



# Final Inspection Report

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Ideal Rathgar Homes Limited

Date of Inspection: 21 November 2011

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## **Executive Summary** (This is the summary for publication)

HealthCERT received information from Waitemata District Health Board (DHB) that a resident at Rathgar Court Rest Home had allegedly been physically and verbally abused. The resident was admitted to North Shore Hospital for assessment and treatment. The DHB requested that this incident be investigated by HealthCERT.

HealthCERT undertook an unannounced inspection of Rathgar Court Rest Home on 21 November 2011 to determine whether health care services being provided by Ideal Rathgar Homes Limited 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 Health and Disability Services Standards.

The areas of concern following the complaint were as follows: resident rights, abuse, service provision, complaints management, staffing levels and skill mix, and care planning.

The unannounced inspection resulted in areas where compliance with the Health and Disability Services Standards was not fully attained. These findings were in the areas of: consumer rights, quality and risk management, staffing levels and skill mix, evaluation of care, restraint, and equipment. The advisors carrying out the inspection found no evidence of abuse. Waitemata DHB was asked to immediately initiate reassessment of two residents whose healthcare needs had changed significantly.

Ideal Rathgar Homes Limited is required to complete improvements to ensure compliance against the standards. Ongoing monitoring will be undertaken by the Ministry of Health in conjunction with Waitemata DHB.

## **Previous Recent Complaints**

No previous complaints received by HealthCERT.

Certification takes effect on 9 May 2011. Certification expires on 9 May 2012.

A provisional audit identified 29 partially attained criteria indicating slippage in respect of compliance against the standards. The provisional audit evidenced that the prospective owner would not make any changes to the organisation structure at Ideal Rathgar. A surveillance audit was required at six months to audit the new provider's compliance against the Standards.

The surveillance audit resulted in six partially attained criteria, four recurring issues (cultural training, advanced directives, transport policy and restraint). This change suggested improvement against relevant standards. There are two progress reports required from the surveillance audit and the remaining four criteria will be reviewed at the next certification audit due by 9 May 2012.

HealthCERT received information from Waitemata District Health Board (DHB) that a resident (resident A) at Rathgar Court Rest Home had allegedly been physically and verbally abused. The resident was admitted to North Shore Hospital for assessment and treatment. The DHB requested that this incident be investigated by HealthCERT.

## Service Description

Ideal Rathgar Limited provides Aged Residential Care Rest Home services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital		
Rest Home	13	18
Dementia		
Maternity		
<b>Total</b>	<b>13</b>	<b>18</b>

## Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Ideal Rathgar Homes Limited 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:

- (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, Senior Advisor, HealthCERT, and 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 arisen from system 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 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 complaint.

## Entry Meeting

Present: Kai Lu, Manager, XXX, Senior Advisor, HealthCERT, and XXX, Senior Advisor, HealthCERT.

A copy of the letter of introduction addressed to Kai Lu was provided to him at 1015 hours.

A proposed agenda for the day was discussed including 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.

## Inspection findings

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

## Consumer Rights

Standard/ Criteria	
1.1.10.6 Consumer choices and decisions are recorded and acted on.	<p><b>Finding: Partially Attained</b> Care plans are very sparse (one page) and do not take resident choice and decisions into account.</p> <p><b>CAR:</b> Ensure that resident choices and decisions are clearly documented within the care plan.</p>
1.1.10.7 Advance directives that are made available to service providers are acted on where valid.	<p><b>Finding: Partially Attained</b> There was no clear documentation of how the advanced directives were signed and by whom within the resident's files. It was evidenced that a resident admitted with dementia had signed his own advanced directive, that family members were signing on behalf of residents and there was no indication in resident's files as to proof of Enduring Power of Attorney (EPOA).</p> <p><b>CAR:</b> Ensure that the Advanced directive policy is reviewed and that staff are implementing the policy.</p>
1.1.11.1 Consumers are informed of their rights to an independent advocate, how to	<p><b>Finding: Partially Attained</b> Resident notes did not have clearly stated documentation for EPOA and there was no evidence of information available to residents for contacting an advocacy service, or resident meetings being held on a regular basis.</p>

<p>access them, and their right to have a support person/s of their choice present.</p>	<p>There was no consideration given for the need of an advocate in respect of resident A, who had no family and was cognitively impaired.</p> <p><b>CAR:</b> Ensure that residents have information regarding advocacy services and the ability to voice choice and have input into the service.</p>
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## Organisational management

Standard/ Criteria	
<p>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.</p>	<p><b>Finding: Partially Attained</b></p> <p>The manager/owner is inexperienced in the aged care service and management; he has had no experience with running a health facility. Although he has a contracted registered nurse for 10 hours per week for clinical input to the service, this does not coincide with GP visits or the needs of residents, and relates to documentation more than clinical oversight and staff management. The Registered Nurse is not always able to come in one day per week.</p> <p>Caregivers are experiencing a loss of leadership and guidance and find that the manager has English as a second language that makes communication difficult. The manager did not know or understand that the registered nurse should be assessing the residents at least weekly even when there are no changes and that orders written by the doctor may require changes to care plans.</p> <p><b>CAR:</b> Ensure that management undertakes training in health care provision for the elderly within the next six months. Ensure that there is clinical oversight and staff management in place to ensure resident safety.</p>
<p>1.2.2.1 During a temporary absence a suitably qualified and/or experienced person performs the manager's role.</p>	<p><b>Finding: Partially Attained</b></p> <p>On the morning of the unannounced inspection the Manager did not arrive at the facility until 1000hours. There was no ability for staff to contact either the registered nurse or another responsible person to perform this role. Staff are routinely placed in this situation and after hours they only have telephone contact details for the manager, and are often unable to get a response from these numbers. Care givers in the facility are unable to speak directly with a Registered Nurse after hours, and rarely see the registered nurse Registered Nurse at the facility.</p> <p><b>CAR:</b> Ensure that in the temporary absence of the manager that a suitably qualified and/or experienced person performs this role.</p>
<p>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.</p>	<p><b>Finding: Partially Attained</b></p> <p>Staff usually complete incident and accident forms when these events occur, and hand them into the manager. The Manager or his wife sometimes attend these events but do not complete forms themselves. There was no evidence of clinical follow up by a registered nurse, no minimisation of risk or quality improvement and evaluation carried out. The manager thinks the staff report all issues to him.</p> <p>Resident A did not have all events documented in his progress notes, alterations to his care plan to meet his changing needs and</p>

	<p>those incident accident forms that were completed were not in his file.</p> <p><b>CAR:</b> Ensure that adverse, unplanned, or untoward events including service shortfalls are documented and that opportunities to improve service delivery, and to identify and manage risk occur.</p>
1.2.4.4 Adverse, unplanned, and untoward events are addressed in an open manner through an open disclosure policy.	<p><b>Finding: Partially Attained</b> When incident and accidents occurred it was evidenced that family/whanau were not always contacted and informed of the event.</p> <p><b>CAR:</b> Ensure that the Open Disclosure policy is followed and that family/whanau are kept informed regarding all events.</p>
1.2.8.1 There is a clearly documented and implemented process which determines service provider levels and skill mixes in order to provide safe service delivery.	<p><b>Finding: Partially Attained</b> Current staffing levels for Health Care Assistants meet both the DHB Aged Related Residential Care (ARRC) agreement and the Standards New Zealand (SNZ) HB 8163;2005 Guidelines, for the level of current occupancy.</p> <p>However registered nurse hours (10 hours contracted but not always filled) do not meet the minimum of the SNZ HB 8163;2005 Guidelines. During the last two months there was no connection with the GP and the Registered Nurse.</p> <p>There was no implemented process or policy regarding the determination of staff levels and service mix to safely provide services for residents.</p> <p><b>CAR:</b> Ensure that there is a process/policy implemented for staff level and skill mix to ensure safe care for residents. This is to be including registered nurse clinical hours.</p>
1.2.9.1 Information is entered into the consumer information management system in an accurate and timely manner, appropriate to the service type and setting.	<p><b>Finding: Partially Attained</b> Resident files did not contain incident and accident reports, these were held separately in a file in the manager's office. EPOA forms were not noted or present in resident's files.</p> <p><b>CAR:</b> Ensure that all documentation is entered and integrated into the resident's file and accessible for staff and allied health providers, and that the Registered Nurse documents weekly in progress reports.</p>

## Continuum of Service Delivery

Standard/ Criteria	
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	<p><b>Finding: Partially Attained</b> Assessments were evidenced to be poorly completed if at all, one resident had no continence assessment noted – although has issues with XXX. Another had no specific dietary assessment although diet needs noted as he is a XXX. His recent 6 kg weight loss was noted by the GP, however no actions were written by the Registered Nurse in the progress notes or in the care plan.</p> <p>Although falls were noted to be high risk for some residents there were no minimisation strategies for staff to follow within the care</p>

<p>the function.</p>	<p>plans.</p> <p>Care plans are very sparse (one page) and do not give guidance to staff. One care plan was partially completed. There had been no evaluation of care plans.</p> <p>Resident A had minimal assessments carried out and there were no reassessments made following noted changes in his condition including XXXX XXXX. He had XXX and there was no specific care planning to meet his needs during these times. A leg infection XXX did not have a wound care plan in place. Post his possible fall and development of bruising and pain over a large area of his body, there was no pain assessment or pain management put in place, even though staff noted his hitting out at them (a change in behavior) when they lifted him into a wheelchair.</p> <p>Although staff continually reported XXX there was no reassessment of continence and type of pad for the resident.</p> <p><b>CAR:</b> Ensure that all residents have full clinical assessment, care plans are written with clear guidelines for staff to follow regarding safe care of residents.</p> <p>That the care plans are evaluated and changed/ updated to ensure safe care for residents.</p>
<p>1.3.3.2 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><b>Finding: Partially Attained</b></p> <p>Care plans have no set goals or personal choice for residents, they are very brief and non informative. No record of regular family discussion and no evidence of family involvement in care planning</p> <p><b>CAR:</b> Ensure that care plans are informative and set clear goals including resident choice, and that residents and/or family/whanau are included in their development.</p>
<p>1.3.3.4 The service is coordinated in a manner that promotes continuity in service delivery and promotes a team approach where appropriate.</p>	<p><b>Finding: Partially Attained</b></p> <p>Although the service has a verbal hand over between shifts at Health Care Assistant level there is no input from a Registered Nurse as a part of this process either verbally or in writing. It was evidenced that there were no Registered Nurse comments within resident progress notes, and changes requested following GP visits were not noted in either the progress notes or care plans for Health Care Assistant to follow.</p> <p>Although residents had walking frames and some had difficulty and a high falls risk there was no evidence of input from a physiotherapist.</p> <p>Resident A had no ability to fully converse with his GP on visits and there was no Registered Nurse input into the GP visits, or comment documented specifically for the GP regarding the extent of the bruising, possibility of a recent fall or degree of pain the resident was experiencing, and the deterioration in his condition to the point of staff having to transport him in a wheelchair due to his poor gait.</p> <p><b>CAR:</b></p>



	Ensure that a team approach with other allied health is inclusive within a coordinated team.
1.3.8.3 Where progress is different from expected, the service responds by initiating changes to the service delivery plan.	<p><b>Finding: Partially Attained</b> Health Care Assistant staff were documenting in progress notes both changes in condition for residents and also when progress was different from expected. However this was not initiating changes within the care plans. A number of episodes of a resident being noisy and yelling were reported in the progress notes, but no interventions were put in place for when these episodes occur. A resident with a Waterlow assessment of high risk had had no interventions put in place to prevent the development of pressure areas.</p> <p><b>CAR:</b> Ensure that the service responds by initiating changes where progress is different than expected.</p>
1.3.9.2 The consumer's safety and right to be kept informed in a timely manner, is managed by service providers cooperating during the referral process.	<p><b>Finding: Partially Attained</b> The DHB's Health of Older Persons Planning and Funding manager was requested to urgently have several residents reassessed by the Needs Assessment Service Coordination staff due to changed conditions in residents health including the need for hospital level care and dementia level care. This had occurred due to lack of the non referral of residents or request for any specialist DHB nurse or specialist assistance.</p> <p><b>CAR:</b> Ensure that assistance is sought when required and that residents are referred to other services or for assessment and that residents and family/whanau are informed.</p>

## Safe and Appropriate Environment

Standard/ Criteria	
1.4.2.3 Amenities, fixtures, equipment, and furniture are selected, located, installed, and maintained with consideration of consumer and service provider safety, needs, and abilities.	<p><b>Finding: Partially Attained</b> Staff have been unable to accurately weigh residents due to access to suitable scales for residents unable to weight bear. Some residents had difficulty with mobilization and staff did not have access to mobility aides such as standing hoists. Resident A had congestive heart failure with marked leg oedema , although weight monitoring was requested and carried out , the GP had noted that this could not be deemed to be accurate due to his inability to stand on the scales unaided.</p> <p><b>CAR:</b> Ensure that staff are provided with equipment to safely meet the needs of residents.</p>

## Restraint Minimisation

Standard/ Criteria	
<p><b>2.2.2.1</b> In assessing whether restraint will be used, appropriate factors are taken into consideration by a suitably skilled service provider. This shall include but is not limited to:</p> <p>(a) Any risks related to the use of restraint;</p> <p>(b) Any underlying causes for the relevant behaviour or condition if known;</p> <p>(c) Existing advance directives the consumer may have made;</p> <p>(d) Whether the consumer has been restrained in the past and, if so, an evaluation of these episodes;</p> <p>(e) Any history of trauma or abuse, which may have involved the consumer being held against their will;</p> <p>(f) Maintaining culturally safe practice;</p> <p>(g) Desired outcome and criteria for ending restraint (which should be made explicit and, as much as practicable, made clear to the consumer);</p> <p>(h) Possible alternative intervention strategies.</p>	<p><b>Finding: Partially Attained</b>            Restraint assessment form was not in the resident's file - unsure whether assessment by Registered Nurse /GP has been completed.</p> <p><b>CAR:</b> Ensure each resident is assessed whether restraint will be used by a suitable qualified service provider.</p>
<p><b>2.2.4.1</b> Each episode of restraint is evaluated in collaboration with the consumer and shall consider:</p> <p>(a) Future options to avoid the use of restraint;</p> <p>(b) Whether the</p>	<p><b>Finding: Partially Attained</b>            There was no evidence of monitoring of restraint - Bed rail – assessment and ongoing reassessment noted six monthly – however daily monitoring as resident in bed most of the time was not evident for the last four months.</p> <p><b>CAR:</b>            Ensure that observations and monitoring are adequate and maintain the safety of the consumer.</p>

- consumer's service delivery plan (or crisis plan) was followed;
- (c) Any review or modification required to the consumer's service delivery plan (or crisis plan);
- (d) Whether the desired outcome was achieved;
- (e) Whether the restraint was the least restrictive option to achieve the desired outcome;
- (f) The duration of the restraint episode and whether this was for the least amount of time required;
- (g) The impact the restraint had on the consumer;
- (h) Whether appropriate advocacy/support was provided or facilitated;
- (i) Whether the observations and monitoring were adequate and maintained the safety of the consumer;
- (j) Whether the service's policies and procedures were followed;
- (k) Any suggested changes or additions required to the restraint education for service providers.

### Summation Meeting

A summation meeting was attended by: Kai Lu, Facility Manager, XXX, Senior Advisor, HealthCERT, XXX, Senior Advisor, HealthCERT, and Bryan Agnew, Health of Older People Planning and Funding Manager, Waitemata DHB.

XXX thanked the facility Manager for his 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. XXX confirmed that there would be findings against the Health and Disability Services Standards as per the above table.

Ideal Rathgar Homes Limited is required to take the above required improvement to improve compliance against the Health and Disability Services Standards. Ongoing monitoring will be undertaken by the Ministry of Health in conjunction with the District Health Board.

## **Conclusion**

The unannounced inspection was focussed on the Health and Disability Services Standards relevant to the complaint against this provider.

The following outcomes were identified in relation to the provider's progress towards meeting corrective actions post the complaint that led to the inspection.

### **Resident Rights:**

- no evidence of abuse was found
- resident choices and decisions are not always clearly documented within care plans
- policy on advance directives needed reviewing and staff education carried out to ensure the policy is implemented
- residents did not have information regarding advocacy services and the ability to voice choice and have input into the service.

### **Organisational Management:**

- management does not have training in health care provision for the elderly
- there is little clinical oversight and staff management in place to ensure resident safety
- in the temporary absence of the manager a suitably qualified and/or experienced person is not available to perform this role.
- adverse, unplanned, or untoward events including service shortfalls are not documented and opportunities to improve service delivery, and to identify and manage risk occur do not occur
- the Open Disclosure policy was not always followed and family/whanau are not always kept informed regarding all events
- there was not a process/policy implemented for staff level and skill mix to ensure safe care for residents, including registered nurse clinical hours
- documentation was not always entered and integrated into the resident's file and accessible for staff and allied health providers. There was no evidence of Registered Nurse documentation in progress report.

### **Continuum of Service Delivery:**

- all residents did not have full clinical assessment, care plans were written without clear guidelines for staff to follow regarding safe care of residents. The care plans were not evaluated and changed/ updated to ensure safe care for residents
- care plans were not informative and did not set clear goals including resident choice, and residents and/or family/whanau were not included in their development.
- a team approach with other allied health was not inclusive within a coordinated team
- the service did not respond by initiating changes where progress was different from expected

- assistance was not sort when required and residents were not referred to other services or for assessment and residents and family/whanau were not informed.

### **Safe and Appropriate Environment:**

- staff were not provided with equipment to safely meet the needs of residents.

### **Restraint Minimisation**

- residents were not assessed as to whether restraint would be used by a suitable qualified service provider
- restraint observations and monitoring were not adequate and maintaining the safety of the consumer.

### **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; 1.2.2.1; 1.2.4.3; 1.2.8.1; 1.2.9.1; 1.3.8.3; 1.3.9.2; 2.2.2.1; 2.2.4.1; as identified in the Inspection Report must be submitted to the Waitemata District Health Board by 12 January 2012.
2. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.1.10.6; 1.1.10.7; 1.1.11.1; 1.2.4.4; 1.3.3.1; 1.3.3.2; 1.3.3.4; 1.4.2.3; as identified in the Inspection Report must be submitted to Waitemata District Health Board by 12 March 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 1: Documents requested

- Staffing and skill mix policy
- Rosters (last month and this month)
- Abuse and Neglect Policy
- Management of Challenging Behaviour Policy
- Complaints management policy
- Complaints records for the last two months
- Clinical Assessment Tools in current use
- Staff training records and in-service training programme
- 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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