

# Final Inspection Report

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## Terra Nova Homes & Care Limited

Date of inspection: 15 June 2010

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OFFICIAL INFORMATION ACT

HealthCERT  
Provider Regulation  
Population Health  
Ministry of Health

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**Undertaken**                    **15 June 2010**

**File Ref:**                    **WTE44**

**Provider:**                    **Terra Nova Homes & Care Limited**

**Contact Person:**            **XXX XXX, Manager**

**Premise:**                    **West Harbour Gardens Residential Care**  
**315 Hobsonville Road**  
**Hobsonville**  
**Waitakere City**

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## Executive Summary

### History:

There are a number of concerns noted on the MOH database these are outlined in the timeline table below.

<b>2006</b>	
<b>25 November</b>	A recertification audit was undertaken by Bureau Veritas Quality International Ltd. No partial attainments or corrective actions reported.
<b>2008</b>	
<b>12 May</b>	Email correspondence to inform HealthCERT that TerraNova has changed DAA from BVQI to TelarcSAI for all TerraNova facilities.
<b>14 May</b>	Surveillance Audit by Telarc SAI. No partial attainments or corrective actions.
<b>18 June (complaint 1)</b>	<p>Complaint received at HealthCERT, by relative. Concerned about the "paper towels removed from residents rooms, soap dispenser replaced with "a foam hand sanitizer".</p> <p><b>20 June:</b> a further call from above complainant who had approached the Manager and was told the paper towels would not be reinstalled. Also had additional complaints relating to cleaning, missing clothes, and ceiling leaks.</p> <p><b>4 September:</b> further call to HealthCERT with additional concerns. These related to minimal activities (two functions per month), a male resident sitting in "just nappies", which when she reported it, was just laughed at.</p> <p><b>5 September:</b> further phone call to say she had filled out a complaints form and had received a copy.</p>
<b>2 July (complaint 2)</b>	Complaint from a staff member, employed as a Kitchen Assistant. "Decline in standard of care since TerraNova took over the facility; Manager will not listen, many relatives complained, but the manager has told staff she isn't concerned what relatives think".
<b>4 July (complaint 3)</b>	Complaint received from a staff member, (care giver/student nurse in training) stating the "care has deteriorated since TerraNova has been operating; Residents not getting enough fluids; pressure sores developing; staff stressed; staff leaving. Only those who look good can come to the dining room".
<b>25 &amp; 26 September</b>	In light of the above complaints, HealthCERT undertook an unannounced inspection of West Harbour gardens. The conclusion noted in the report states "HealthCERT has not substantiated aspects of complaints received relating to staffing, care of pressure areas and incident reporting at West Harbour Gardens. However, corrective actions are recommended in relation to aspects of food services, medicine administration and facilities, with concern to Health and Disability Sector Standards criteria 2.2.5; 5.3.1 and 6.3.3". The Inspection report was not finalised until 28 January 2009. 2.2.5 = 1.2.3.8 HDSS: 2008; 5.3.1= 1.3.12.1 HDSS: 2008; 6.3.3=1.4.3.1 HDSS: 2008.
<b>2 October</b>	An email to HealthCERT confirming notification of a change of Manager.

	(XXX XXX) – waiting for RN from England to arrive.
<b>21 December (complaint 4)</b>	Complaint from a relative about his Aunt's care – No follow up correspondence noted on file.
<b>2009</b>	
<b>12 January</b>	Notification of a change of Manager (XXX XXX – from Taupo site).
<b>13 January</b>	Provisional audit undertaken by TelarcSAI for additional services – (rest home) – no corrective actions. Total bed capacity 70.
<b>9 February</b>	RN shortage notification – one duty.
<b>27 March</b>	RN shortage notification – one duty.
<b>3 - 5 April</b>	RN shortage notification – three duties.
<b>30 -31 May</b>	RN shortage notification – two duties.
<b>2 June</b>	HealthCERT Manager contacted regarding a sentinel event. A 90 year old resident (with co-morbidities) sustained a skin tear on 5 May 2009, and was admitted to Public hospital on 17 May, requiring a L) leg amputation.
<b>6 - 7 June</b>	RN shortage notification – two consecutive duties, and one further duty.
<b>12 June</b>	Waitemata DHB meeting with TerraNova West Harbour, focussing on vacancy gaps and RN recruitment.
<b>2 December</b>	<p>Certification Audit- The DAA did review complaints management, which rated full attainment. The auditors were unaware of the number of complaints that had been noted in the last 12 months. On this basis, it was not possible to ascertain if there was follow up on the HDC complaint 09/01299.</p> <p>HDC: There have been four complaints in the past year:</p> <ul style="list-style-type: none"> <li>i) 09/01482: Woman referred from rehab in hospital to WHG for respite care. Unaware of her admission, care plan did not address the complex needs and frail condition of the woman, wound care and documentation was not adequate. No further action taken as WHG was working with DHB to address the issues raised.</li> <li>ii) 09/01509: This is the complaint noted in the sentinel event (2 June) above. This complaint remains open.</li> <li>iii) 09/01299: WHG did not know a resident was arriving for respite care and was left waiting for a long time. No intercom or bell for emergencies. This complaint was closed with WHG staff working with the family to apologise and solve.</li> <li>iv) 09/00044: Out of HDC jurisdiction. It was a financial complaint, involving fees and billing.</li> </ul> <p>2 year certification period: Certificate expires 14 December 2011.</p> <p>This certification audit resulted in 2 partially attained criteria with corrective actions, and 7 continuous improvements (Note: criterion 1.2.3.7. rated CI was amended to fully attained by the Designated Auditing Agency in</p>

	consultation with HealthCERT).
<b>2010</b>	
<b>24 May</b>	<p>HDC Reports- 09/01482 and 09/01509 completed. The HDC stated they would take no further action due to the provider working in conjunction with the DHB to complete corrective actions and monitoring by both DHB and HealthCERT, concerning:- Open disclosure; communication; adverse event reporting; staff skill mix; documentation; assessment; evaluation; education and training; wound care; staff appraisal; medication management.</p> <p><b>Follow up from MOH unannounced inspection of 15 June 2010 Regarding: HDC complaint 09/01509:-</b></p> <p><b>At this inspection it was found that there were still partially attained criteria around communication; education and training; to be addressed. The new manager has however worked through the other points raised within the HDC report.</b></p>
<b>25 May</b>	<p>Notification of Police Investigation into staff assault on a resident.</p> <p><b>Follow up from MOH unannounced inspection of 15 June 2010 Regarding: Police investigation No. 100210/2981.</b></p> <p><b>Follow up with Constable XXX XXX Waitakere City Police investigation No. 100210/2981 resulted in Ms XXX pleading guilty to the charge of assault and being discharged without conviction. This will appear on her police record.</b></p>

#### **Nature of Current Complaint:**

The Ministry of Health received a complaint from XXX XXX about the care provided to his wife and himself, residents at West Harbour Gardens Residential Care. In summary, Mr XXX alleges that:

- Poor handling procedures by staff when transferring his wife causing injury to her legs.
- Poor standard of care provided re: cold food served, dirty cutlery at meal times; commodes not emptied; cold rooms due to heaters not working (maintenance).
- Medications not given out as prescribed particularly at weekends.

In addition to the complaint, the Ministry was notified on 25 May 2010, under Section 31 (5) (b) of the Act of a Police Investigation after a resident at West Harbour Gardens Residential Care was assaulted by a staff member.

#### **Further Information (DHB/ HDC):**

Waitemata DHB Residential Quality Support Advisor and Professional Development Nurse Leader was contacted. The DHB had arranged for monthly visits from XXX XXX (DHB Gerontology Nurse Specialist, and two monthly visits from XXX XXX (DHB Wound Care Nurse Specialist). The facility has also had visits from both Hospice and mental health Services. XXX XXX visited West Harbour Gardens on 23 February 2010.

The Manager informed the Advisors, the complainant and his partner are contracted through Young Physically Disabled (YPD). XXX XXX, Quality Analyst, Health and Disability services,

NHB was contacted and was unaware of this complaint or complainant at the time of conversation. She requested details of the complaint and findings to be forwarded after the inspection.

## Service Description

Terra Nova Homes & Care Limited – West Harbour Gardens Residential Care provides Aged Residential Care Hospital Services (Medical Services; Geriatric Services) & Rest Home Services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	30	70 "swing beds"
Rest Home	8	As above
YPD	8 YPD	NA
<b>Total</b>	<b>46</b>	<b>70</b>

## Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Terra Nova Homes & Care Limited – West Harbour Gardens Residential Care, are being provided in compliance with section 9, 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 Health and Disability Services (Safety) Act 2001 (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 XXX, Senior Advisor HealthCERT and XXX 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 resulted in systems 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 utilising the following methods:

- Interview with Manager.
- Interview with Registered Nurse (Clinical Leader).
- Individual staff interviews.
- Resident interviews.
- Observation: During facility tours and 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

The introduction meeting covered the following points:

A copy of the letter of introduction addressed to XXX XXX was provided to XXX XXX, Manager.

A proposed agenda for the day was discussed included a request to interview any relatives or health professionals (GP) visiting the facility during the course of the day. The inspection commenced with a tour of the facility.

## Summary of Inspection findings

Summary of findings where non-compliance to the Health and Disability Services Standards has been identified specific to the complaint and inspection. As previously noted, the scope of the inspection was widened in response to the tour of the facility and interviews with staff.

### Consumer Rights during Service Delivery - Standard 1.1

**1.1.13.1** The service has an easily accessed, responsive, and fair complaints process, which is documented and complies with Right 10 of the Code.

– **Partial attainment Moderate 3 Months**

Complaints policy and processes are documented. Compliance with WHG policy does not always occur as not all complaints concerns are documented. There is a lack of satisfactory

follow up in some instances. When a verbal complaint is received, this is not documented within the complaints register but was treated as a 'concern'. This does not allow for monitoring or analysis by the provider thus leading to quality improvement. There has been no training for staff with regard to Complaint management, and staff attendance at in-service training is low.

**Corrective Actions:**

Ensure that all complaints are documented and that staff training on complaints management is undertaken.

**1.1.13.3** An up-to-date complaints register is maintained that includes all complaints, dates, and actions taken.

**– Partial attainment Moderate 3 Months**

The complaints register does not indicate the date of complaint, only the month. There is a follow up note for staff, but no details of written acknowledgement to the complainant. Register had two complaints for the current year; May 2010, April 2010.

Staff meetings minutes, dated 23 April 2010, 2 April 2010, 11<sup>th</sup> January 2010, 14<sup>th</sup> October 2009 noted other complaints. These were not recorded in the complaints register.

**Corrective Actions:**

The complaints register records all complaints, including dates and actions taken.

**Continuum of Service Delivery - Standard 1.3**

**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.

**– Partial attainment Low 3 Months**

There is a very detailed assessment process and use of assessment tools in place. Care plans are resident centred and are changed/updated as required and within the set timeframe. Each RN has an allocation of residents as the "key person".

In the case of the complainant, behavioural changes had been noted and reported to the GP, but no monitoring of challenging behaviour was carried out and no documented referral to Taikura Trust (Mental Health).

There has been no recorded staff education regarding challenging behaviour, and staff attendance at in-service training is low in numbers attending.

**Corrective Actions:**

Ensure that all staff have education for challenging behaviour and that interdisciplinary referral is documented.

**1.3.13.5** All aspects of food procurement, production, preparation, storage, transportation, delivery, and disposal comply with current legislation, and guidelines.

**– Partial attainment Moderate 3 Months**

The menu and meals are meeting the approval of residents (per interview and resident satisfaction survey), and there are often "meals of choice" offered to residents i.e. Scotch eggs. The menu has had oversight and input from a dietician.

Residents interviewed reported that the only complaint they had regarding meals was the "long wait to get them", all residents are in the atrium by 12 noon and 5pm for their meals which the cook serves, to the resident's specific needs/likes. The process is to serve those who require assistance first which then ties the staff up in feeding these residents while those more able have to wait until staff are free to serve their meals. This means that they are waiting before being served. As meals are served from a Bain Marie they remain hot for the residents, but the wait even if only for 10 to 20 minutes is perceived too long by these residents.

In the case of the complainant, his ability to wait for this period is limited and he often moves on to another area or his room and then has to be located and encouraged to return to the atrium or offered a meal in his room. This means that the meal has sat served for this negotiation / finding time and has cooled.

#### **Corrective Actions:**

Ensure that the delivery times of meals for residents are coordinated to ensure limited waiting times and those meals are not left cooling.

#### **Summation meeting**

A summation meeting was attended by XXX XXX, Senior Advisor HealthCERT and XXX XXX, Senior Advisor HealthCERT, XXX XXX, Manager and via speaker phone, XXX XXX, Group Clinical Manager, and XXX XXX, CEO.

XXX thanked the facility for their participation and approach to the investigation recognising that this was an unannounced inspection. XXX noted that residents interviewed had been complimentary to the service, and that staff were approachable. The complainant had specifically requested that he appreciated XXX's care and the work she had done to improve things at the Home and her responsiveness when he raised concerns. It was confirmed that there would be findings against the Health and Disability Services Standards.

#### **Key issues raised at summation were:**

Relevant to complaint:

1. Not all complainants' concerns are documented, or satisfactorily followed up. When a verbal complaint is received, this is not documented within the complaints register but was treated as a 'concern'. This does not allow for monitoring or analysis by the provider and thus lead to quality improvement. There has been no training for staff with regard to Complaint management.
2. The complaints register does not indicate the date of complaint, only the month. There were no written acknowledgements to complainants, but there was a follow up notice to staff noted in the complaints register, May 2010, April 2010.

Staff meetings minutes, dated 23 April, 2 April, 11<sup>th</sup> January, 14<sup>th</sup> October all recorded complaints, that had not been entered on the register.

3. There is a very detailed assessment process and use of assessment tools in place. Care plans are resident centred and are changed/ updated as required and within the set timeframe. Each RN has an allocation of residents to be the "key person" for.

In the case of the complainant, behavioural changes had been noted and reported to the GP, ( as per 1.3.12.6 ) but no monitoring of challenging behaviour was carried out and no documented referral to Taikura Trust (Mental Health).

4. The menu and meals are meeting the approval of residents (per interview and resident satisfaction survey), and there are often "meals of choice" offered to residents i.e. Scotch eggs. The menu has had oversight and input from a dietician.

Residents interviewed reported that the only complaint they had regarding meals was the "long wait to get them", all residents are in the atrium before 12 noon and 5pm for their meals which are served by the cook, to the resident's specific needs/likes. The process is to serve those who require assistance first which then ties the staff up in feeding these residents while those more able have to wait until staff are free to serve their meals. This means that they are waiting for a half or whole hour before being served. As meals are served from, a Bain Marie they remain hot for the residents, but there is a wait of 10 to 20 minutes before the independent residents are served.

In the case of the complainant, his ability to wait for this period is limited and he often moves on to another area or his room and then has to be located and encouraged to return to the atrium or offered a meal in his room. This means that the meal is served and cooling for this negotiation / finding time.

5. There has been no recorded staff education regarding challenging behaviour, and staff attendance at in-service training is low in numbers attending.
6. Challenging behaviour did not trigger need for reassessment of behaviour and development of short term care plans to assist staff to deal with this.

Not relevant to complaint and suggested areas for quality improvement:

1. There was no evidence of family involvement in care planning.
2. Although there was a communication with family/EPOA form, these were not evidenced as being used to document communication occurring.
3. The raised base of the toilet in the green wing had vinyl that was cracked and stained, commodes were of a poor condition, some rusted.
4. Some bedroom windows open wide onto a courtyard, creating a potential hazard for those walking past. The Hazard register did not include any reference to the external windows opening onto the courtyard.
5. There are two cleaners per weekday and one on the weekend. No written cleaning and laundry schedules were available.

## Conclusion

Terra Nova Homes & Care Limited - West Harbour Gardens Residential Care will be required to take the above corrective actions to improve compliance against the Health and Disability Services Standards. On-going monitoring will be undertaken by the Ministry of Health in conjunction with the District Health Board.

The complaint via the Minister of Health about the healthcare services provided by the Terra Nova Homes & Care Limited, which alleged that:

- poor handling procedures by staff when transferring his wife causing injury to her legs;
- poor standard of care provided re: cold food served, dirty cutlery at meal times; commodes not emptied; cold rooms due to heaters not working (maintenance);
- medications not given out as prescribed particularly at weekends

are not substantiated with the exception of the delivery times of meals for residents which are required to be coordinated to ensure limited waiting times and that meals are not left cooling.

### **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: 1.1.13.1; 1.1.13.3; 1.3.4.2; 1.3.13.5; as identified in the Inspection Report must be submitted to the Director-General by 7 October 2010.
2. HealthCERT may elect to carry out a verification audit in relation to these corrective actions.
3. 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.

### **Summary for Publication**

The Ministry of Health received a complaint in June 2010 concerning the care provided to a resident at Terra Nova Homes & Care Limited.

The purpose of the unannounced inspection undertaken on 15 June 2010, was to determine whether health care services being provided by, Terra Nova Homes & Care Limited are 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.

Findings against the Health and Disability Services Standards were found in the following areas:

#### *Consumer Rights:*

All complaints are to be documented and that staff training on complaints management is undertaken. The complaints register records all complaints, including dates and actions taken.

#### *Continuum of Service Delivery:*

All staff have education on challenging behaviour and that interdisciplinary referral is documented.

The delivery times of meals for residents are coordinated to ensure limited waiting times and those meals are not left cooling.

## Appendix

### Documents requested

- Staffing and skill mix policy
- Rosters (last month and this month)
- Abuse and Neglect Policy
- Complaints management policy
- Complaints records for the last two months
- Staff orientation policy and process
- Staff training records and in-service training programme
- List of staff with current first aid certification
- 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
- Completed resident satisfaction survey
- Hazard Register
- Internal Audit Plan and results of audits
- Medication Folder

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