



Final Inspection Report

Radius Residential Care Limited
Radius Maeroa Lodge
135 Maeroa Road
Maeroa
HAMILTON

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

Date of inspection: 22 September 2011

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Executive Summary

On the basis of a number of complaints received over a relatively short period of time, HealthCERT undertook an unannounced inspection of Radius Maeroa Lodge on 22 September 2011 to ascertain if satisfactory corrective actions following these substantiated complaints were, in fact, occurring.

The areas of concern following these complaints were around service provision; complaint management, staffing levels, care planning, continence management, wound care, food service, hygiene of the facility, hot water temperature, heating and ventilation.

The unannounced inspection found some areas where compliance with the standards was not fully attained. These findings were in the areas of; complaint management, advanced directives, organisational management, quality and risk management, evaluation of care, medication management, food service and ventilation. Six of these were recurring issues from the January 2011 Surveillance (Spot) audit. However the advisors carrying out the inspection found no immediate high risk issues with regard to resident safety.

Radius Maeroa Lodge will be required to take corrective actions to improve compliance against the Health and Disability Services Standards. Ongoing monitoring will be undertaken by the Ministry of Health (the Ministry) in conjunction with Waikato District Health Board (DHB).

The provider is addressing some long standing issues to become compliant in all areas. This process will be closely monitored by the DHB, and verified by a further unannounced surveillance (Spot) audit which will occur within the next ten weeks, to ensure that the new processes are demonstrated to be imbedding.

Previous Recent Complaints

18/03/10 – Complaint regarding:

- wound care
- palliative care
- cellulitis

DHB requested provider place a temporary manager for two weeks, the DHB provided a corrective action plan which was agreed to by the facility, and also the DHB provided expertise on wound care and nursing practice.

➤ Substantiated (DHB)

06/08/10 – Complaint regarding:

- food services.

➤ Substantiated (Ministry)

06/01/11 – Complaint regarding

- post-fall care
- wound care

Designated Auditing Agency was asked to comment on this at an unannounced surveillance audit.

➤ Substantiated (Ministry)

- 10/01/11** – Complaint regarding:
- room and water temperatures.

Designated Auditing Agency was asked to comment on this at a surveillance audit.

➤ Substantiated (DHB)

Note: No change in certification period, but further reporting required and a second surveillance audit requirement (Ministry)

Note: DHB found material breach of contract and funds were threatened to be withheld unless progress was made.

- 01/03/11** – Complaint regarding:
- room temperatures
 - assessment
 - care planning
 - staffing issues and
 - hygiene

➤ Substantiated (DHB)

- 27/04/11** – Complaint regarding:
- care of conjunctivitis
 - hygiene
 - complaints management.

➤ Substantiated (DHB)

- 28/06/11** - Complaint regarding:
- poor care
 - low staff
 - poor meals.

➤ Substantiated (Ministry)

- 22/08/11** - Complaint regarding:
- failure to provide care for Mr X. Mr X's brother (the Enduring Power of Attorney but not the complainant), did not want to take further
 - food
 - continuity of staff / care
 - meal time assistance
 - air conditioning
 - continence products.

➤ A number of issues were common to other complaints and followed up within this inspection. Points 1 and 6 were not substantiated, points 2,3,4,and 5 were substantiated.

Note: Radius Regional Manager was the facility manager from 19 April 2011 until 26 September 2011. However a Contract Manager was in place from 15 August 2011 until 9 September 2011. The Regional Manager maintained supervision whilst the Contract Manager was in place.

Nature of current complaints

The Ministry was notified about a number of complaints that indicated Radius Maeroa Lodge could be in breach of its obligations as a certified provider under the Health and Disability Services (Safety) Act 2001.

The complaints related, but were not limited to, the following Health and Disability Services Standards (HDSS):

- HDSS 1.1 Consumer Rights
- HDSS 1.2 Organisational Management
- HDSS 1.3 Continuum of Service Delivery
- HDSS 1.4 Safe and Appropriate Environment

Service Description

Radius Maeroa Lodge provides Aged Residential Care Hospital (Medical and Geriatric) and Rest Home services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	45	77
Rest Home	20	20
YPD	7	0
Total	72	97 (includes 8 decommissioned rooms)

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Radius Maeroa Lodge 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 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

The introduction meeting covered the following points:

A copy of the letter of introduction addressed to Ms Helen Martelli was provided to Dianne Coe, Clinical Manager.

The regional manager was contacted by the facility and returned within two hours.

A proposed agenda for the day was discussed and 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.

Exit meeting

A summation meeting was attended by: XXX, Senior Advisor HealthCERT, XXX, Senior Advisor HealthCERT, Dianne Coe, Clinical Manager, Helen Martelli, Regional Manager, XXX (EN), Quality Co-ordinator.

The Senior Advisor thanked the facility for their participation and approach to the investigation recognising that this was an unannounced inspection. The Senior Advisor noted that relatives interviewed had been complimentary to the service, and that staff were approachable. She confirmed that there would be findings against the Health and Disability Services Standards.

Inspection findings

The following areas of non-compliance against the Standards were identified on the day of the inspection.

Consumer Rights during Service Delivery - Standard 1.1

Standard/ Criteria	
<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>A complaint register is in place; however there were gaps in documenting complaints. From February to August this year complaints had not been documented and also there was no clear documentation of actions taken, evaluation and outcomes for those complaints documented.</p> <p>CAR: Ensure that all complaints (written and verbal) are documented, actions taken noted, evaluation and outcomes documented.</p>
<p>1.1.10.7</p> <p>Advance directives that are made available to service providers are acted on where valid.</p>	<p>Finding: Partially Attained</p> <p>The sample of resident's files evidenced non compliance in regard to the completion of EPOA forms and Advanced Directives</p> <p>CAR: Policy and process need to incorporate current legislation.</p>

Organisational Management - Standard 1.2

Standard/ Criteria	
<p>1.2.1.3</p> <p>The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of services.</p>	<p>Finding: Partially Attained</p> <p>At the time of inspection the facility did not have an appointed full time facility manager. This role has been fulfilled by the Regional Manager and a Contract Manager since April 2011.</p> <p>CAR: Ensure that a facility manager is appointed with responsibility for the complete provision of services.</p>
<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- Recurring</p> <p>Quality improvement data has been gathered over the past few months however no corrective action plans have been applied or carried out and therefore no evaluations of any improvements.</p> <p>CAR: Ensure corrective action plans addressing areas requiring improvements are developed and implemented.</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 - Recurring</p> <p>Although staff are completing incident and accident forms, there was no evidence of analysis of data to identify opportunities for improvement of service delivery or to minimise risk to residents/staff. There was little feedback to staff regarding outcomes.</p> <p>CAR: Document appropriate interventions on accident incident forms evaluate outcomes and ensure staff and organisational communication of same.</p>
<p>1.2.7.3</p> <p>The appointment of appropriate service providers to safely meet the needs of consumers.</p>	<p>Finding:</p> <p>The provider is meeting the District Health Board Aged Residential Care Contract and the SNZ HB 8163 Guidelines; however the layout/environment of the facility must also be taken into consideration for staffing levels to safely meet the needs of consumers. Staff generally felt that there were insufficient numbers to provide safe care. The high utilisation of agency staff both registered nurses and caregivers who were not au fait with policy, procedures and layout of the facility added to this perception. Poor communication</p>

	<p>regarding change to staffing systems "team care" had also failed to meet staff expectations.</p> <p>Recommendation :</p> <p>That the provider take into consideration the clinical acuity of a mixed (hospital and rest home) level of care throughout the facility; the existing staff profile (age); and the hexagonal layout of the facility which diminishes visual and physical contact with both residents and staff when applying rationale to staffing ratios.</p> <p>That better communication/education for staff regarding changes to work flow be carried out prior to making changes to systems.</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 high utilisation of agency staff, both registered nurses and caregivers, who had not been orientated to layout, policy and procedures has meant that skill mixes have not been adequate to provide safe levels of service delivery. There are a number of current vacancies for both registered nurses and care givers, and this has been reflected in resident to staff ratios (e.g. 1:8).</p> <p>CAR:</p> <p>Ensure that all staff (including agency) are orientated prior to commencement of working in the facility, and that there is development regarding the new team nursing approach.</p> <p>Ensure team allocations are based on resident need and acuity.</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>Records were maintained and integrated except for Short Term Care Plans (STCP) for example wound care plans which were held in an external file and different location and there was no referencing to these STCP within the resident files or care plans.</p> <p>CAR:</p> <p>Ensure that all documentation is integrated.</p>

Continuum of Service Delivery - Standard 1.3

Standard/ Criteria	
<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>Samples of residents files evidence inconsistency of resident/family involvement in the care planning evaluations and reviews process.</p> <p>CAR:</p> <p>Ensure that care plans and evaluations clearly demonstrate resident and family input.</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>Approach to team work and continuity of service is in process of being developed for the facility and is a new approach for staff in caring for residents. Change was not yet fully imbedded and staff felt left out at times and muddled by the changes. Staff are also requesting more communication regarding the changes taking place.</p> <p>CAR:</p>

	Ensure that the service is coordinated to ensure continuity of service ensuring outcomes are achieved for residents.
1.3.4.2 The needs, outcomes, and/or goals of consumers are identified via the assessment process and are documented to serve as the basis for service delivery planning.	Finding: Partially Attained GP assessments and medical information are not incorporated into the care plan for one resident who's family take them off site to visit their GP. CAR: The medical assessment and information should inform the care plan for the resident.
1.3.12.5 The facilitation of safe self-administration of medicines by consumers where appropriate.	Finding: Partially Attained The inspection found that one resident's family member was administering medication to the resident. The provider did not have any record of when or if medication had been administered or if competency of the resident's family member to administer medication had been assessed. CAR: Ensure that policy and procedures are maintained for the facility thus meeting the requirements of the Health and Disability Standards for Medicine Management.
1.3.13.3 The personal food preferences of the consumer are met where appropriate.	Finding: Partially Attained – Recurring Residents and family all commented that staff did not offer alternate meals when food was not acceptable to them or they had a dislike of certain foods. Kitchen staff were unaware of the need for alternate meals which could easily be supplied. Care staff do not communicate with either the resident and the kitchen staff regarding alternate meal choices. CAR: Ensure resident's food preferences are met.
1.3.13.5 All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.	Finding: Partially Attained – Recurring Food temperatures are checked prior to the served dishes leaving the kitchen and taken to the dining rooms on trolleys. Staff then place meals on tables for residents and remove the covered lids. For those residents who require assistance, their meals are left uncovered until a staff member is free to assist them. Meals cool and are not hot when residents receive them. CAR: Ensure that food is transported and delivered to comply with current legislation and guidelines.

Safe and Appropriate Environment - Standard 1.4

1.4.3.2 Hot water for showering, bathing, and hand washing is provided at the tap at a safe and appropriate temperature that minimises the risk of harm to consumers.	Finding: Although the hot water temperature is tempered by a valve and leaves the boiler at 49oC to reach taps at 45oC, during summer weather due to the pipes being in a roof cavity there is a possibility for the water to be reheated (solar heat) and thus reaches the taps at a far higher temperature. Recommendation: Ensure that hot water temperatures which are within the recommended temperature range currently, are monitored closely over the summer months.
1.4.8.1 Areas used by consumers and	Finding: Partially Attained – Recurring The heating system in winter is now fully functional and temperatures are

<p>service providers are ventilated and heated appropriately.</p>	<p>monitored. There are still areas within the complex that have summer ventilation problems with temperatures reaching 25oC to 30oC range. The provider is working to address this problem but has not yet put systems in place to reduce summer temperatures. One resident's care plan clearly indicated to staff measures to be taken when a room temperature reached above 25oC.</p> <p>CAR: Ensure areas used by consumers and staff are ventilated and heated appropriately.</p>
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Radius Maeroa Lodge 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 in conjunction with the DHB.

Conclusion

The unannounced inspection was focussed on the Health and Disability Service Standards being met with regard to the complaints that had been substantiated for this provider.

The following are the outcomes from follow up of progress towards the provider meeting requirements post these complaints:

Resident Rights:

- Complaints had not been documented and there was not clear documentation of actions taken, evaluation and outcomes for complaints.
- Non compliance in regard to the completion of Enduring Power Of Attorney (EPOA) forms and Advanced Directives.

Organisational Management:

- The facility did not have a full time facility manager and this "gap" in management had been over a prolonged period.
- Corrective action plans addressing areas requiring improvements were not developed and implemented.
- The high utilisation of agency staff, both registered nurses and caregivers, due to a high vacancy rate, who had not been orientated to layout, policy and procedures has meant that skill mixes have not been adequate to provide safe levels of service delivery.

Continuum of Care:

- Wound care is comprehensive and carried out with the mentorship of a clinical nurse specialist.
- Assessment and care planning meet the required standard.
- Continence assessment and supply of products meet the required standard.
- A complainant's active involvement in respect to a resident's care is exposing the resident and the provider to unnecessary risk, e.g., refusal of care to manage adequate

measures for pressure area care, to involve the provider in the medical management by the General Practitioner, and medication management. The advisors recommend that a mediation process between a complainant and the provider be commenced immediately by the DHB and that this process include clinical input from a Psycho-Geriatrician to ensure clinical safety for the resident, and assess competency and if necessary enact the EPOA, or appoint a resident advocate.

- Staff did not offer alternative meals when food was not acceptable or for a dislike of certain foods. Kitchen staff were unaware of the need for alternative meals which could easily be supplied. Care staff do not communicate with either the resident and the kitchen staff regarding alternative meal choices.
- Food temperatures are checked prior to the served dishes leaving the kitchen and taken to the dining rooms on trolleys. Staff then place meals on tables for residents and remove the covered lids. For those residents who require assistance, their meals are left uncovered until a staff member is free to assist them. Meals cool and are not hot when residents receive them.

Safe and Appropriate Environment:

- The facility met the required standards with regards to hygiene and cleaning.
- The winter heating for the facility is now fully functional and monitored daily.
- The hot water temperature is tempered by a valve and leaves the boiler at 49oC to reach taps at 45oC, during summer weather due to the pipes being in a roof cavity the water is reheated (solar heat) and thus reaches the taps at a far higher temperature.
- Areas within the complex have summer ventilation problems with temperatures reaching 25oC to 30oC range. The provider is working to address this problem but has not yet put systems in place to reduce summer temperatures.

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; 1.2.9.10; 1.3.4.2; 1.3.12.5; 1.3.13.3; 1.3.13.5 as identified in the Inspection Report must be submitted to Waikato District Health Board by 11 November 2011.
2. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.1.13.3; 1.1.10.7; 1.2.3.8; 1.2.4.3; 1.2.8.1; 1.3.3.2; 1.3.3.4; 1.4.3.2; 1.4.8.1 as identified in the Inspection Report must be submitted to the Waikato District Health Board by 11 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

Documents requested:

- Staffing and skill mix policy
- Rosters (last month and this month)
- Complaints management policy
- 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
- Resident files

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