



Final Inspection Report

Oceania Care Company Limited -
Elizabeth R
30 Elizabeth Grove
STRATFORD

Date of Inspection: 13 October 2011

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Contents

Service Description	4
Reasons for the inspection	4
The inspection team.....	5
Methodology	5
Limitations.....	5
Entry Meeting.....	5
Summation Meeting	6
Inspection findings.....	6
Conclusion	12
Additional Conditions	13
Appendix 1: Documents requested.....	14

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Executive Summary

Following four complaints to Taranaki District Health Board (DHB) and one complaint to the Health and Disability Commissioner (HDC) since June 2011, HealthCERT undertook an unannounced inspection of Oceania Care Company Limited – Elizabeth R on 13 October 2011. The purpose of the inspection was to ascertain if satisfactory progress had been made on the required improvements following substantiated aspects of the complaints.

The areas of concern in the complaints included: resident rights, financial abuse, service provision, complaint management, staffing levels and skill mix, care planning, continence management, lack of activities for residents, supplies of equipment and heating.

The unannounced inspection identified areas where compliance with the Health and Disability Services Standards was not fully attained. These findings were in the areas of: complaint management, quality and risk management, staffing levels and skill mix, evaluation of care, lack of activities for residents, food service and supplies of equipment. Six of these areas were recurring issues from the November 2010 Surveillance (Unannounced) audit. However, the advisors carrying out the inspection found no immediate high risk issues with regard to resident safety.

Oceania Care Company Limited – Elizabeth R is required to undertake improvements to be compliant with the Health and Disability Services Standards. Ongoing monitoring will be undertaken by the Ministry of Health (the Ministry) in conjunction with Taranaki DHB.

Previous Recent Complaints

The Ministry was advised of a change of manager in March 2010.

An unannounced surveillance audit in November 2010 identified recurring issues concerning evaluation of residents, food, hygiene, maintenance and restraint. The auditors considered there had been slippage in standards since the full certification audit in 2009. Corrective actions were required, with the DHB monitoring progress.

In June 2011 the Ministry received a complaint via Taranaki DHB about financial abuse, management of complaints and staffing. The DHB investigated and substantiated the complaint. Since then further complaints have been received, with the DHB working with the facility manager to address the issues.

On 11 October 2011 the DHB advised HealthCERT of further complaints regarding alleged lack of staffing over the weekend, with residents allegedly left in urine-soaked beds. HealthCERT discussed the complaints with the DHB Portfolio Manager and it was agreed that an unannounced inspection was required.

Issues raised in the complaints since June 2011 include:

- inadequate staffing
- Inappropriate staff/skill mix
- complaints management
- financial abuse
- lack of activities for residents
- behaviour of staff and manager
- lack of heating
- lack of RN follow-up
- lack of supplies
- Residents' rights not respected
- continence management
- broken equipment.

Service Description

Oceania Care Company Limited - Elizabeth R – provides Aged Residential Care Hospital (Medical, Geriatric, and Maternity) and Rest Home services. The occupancy and capacity is outlined below.

Area	Occupied	Capacity
Hospital	14	14
Rest Home	23 (includes 1x ACC client and 1x IFP client)	23
Dementia	0	0
Maternity	0	3
Total	37	40

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Oceania Care Company Limited - Elizabeth R, 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:

- while certified by the Director-General to provide health care services of that kind; and*
- While meeting all relevant service standards;*
- 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*
- in compliance with this Act.*

The inspection team

The inspection was undertaken by XXX, Senior Advisor, HealthCERT, and XXX, Senior Advisor, HealthCERT, under the delegated authority of the Director-General of Health.

Methodology

The inspection was conducted to investigate the complaints about Oceania Care Company Limited – Elizabeth R that may have arisen as a result of system failures and non-compliance against the Health and Disability Services Standards. Findings in this report 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.

Limitations

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

Entry Meeting

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

The introduction meeting covered the following points:

A copy of the letter of introduction addressed to Delia Shearman was provided to her at 0830 hours. Delia contacted the Regional Manager and Barbara Sangster, Acting General Manager.

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: Delia Shearman, Facility Manager; XXX, Senior Advisor, HealthCERT; and XXX Senior Advisor HealthCERT.

XXX 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. XXX 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. (CAR refers to Corrective Action Required)

Consumer Rights

Standard/ Criteria	
<p>1.1.3.3</p> <p>Consumers shall be addressed in a respectful manner by their preferred name.</p>	<p>Finding: Partially Attained</p> <p>A complainant raised concerns regarding this criterion, and during interviews - two unrelated residents also confirmed lack of some staff addressing residents in a respectful manner. In the complaints file there was a separate complaint by a resident of staff threatening behavior towards a resident, at a meeting with the Manager the staff member stated she would try to improve, however there was no evaluation / follow up to see if this had occurred.</p> <p>It was noted that the facility is currently having compulsory training on bullying, teamwork and communication, not all staff are compliant in attending training, and the training is not yet imbedded.</p> <p>CAR:</p> <p>Ensure that all staff are trained in consumer rights and that where staff are non compliant that Human Resource policy is followed.</p>
<p>1.1.3.7</p> <p>Consumers are kept safe and are not subjected to, or at risk of, abuse and/or neglect.</p>	<p>Finding: Partially Attained</p> <p>Two residents and two family members interviewed stated that staff were ostracising residents when complaints were made about them, they felt it was useless to complain due to retaliation. Although the Manager apologised and staff personally apologised sometimes there was little change in behaviors actually occurring.</p> <p>It was noted that the facility is currently having compulsory training on bullying, teamwork and communication, not all staff are compliant in attending training, and the training is not yet imbedded within the culture of the facility.</p> <p>CAR:</p> <p>Ensure that all staff are trained in consumer rights and that where staff are non compliant that Human Resource policy is followed.</p>

<p>1.1.11.1</p> <p>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</p> <p>The facility has an elderly volunteer who assists residents where he can (advocates) and attends resident meetings. He is reluctant to chair resident meetings, as requested by residents, in lieu of staff doing so. There is no connection with an independent advocacy service for residents.</p> <p>CAR:</p> <p>Ensure that residents have an independent advocacy service available to them. This may include a Minister of Church or trained advocate to chair resident meetings.</p>
<p>1.1.13.1</p> <p>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>A complaints policy is in place but not always followed. Not all complaints to staff are written onto complaint forms to ensure quality improvements. Complaints have not always been followed up and investigated. If corrective actions are put into place these are not evaluated to ensure full closure and prevention of reoccurrence.</p> <p>CAR:</p> <p>Ensure that complaint policy is followed and that staff are conversant with the policy and their role.</p>
<p>1.1.13.3</p> <p>An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.</p>	<p>Finding: Partially Attained</p> <p>Eight complaint forms since June 2011 had been filled in by staff but were not noted in the complaints register. The recent HDC complaint and the recent DHB complaints were also not noted on the complaints register.</p> <p>Other complaints as stated as being made by residents and relatives during interview that have been made to staff were not recorded on complaint forms.</p> <p>Complaints were not fully completed or investigated, and thus corrective actions had not been put in place.</p> <p>CAR:</p> <p>Ensure that all complaints are logged, and that corrective actions are documented and outcomes evaluated.</p>

Organisational Management

Standard/ Criteria	
<p>1.2.3.8</p> <p>A corrective action plan addressing areas requiring improvement in order to meet the specified Standard or requirements is developed and implemented.</p>	<p>Finding: Partially Attained</p> <p>Where a corrective action has been required, plans were in place and forms completed but there were no evaluations of outcomes from these plans.</p> <p>CAR:</p> <p>Ensure that corrective actions are evaluated to ensure they have achieved the desired outcome.</p>

<p>1.2.4.3</p> <p>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>Not all adverse, unplanned or untoward events are documented. Incident and accident forms are not always completed by staff for falls etc, including falls resulting in hospitalisation. One resident had been hospitalized post fall and the only documentation in the file was that of the GP one month post return from hospital. Where incidents /accidents are documented the review process needs to have an outcome focus and an evaluation.</p> <p>CAR:</p> <p>Ensure that all adverse, unplanned or untoward events are documented and the review process has an outcome focus and the outcome is evaluated.</p>
<p>1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	<p>Finding: Partially Attained</p> <p>While District Health Board Aged Residential Care Contract and the SNZ HB 8163 Guidelines minimal hours are met by the provider, there was no consideration given to the layout and environment of the facility for staffing levels to safely meet the needs of residents.</p> <p>Staff interviewed generally felt that there were insufficient numbers to provide safe care. The high utilisation of agency staff both registered nurses and health care assistants (HCAs) who were not au fait with policy, procedures and layout of the facility added to this perception.</p> <p>HCAs also have responsibility for laundry duties during their shifts, and one night shift HCA does vegetable preparation in the kitchen. This is time spent away from their core work.</p> <p>The diversional therapist is employed for 25 hours per week and is often needed to drive residents to appointments at hospital outpatient departments, or to the resident's GP practice resulting in activities being cancelled for the day, this also occurs when annual leave is taken as there is no formal leave cover arranged. (Linked to 1.3.7.2)</p> <p>The facility has 24/7 registered nurse coverage for hospital level services, these registered nurses are also expected to cover rest home services. There is no permanent clinical co-ordinator and the manager has had one of the registered nurses working as "acting clinical coordinator" since February and the role is empty. (Linked to 1.3.6.1). The clinical coordinator role has responsibility for Infection Control, (refer 1.4.2.3).</p> <p>The registered nurses are not clinically experienced in aged care and do not have a senior RN to refer to and lack understanding of local processes when residents are deteriorating and require medical oversight (linked to 1.2.8.1). This has caused unnecessary hospital admissions (as a GP arrived at facility for a resident round, one of his residents was being sent to hospital by ambulance, when he saw resident in ambulance they were stable, had he been called he would have visited earlier). GPs do not always get full information if medications are working or not, or if there is concern about a resident is faxed to them they are not clear of the urgency relating to attending the resident. There were no apparent systems in place for planned GP Rounds.</p> <p>CAR :</p> <p>That the provider take into consideration the existing staff profile and the layout of the facility which diminishes visual and physical contact with both residents and staff when applying rational to staffing ratios, and undertake a review of all staff rosters, including time allocated to other areas such as laundry services, meal preparation and transportation services, the need for RN mentorship to ensure appropriate service providers to safely meet the needs of residents.</p>

<p>1.2.8.1</p> <p>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>The provider has a Human Resource policy and process in place, which currently is not adhered to.</p> <p>The facility manager role includes managing the retirement village, maternity unit, hospital and rest home services, and covers for registered nurses when required.</p> <p>The service has been without a permanent clinical coordinator since February 2011. The manager has identified the need to increase the hours for this role from 10 hours per week to 20 hours in the new budget.</p> <p>Current vacancies include a clinical coordinator position for 20 hrs per week, a registered nurse for 32 hours per week for hospital level care, and although the facility has a full complement of HCAs two are away indefinitely. Casual staff is not adequate with a consequent need for agency staff.</p> <p>Even with the 20 hours per week for the clinical coordinator role, the provider will not meet the guideline minimal registered nurse input required for the rest home residents.</p> <p>This scenario continues to prevent mentorship and clinical support for registered nurses in the hospital service. (Linked to 1.3.6.1 and 1.2.7.5)</p> <p>CAR:</p> <p>That the policy and process for determining service provider levels and skill mix is reviewed and met to ensure safe service delivery.</p>
<p>1.2.9.10</p> <p>All records pertaining to individual consumer service delivery are integrated.</p>	<p>Finding: Partially Attained</p> <p>Incident and Accident forms, Needs Assessment Coordination Reports and Enduring Power of Attorney documents were not integrated into resident files.</p> <p>CAR:</p> <p>Ensure that all resident file documentation is integrated</p>

Continuum of Care

<p>1.3.3.2</p> <p>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>Assessments have been carried out initially, with the exception of a new resident whose assessment and care plan had not been completed within three weeks. Care plans are well written and give clear indications of care, but these have not always been evaluated within the required time frame or adjusted to include changes in resident acuity, particularly within the rest home service. Three monthly GP review for residents in the rest home service is not occurring routinely.</p> <p>CAR:</p> <p>Ensure that all assessments and care plans are reviewed within required time frames and when there are changes in resident acuity, three monthly review by GP is occurring in the rest home service.</p>
<p>1.3.3.4</p> <p>The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.</p>	<p>Finding: Partially Attained</p> <p>From staff interviews there was little understanding of team work by staff. The registered nurses are new to leadership roles and struggle to manage staff. Training was being held on the day of inspection and was compulsory for staff to attend. The training was on teambuilding and communication, however not all staff attended these sessions. The facility manager was aware of the non attendance. This philosophy is yet to be imbedded in the facility.</p>

	<p>CAR:</p> <p>Ensure that a team approach to promote continuity of care is coordinated.</p>
<p>1.3.6.1</p> <p>The provision of services and/or interventions are consistent with, and contribute to, meeting the consumers' assessed needs, and desired outcomes.</p>	<p>Finding: Partially Attained</p> <p>Assessments and care plans are not reviewed within time frames, particularly in rest home service. A resident with a high falls risk and a change in gait when mobilising had not been referred for a physiotherapist assessment. Three monthly GP reviews are not carried out within time frames, (a resident had not been seen for five months), changes post GP visits or incidents/accidents are not clearly documented in progress notes or care plans within the rest home service. Progress notes in the rest home service are written by HCAs with little or no input from registered nurses. Care plans are not updated following hospitalisation for rest home residents noting changes in care or observations required. Multidisciplinary reviews have not been carried out for residents since 2010. Reviews of restraint and enablers have not been carried out within the required time frames.</p> <p>CAR:</p> <p>Ensure that assessment and care planning requirements are met to ensure that consumer needs and outcomes are met.</p>
<p>1.3.7.2</p> <p>Activities reflect ordinary patterns of life and include where appropriate the involvement of family/whānau of choice, or other representatives and community groups where appropriate.</p>	<p>Finding: Partially Attained</p> <p>There was evidence that activity programs are often disrupted or cancelled due to the absence of the diversional therapist as evidence in the activity daily plans (refer 1.2.7.5).</p> <p>Resident file reviews highlighted that assessments are not up to date and documentation of resident goals and outcomes, and evaluations are not completed.</p> <p>CAR:</p> <p>Ensure that residents are assured of appropriate activities and that their goals and outcomes are documented and evaluated.</p>
<p>1.3.8.3</p> <p>Where progress is different from expected, the service responds by initiating changes to the service delivery plan.</p>	<p>Finding: Partially Attained</p> <p>Care plans are not always changed when progress is different from expected, particularly in the rest home service. Where residents have had changes in need due to for example, pain post a fall requiring hospitalisation, challenging behaviors, wound care or poor gait due to disease process, there is no recorded reassessment, monitoring and documentation.</p> <p>CAR:</p> <p>Ensure where progress is different from expected, the service responds by initiating changes to the service delivery plan.</p>
<p>1.3.13.3</p> <p>The personal food preferences of the consumer are met where appropriate.</p>	<p>Finding: Partially Attained</p> <p>Preferences of the consumer are documented on admission and conveyed to the kitchen staff, there has been no update of these preferences for residents. When resident acuity changes these are not included in change notification to kitchen staff, and residents who required curved sided plates and meals cut up for them were seen to be struggling to eat what they had been served. There was no alternate meal offered at the main meal for the day although the service has recently put in place an alternate for the evening meal. This requires the resident to state clearly to the cook if they would prefer an alternate tea meal while they are having their main meal at noon. Some residents do not yet understand this concept or what they are being asked.</p>

	<p>When residents do not eat their meal, staff do not check to ensure that this is due to dislike or difficulty with process.</p> <p>CAR:</p> <p>Ensure that preferences are met and that the kitchen staff are notified of any change in requirements, including the need for an alternate meal.</p>
<p>1.3.13.4</p> <p>Special equipment is available as required.</p>	<p>Finding: Partially Attained</p> <p>Special equipment was seen to be available however kitchen staff were not always informed of residents' changing needs, therefore the equipment was not made available for residents, curved sided plates, padded or curved handled spoon/fork.</p> <p>CAR:</p> <p>Ensure kitchen staff are aware of the need for residents to have special equipment if required.</p>

Safe and Appropriate Environment

<p>1.4.2.3</p> <p>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</p> <p>Hot water temperature is monitored and was found to be satisfactory, heating and ventilation problems have been addressed and were found to be satisfactory. The facility was kept at a comfortable heat throughout and hot water was delivered at the correct temperature.</p> <p>Sufficient supplies including continence supplies were readily available. The facility was clean and free from odours. Laundry machines were functioning.</p> <p>Threadbare carpet in corridor areas was noted (ongoing problem from certification audit in 2009).</p> <p>Carpets had also sustained damage due to frequent flooding from water coming in from external walls, when heavy rainfall occurs.</p> <p>Skirting boards and architraves in corridors and external doorways (to courtyard) had wet rotten wood which was flaking off and leaving holes particularly at exits.</p> <p>Suitable equipment was available for staff, however there were only six air flow mattresses for both areas of service and this requires staff to move these as per risk level rather than need of residents. Hoist was dirty, and cleaned once monthly.</p> <p>Cleaning staff have no equipment to undertake cleaning of carpets post a bodily fluid spill, scrub same with sunlight liquid (1.2.7.3)</p> <p>CAR:</p> <p>Ensure maintenance is carried out to prevent further flood damage, and that repairs replacement are made for areas damaged (rotten wood) and worn carpets.</p> <p>Ensure that adequate pressure relieving mattresses are available across the services.</p> <p>Ensure hoists are cleaned after use and ready for use.</p> <p>Ensure staff are supplied with equipment to undertake clean up of bodily spills.</p>
---	---

Oceania Care Company Limited – Elizabeth R 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 of Health in conjunction with the District Health Board.

Conclusion

The unannounced inspection focussed on the Health and Disability Services Standards related to the complaints received since June 2011.

The following outcomes were identified in relation to the Provider's progress towards meeting corrective actions post the complaints that led to the inspection:

Resident Rights:

- Complaints had not been documented and there was not clear documentation of actions taken, evaluation and outcomes for complaints.
- Not all staff are trained in consumer rights.
- Residents do not have an independent advocacy service available to them, including a Minister of Church or trained advocate to chair resident meetings.
- Residents continue to be in daily contact with the staff member involved in a substantiated complaint regarding financial abuse, (although not as a Health Care Assistant, but in another role).

Organisational Management:

- Corrective action plans addressing areas requiring improvements were not developed and implemented.
- There is a need to undertake a review of all staff rosters, staffing ratios, including time allocated to other areas such as laundry services, meal preparation and transportation services.
- The need for Registered Nurse mentorship to ensure appropriate service providers to safely meet the needs of residents.
- All resident file documentation is not integrated.

Continuum of Care:

- All assessments and care plans are not reviewed within required time frames and at times of changes in resident acuity, and 3 monthly review by a GP is not occurring in the rest home service.
- There is a need for an established process for Doctor's round and communication between facility and GP surgery.
- Where progress is different from expected, the service does not respond by initiating changes to the care delivery plan.
- A team approach to promote continuity of care is not coordinated.

- Residents are not assured of appropriate activities and their goals and outcomes are not documented and evaluated.
- Staff do not offer alternative meals when food was not acceptable or there was a dislike of certain foods. Kitchen staff were unaware of the need for alternative meals.
- Care staff do not communicate to the kitchen staff regarding need for residents to have special equipment if required.

Safe and Appropriate Environment:

- The facility met the required standards with regards to hygiene and cleaning.
- The facility was adequately heated and ventilated.
- The facility had adequate supplies of continence products and staff had undergone training.
- Maintenance is required to be carried out to prevent further water damage, and that repairs/replacements are made for areas damaged (rotten wood) and worn carpets.
- Adequate pressure relieving mattresses are required to be made available across the services.
- Hoists are not cleaned after use and made ready for further use.
- Staff are not supplied with equipment to undertake clean up of bodily spills.

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: 1.1.11.1; 1.1.13.1; 1.1.13.3; 1.2.4.3; 1.2.7.3; 1.2.8.1; 1.3.3.2; 1.3.6.1; 1.3.7.2; 1.3.8.3; 1.3.13.3; 1.3.13.4; 1.4.2.3 as identified in the Inspection Report must be submitted to the Taranaki District Health Board by 28 November 2011.
2. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.1.3.3; 1.1.3.7; 1.2.3.8; 1.2.9.10; 1.3.3.4; as identified in the Inspection Report must be submitted to Taranaki District Health Board by 28 January 2012.
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.

Appendix 1: Documents requested

- Staffing and skill mix policy
- Rosters (last month and this month)
- Complaints register
- Clinical Assessment Tools in current use
- Staff training records and in-service training programme
- 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
- Employment Policy and staff contracts
- Resident files

RELEASED UNDER THE
OFFICIAL INFORMATION ACT