



Final Inspection Report

Malvina Major Retirement Village Limited

Date of Inspection: 30 July 2013

HealthCERT
Provider Regulation
Clinical Leadership, Protection and Regulation

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1. Provider Details

Provider:	Malvina Major Retirement Village Limited (647381)
Premises:	Malvina Major Retirement Village, Khandallah, Wellington
Contact Person:	Jamie Preston
Internal File Ref:	WMA39
Inspection Date:	30 July 2013

2. Executive Summary

The Ministry of Health (the Ministry) was copied into a complaint from Ms B to the Office of the Health and Disability Commissioner on 29 July 2013. Ms B complained that she found her mother, Mrs A, covered in faeces on two occasions at Malvina Major Rest Home (part of the Malvina Major Retirement Village), and about the staff response when she raised the issue.

Ms B made a separate complaint that her mother had sustained a number of falls over a six-week period.

The complaint raised concern that Malvina Major Retirement Village Limited could have been in breach of its obligations as a provider certified under the Health and Disability Services (Safety) Act 2001 (the Act) to provide health care services at Malvina Major Retirement Village.

In summary, Ms B alleged that:

- her mother was covered in faeces while sitting with other residents in the main lounge; she was reassured by the clinical manager that this would not happen again;
- her mother was in the same condition the next day;
- since admission on 18 June 2013, her mother had sustained four falls over a period of six weeks.

As a result of this complaint copied to the Ministry, an unannounced inspection of Malvina Major Retirement Village was undertaken by the Ministry on 30 July 2013. The inspection was made under and in accordance with sections 40, 41(2) and 43 of the Act.

On the basis of evidence reviewed, the Ministry concluded that there had been failure to fully comply with relevant Health and Disability Services Standards (NZS 8134:2008). The partially attained standards related to complaints management, quality and risk management, adverse event reporting, assessment, planning, service delivery/interventions, and infection prevention and control. All complaints were substantiated, and Malvina Major Retirement Village Limited is required to undertake the corrective actions. On-going monitoring will be undertaken by the Ministry in conjunction with Capital and Coast District Health Board.

3. Background

Law

Providers of health care services must be certified by the Director-General of Health (sections 9(a) and 26 of the Act), and must comply with all relevant health and disability service standards (section 9(b)).

The relevant service standards are approved under the Health and Disability Services (Safety) Notice 2008, and the standard approved is the Health and Disability Services Standards NZS 8134:2008.

Facts

- a) ***Mrs A was covered in faeces while sitting with other residents in the lounge and reassurance***

that this would not happen again

The caregiver who was looking after Mrs A during both incidents was interviewed. She confirmed that she checked Mrs A at 1.30pm, after lunch, on the day of the first incident. Mrs A had a bowel movement later in the afternoon while sitting in her chair in the main lounge. This was not observed or monitored by staff on duty despite Mrs A having been given medication XXXXXXXXXXXX. Mrs A should have been monitored more closely.

The review of Mrs A's file did not show evidence of a further update to the long term care plan after the incident, nor was a short term care plan put into place. There were no specific guidelines or instructions evident in the progress notes for the caregivers to follow. The sample of other residents' files reviewed also noted there were inadequate instructions for staff to follow to ensure individual residents care needs were appropriate.

The clinical manager was asked to explain her course of action following Ms B's original complaint. The clinical manager said that a full apology was given to Ms B and reassurance was given that her mother would be monitored on an hourly basis as requested. The clinical manager stated she then emailed the village manager and the care coordinator, neither of whom were on duty the day she sent the email. The daily handover book that was reviewed during the inspection had one line that read: "Mrs B has made a complaint about her mother".

b) Mrs A was found in the same condition the next day

The care coordinator (registered nurse) confirmed that Ms B approached him at midday the day after her initial complaint. Ms B complained that her mother was again in an unacceptable condition in the main lounge/dining room. The care coordinator had not been on duty the previous day and was still catching up with the email sent to him from the clinical manager. There was no further documentation sighted in the resident's file following the second incident.

The caregiver who had been looking after Mrs A confirmed that there had been another incident where Mrs A was incontinent in the lounge. Following this incident a change was made to the care plan. However, despite the update of management of incontinence in the care plan it was not monitored until the following day.

A Ministry advisor observed the process for giving medication to Mrs A and concluded that there was insufficient time for medication to XXXXXXXXX to work before Mrs A was put back into her chair and taken to the lounge.

c) Since admission on 18 June 2013, Mrs A had sustained four falls over a period of six weeks

There were eight incident and accident forms in Mrs A's file. Six of the forms reported falls, four of which occurred in June and two in July. The other forms referred to a XXXXXXXX XXX and an incontinence issue. Each form noted that the family had been informed of the falls. However, strategies for minimising the risk of falls were not evident. A falls analysis form had been completed by a registered nurse. The evaluation included statements about Mrs A such as 'lacked insight'.

Mrs A was identified as a high falls risk but no plan was evidenced to minimise the risk of falls. There was no evidence of reassessment of Mrs A following falls. In addition, there was no evidence of steps taken to minimise falls other than a falls mat and sensor alarm being placed next to a low bed. This did not prevent Mrs A continuing to fall from her wheelchair during the day. A recliner chair had been provided for Mrs A's use but this still did not minimise her risk of falling.

Other resident files that were reviewed identified there were shortfalls in documentation. There was also a lack of action and recommendations for minimisation following adverse events.

The Ministry concluded that all Ms B's complaints were substantiated.

Certification

- Malvina Major Retirement Village Limited has a two year certification period, expiring in October 2013.
- HealthCERT last received a complaint about Malvina Major Retirement Village in August 2011.

The complaint was not substantiated.

4. Inspection Team

The inspection was undertaken byXXXXXX, XXXXXX, XXXXXX, Senior Advisors HealthCERT, Ministry of Health, under delegated authority of the Director-General of Health.

5. Inspection process

The following methodology was used during the inspection:

- Interview with Village Manager
- Interview with Clinical Nurse Manager
- Interview with two Care Coordinators (Registered Nurses)
- Interview with five care givers
- Physical inspection of premises / equipment
- Review of Clinical Records
- Review of Policies and Procedures

6. Inspection Limitations

The scope of the inspection was limited to the issues raised in the complaint made by Ms B and criteria within the Health and Disability Services Standards relevant to the complaint.

7. Inspection Findings

Findings have been reported against the Health and Disability Services Standards (NZS 8134:2008)

Relevant Standard/Criterion	Findings	Required Corrective Action/s	Rating and time frame.
Standard 1.1.13 Criterion 1.1.13.3	Not all complaints had been logged into the complaints register. There was a meeting with the complainant on July 13 but there was no written record of the meeting in the complaints folder and no formal letter acknowledging the meeting or the resolution.	Corrective Action Request: Ensure the complaints register is sufficiently detailed and includes all actions undertaken.	Rated: Moderate Time Frame: One month
Standard 1.2.3 Criterion 1.2.3.8	Corrective action plans are not consistently being developed where required, for example: Residents' care plans do not consistently include details of all applicable interventions required to minimise risk.	Corrective Action Request: Ensure corrective actions plans are consistently developed where required, implemented and monitored for effectiveness. Ensure short term care plans are sufficiently detailed and provided guidance for staff on relevant prevention strategies following reported incidents.	Rated: Moderate Time Frame: Two months
Standard 1.2.4 Criterion 1.2.4.3	In all eight files reviewed, the incident and accident forms held on the files did not have completion of the recommendations by the registered nurse. There was no analysis or risk minimisation and reassessment	Corrective Action Request Ensure all recommendations and actions are completed.	Rated: Moderate Time Frame: Two months

	completed by the registered nurse.		
Standard 1.3.4 Criteria 1.3.4.2	Although assessments had been carried out, there was no linkage to guide staff in the care plans around the residents' needs.	Corrective Action Request: Ensure the needs and goals are identified and documented in the care plans to ensure service delivery is maintained.	Rated: Low Time Frame: Three months
Standard 1.3.5 Criteria 1.3.5.2	In the eight files reviewed, care plans were repetitive/generic and not individualised. There were repetitive interventions that did not relate to specific resident's needs.	Corrective Action Request: Ensure care plans interventions are updated to reflect current health status and assistance required.	Rated Moderate Time Frame: Three months
Standard 1.3.6 Criteria 1.3.6.1	In the eight files reviewed each file had a generic list of interventions. The interventions were not reported against in the care plan, or in the progress notes, only the assisted daily living requirements.	Corrective Action Request: Interventions documented in the 8 care plans reviewed did not reflect current resident needs.	Rated Moderate Time Frame: Three months
Standard 3.1 Criteria 3.1.6	There was no infection control team. The service did not have an infection control committee, team, or representation as part of another committee. The clinical coordinator is the infection control nurse and presents infection control matters to staff at management meetings and undertakes the surveillance monitoring.	Corrective Action Request: Ensure there is an infection control team appropriate for the size and complexity of the organisation and this is reflected correctly in the infection control programme.	Rated Moderate Time Frame: Three months
Standard 3.2 Criteria 3.2.3	There was no evidence of the infection control personnel receiving continuing education in infection control and prevention.	Ensure on-going education and training is received for the infection control nurse.	Rated Moderate Time Frame: Six months

8. Meeting at end of inspection

Present:XXXXXXXXX, Senior Advisors HealthCERT, Ministry of Health;XXXXXXXX, Capital and Coast District Health Board Portfolio Manager; Jamie Preston, Malvina Major Retirement Village Manager; Kiri McDonald, Regional Manager, Ryman Healthcare Limited; Wendy Taylor, Regional Manager, Ryman Healthcare Limited.

XXXXXXXX thanked management team and staff for their participation and approach to the investigation, recognising that this was an unannounced inspection. It was explained that a full summation of findings could not be provided at the closing meeting as information gathered needed further analysis. The provider was advised that this investigation report would be published on the Ministry of Health website.

Key Issues raised at the summation were:

- all issues raised by Ms B appeared to be substantiated but further analysis was required to confirm this
- not all complaints were registered in the complaints register and management of complaint documentation required improvement
- care plans were generic and not individualized for each resident.
- there was a breakdown in both written and verbal communication from one shift to another
- clinical leadership was not evident.

9. Conclusion

Failure to comply with relevant standards

Malvina Major Retirement Village Limited failed to comply with the relevant standards, and is required to

comply with the specified corrective actions within the specified timeframes.

Required corrective actions: A written progress report that outlines all actions undertaken by the provider in relation to corrective measures against Health and Disability Services Standards 1.1.13 (as approved under section 13 of the Act) must be submitted to your District Health Board by 5 September 2013. Your District Health Board will notify the Director-General of Health of progress, if any, if required in accordance with the Ministry of Health's requirements for the processing of progress reports.

A written progress report that outlines all actions undertaken by the provider in relation to corrective measures against Health and Disability Services Standards 1.2.3.8, 1.2.4.3 (as approved under section 13 of the Act) must be submitted to your District Health Board by 5 October 2013. Your District Health Board will notify the Director-General of Health of progress, if any, if required in accordance with the Ministry of Health's requirements for the processing of progress reports.

A written progress report that outlines all actions undertaken by the provider in relation to corrective measures against Health and Disability Services Standards 1.3.4.2, 1.3.5.2, 1.3.6.1, 3.1.6 (as approved under section 13 of the Act) must be submitted to your District Health Board by 5 November 2013. Your District Health Board will notify the Director-General of Health of progress, if any, if required in accordance with the Ministry of Health's requirements for the processing of progress reports.

A written progress report that outlines all actions undertaken by the provider in relation to corrective measures against Health and Disability Services Standards 3.2.3 (as approved under section 13 of the Act) must be submitted to your District Health Board by 5 February 2014. Your District Health Board will notify the Director-General of Health of progress, if any, if required in accordance with the Ministry of Health's requirements for the processing of progress reports.

If the corrective actions are not achieved, the Ministry may take action in relation to non-compliance with the requirements of the Act.

Ryman Healthcare Limited was given a copy of the draft report and asked to comment on any factual errors. Barbara Reynen-Rose, Operations Manager, Ryman Healthcare Limited, responded in a letter dated 21 August 2013. The Ministry considered Ms Reynen-Rose's comments before finalising this report.