

Inspection Report

**Happy Rain Ltd
Rossmore Rest Home**

9 Jan 2009

HealthCERT
Quality & Safety
Sector Accountability and Funding
Ministry of Health

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1. Provider Details

Provider:	Happy Rain Limited
Premise:	Rossmore Rest Home 19 Kipling Avenue Epsom Auckland
Contact Person:	Mr XXX XXX
Internal File Ref:	WHA23
Inspection Date:	9 January 2009

2. Executive Summary

Background

Happy Rain Limited (Rossmore Rest Home) was certified on 3 December 2007 to provide rest home care for a period of 3 years. The rest home is an 18-bed facility with the current occupancy of 11 residents.

The Ministry of Health received two complaints against Rossmore Rest Home dated 1 December 2008 and 17 December 2008. The complaints allege:

- Inadequate staffing levels particularly at night
- Some staff are not suitably qualified or skilled
- Residents being sworn at and threatened
- Inadequate clinical information being provided at time of transfer
- Resident safety is compromised by poor verbal communication skills of the owner

As a result of these complaints, an unannounced inspection was undertaken by the Ministry on the 9th January 2009 pursuant to sections 40 to 47 of the Health and Disability Services (Safety) Act: 2001.

The inspection found significant issues with service standards relating to consumer rights, organizational management, service delivery and management of service delivery.

In the two years since the certification of this new provider, there have been 7 managers with the most recent commencing employment only 4 days prior to the inspection. The high turnover has impacted negatively on the service's ability to adequately maintain the systems and processes necessary to meet the above-mentioned standards. In addition, the owner's representative is unable to communicate effectively in the English language and requires an interpreter to be present, when speaking with staff, residents and visitors. The

senior direct care staff and cook were employed by the previous owner and provide significant stability to the service.

In respect of the complaints:

Inadequate Staffing Levels & Communication Difficulties

The inspection found that adequate numbers and skill mixes of care givers are rostered on duty to cover the 24 hour, 7 day period with the exception of 2 incidents in which the co-owner (who could not communicate in English) did the sole night duty. However, the ministry was assured that her daughter who could speak in English accompanied her. These are claimed to be isolated incidents that happened 6 months ago and have not recurred since.

Staffing Skill Mix

The service has not been able to maintain registered nurse input over a long period of time. This has resulted in senior caregivers being required to operate beyond a caregiver's scope of practice, eg developing care plans for residents; and educating/ competency testing the new caregivers in respect of medication. Shortly after the inspection, the home employed a registered nurse.

The recently appointed manager, whilst having business management experience, lacks any formal qualifications/ in-depth experience in managing health services for older people.

Adequate staff training could not be evidenced at the inspection.

Resident Abuse

Observations, staff and resident interviews did not identify any incidents of verbal or physical resident abuse. However, the co-owner (through an interpreter) stated that there had been two incidents of conflict with ex-residents over payment issues. These had not been documented in the complaints system.

Inadequate Clinical Information at time of Transfer

Due to the high turnover of managers, it was difficult to establish if the transfer process, including appropriate clinical information, accompanied residents to the new provider. The senior caregiver advised that this did occur, but was unable to give details.

Quality & Risk Management System

The inspection found that the requirements for an organisational-wide quality and risk management system has not been adequately established and maintained. It is noted that the recertification audit undertaken in November 2007 identified the same issues.

Conclusion

The inspection identified significant areas of concern core to the delivery of service at Rossmore Rest Home. Whilst a new manager has been appointed, this is only the beginning of work needed to be undertaken to fully satisfy the

requirements of a certified provider in respect of meeting all relevant service standards.

Corrective Actions Required

The following corrective actions required:

1. That Happy Rain Limited provides HealthCERT evidence that residents have access independent advocacy services. (HDSS 1.1 & 1.5)
2. That Happy Rain Limited provides HealthCERT evidence that staff are appropriately trained on consumer rights including abuse and neglect. (HDSS 1.1.5)
3. That Happy Rain Limited provides HealthCERT evidence they maintain a system to record and resolve complaints in accordance with relevant legislative requirements. (HDSS 2.4)
4. That Happy Rain Limited provides HealthCERT evidence that policies and procedures on informed consent that reflect legislative requirements and current accepted practice, have been reviewed, revised and implemented, including appropriate staff education. (HDSS 1.8)
5. That Happy Rain Limited provides HealthCERT copies of position descriptions of the manager and the registered nurse that demonstrate clinical governance is appropriately provided for the service and evidence of on-going input from a registered nurse. (HDSS 2.1)
6. That Happy Rain Limited provides HealthCERT evidence that the manager has undertaken a recognized course on the care of older people. (HDSS 2.1)
7. That Happy Rain Limited provides HealthCERT a) evidence of the professional qualifications of the registered nurse currently engaged; b) a copy of the nurse's orientation and induction programme to the service; and c) evidence of the hours worked by the registered nurse each week in the service (HDSS 2.6, 2.7)
8. That Happy Rain Limited provides HealthCERT a written copy of the quality plan (HDSS 2.2, IC 8 and RMSP 4 & 12)
9. That Happy Rain Limited provides HealthCERT evidence that a quality management programme that reflects the requirements of all relevant sector standards is developed, implemented and maintained current; and that records are maintained to ensure an effective system. (HDSS 2.2, IC 8 and RMSP 4 & 12)
10. That Happy Rain Limited provides HealthCERT with a copy of the staff education programme. (HDSS 2.6)

11. That Happy Rain Limited provides HealthCERT evidence that a staff education programme that meets the requirements of the relevant standards is developed and implemented; and that records of training provided for all staff are maintained. (HDSS 2.6)
12. That Happy Rain Limited provides HealthCERT evidence that assessment, planning and evaluation of service delivery is undertaken by staff competent to perform the function. (HDSS 4.1)
13. That Happy Rain Limited provides HealthCERT evidence a) residents are assessed in a comprehensive and timely manner, b) care plans are resident focused relevant to current health status/needs, c) care plans are maintained up-to-date, d) care plans are evaluated in a comprehensive and timely manner and e) registered nurse performs assessment, planning & evaluation of care plans. (HDSS 4.2, 4.3 & 4.5)
14. That Happy Rain Limited provides HealthCERT evidence that a) appropriate education is provided to staff responsible for medication management by the registered nurse, b) medication administration records are signed at the time of administration of medication to residents and c) a policy on complimentary/ alternative medicines is developed and implemented in consultation with relevant health professionals. (HDSS 5.3)
15. That Happy Rain Limited provides HealthCERT evidence with a copy of the documented procedure that meets the requirements of exit, discharge and transfer of residents. (HDSS 4.8)

Additional Condition

Additional conditions to be placed on the Certification Schedule

Pursuant to section 28 of the Health and Disability Services (Safety) Act, the Director-General of Health may attach any condition the Director-General thinks necessary or desirable to help achieve the purpose of this Act.

The following conditions are to be included on the certification schedule of Happy Rain Limited –

1. A written progress report that outlines all actions undertaken by the Provider in relation to Corrective Actions 1, 3, 5, 7, 10, 12 & 13 (HDSS 1.1, 1.5, 2.1, 2.4, 2.6, 2.7, 4.1, 4.2, 4.3 & 4.5) as identified in the Inspection Report must be submitted to the Director-General within one month of the issue of the amended schedule.
2. A written progress report that outlines all actions undertaken by the Provider in relation to Corrective Actions 2, 6, 8, 14 & 15 (HDSS 1.1.5,

2.1, 2.2, 4.8, 5.3, IC 8, RMSP 4 & 12) as identified in the Inspection Report must be submitted to the Director-General within two month of the issue of the amended schedule.

3. A written progress report that outlines all actions undertaken by the Provider in relation to Corrective Actions 4, 9 & 11 (HDSS 1.8, 2.2, 2.6, IC 8 and RMSP 4 & 12) as identified in the Inspection Report must be submitted to the Director-General within three month of the issue of the amended schedule.
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.

3. Inspection Team

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

4. Inspection Methodology

The following methodology was used during the inspection:

- Interview with XXX XXX, Rest Home co-owner (through an interpreter)
- Interview with XXX XXX, Manager and XXXX XXX, Assistant Manager
- Interview with 2 Caregivers
- Interview with Cook
- Interview with 2 residents
- Observation of residents
- Physical inspection of premise / equipment
- Review of Clinical Records
- Review of policies and procedures

5. Inspection Limitations

The scope of the inspection was limited to the issues raised in the complaint.

6. Entry Meeting

On arrival at the premises, XXX XXX, Senior Advisor, HealthCERT met with XXX XXX, caregiver who identified herself as being in-charge at the time. The purpose of the visit was explained and a letter addressed to XXX XXX, (the provider's nominated contact person) outlining the complaint and the authorisation to undertake the unannounced visit was given to the person in-charge. XXX informed XXX that XXX XXX was no longer employed as manager, that XXX XXX was recently appointed as the new manager. The entry letter was modified to reflect this change. A copy of the Director-General of Health's delegation was shown to the person in-charge. It was explained how the inspection would be undertaken.

XXX contacted Mr XXX (Manager) and Ms XXX (Assistant Manager). Upon their arrival, the inspection process was again explained.

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7. Inspection Findings

Findings have been reported against the following standards:

- Health and Disability Sector Standards 8134:2001
- Infection Control Standard 8142:2000
- Restraint Minimisation and Safe Practice 8141:2001

No	Findings	Relevant Standard/Criterion	Required Corrective Action/s
1	<p>Consumer Rights - Advocacy</p> <p>At the time of the inspection, the provider was unable to demonstrate the residents have access to independent advocacy.</p>	<p>HDSS 1.1, HDSS 1.5</p>	<p>Provider is able to evidence that residents have access to independent advocacy services.</p>
2	<p>Consumer Rights – Abuse & Neglect</p> <p>The provider has in place policy relating to abuse and neglect. However, there was no evidence of recent staff training on consumer rights including abuse and neglect. Staff interviewed demonstrated knowledge of consumer rights and they stated that they had received the training from the previous owner of the service.</p> <p>One of the complaints alleged verbal abuse and threatening behaviour towards residents. Evidence of any such abuse is unable to be substantiated from caregiver interviews and resident interviews.</p> <p>However, interview with the manager revealed that there had been some discontent between the owners of the rest home and ex-residents over financial issues.</p>	<p>HDSS 1.1.5</p>	<p>Provider is able to evidence that staff are appropriately trained on consumer rights including abuse and neglect.</p>

No	Findings	Relevant Standard/Criterion	Required Corrective Action/s
3	<p>Organizational Management – Complaints Management The provider was unable to provide any documented evidence of any complaints received since commencing service delivery late December 2006. Staff interviewed stated that minor complaints were often resolved verbally, but not recorded.</p>	HDSS 2.4	The provider must maintain a system in place to record and resolve complaints in accordance with relevant legislative requirements.
4	<p>Consumer Rights – Informed Consent The provider had very minimal policy and procedures relating to informed consent. There has been no staff training on informed consent. Informed consents for individual residents have not been reviewed for over 2 years.</p>	HDSS 1.8	The provider must review, revise and implement policies and procedures on informed consent that reflect legislative requirements and current accepted practice. This will include appropriate staff education.
5	<p>Organizational Management – Governance The provider stated that the rest home has had 7 or 8 managers in the last 2 years. It appears this has led to lack of direction and disruptive flow to the continuity of governance and the service meeting required service standards. A new manager had only commenced employment at the rest home 4 days prior to this inspection. The appointee has experience in business management. He was unable to evidence completion of any recognized course on the care of older people or any health related registration.</p>	HDSS 2/1	The provider is to submit to the Ministry <ul style="list-style-type: none"> a) copies of the position descriptions of the manager and the registered nurse that demonstrate clinical governance is appropriately provided for the service b) evidence of on-going input from a registered nurse c) evidence that the manager has undertaken a recognized course on the care of older people

No	Findings	Relevant Standard/Criterion	Required Corrective Action/s
6	<p>Organizational Management – Human Resource Management & Service Provider Availability</p> <p>There has been no registered nurse input into the service between July and November 2008. During this time, an overseas trained doctor, who was not registered to practice in NZ was employed. At interview, the provider stated that she was under the impression that a doctor would be better than a nurse. The nurse who started in November 2008 resigned at the end of December 2008. At the time of the inspection, there was no registered nurse input into the service. However, subsequent to the inspection, the provider has advised that a registered nurse has been employed.</p>	HDSS 2.6 & HDSS 2.7	<p>The provider is to submit to the Ministry evidence of the professional qualifications of the registered nurse currently engaged</p> <p>b) a copy of the nurse's orientation and induction programme to the service</p> <p>c) evidence of the hours worked by the registered nurse each week in the service</p>
7	<p>Organizational Management – Quality & Risk Management Systems</p> <p>On the day of the audit, the provider was unable to demonstrate a quality plan, on-going monitoring, audit schedules or resident satisfaction surveys. There was no collection, analysis or evaluation of incidents, accidents, infection control surveillance or restraint.</p>	HDSS 2.2, IC 8 and RMSP 4 & 12	<p>The provider is to</p> <p>a) develop, implement and maintain current, a quality and risk management programme that reflects the requirements of all relevant sector standards.</p> <p>b) maintain records to evidence an effective quality and risk management system</p> <p>c) submit to the Ministry a copy of the quality plan</p>
8	Organizational Management – Human Resource		The provider is required to

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No	Findings	Relevant Standard/Criterion	Required Corrective Action/s
	<p>Management</p> <p>There was no evidence of a staff education programme that would demonstrate on-going training to meet the requirements of the relevant service standards.</p>	<p>HDSS 2.6</p>	<p>a) develop and implement a staff education programme that meets the requirements of the relevant service standards</p> <p>b) maintain records of training provided for all staff</p> <p>c) submit to the Ministry a copy of the education programme</p>
9	<p>Service Delivery – Service Provision Requirements</p> <p>At the time of inspection, an experienced Caregiver was observed to be responsible for day-to-day service delivery to the residents. This included completing care plans.</p>	<p>HDSS 4.1</p>	<p>The provider must ensure that assessment, planning and evaluation of service delivery is undertaken by staff competent to perform the function.</p>
10	<p>Service Delivery – Assessment, Planning & Evaluation</p> <p>Observations evidenced inadequate on-going assessments and care planning for the residents. There were many examples of incomplete care plans and assessment tools. These included pressure area assessment, weight & blood pressure measurements and falls management.</p>	<p>HDSS 4.2, 4.3 & 4.5</p>	<p>The provider must ensure</p> <p>a) residents are assessed in a comprehensive and timely manner</p> <p>b) care plans are resident focused relevant to current health status/needs</p> <p>c) care plans are maintained up-to-date</p> <p>d) care plans are evaluated in a comprehensive and timely manner</p> <p>e) registered nurse performs assessment, planning & evaluation of care plans.</p>

No	Findings	Relevant Standard/Criterion	Required Corrective Action/s
11	<p>Managing Service Delivery – Medicine Management The Senior Caregiver stated that she was responsible for providing medication training to other staff.</p> <p>On the day of inspection, medication charts were not signed even though medication had been given to residents.</p> <p>Chinese complimentary medicines are currently administered to some residents at the request of family members. There was no documented evidence that the general practitioner/s were aware of this fact.</p>	HDSS 5.3	<p>The provider is required to ensure that</p> <ul style="list-style-type: none"> a) appropriate education is provided to staff responsible for medication management by the registered nurse b) medication administration records are signed at the time of administration of medication to residents c) a policy on complimentary/ alternative medicines is developed and implemented in consultation with relevant health professionals.
12	<p>Service Delivery - Exit, Discharge or Transfer The inspection was unable to validate if relevant clinical information accompanies residents when transferring to other providers.</p>	HDSS 4.8	<p>The provider is required to submit to the Ministry a copy of the documented procedure that meets the requirements of HDSS 4.8.</p>

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8. Summation Meeting

The Senior Advisor undertaking the inspection raised the following key points at the summation meeting attended by the co-owner, the manager and the assistant manager (interpreter):

- Lack of formalised/ documented quality and risk management system
- High turnover of managers
- Lack of registered nurse input
- Lack of staff training
- Consumer rights issues including advocacy & currency of informed consents
- Assessment, care planning and evaluation issues
- Medication management issues
- Scopes of practice of caregivers