annually of professional development activities related to managing a hospital as per the ARC agreement; D17.4 B (i).</p> <p>Ensure that the non-clinical manager is supported by an experienced clinical leader.</p>
<p>1.2.2.1 During a temporary absence a suitably qualified and/or experienced person performs the manager's role.</p>	<p>Finding: Partially Attained</p> <p>The owner currently stands in for the manager when she is on leave.</p> <p>The owner has no clinical qualifications and no experience in managing an aged care facility.</p> <p>Corrective Action Requests:</p> <p>Ensure that there is a suitably qualified and/or experienced person to perform the manager's role in their absence.</p>

<p>1.2.3.1 The organisation has a quality and risk management system which is understood and implemented by service providers.</p>	<p>Finding: Partially Attained low</p> <p>There was a policy sighted, however the CNM and staff did not fully understand or implement this process.</p> <p>Corrective Action Requests:</p> <p>Develop a quality and risk management system which is understood and implemented.</p>
<p>1.2.3.5 Key components of service delivery shall be explicitly linked to the quality management system.</p> <p>This shall include, but is not limited to:</p> <p>(a) Event reporting;</p> <p>(b) Complaints management;</p> <p>(c) Infection control;</p> <p>(d) Health and safety;</p> <p>(e) Restraint minimisation.</p>	<p>Finding: Partially Attained</p> <p>Policies in the main policy folder are out of date and in 13 of 13 policies reviewed the review date on the policy is three years overdue.</p> <p>Policies were sighted that did not have accompanying procedures to cover all recognised areas of service and meet legislative and contractual requirements.</p> <p>The non-clinical facility manager audits clinical areas as sighted on audit schedules.</p> <p>Corrective Action Requests:</p> <p>Ensure that all clinical audits are reviewed by a person who is suitably qualified and that all quality data is linked to an overall quality management system.</p>
<p>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.</p>	<p>Finding: Partially Attained</p> <p>Four out of seven files reviewed had no evidence of families being notified as per the accident and incident forms and no evidence in progress notes.</p> <p>The facility did not notify the complainant regarding her mother's deteriorating condition prior to hospitalisation or post return from hospital. As evidenced in file on day of audit the daughter initiated contact with the facility requesting that her mother be seen by a GP three days post onset of illness, and all other contacts were initiated by the family.</p> <p>There were also no observations of a resident who had sustained a serious head injury. Incident and accident reports were found to be not completed. There was no notification of the gastro-intestinal outbreak, or precautions clearly posted for family and visitors.</p> <p>There was incident/accident form completed for the collapse and fall sustained by the complainant's mother prior to hospitalisation. As this was a 'near miss' an incident form should have been completed for this event.</p> <p>Corrective Action Requests:</p> <p>Ensure that families are informed of events and that observations are documented when events involving injury have occurred.</p>
<p>1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers</p>	<p>Finding: Partially Attained</p> <p>Registered Nurse (RN) hours were not meeting the SNZ HB 8163:2005 Guidelines. The RN worked full time in the hospital wing and also covered the rest home wing and the apartments plus callouts to village residents. There was no RN rostered for the rest home services.</p> <p>Health Care Assistant (HCA) hours were not meeting the SNZ HB 8163:2005 Guidelines by approximately one full time equivalent HCA. Rosters had been provided and were amended to reflect times changed. (Six months of rosters were reviewed)</p> <p>Corrective Action Requests:</p> <p>Ensure that there are appropriate service providers to safely meet the needs of consumers.</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</p> <p>Staff appraisals inclusive of RNs were conducted by the non-clinical facility manager and there was no clinical input.</p> <p>The staff education plan did not meet the Age-Related Residential Care services agreement, and staff meetings were being documented as staff training sessions. There was no evaluation of staff training.</p> <p>Corrective Action Requests:</p> <p>Review the current appraisal process to involve clinical expertise, particularly for RNs.</p> <p>Ensure there is a fully developed and implemented staff education process and plan.</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</p> <p>There was no policy regarding skill mix and no clinical input into the roster, with no contingency for staff annual leave or sick leave.</p> <p>There was no current job description for the role of clinical nurse manager that describes specific tasks.</p> <p>The clinical manager supporting the non-clinical facility manager had three years' experience in aged care, and had not had any training for this leadership role.</p> <p>The clinical manager works in a multipurpose role, and was recently appointed as clinical nurse manager (nine weeks in position). This was her first time as a clinical manager. The clinical manager was the sole registered nurse for morning shifts, and infection control coordinator with no infection control training. Two hours a day was spent in village villas and serviced apartments dealing with health issues, and she was on call 24/7.</p> <p>The RNs employed were new graduates with no aged care experience, and no clinical oversight of their practice. These RNs had not been linked into the DHB professional development recognition programme (PDRP) for new graduate nurses.</p> <p>Corrective Action Requests:</p> <p>Ensure that 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>Ensure that new graduate RNs are clinically mentored and linked into the DHB PDRP.</p>

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>Care plans were statements of goals only and did not contain specific individual care to guide staff. Assessments were not always carried out or reflected into the care plan when they had been. There were no regular reviews or evaluations of care. GP and consultant instructions were not always acted upon or entered into the care plans.</p> <p>Continence assessments had not been carried out, residents with catheters did not have specific instructions within the care plan to guide staff in the care required, and there were no short term care plans (STCP) for residents with recurring urinary tract infections (UTI).</p> <p>Residents who were frequently incurring falls did not have assessments or reassessments, their care plans did not have instructions for staff re falls prevention. One resident with a fractured clavicle post a fall had no instructions regarding specific care for this type of injury.</p>

	<p>Challenging behavior was evidenced for some residents; there were no assessments, care plans or monitoring and preventative measures for these residents.</p> <p>Two residents had had assessments as being at risk for malnutrition; this information was not carried over to their care plans or notified to the kitchen.</p> <p>Three of the seven files noted residents who had not had pain assessments post injury and use of analgesia was not triggering reassessment of pain.</p> <p>There were no multidisciplinary reviews occurring for residents.</p> <p>STCP were not being used for outbreak management, UTI, post head injury, post discharge from public hospital and for diabetic residents with changing conditions.</p> <p>The instructions from the complainant's mother's GP to assess outcome of medication and report back within 48 hours was not documented or followed up. The hand over sheet/day note book is not part of the residents' integrated file.</p> <p>There was no evidence in the file review that the GP had been notified of the residents deteriorating condition and admission to hospital.</p> <p>Although on medication for chronic back pain there was no assessment of pain management, there was no reassessment of falls risk post-acute illness and hospitalisation.</p> <p>The complainant 'smother had had no involvement in the care plan which was basic goals. There was no STCP for when the complainant's mother was acutely ill, infection management or post myocardial infarction on return from hospital.</p> <p>Corrective Action Requests:</p> <p>Ensure relevant assessments/reassessments are carried out to guide care planning.</p> <p>Ensure that care plans are current, link into assessed needs, and are evaluated at regular intervals.</p> <p>Ensure that multidisciplinary reviews occur.</p> <p>Ensure STCPs are developed for residents with short term changed needs.</p>
<p>1.3.3.2 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is developed with the consumer, and where appropriate their family/whānau of choice or other representatives as appropriate.</p>	<p>Finding: Partially Attained</p> <p>Six of seven consumer files did not evidence that the service delivery plans had been signed off by the consumer and/or the family/whānau member and not all the multidisciplinary reviews evidenced consumer and/or family/whānau input.</p> <p>Corrective Action Requests:</p> <p>Ensure family/whānau have the opportunity to be involved with the care plan development and the multidisciplinary reviews and that this can be verified on the consumer record of care.</p>
<p>1.3.8.3 Where progress is different from expected, the service responds by initiating changes to the service delivery plan.</p>	<p>Finding: Partially Attained</p> <p>A consumer recently changed from rest home to hospital level care and there was no evidence of a referral or an assessment being performed to verify that authority had been provided by the Needs Assessment Service for this to occur. Documentation was not evidenced in the integrated file.</p> <p>Where progress was different from expected it was noted that residents were not being referred to other services. F for example; prompt referral to GP for changes in conditions, rashes and injuries; residents with unstable gait and post fractures were not referred to a physiotherapist for assessment; a resident (diabetic) who had skin tears not healing was not referred to a Clinical Nurse Specialist for wound care; and two</p>

	<p>residents assessed as being at risk of malnutrition were not referred to a dietician.</p> <p>The complainant's mother was referred to the GP on the instigation of the family.</p> <p>Corrective Action Requests:</p> <p>The provider is to verify that appropriate referral and assessment is documented for residents and that residents are assessed and confirmed as requiring higher level care when required.</p>
<p>1.3.12.1 A medicines management system is implemented to manage the safe and appropriate prescribing, dispensing, administration, review, storage, disposal, and medicine reconciliation in order to comply with legislation, protocols, and guidelines.</p>	<p>Finding: Partially Attained</p> <p>There were four issues related to management of and administration of medications.</p> <p>i) Unused antibiotic's prescribed for a number of residents were kept in a small box in the treatment room labeled 'emergency antibiotics'. One bottle had expired over 12 months ago. These were handed to the CNM to return to pharmacy immediately for destruction.</p> <p>ii) During observation of the lunchtime medication round the clinical nurse manager was signing for administration of medication prior to the consumer receiving it.</p> <p>iii) The HCA administering medications in the rest home did not check the blister pack against the charted medications, in one instance a resident had been charted medication which was not contained in the blister pack. This error was not picked up at the time of administering and had not been picked up from the commencement of the new blister pack. The resident was identified by name along with the specific drug to the Village Manager and Clinical Manager including the drug and medication pack that did not contain it; this was also relayed to the HCA at the time of observation to ensure that this was immediately rectified.</p> <p>iv) Tablets had been transferred into specimen jars for staff to use as "stock" medications, e.g. panadol. These had been labeled in hand writing.</p> <p>Corrective Action Requests:</p> <p>i) Cease immediately the practice of holding expired antibiotics prescribed for residents and used as emergency antibiotics.</p> <p>ii) Ensure that the signing of administered medication is only after the resident has received and taken the prescribed medication.</p> <p>lii) Ensure all medication is checked against the medication chart prior to administration and any error reported.</p> <p>iv) Cease immediately dispensing and transcribing of medications.</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</p> <p>There was no evidence of training or competencies for HCA or RNs around medication. Annual competencies for staff had not been completed per the Nursing Council Code of Ethics 2012, and Medicines guidelines for residential aged care 2011.</p> <p>Corrective Action Requests:</p> <p>Provide training for staff around medication and ensure that all staff complete an annual and as required competency.</p>
<p>1.3.13.2 Consumers who have additional or modified nutritional requirements or special diets have these needs met.</p>	<p>Finding: Partially Attained</p> <p>When changes occur to resident's condition or needs the kitchen was not always notified to be able to meet the resident's needs. As evidenced in resident files, two residents who were at risk of malnutrition had not been referred to the dietician and no evidence of notification to the kitchen could be found.</p> <p>On interview the kitchen manager said they were unaware of other residents with gastro intestinal problems. One resident identified as being obese in clinical file had no dietician referral and no evidence of</p>

	<p>Kitchen manager being involved in diet management.</p> <p>Corrective Action Requests:</p> <p>Ensure that the kitchen is informed of changes to residents' nutritional needs.</p>
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Infection prevention and control

Standard/ Criteria	
<p>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>	<p>Finding: Partially Attained</p> <p>An outbreak of gastro enteritis was evident at the facility, but had not been acknowledged.</p> <p>Six of seven residents reviewed had evidence of having a gastro enteritis issue between 28 August 2012 and 2 September 2012.</p> <p>Staff, residents and visitors had received no information concerning prevention and control measures. No infection prevention and control (IPC) measures had been implemented for the facility.</p> <p>The IPC policy was out of date and had not been reviewed.</p> <p>There had been no information given to visiting GPs regarding the outbreak, and of two residents seen during the outbreak by GPs one was given either anti-nausea medication and the other was transferred to hospital with suspected appendicitis, both had symptoms of the gastro enteritis outbreak.</p> <p>A resident with an Extended Spectrum Beta-Lactamase (ESBL) infection had no STCP or mention of this in the care plan.</p> <p>Staff appeared unaware of standard precautions and poor practice was observed. For example, a small bin for soiled linen and a dirty linen trolley was stored in a cupboard with clean linen on shelves, and soiled linen trollies in corridors were uncovered.</p> <p>Corrective Action Requests:</p> <p>Accountability for infection control matters in the organisation leading to the governing body and/or senior management is to be implemented.</p> <p>Ensure that the IPC policy is reviewed and updated.</p>
<p>3.2.3 The infection control team/personnel and/or committee shall receive continuing education in infection control and prevention.</p>	<p>Finding: Partially Attained</p> <p>The infection control coordinator is the clinical nurse manager and has not attended any formal training for infection control. This is not compliant with Health and Disability Service Standards 3.2.3</p> <p>Corrective Action Requests:</p> <p>Ensure the infection control coordinator has continuing education around infection control and prevention.</p>
<p>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.</p>	<p>Finding: Partially Attained</p> <p>(i) Staff had not had training in infection control. (ii) There was no formal orientation process for infection prevention and control.</p> <p>Corrective Action Requests:</p> <p>Ensure all staff have orientation and ongoing training in infection prevention and control.</p>

Conclusion

The unannounced inspection was focussed on compliance with the Health and Disability Services Standards related to the complaint against this provider.

The following findings were:

Resident rights:

- there was no disclosure policy.
- communication with families was not carried out and documented
- the complaints process had not been reviewed to ensure it meets the requirement of the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights
- complaints were not responded to within the required timeframe
- the complaints register was not kept up to date.

Organisational management:

- the manager had not completed at least eight hours annually of professional development activities related to managing a hospital as per the Age-Related Residential Care services agreement; D17.4 B (i).
- the non-clinical manager was not supported by an experienced clinical leader
- there was no suitably qualified and/or experienced person to perform the manager's role in their absence
- there was no quality and risk management system which was understood and implemented
- clinical audits were not reviewed by a person who was suitably qualified and were not linked to an overall quality management system
- families were not informed of events and observations were not documented when events involving injury had occurred
- there was not an appropriate level of service providers to safely meet the needs of consumers
- the appraisal process did not involve clinical expertise, particularly for RNs
- there was not a fully developed and implemented staff education process and plan.
- there was not a clearly documented and implemented process that determined service provider levels and skill mixes in order to provide safe service delivery
- newly graduated RNs were not clinically mentored and linked into the DHB Professional Development and Recognition Programme

Continuum of service delivery:

- relevant assessments/reassessments were not carried out to guide care planning
- care plans were not current, did not link into assessed needs, and were not evaluated at regular intervals
- multidisciplinary reviews did not occur
- short term care plans were not developed for residents with short term changed needs
- family/whanau did not have the opportunity to be involved with care plan development and multidisciplinary reviews
- residents' individual activity plans did not include and describe activities to meet the individual residents' needs including goals and interventions, and these were not implemented
- appropriate referral and assessment was not documented for residents and residents were not assessed and confirmed as requiring higher level care when required
- expired antibiotics prescribed for residents were used as emergency antibiotics
- the signing of administered medication did not occur after the resident had received and taken the prescribed medication
- all medication was not checked against the medication chart prior to administration and errors were not reported
- dispensing and transcribing of medications was occurring

- training for staff around medication and all staff completing an annual and as-required competency was not occurring
- the kitchen was not informed of changes to resident's nutritional needs

Infection prevention and control:

- accountability for infection control matters in the organisation leading to the governing body and/or senior management was not occurring
- The Infection Prevention and Control policy was not reviewed and updated.
- The infection control coordinator had not had continuing education around infection control and prevention
- All staff had not had orientation and ongoing training in infection prevention and control

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: 1.1.9.1, 1.1.10.1, 1.1.13.1, 1.1.13.3, 1.2.1.3, 1.2.2.1, 1.2.3.1, 1.2.3.5, 1.2.4.3, 1.2.7.3, 1.2.7.5, 1.2.8.1, 1.3.3.1, 1.3.3.2, 1.3.7.1, 1.3.8.3, 1.3.12.1, 1.3.12.3, 1.3.13.2, 3.1.1, 3.2.3, 3.4.2 as identified in the Inspection Report must be submitted to Nelson Marlborough District Health Board by 31 October 2012.
2. HealthCERT may elect to carry out a verification audit in relation to these corrective actions.
3. 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 management policy
- complaints records for the last two months
- staff orientation policy and process
- 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 two months
- minutes of staff meetings
- minutes of quality meetings
- resident files.