

Final Inspection Report

Village at the Park Limited

Date of inspection: 6 November 2009

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OFFICIAL INFORMATION ACT

HealthCERT
Quality & Safety
Regulation and Governance Directorate
Ministry of Health

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Undertaken 6 November 2009
File Ref: WVI 08
Provider: Village at the Park
Contact Person: Ms XXX XXX
Premise: 389 Adelaide Road, Newtown
Wellington

Executive Summary

History:

Village at the Park Care Limited is certified to provide Hospital (Geriatric & Medical) care services and Rest Home care services for a period of 3 years, expiring on 10 April 2011.

Before this, the provider applied for certification in April 2005 and was certified for three years. In the 2005 certification audit there were 10 partially attained criteria identified which required corrective action reporting. In the 2008 recertification audit, there were 2 partially attained criteria identified which required corrective action reporting.

A routine surveillance audit was carried out in September 2009, one corrective action rated low risk required corrective action reporting. The provider also received 2 continued improvement attainments which related to quality and risk systems.

Previous Recent Complaints:

May 2005

The Ministry of Health (the Ministry) received a complaint relating to inadequate staffing levels, and infection control risks in relation to soiled linen. An unannounced visit to investigate these issues was carried out by Ministry advisors. The Ministry concluded that there was no evidence that the provider was in breach of its obligations as a certified provider under the Health and Disability Services (Safety) Act 2001.

January 2006

The Health and Disability Commissioner (HDC) received a complaint relating to care provided to the complainant's mother whilst a resident at Village at the Park Care Limited from 28 October to 9 December 2005. As part of the ensuing investigation the HDC office wrote to the Ministry in July 2006 requesting information relating to concerns the Ministry may have had about the quality of service at the facility. The Ministry informed the HDC that in the previous year, there had been a number of complaints received about the service and it had been working closely with the Contract Manager at Capital and Coast District Health Board and the XDirector, Aged Care Services for Village at the Park Care Limited. The monitoring included discussions with the relevant parties, visits to the site and written progress reports from the XDirector, Aged care Services who advised on progress on an agreed plan to address issues raised. These included:

- Revising senior and middle management structures including the Care Manager and Registered Nurses
- Review and amendments to the roles and responsibilities of these positions
- A more structured programme of staff training for all levels of staff
- Improving record keeping and report writing
- Improving communications within the facility between Registered Nurses
- Regular internal auditing, e.g. client records
- Meetings with the General Practitioners and improving communications with them by one staff member being responsible for non-urgent requests and
- Holding regular family meetings to explain changes being made.

On 13 February 2008, the HDC wrote and informed the Ministry that the investigation into the complaint had been completed. The HDC had found the care provided in this case had not been of an appropriate standard and the provider had therefore breached Right 4(1) of the Code of Health and Disability Services Consumers' Rights. The HDC recommended that Village at the Park review their systems and apologise to the resident in question for their breach of the Code. The HDC also recommended that HealthCERT include an audit of pressure area and nutritional assessments, the quality of residents' progress notes and the forms and templates used by staff, in the next scheduled audit of Village at the Park.

The next scheduled audit was due to take place on 25 February 2008 (in preparation for the 2008 re-certification). The Designated Auditing Agency (DAA) engaged to undertake the audit was alerted by the Ministry to the HDC's request.

The re-certification report submitted by the DAA evidenced that particular attention was paid to the areas in question and all were found to be satisfactory.

April 2006

Complaint via District Health Board (DHB) concerning weight loss and dehydration of a resident. Also an anonymous complaint to MOH re concerns over infection control and cleanliness and insufficient staff, and a complaint concerning lack of communication reporting to residents' General Practitioners.

These complaints were addressed by the provider who undertook a review and restructure of senior management, staff orientation and training, and improvement of communications. This process was managed by the DHB.

February 2008

HDC complaint relating to care provided to a resident, this complaint was fully investigated, areas were addressed by the provider and these were followed up by the Ministry at the next audit, as well as being monitored by the DHB.

February 2008

Two complaints received by the Ministry on 2 and 4 September 2008 alleged that physical abuse of residents by two care staff was occurring at the facility.

These complaints received an immediate response from the provider, who was able to confirm that a full investigation had been carried out, including the involvement of the police. After reviewing the supplied information, the Ministry was satisfied that the provider was meeting all relevant standards.

Nature of Current Complaint:

The Ministry has received a complaint from Mr XXX XXX about the care provided to his mother and other residents at Village at the Park. If substantiated, such concerns may be in breach of Village at the Park Care Limited's obligations as a certified provider under the Health and Disability Services (Safety) Act 2001 (the Act).

In summary, Mr XXX alleges that:

- Recurring blockages in his mother's toilet have not been fixed in a timely manner
- There are no established process to deal with such plumbing problems
- Communication between the management and Mr XXX in relation to the latest toilet blockage was poor
- Staff have not received training on how to manage dementia patients
- Residents are sometimes force fed
- Some staff shout at residents
- Restraint has been used inappropriately.

Further Information (DHB/ HDC):

In discussion with the DHB Health of Older Persons Services, they did not have any formal concerns; however they did have a query concerning staffing levels and skill mix at the facility.

Service Description

Village at the Park Care Limited provides Aged Residential Care Hospital (Geriatric & Medical) Services, and Rest Home (including Dementia) Services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	31	32
Rest Home	0	0
Dementia	30	30
Total	61	62

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Village at the Park Limited, are being provided in compliance with section 9, Health and Disability Services (Safety) Act 2001. To ensure that a person providing health care services of any kind must do to meet 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 XDirector-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 XDirector-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 XDirector-General of Health.

Methodology

The inspection was conducted to investigate the complaint made to the Ministry 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 Care Manager
- Interview with Registered Nurse (Care-Co-ordinator)
- 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 widened as a result of issues noted on the tour of the facility; these are specified in the summation meeting.

Entry Meeting

XXX XXX, HealthCERT; XXX XXX HealthCERT; XXX XXX Care Manager; XXX XXX, Care Coordinator.

The meeting commenced at 0900 hours and ended at 0930 hours.

The introduction meeting covered the following points:

- A copy of the letter of introduction addressed to XXX XXX was provided to XXX XXX, Care Manager (In the absence of the General Manager).
- A proposed agenda for the day was discussed 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.

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.

Consumer Rights during Service Delivery - Standard 1.1

1.1.3.1(a)

In order to provide individual privacy and security of individual belongings, some resident's rooms have bolt locks at the top of the room door (external).

Recommendation:

That the facility, utilise best practice for dementia care, to ensure that "trigger" factors are used to assist recognition of individual rooms by personalising the entrance for residents; closing ensuite doors when bedrooms are not occupied, and highlighting communal toilet doorways for resident recognition.

That the facility takes into consideration the bolt exterior locks as a hazard, and manage the risk effectively, through a Health & Safety policy/procedure.

1.1.3.1(d) - Partially attained

In dementia unit, the toilets for communal use were found not to have any locks or system to indicate if they were in use or not.

Corrective Actions:

Ensure that the communal toilets have locks or a system to indicate if they are in use or not.
Note: This was corrected during the day of the inspection

1.1.10.4 - Partially attained

There was no informed consent forms found in resident's files.

Corrective Actions:

Ensure that the service is able to demonstrate that written consent is obtained where required.

1.1.10.7 - Partially attained

While advanced directives (Resuscitation Consent) are filled out for every resident, these are signed by family or the EPOA for residents who are cogitatively impaired. This is not compliant with the legislation or the facility's policy.

Corrective Actions:

Ensure that advanced directives (Resuscitation Consents) are compliant with current legislation and policy.

1.1.9.1 - Partially attained

Full and frank open disclosure of events concerning the main part of the complaint (blocked toilet) was slow to be provided to the complainant. The original complaint was verbally given to the provider at the time of the incident; this was not satisfactorily responded to by the facility General Manager (GM), as she was unaware that a staff member had not carried out her request to call a plumber. When this was discovered the GM immediately rectified the situation and the blocked toilet was cleared. However there was no follow up outcome response/apology to the complainant. A written complaint was subsequently sent to the provider on 7 October 2009. Due to the length of the process for complaint management within the organisation, the written complaint was not responded to until 2 November 2009. In the meantime the complainant had written to MOH 15 October 2009 with his complaint on.

Corrective Actions:

Ensure that when an initial response is sent regarding a complaint, it includes a copy of the facility complaints policy which gives an explanation of the procedure, and time frames, for the complainant.

1.1.13.3- Partially attained

The facility did not have evidence of an up-to-date complaints register being maintained, that includes all complaints, dates, and actions taken. This is not compliant with Policy.

Note: The register was not available on site at the facility.

Corrective Actions:

Ensure that a register of complaints is held at the facility, thus ensuring that local management are aware of all complaints, dates and actions taken.

Organisational Management - Standard 1.2

1.2.8.1- Partially attained

There are routinely morning and night shifts within the Dementia Unit that have no caregivers with dementia training or currently completing dementia training rostered on duty.

Corrective Actions:

Ensure that appropriately qualified/ skilled service providers are available to provide service.

1.2.9.9- Partially attained

Progress notes were found not to have clear signatures (initials only) or staff designations.

Corrective Actions:

Ensure that progress notes are clearly documented as per policy/procedure

1.2.9.10- Partially attained

Clinical notes were found not to be integrated, i.e. a fax cover sheet re NASC assessment is in the resident notes (minimal resource only), the full NASC report is filed with old notes in the back of the folder; Copies of residents' EPOA documentation are held within the facility but are not kept within the residents notes; Medication charts; no documentation of doctors 3

monthly review on the medication chart, however there is a separate signed review form within the residents notes, unrelated to the medication chart.

Corrective Actions:

Ensure all residents' notes are integrated.

Continuum of Service Delivery - Standard 1.3

1.3.3.2- Partially attained

While a form is filled out by EPOA or family during review of care planning, it was found that these requests by family do not always get addressed within the reviewed and updated care plan. There appears to be no explanation/ documentation as to why this may not occur, given to the family/EPOA.

Corrective Actions:

Ensure requests for changes made by resident family or EPOA at the time of care planning review, are included in the care plan update, or that an explanation is given to resident/family/EPOA re the rationale for not doing so and that this is documented.

1.3.3.4- Partially attained

Multidisciplinary reviews for residents – no documentation evident.

Corrective Actions:

Ensure that multidisciplinary reviews of residents care are carried out and documented within the resident's file.

1.3.4.2- Partially attained

Assessment:

Incontinence pads supplied to residents but no continence assessments were found on file for these residents.

Residents documented as having pain in their care plans, were noted not to have had pain assessments.

Corrective Actions:

Ensure that assessment tools are used to serve as a basis for service delivery planning.

1.3.12.1- Partially attained

Controlled drugs when issued from pharmacy do not all have resident labels on, i.e. if two boxes of morphine issued and taped together, only one has label, so if these are separated RN writes, resident's name on the second box.

Corrective Actions:

Ensure procedures are in place for correct and appropriate administration of medicines.

1.3.12.2- Partially attained

Controlled drug drawn up into a syringe for administration, then returned to safe in syringe (not given/ or disposed of within the shift of the persons drawing it up, but left for use by the next shift).

Corrective Actions:

Ensure that procedures are in place for correct and appropriate administration and disposal of medicines.

1.3.12.6- Partially attained

PRN medications are in some cases given routinely and not reviewed/ re-charted as routine medications. (This may be due to the non integrated medication review charts)

Corrective Actions:

Ensure that where medication is prescribed PRN the indication for use is clearly identified and is used as part of a continuum strategy.

Summation meeting

A summation meeting was attended by XXX XXX HealthCERT; XXX XXX HealthCERT; XXX XXX Care Manager; XXX XXX, Care Coordinator.

XXX thanked the facility for their participation and approach to the investigation recognising that this was an unannounced inspection. It was explained that a full summation of findings could not be provided at the closing meeting as more information was required and photocopied information gathered needed further analysis. XXX noted that residents and relatives interviewed had been complementary to the service, and that staff were welcoming and approachable. She confirmed that there would be findings against the Health and Disability Services Standards in relation to the complaint.

Key issues raised at summation were:

Relevant to complaint;

- . Dignity and respect- door locks
- . Communication
- . Informed consent
- . Complaint management
- . Human resources- dementia training
- . Information management- clinical notes
- . Medication management
- . Care assessment and planning

Not relevant to complaint;

- . Nutrition- dry goods storage in kitchen- dates required on food bins
- . Infection control- covers for clean linen
- . Storage area for hoists and oxygen and walking frames etc. open for residents to enter the area

Special equipment such as curved padded cutlery and plates for residents post stroke, or with poor eyesight/coordination.

Conclusion

Village at the Park Limited 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.

Additional Conditions

Additional conditions to be placed on the Certification Schedule

Pursuant to section 28 of the Health and Disability Services (Safety) Act, the XDirector-General of Health may attach any condition the XDirector-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 Village at the Park Limited:

1. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.3.12.1; 1.3.12.2 as identified in the Inspection Report must be submitted to the XDirector-General by 26 January 2010
2. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.1.9.1; 1.1.10.4; 1.1.10.7; 1.1.13.3; 1.2.8.1; 1.2.9.9; 1.2.9.10; 1.3.4.2; 1.3.12.6 as identified in the Inspection Report must be submitted to the XDirector-General by 24 March 2010.
3. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.3.3.2; 1.3.3.4; as identified in the Inspection Report must be submitted to the XDirector-General by 24 June 2010
4. HealthCERT may elect to carry out a verification audit in relation to these corrective actions
5. The XDirector-General may impose any further condition, or vary any condition, where the XDirector-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 received a complaint on 20 October 2009, concerning the care provided to a resident at Village at the Park Limited.

The purpose of the unannounced inspection undertaken on 6 November 2009 was to determine whether health care services being provided by Village at the Park 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:

Informed consent policy and procedures need to be developed and complaints procedures, require review.

Organisational Management:

In-service education and training for staff in dementia care is required to ensure qualified/skilled services are available at all times to the consumer.

Integration of clinical files is to be implemented.

Continuum of Service Delivery:

Assessment required to be carried out in more detail, including but not limited to continence and pain assessment.

Medication management:

Ensure that processes are in place for safe and appropriate administration and disposal of medications.

Where non-compliance to the Health and Disability Services Standards has been identified specific to the complaint and inspection, Village at the Park Care Limited 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 in conjunction with the District Health Board.

Subsequent corrective actions have been agreed to by the service provider and some have been actioned since the inspection.

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Appendix

Documents reviewed

- Complaints Management Policy
- Complaints records for the last six months
- Advocate Policy
- Abuse and Neglect Policy
- Information available for residents/EPOA in relation to advocacy
- Maintenance Plan and Policy
- Infection Control and Prevention Policy
- Restraint Policy
- Management of challenging behaviour policy
- Information on staff levels and skill mixes
- Staff training records and in-service training programme
- Staff rosters (last month and this month)
- Resident Files (10)
- Completed resident satisfaction survey

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