

# Final Inspection Report

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## Malvina Major Retirement Village Limited

Date of inspection: 18 August 2010

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OFFICIAL INFORMATION ACT

HealthCERT  
Provider Regulation  
Population Health Directorate  
Ministry of Health

## Contents

<b>Executive Summary</b> .....	3
<b>Service Description</b> .....	4
<b>Reasons for the inspection</b> .....	4
<b>The inspection team</b> .....	4
<b>Methodology</b> .....	4
<b>Limitations</b> .....	5
<b>Entry Meeting</b> .....	5
<b>Summary of Inspection findings</b> .....	5
Consumer Rights during Service Delivery - Standard 1.1 .....	5
Organisational Management - Standard 1.2 .....	6
Continuum of Service Delivery - Standard 1.3 .....	7
<b>Summation meeting</b> .....	7
<b>Conclusion</b> .....	8
Additional Conditions .....	9
<b>Summary for Publication</b> .....	9
<b>Appendix</b> .....	10
Documents requested .....	10

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**Undertaken** 18 August 2010  
**File Ref:** WMA 39  
**Provider:** Malvina Major Retirement Village Limited  
**Contact Person:** Ms XXX XXX  
**Premise:** Malvina Major Retirement Village Limited  
Burma Road  
Johnsonville  
WELLINGTON

## **Executive Summary**

### **History**

Malvina Major Retirement Village Limited has been in operation for a period of 7 years, and during this last certification period the following has occurred:

HealthCERT was informed of a change in manager in May 2009.

An increase in capacity of a further 20 apartments for Rest Home and Hospital services was approved by HealthCERT in November 2008.

A complaint was received by HealthCERT in July 2009 concerning quality of food service. This was not substantiated.

A complaint was received by HealthCERT in September 2009 concerning a change in manager. No action was taken.

A complaint was received by HealthCERT in November 2009 concerning RN shortages and use of senior caregivers to replace RN coverage. This complaint was partially substantiated.

### **Nature of current complaint**

The Ministry of Health has received an anonymous complaint about the care provided to a resident at Malvina Major Retirement Village Limited.

In summary, the complaint alleges that:

- care was poorly assessed and evaluated resulting in frequent unwitnessed falls and injuries resulting in a hospital admission.

In addition to the above complaint, the Ministry was also notified of:

- An alleged physical assault of a resident
- Rough handling of a resident
- Complaints not being followed through

- Police checks of staff members may not be being undertaken
- No assessment of frequent un-witnessed falls resulting in injury and hospital admission.

## Service Description

Malvina Major Retirement Village Limited provides Aged Residential Care Hospital Services (Medical Services; Geriatric Services) & Rest Home Services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	60	60
Rest Home	59 plus 2 apartments	60 plus 20 apartments
Dementia	0	0
<b>Total</b>	<b>121</b>	<b>140</b>

## Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Malvina Major Retirement Village 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:

- '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 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 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: 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 complaint.

### **Entry Meeting**

The introduction meeting covered the following points:

A copy of the letter of introduction addressed to Ms XXX XXX, Manager, was provided to her at 8.00am on 18 August 2010.

A proposed agenda for the day was discussed included a request to interview any relatives or health professionals (GP) 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**

#### **1.1.3.7 - Fully attained**

Staff had knowledge of where to document any abuse or concerns, and in-service education training had been given to staff.

Ryman has recently introduced a 'Duty Leadership' training initiative that all Registered Nurses, Enrolled Nurses and Senior Leaders complete. It includes four modules/assignments around resident rights, customer service, leading colleagues and key operations/situations. This has been commenced at Malvina Major.

There is an annual staff training programme that is implemented and based around policies and procedures. The service averages weekly in-services and regular clinical in-service training is available for registered nurses.

**Corrective Actions:** Nil.

### 1.1.13.1 – Fully attained

There is a complaints register (log) that is in place and maintained. The service has documented complaints and there is evidence of follow up, action and resolution. The complaints log reviewed included verbal and written complaints. Staff interviewed stated that concerns/complaints were discussed at staff meetings (two per month) and memo's put into each unit for actions required.

Complaints are forwarded to head office via the Quality checklist

**Corrective Actions:** Nil.

## Organisational Management - Standard 1.2

### 1.2.3.9 – Fully attained

There are comprehensive monthly accident/incident reports completed that breaks down the data collected across areas in the facility. Reports are provided from the Manager to head office that includes a collation of staff Incident & Accident and residents Incident & Accident. A six monthly comparative summary report is completed that includes recommendations for residents and staff and training conducted. These are also compared with the last month. There is also an organisational 6 month report that benchmarks the I & A across the organisation.

**Corrective Actions:** Nil.

### 1.2.7.3 – Fully attained

Rosters evidenced safe staffing levels for the dates indicated in the complaint.

Additional care staff when acuity requires this can be requested by the Hospital Coordinator or the Rest Home Registered Nurse.

There was no high turnover of staff found.

Service shortfalls are managed with staffing rosters and the availability of on call staff. There are times however when then shortfalls are not fully covered.

The workload for one Registered Nurse in the Rest Home (currently 62 residents), is high.

**Corrective Actions:** Nil.

### Recommendation:

That the Registered Nurse cover in the Rest Home be reviewed.

## Continuum of Service Delivery - Standard 1.3

### 1.3.1.4 – Fully attained

Resident files confirmed that policy was in place and was being followed for certified services. In a sample of files viewed there were completed resident details, initial assessment. Referrals to other agencies were noted in two of the resident files.

**Corrective Actions:** Nil.

### 1.3.8.3 – Fully attained

Review of residents files showed that they were in good order, included all required documentation and were signed and dated appropriately.

In Hospital and rest home the initial assessment is completed in 24 hrs by the registered nurse and this provides staff with initial guidelines for care. The long term care plan is completed within three weeks. Completion of care plans within identified timeframes was verified in resident files sighted, although some in the rest home area were starting to fall behind timeframes for review.

Communication with family is documented in the progress notes and a relative notification stamp on file.

Resident long term care plans are evaluated six monthly or if there is a variance in health status which demonstrates a long term change care delivery. Any changes to the long term care plan are dated and signed.

**Corrective Actions:** Nil.

#### Recommendation:

That care plans and activity plans are evaluated within timeframes and at times of health care status change for Rest Home residents in the apartments by a Registered Nurse.

#### **Summation meeting**

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

XXX thanked the facility for their participation and approach to the investigation recognising that this was an unannounced inspection. XXX noted that staff interviewed had been complementary to the service. She confirmed that there would not be findings against the Health and Disability Services Standards, and that the complaint is not substantiated.

The following recommendations from the investigation but not relevant to the complaint were made:

- a) For those residents in certified Rest Home care within the apartments, (two residents currently), that the provider ensure:
  - That there is Registered Nurse clinical oversight with regard to assessment and evaluation; and
  - That there is implementation of GP and Specialist or Specialist Clinical Nurse recommendations.
- b) For those residents in certified Rest Home care within the apartments, (two residents currently), that the provider ensure that activity assessment and plans are developed.

## Conclusion

Complaint part (a): Care was poorly assessed and evaluated resulting in frequent unfit falls and injuries resulting in a hospital admission.

The Ministry staff were not aware at the outset of this investigation that the resident was not a NASC assessed resident residing in a certified Rest Home, and that she was residing in the retirement village in a serviced apartment.

Therefore her status was not covered by the Health & Disability (Safety) Act 2001. Ministry staff were able to review her notes which were provided to them and found that staff within the village services had notified the GP and monitored her condition which lead to her being transferred to hospital care at Wellington Hospital.

Complaint part (b): An alleged physical assault of a resident and rough handling of a resident.

Following a detailed review of eight resident's notes and interviews with residents, relatives and the facility GP, these allegations were not substantiated.

Complaint part (c): Complaints not being followed through

The facility has a robust complaints policy and it was evidenced that this policy and process is being followed, therefore the complaint was not substantiated.

Complaint part (d): Police checks of staff members may not be being undertaken.

The providers Human Resources policy has all staff sign a consent for police checks to be carried out, however this is only undertaken if



management feel this is required after reference checks have been carried out. There had been no staff dismissals and no need for a police check within the last 18 months.

Recommendation:

That the provider reviews this policy to routinely carry out police checks for all new staff.

The complaint received by the MOH is not substantiated.

**Additional Conditions**

Nil.

**Summary for Publication**

Nil.

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## Appendix

### Documents requested

- Abuse and Neglect Policy
- Complaints management policy
- Complaints records and register for the last 6 months
- Staff training records and in-service training programme
- Copies of Job descriptions for Hospital Manager; Rest Home Manager; Deputy Facility Manager/Clinical Coordinator and Facility Manager
- Quality and risk management plan
- Incident and accidents records for the last 6 months.
- Minutes of staff meetings
- Minutes of quality meetings
- Resident files
- Completed resident satisfaction survey
- Internal Audit Plan and results of audits
- Progress reporting documentation policy
- Respite Admission Policy
- Falls Prevention Management Policy
- Restraint Policy
- Wound Care Management Policy

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