

Final Inspection Report

Seniorcare Hospitals Limited
- Karina Rest Home

Date of Inspection: 21 October 2010

HealthCERT
Provider Regulation
Population Health
Ministry of Health

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File Ref: WSE08
Provider: Seniorcare Hospitals Limited- Karina Rest Home
Contact Person: Mr XXX XXX
Premise: Karina Rest Home
15 Karina Terrace
Palmerston North

Executive Summary

History:

The provider is currently certified for 2 years with a certificate due to expire in August 2011. The 2009 certification audit resulted in 18 partially attained criteria. In August 2010 a surveillance audit was undertaken at the mid point and resulted in 24 partially attained criteria. 9 of the criteria partially attained at certification had been closed out. This result suggested the provider continues to struggle to meet the relevant standards.

Previous Recent Complaints:

Prior to receiving these two complaints the Ministry had not received any complaints over the 2008-2009 period. There was an incident recorded in the database (February 2010) indicating inappropriate behaviour with residents. The MidCentral District Health Board managed this event. There have been recent discussions between HealthCERT and the MidCentral District Health Board about ongoing issues related to Registered Nurse (RN) staffing challenges.

Nature of Current Complaint:

The Ministry of Health received two anonymous complaints (on 24 September and 27 October 2010) about the clinical management provided at Karina Rest Home by Seniorcare Hospitals Limited. If substantiated, services provided may be in breach of Seniorcare Hospitals Limited's obligations as a certified provider under the Health and Disability Services (Safety) Act 2001 (the Act).

In summary, the complaints allege:

- a lack of registered nurse clinical management
- a poorly managed complaints process
- intimidation of staff by staff
- inappropriate placement of residents and reluctance to have them reassessed
- competency of staff
- poor quality and safety processes
- Poor maintenance.

Further Information (MidCentral District Health Board/Office of the Health and Disability Commissioner):

MidCentral District Health Board noted a senior Registered Nurse had left recently and replacements were being sought.

Service Description

Seniorcare Hospitals Limited – provides Aged Residential Care - Rest Home Care and Residential Disability Services (Intellectual; Physical) services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	0	0
Rest Home	19	X
Residential Disability	10	X
Total	29	39

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Seniorcare Hospitals Limited, are being provided in compliance with section 9, 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 Health and Disability Services (Safety) Act 2001 (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 complaints made to the Ministry of Health that may have resulted in systems 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 utilising the following methods:

- Interview with Manager
- Interview with Registered Nurse (Clinical Leader)
- Individual staff interviews
- Relative/ Resident interviews
- Observation: 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 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

The introduction meeting covered the following points:

A copy of the letter of introduction addressed to Mr XXX XXX was provided to him at 8am and a proposed agenda for the day was discussed included 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.

Summary of Inspection findings

Summary of findings where non-compliance to the Health and Disability Services Standards has been identified specific to the complaint and inspection.

Consumer Rights during Service Delivery - Standard 1.1

1.1.3.6 Services are provided in a manner that maximises each consumer's independence and reflects the wishes of the consumer.

Partial attainment

Finding:

There is no distinction between Intellectual Disability Sector Services and aged care consumers in regard to policy and care activity to maximise their independence. Advanced directives are not compliant with legislation, one resident's sister had signed her Not for Resuscitation documentation, one resident had signed a consent form but is now not competent however competence was not assessed and documented at the time of signing.

Corrective Actions:

Ensure that there are policies to guide maximisation of resident independence, and recognise the needs of the 2 consumer groups.

Ensure that policy and procedure for Advanced Directives and Not for Resuscitation are compliant with legislation

1.1.3.7 Consumers are kept safe and are not subjected to, or at risk of, abuse and/or neglect.

Partial attainment

Finding:

Regular staff training has not occurred over last two years – an abuse/neglect session was completed in October this year however there was no evidence of training on managing challenging behaviour for all staff despite there having been 18 incident reports of challenging behaviour over the last 10 months.

Corrective Actions:

Ensure education programmes for all Karina staff are relevant to resident needs and issues and are repeated at appropriate intervals so all staff are able to attend.

1.1.8.1 The service provides an environment that encourages good practice, which should include evidence-based practice.

Partial attainment

Finding:

The Incident reporting system is not linked to quality improvements, and human resource management particularly the supervision, mentoring and professional development of staff is not well developed; continuity of care based on best practice was not evidenced particularly in relation to assessments of pain; challenging behaviour; wound care; nutrition and related care planning.

Corrective Actions:

Ensure that appropriate quality services, including continuity of care, incident reporting systems are linked to open disclosure and quality improvement processes, human resource management for employing competent staff providing ongoing education, supervision and mentoring activities.

1.1.9.1 Consumers have a right to full and frank information and open disclosure from service providers.

Partial attainment

Finding:

Incident reports reviewed did not consistently indicate family were informed of incidents.

Corrective Actions

Ensure that an Open Disclosure policy is complied with.

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.

Partial attainment

Finding:

Compliance with the policy does not always occur, as not all complaints or concerns are documented, or satisfactorily followed up. When a verbal complaint is received, this is not documented within the complaints register, rather it is treated as a 'concern'. This does not allow for monitoring or analysis by the provider and thus lead to quality improvement. There has been no training for staff with regard to Complaint management.

Corrective Actions

Ensure that staff training is carried out in relation to managing complaints and the Health and Disability Code of Consumer Rights and that all complaints are documented and link to quality improvements.

Organisational Management - Standard 1.2

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.

Partial attainment

Finding:

There have been appointments of staff for the management (fiscal/clinical) positions. The job descriptions for these roles show that roles and responsibilities of these positions have not been aligned and therefore are not consistent. This has resulted in conflict between the manager roles and confusion of staff working at the facility in relation to direct reports, roles and responsibilities.

Currently the Manager has a contracted administrative assistant (non clinical), to update Human Resources and policy processes, ensuring that all necessary documentation is in line with legislation and appropriate to Karina Rest Home. Although this will go some way to assist with administrative processes, it will not lead to improved clinical outcomes for the consumers. For positive clinical outcomes a registered nurse with current elderscare experience and leadership skills is required.

At the interview the Manager had little understanding of Health and Disability Services Standards, did not understand referral to Needs Assessment Service Coordination process or limitations of service provided, at rest home level of care. Although reassessments have occurred, they were clinically led. Notification to Ministry of Health of changes as per conditions of certification have not occurred.

The Manager's job description must identify the responsibilities of the role for a non clinical manager. The current Job description has accountabilities and responsibilities for clinical care including medication management, education and nursing practice as well as quality assurance however the job description does not require this position to be filled by a health professional. The current job description does not clarify accountability of the manager through the registered nurse as it appears to have been written for a health professional.

The Registered Nurse job description is basic and has the nurse deferring to an unqualified manager regarding clinical care. The manager currently has two short term contracted Registered Nurses (one agency) to meet the Aged Related Residential Care Services Agreement. The permanent appointment of a registered nurse with current elderscare experience and leadership skills is required.

The Team Leader job description has responsibilities and accountabilities that are beyond the scope for an Enrolled Nurse and this position has been held by a care giver (with no recognised training). The reporting line is to the Manager with no accountability to the registered nurse, and has responsibilities for managing nursing care, staffing levels, staff selection, education and specialist clinical knowledge. This position led to confusion for staff, and following discussion with the District Health Board in July 2010 this position ceased.

A situation did develop where the managers were not working in full cooperation and collaboration and this has contributed to a culture of blame within the organisation.

Corrective Actions:

Ensure that the organisation is managed by suitably qualified and/or experienced person/s with authority, accountability, and responsibility for the provision of service.

Ensure a registered nurse with experience of elderscare and leadership/management is employed to work in either the manager/ or clinical leadership role.

Ensure that all job descriptions have clear reporting lines, qualifications and responsibilities.

Notifications to the Ministry occur in accordance to conditions of certification.

1.2.2.2 Services are planned to meet the specific needs of the consumer groups entering the service.

Partial attainment

Finding:

There is insufficient planning of services to meet the specific needs of consumers as evidenced by a lack of documented plans across all levels of the organisation to guide service delivery. There is no distinction between Intellectual Disability Sector Services and aged care residents, with policy and care to maximise independence

Corrective Actions

Ensure that there is planning of services to meet the specific needs of consumer groups

1.2.3.3 The service develops and implements policies and procedures that are aligned with current good practice and service delivery, meet the requirements of legislation, and are reviewed at regular intervals as defined by policy.

Partial attainment

Finding:

There is no process for addressing corrective actions in place. No corrective action planning, timeframe or person responsible was sighted.

Corrective Actions

Ensure that corrective action detail is specified in policies and procedures and is relevant to the scope and complexity of the service provided.

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.

Partial attainment

Finding:

Staff complete incident/accident forms and these are then reviewed by the Manager, however the "closing of the quality loop" is not completed. There has not been analysis of recorded incidents and accidents to identify trends to inform quality improvement either at an individual or whole of service level. There is collation of incident and accident reports, but this does not include analysis against trends associated with individual residents or documented action plans to avoid recurrences. There is no evidence of analysis of accidents translating into review of individual care plans.

There is no documentation of corrective action planning or a close out process where corrective actions have occurred or process for ongoing monitoring of implementation of improvements.

It was evidenced that Enduring Power of Attorney/relatives were routinely informed or messages left for them following an incident/accident, however there was no correlation to the resident's doctor being notified of falls etc., unless injury was suspected. There is no link between events and ongoing monitoring, evaluation and risk minimisation in respect of management of clinical care at an organisational or individual resident level.

Corrective Actions

Develop process and forms to complete corrective actions and that incident/accident items are an agenda item at all quality/ link meetings, and where the focus of the analysis of accidents translating into review of individual care plans.

1.2.7.1 The skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.

Partial attainment

Finding:

Position descriptions do not include clear attributes and qualifications for each role. Authority, accountability and responsibilities are not aligned and there has been no annual performance appraisals completed.

Corrective Actions

Ensure the skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority, and functions to be achieved in each position are documented.

1.2.7.3 The appointment of appropriate service providers to safely meet the needs of consumers.

Partial attainment

Finding:

Not all health care assistant staff have completed minimum training requirements within six months of employment.

Corrective Actions

Review care giver training needs and program and activate a program to meet their needs.

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.

Partial attainment

Finding:

There is an in-service training programme for November 2010-2011 year. The education programme over the last two years was not fully implemented with variable staff attendance at the few sessions offered

Corrective Actions

In order to provide safe and effective services for consumers, there is a need to review care giver training and identify gaps and consumer needs, for both consumer groups

Continuum of Service Delivery - Standard 1.3

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.

Partial attainment

Finding:

Resident assessment is undertaken by a Registered Nurse and a care plan is completed within three weeks of admission. Registered Nurse designation was not noted on the initial assessment; - the designation of the author is therefore unclear. Not all interventions were signed and out of the seven client files viewed - two did not contain an initial assessment

Corrective Actions

Designation of all staff to be recorded in documentation.

Ensure all new consumers have an initial assessment by a Registered Nurse.

1.3.3.4 The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.

Partial attainment

Finding:

There is a brief verbal handover at each change of duty. There was no evidence of multidisciplinary reviews, by General Practitioner, Specialist nurses, physiotherapist, dietician and recreational staff. There is no evidence of referral of residents to psychogeriatrician for challenging behaviour.

Corrective Actions

Ensure that multidisciplinary service reviews are carried out for all residents.

Ensure that manager and Registered Nurse are aware of allied health services and specialist services available for residents and that referral occurs to ensure improved outcomes for the consumers.

1.3.4.1 Service providers seek appropriate information and access a range of resources to enable effective assessment.

Partial attainment

Finding:

Of the seven client files viewed, assessments tools were incomplete, or nonexistent. No staff designation is recorded in the incomplete assessment tools (refer 1.3.3.1). A consumer with identified challenging behaviour who tends to wander, had no behaviour assessment, a resident with a wound had no short term care plan re wound care, another had no multidisciplinary, General Practitioner, Needs Assessment Service Coordination or physiotherapy input although has mobility difficulty and Parkinson's Disease. Weight was not monitored monthly and residents who had weight loss were not assessed by a dietician.

Corrective Actions

Introduce appropriate assessment tools for the resident groups.

Re-assessment of all consumers to ensure appropriate care and outcomes.

1.3.8.2 Evaluations are documented, consumer-focused, indicate the degree of achievement or response to the support and/or intervention, and progress towards meeting the desired outcome.

Partial attainment

Finding:

The assessment tools are basic and underutilised. Care plans are basic but resident centred. There was no evidence of ongoing assessment to evaluate the care provided, such as:

- Falls risk – a separate falls risk assessment was not always completed where relevant, frequent fallers' files had no evidence of post fall assessments.
- A resident with a sacral and heel pressure wound had had no Pressure Area Care assessment, or referral for a wound specialist nurse.
- Residents known to have pain had no pain assessments
- Residents with challenging behaviour had not had any behaviour assessment

There is a need to ensure goal/outcomes are clearly stated and evaluated in the care plans. Goals were not identified in all the consumer files reviewed. The plans are not outcome focussed, so evaluations are generic and do not reflect changing client needs

Corrective Actions

All care plans are to be evaluated, to reflect resident individual goals and outcomes.

1.3.8.3 Where progress is different from expected, the service responds by initiating changes to the service delivery plan.

Partial attainment

Finding:

Changes in residents progress was not reflected in the care plans:

- Falls were noted in one of the progress notes but no re assessment or change to care plan was made.
- Short term care plans for wound care were not developed, and no changes were made to the care plans following instructions in care from General Practitioner or visiting nurse specialists.
- Residents were identified as requiring re-assessment by the Needs Assessment Service Coordination for probable hospital level care – this had not been assessed or activated by the provider.

Corrective Actions

The residents' progress notes must reflect the care plan goals, outcomes, reassessment and evaluation and appropriate referrals to the MDT occur in a timely fashion.

1.3.12.3 Service providers responsible for medicine management are competent to perform the function for each stage they manage.

Partial attainment

Finding:

Regular formal competency checks for all staff administering medication consistent with the facility policy and prioritising of staff medication training needs in relation to, understanding of medication procedure, protocol and legislative requirements are in the policy statements. However it was evidenced that this was not always occurring.

Corrective Actions

All staff administering medication completes a competency assessment prior to commencing administration and at least annually.

Summation meeting

A summation meeting was attended by XXX XXX, Senior Advisor HealthCERT, and XXX XXX, Senior Advisor HealthCERT; Mr XXX XXX, Manager; Ms XXX XXX, contracted administrative assistant; XXX XXX, Health of Older People portfolio representative, MidCentral District Health Board

XXX thanked the facility 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 the information needed further analysis. XXX noted that staff were approachable. She confirmed that there would be findings against the Health and Disability Services Standards.

Key issues raised at summation were:

Relevant to complaint:

- Managers clarity of definition for the roles and scopes for clinical and non clinical managers, to ensure suitably qualified and/or experienced person/s with authority, accountability, and responsibility for the provision of service. Ensuring competent clinical oversight is provided for residents.

Substantiated

- Complaint management, requirement to document all verbal and as well as written complaints, and ensure responses are made within timeframe, and that outcomes and evaluation lead to quality improvement.

Substantiated

- Alleged intimidation of staff versus staff not evidenced.

Not substantiated

- Inappropriate placement of residents, continuum of care re-assessment, care planning, evaluation, multidisciplinary/allied health input/referral (physiotherapist, dietician) and non-integration of notes were found to be failing. Management had no understanding of the Needs Assessment process or limitations of providing care at their service level.

Substantiated

- Staff competency and staff education have been minimal over the last two years (it was acknowledged that there is a plan for 2011). Education to meet the current resident needs has not occurred, e.g. basic wound care, challenging behaviour, manual handling etc. Poor job descriptions, with unclear definitions of roles and responsibilities and competencies. Staff appraisal and development processes need development.

Substantiated

Not relevant to complaint:

- Hazard management regarding storage of chemicals in the laundry.
- Manual Handling policy and procedure, education training for staff, and need for standing hoist usage.

- Laundry process, specifically clean dirty areas, and night staff taken away from care duties to process the laundry.
- The current Registered Nurse and care giver hours meet the SNZ HB 8163:2005 guidelines for 29 residents – should the facility increase the number of residents then an increase in Registered Nurse and care giver hours would be required.

Conclusion

Seniorscare Hospitals Limited - Karina Rest Home will be required to take corrective actions to improve compliance against the Health and Disability Services Standards. On-going monitoring will be undertaken by the Ministry of Health in conjunction with the District Health Board.

The complaint about the clinical management of services provided by Seniorscare Hospitals Limited, which alleged:

- a lack of registered nurse clinical management
- a poorly managed complaints process
- inappropriate placement of residents and reluctance to have them reassessed
- competency of staff
- poor quality and safety processes
- poor maintenance.

This complaint was found to be substantiated.

- intimidation of staff by staff

This complaint was not found to be substantiated.

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: 1.2.1.3; 1.3.3.4; 1.3.4.1; 1.3.12.3 as identified in the Inspection Report must be submitted to the Director-General by 15 December 2010.
2. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.1.3.6; 1.1.3.7; 1.1.8.1; 1.1.9.1; 1.1.13.1; 1.2.2.2; 1.2.3.3; 1.2.4.3; 1.2.7.1; 1.2.7.3; 1.2.7.5; 1.3.3.1; 1.3.8.2; 1.3.8.3 as identified in the Inspection Report must be submitted to the Director-General by 15 February 2011.
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.

Summary for Publication

The Ministry of Health received two anonymous complaints about the clinical management provided at Karina Rest Home by Seniorcare Hospitals Limited.

The purpose of the unannounced inspection undertaken on 21 October 2010 was to determine whether Seniorcare Hospitals Limited - Karina Rest Home, were providing health care services in compliance with section 9 of the Health and Disability Services (Safety) Act 2001.

The provider was found to be only partially compliant with four of the five Health and Disability (Core) Services Standards:

1. Consumer Rights:

Consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilitates informed choice, minimises harm, and acknowledges cultural and individual values and beliefs.

Actions required by the provider:

- a) The provider is required to develop and implement policies to guide the maximisation of resident independence, recognising the needs of the two consumer groups within their service. The policy and procedure for advanced directives are compliant with legislation and are followed.
- b) The provider is required to ensure appropriate quality processes for continuity of care, incident reporting, and complaints systems. Further, that these are linked to processes for open disclosure, quality improvement, ongoing education, supervision, mentoring and human resource management for employing competent staff.

2. Organisational Management:

Consumers receive services that comply with legislation and are managed in a safe, efficient, and effective manner.

Actions required by the provider:

- a) The provider is required to employ suitably qualified and/or experienced persons with authority, accountability, and responsibility for the provision of services. Further, that a registered nurse with experience in eldercare and leadership/management is employed to work in a clinical leadership or management role.
- b) The provider is required to ensure planning of services to meet the needs of consumer groups, and ensures corrective action processes are specified in policies and procedures, which are relevant to the scope and complexity of the services provided.
- c) The provider is required to develop processes and forms to complete corrective actions. Further, incidents/accidents are an agenda item at all quality/link meetings that focus on analysis of accidents resulting in review of individual care plans.
- d) The provider is required to develop job descriptions that ensure the skills and knowledge required for each position are identified and the outcomes, accountability, responsibilities, authority, and functions are documented. There is also a need to review caregiver training and identify gaps and consumer needs for each role in order to provide safe and effective services for consumers.

3. *Continuum of Service Delivery:*

Consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely an appropriate manner, consistent with current legislation.

Actions required by the provider:

- a) The provider is required to ensure that documentation includes the designations of staff, and all multidisciplinary service reviews carried out for residents.
- b) The provider is required to ensure that the Manager and Registered Nurse are aware of allied health or specialist services available for residents, and referral occurs to ensure improved outcomes for consumers.
- c) The provider is required to introduce appropriate assessment tools for resident groups, and ensures all new consumers have initial assessments.
- d) The provider is required to ensure reassessment of consumers in order that appropriate levels of care are provided, and all care plans reflect resident goals and outcomes. Further, that when consumer progress does not reflect care plan goals or outcomes, re-assessment, evaluation and referral occurs.
- e) The provider is required to ensure all staff administering medication to complete medication competency assessments annually and prior to administering medicines.

The corrective action plan developed to meet the Health and Disability Services Standards will be monitored by HealthCERT and MidCentral District Health Board until the corrective actions have been met. Two progress reports are required in December 2010 and February 2011.

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Appendix

Documents requested

- Complaints management policy
- Complaints records and register for the last six months
- Staff training records and in-service training programme
- List of staff with current medication management competency
- List of staff with current first aid certificates
- Quality and risk management plan
- Incident and accidents records for the last six months.
- Minutes of staff meetings
- Minutes of quality meetings
- Resident files
- Completed resident satisfaction survey
- Maintenance records of clinical equipment for last 12 months
- Adverse Event Policy and Procedure
- Staff rosters for the last three months

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