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## **Final Inspection Report**

**Jennifer Margaret Pratt**  
**Marinoto Rest Home**

**Date of inspection: 28 May 2013**

HealthCERT  
Provider Regulation  
Clinical Leadership, Protection and Regulation

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## Provider Details

Provider:	Jennifer Margaret Pratt
Premises:	Marinoto Rest Home
Contact Person:	Jenny Pratt, Manager
Internal File Ref:	G06830 - C01
Inspection Date:	28 May 2013

## Executive Summary

The Ministry of Health (the Ministry) received a complaint on 23 May 2013 from Ms A about the standard of care provided to her late mother, Mrs B, at Marinoto Rest Home, Inglewood. The complaint raised concern that Jennifer Margaret Pratt could have been in breach of obligations as a provider certified under the Health and Disability Services (Safety) Act 2001 (the Act) to provide services at Marinoto Rest Home.

Ms A alleged that:

- her mother was known to be at risk of falls but there was no plan in place to prevent such incidents occurring
- her mother was not checked by a GP after falling and sustaining a head injury on 10 April 2013
- her mother was vomiting and distressed throughout the day on 10 April 2013 but she received no medical assessment or appropriate monitoring
- no explanation was given as to why her mother had to be transferred to Taranaki Base Hospital about 9pm on 10 April 2013.

The complaint raised concern that Jennifer Margaret Pratt 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 Marinoto Rest Home.

On the basis of evidence reviewed, all aspects of the complaint were substantiated. The inspection identified five partially attained criteria against the Health and Disability Services Standards in relation to falls management. Jennifer Margaret Pratt is required to undertake the corrective actions outlined in section 6. Ongoing monitoring will be undertaken by the Ministry in conjunction with Taranaki District Health Board.

### Summary of findings in respect of the complaint:

Under section 9 of the Act, a person providing health care services of any kind must do so

- (a) while certified by the Director-General to provide health care services of that kind; and
- (b) while meeting all relevant service standards; and
- (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 the Act.

Each of the concerns raised in the complaint were considered against relevant Health and Disability Services Standards (NZS 8134:2008).

1. ***Mrs B was known to be at risk of falls but there was no plan in place to prevent such incidents occurring.***

Six resident files were reviewed (including Mrs B's) and there was no evidence of falls assessments being completed for any of the residents. Eighteen incident forms had been completed as a result of falls sustained by Mrs B between April 2012 and April 2013. Her care plan showed only one evaluation regarding falls during the 12 month period. There was evidence of short term care plans for wounds/haematomas sustained by Mrs B as the result of falls. However, there was no evidence of a falls risk tool being used or any recommended actions to reduce the risk of falls. There was also no evidence that caregivers had been given instructions on how to reduce falls.

**Outcome: Substantiated.**

**2. Mrs B was not checked by a GP after falling and sustaining a head injury on 10 April 2013.**

There was no evidence that Mrs B had been seen by a GP following a fall on 10 April 2013. There was also no record that the GP had been notified following any of the 18 reported falls over the past 12 months. It was reported that Mrs B sustained facial injuries as a result of three falls and sustained black eyes following two other falls. Two falls resulted in Mrs B requiring an x-ray to determine if fractures had occurred. Both visits to the x-ray clinic were mentioned in Mrs B's progress notes but there was no reference to the GP having been informed, or the x-ray having been requested by the GP. None of the falls were mentioned in Mrs B's medical notes.

**Outcome: Substantiated.**

**3. Mrs B was vomiting and distressed throughout the day but she received no medical assessment or appropriate monitoring.**

Mrs B's progress notes for 10 April 2013 had an entry stating: "Mrs B fell in her room in the morning, checked for injury none apparent". It was noted that Mrs B vomited later in the afternoon. "Manager called and advised to give Mrs B 20mls of Mylanta". This was given with no effect.

Progress notes stated that Mrs B refused pain relief but it was not known if she had complained of pain. The notes later stated that "Mrs B vomited 12 times since 3pm and ambulance called". There was no documentation to confirm who made the decision to call the ambulance. There was also no evidence that the GP had been informed of either the vomiting or the admission to hospital.

Mrs B was XXXXXXXXXXXXXXXXXXXXXXXX . However, there were no instructions or documentation in relation to the XXXXXXXXXXXXXXX during the vomiting episodes.

**Outcome: Substantiated.**

**4. No explanation was given as to why Mrs B had to be transferred to Taranaki Base Hospital about 9pm on 10 April 2013.**

Mrs B's progress notes did not document the clinical situation leading up to her transfer to hospital. The notes simply stated "ambulance called Mrs B has gone to hospital". There was no documentation to explain the rationale for the admission, or if the GP had been contacted.

**Outcome: Substantiated.**

The unannounced inspection substantiated all aspects of Ms A's complaint about the standard of care provided to her mother. Jennifer Margaret Pratt was not fully compliant with the Health and Disability Services Standards in relation to management of falls.

A spot audit of Jennifer Margaret Pratt occurred in January 2013. On the day of the inspection, there was no evidence of a plan to address the required corrective actions. However review of clinical records during the inspection showed that some issues identified at the audit remained outstanding.

## Background

Marinoto Rest Home is owned and managed by Jennifer Margaret Pratt. The provider is certified for two years with a certificate due to expire on 14 March 2014. A spot audit undertaken in January 2013

identified six partially attained criteria against relevant Health and Disability Services Standards.

### Previous Complaints

The Ministry has received no previous complaints about the services provided by Jennifer Margaret Pratt. Neither the Health and Disability Commissioner nor Taranaki District Health Board has notified the Ministry of any complaints to those organisations.

## **Inspection Team**

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

## **Inspection process**

The following methodology was used during the inspection:

- Interview with Clinical Nurse Manager
- Interview with one care giver
- Observation of residents
- Interview with two residents
- Physical inspection of premises / equipment
- Review of Clinical Records.

The documentation review was limited to the copies of:

- Certified copy of Death Certificate
- Letter from Hospital Doctor
- Letter from management / Jenny Pratt dated 28 April 2013
- Copy of letter sent to manager requesting information
- Progress notes for the last 12 months
- Incident forms for the last 12 months
- Medication charts/signing sheets
- Care plans
- Copy of medical notes of visiting GP.

Before making her complaint to the Ministry, Ms A had requested copies of her mother's files from Jennifer Margaret Pratt. Ms A provided this documentation to the Ministry.

A complete review of Mrs B's earlier files and corresponding documents was limited on the day of the inspection because the manager's office was locked and no staff member had access to the office.

## **Inspection Limitations**

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

## Inspection Findings

Findings have been reported against the following standards:

- Health and Disability Services Standards 8134.1:2008

Standard/Criterion	Findings	Required Corrective Action/s	Rating and time frame.
Standard 1.2.4 Adverse, unplanned, or downward events are systematically recorded by service and reported to affected consumers and where appropriate their family/whanau of choice in an open manner.	<p><b>1.2.4.1</b></p> <p>The incident form had been redeveloped and a new form seemed to have been introduced in 2012. Review date was not clear on footer of form.</p> <p>There was no definition on the form to identify and define what an incident was.</p> <p><b>1.2.4.4</b></p> <p>While the organisation's open disclosure policy could not be sighted, the clinical nurse manager was unclear of what open disclosure related to, ie 'events that cause unintended harm' and 'the request for information regarding adverse / sentinel events'.</p>	<p><b>Corrective Action Request:</b></p> <p>Ensure the incident report identifies and defines what an incident is.</p> <p><b>Corrective Action Request:</b></p> <p>Ensure there is an open disclosure policy and it is aligned with current accepted practice and includes open disclosure for applicable events where unintended harm does not occur and where information is requested for any reported event.</p>	<p><b>Rated: Low</b></p> <p><b>Time Frame:</b> Three months</p> <p><b>Rated: Moderate</b></p> <p><b>Time Frame:</b> One month</p>
Standard 1.3.5 Planning Consumers' service delivery plans are consumer focused, targeted, and promote continuity of service delivery.	<p><b>1.3.5.2</b></p> <p>Six of six files reviewed did not clearly identify strategies for minimising episodes of frequent falls, based on assessment and prevention.</p>	<p><b>Corrective Action Request:</b></p> <p>Ensure the care plan describes the required supports and interventions to achieve the desired outcomes identified by the on-going assessment process.</p>	<p><b>Rated: Moderate</b></p> <p><b>Time Frame:</b> Three months</p>
Standard 1.3.8 Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	<p><b>1.3.8.2</b></p> <p>It was difficult to ascertain if support interventions had been effective in response to meeting residents' identified goals.</p> <p>The six files reviewed had evaluations that included statements such as 'no change', 'updated' and the date and signature of the registered nurse. The evaluations did not indicate the degree of achievement or response to interventions, and progress towards meeting desired outcomes.</p> <p><b>1.3.8.3</b></p> <p>There was inconsistency in the documentation around care planning for residents. The registered nurse reported that she informs staff at handover of the changes and also undertakes relevant education with staff if required. Short term plans were mostly completed for events that were different from expected.</p>	<p><b>Corrective Action Request:</b></p> <p>Ensure the process for care planning is clarified so that all evaluations are documented, are resident focused and indicate the degree of achievement, support and/or intervention and progress towards meeting desired goals/outcomes.</p> <p><b>Corrective Action Request:</b></p> <p>Clarify the care planning process to ensure there is consistency in documentation and that when changes occur for a resident this is reflected on the care plan.</p>	<p><b>Rated: Moderate</b></p> <p><b>Time Frame:</b> Three months</p> <p><b>Rated: Moderate</b></p> <p><b>Time Frame:</b> Three months</p>
Standard: 1.3.10 Admission, Exit, Discharge, Or Transfer Consumers experience a	<p><b>1.3.10.1</b></p> <p>There was no access to the policy for transferring a resident to hospital. The registered nurse was unable to confirm if this policy was</p>	<p><b>Corrective Action Request:</b></p> <p>Ensure there is a specific transfer and discharge procedure and form used to document the needs and</p>	<p><b>Rated: Moderate</b></p> <p><b>Time Frame:</b> One month</p>

ined and coordinated sition, exit, discharge, transfer from services.	in place. In reviewing Mrs B's file, there was no evidence of contacting the GP before admission to hospital.	requirements of resident's during a transfer process to ensure continuity of care when a resident is transferred.	
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## Meeting at end of inspection

Present: XXX XXX, Clinical Nurse Manager; XXX XXX, Senior Advisor HealthCERT, XXX XXX, DHB Portfolio Manager (contacted via telephone).

XXX thanked the clinical nurse manager 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 four issues raised by the complainant were substantiated at the inspection.
- A written progress report that outlines all actions undertaken by the provider in relation to corrective measures against Health and Disability Services Standards 1.2.4.4, 1.3.10.1 (as approved under section 13 of the Act) must be submitted to your District Health Board by 21 August 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 1.2.4.1, 1.3.5.2, 1.3.8.2, 1.3.8.3 (as approved under section 13 of the Act) must be submitted to your District Health Board by 21 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.

## Conclusion

Under section 9 of the Act, certified providers must meet all relevant standards and comply with any conditions subject to which the provider was certified by the Director-General of Health. Jennifer Margaret Pratt is required to undertake the above corrective actions within the specified timeframes. If the corrective actions are not achieved, the Ministry may take action in relation to non-compliance with the requirements of the Act.

The provider was given a copy of the draft report and asked to comment on any factual errors. Jennifer Pratt responded in a letter dated 21 July 2013. Ms Pratt's comments were considered before this report was finalised. No changes were made to the draft report as a result of factual errors.