Wiltshire Limited

UNANNOUNCED ISSUES BASED AUDIT: 2-JUL-2012

The following executive summary / findings summary is from the unannounced issues based audit of Wiltshire Limited conducted by the Canterbury District Health Board on 2 July 2012. The full report is available from the Canterbury District Health Board.

EXECUTIVE SUMMARY / FINDINGS SUMMARY:

A Certification Audit was conducted at Wiltshire Resthome, Hospital and Dementia Unit on 26 to 27 January 2012. The current Certification expires on the 24th March 2014 having achieved a 24 months certification for all three care areas of the Wiltshire facilities. At the time of commencing this Issued Based Audit there were reported to be 57 residents: Rest Home (12) and Hospital (41) level of care residents and four respite residents residing at Wiltshire Rest Home and Hospital. There were 25 residents in Wiltshire House (dementia unit).

Two Directors make up the Governance structure of the organisation. One of these held the position of General Manager - Nursing. There were two Clinical Nurse Managers across the resthome and hospital facility. One of these positions was vacant (as of the 29th June). The Clinical Nurse Manager in post commenced in her role on 19th March 2012. Resthome and Hospital level residents are interspersed throughout the facility.

The key focus of this audit was the issues raised by complainants which triggered the conducting of this audit process.

The findings in this report relate to Wiltshire Resthome and Hospital (rather than Wiltshire House) unless specifically identified.

The audit team members observed that the facility appeared dimly lit in a number of areas. In some areas, the recorded ambient temperature was lower than recommended.

Staffing cover was analysed against the New Zealand Standards Handbook 'Safe Staffing Indicators for Residential and Dementia Care' and was found to be below recommended levels. This analysis of staffing cover took into account the acuity of residents. It did not allow however for the extra large layout and size of the building or location of access to resources within the building. Staff morale was reported in questionnaires as low

Clinical services were overseen by a Clinical Manager who had commenced in March 2012. She subsequently resigned on 18th July 2012. The Clinical Manager was supported by a team of Registered and Enrolled Nurses and Caregivers. A new clinical manager commenced her role on 20th August 2012 and a Nursing Support Manager commenced her role on 4th September 2012. Staff reported little knowledge of the ACE training programme available in Wiltshire.

Findings from the clinical assessments of all consented residents (n=50) in the hospital and resthome conducted in the initial five days identified:

- Dehydration affecting some residents
- Unmanaged weight loss affecting some residents.
- Lack of attendance to basic cares eg continence management, oral hygiene, nail care and podiatry
- Development/ management of pressure injuries (some pre-existing on admission)
- Poor wound care for some residents

- Concerns about provision of palliative and pain management
- Staff shortages
- Lack of some equipment eg adequate number of lifting hoists
- Concerns about medication / errors / safe storage of medication.

Clinical assessments identified two pressure injuries key facility staff and management were unaware of in addition to others that were acknowledged by staff. The clinical assessments also identified a number of clinical aspects of care that equated to risk to physical health and were not being managed i.e.; a number of residents with unmanaged weight loss, dehydration, insufficient continence products, concerns regarding identification and management of risk related to restraint use, poorly managed skin wounds, inadequate pain management, insufficient appropriate wound dressing supplies, inadequate management of pressure support resources, insufficient clinical assessment equipment (i.e.; stethoscopes, thermometers), and lack of infection prevention and control measures

As a result of the clinical assessments, and subsequent findings, referrals for review of 'at risk' residents were made to services including GP, occupational therapy, dietician, physiotherapist, palliative care, wound care services and podiatrist.

Additional equipment such as bedrail protectors, air mattresses, and an additional hoist have been purchased since the audit began.

Staff were observed to be pressured to achieve their tasks and little evidence of one-on-one interaction was apparent between residents and staff other than that which was necessary for performing care tasks. Relationship between staff and management appeared to be poor as reflected in staff and residents interviews and surveys.

Infection prevention and control measures were lacking with the absence of hand hygiene equipment (paper-towel and soap for staff use) from numerous rooms in the Resthome and Hospital. This was also evident in the Dementia Unit where gloves and handwashing agents were in storage rather than available. This was re-iterated in some resident family interviews. There was no evidence of Gastro-type outbreaks however there had been two confirmed outbreaks of scabies reported in the Resthome and Hospital and Dementia Unit.

The standard of cleanliness was observed to be substandard in a significant number of areas across the facility.

Clinical documentation was not always reflective of the needs or health status of residents.

As well as appointing a Temporary Manager, immediate steps were taken by CDHB to supplement the low staffing at Wiltshire Resthome and Hospital. In the three week period 2 – 22 July, CDHB has supplemented the existing staff in the resthome and hospital by 500 hours (60 shifts) of additional staff.

Medication related issues are being reviewed at the time of writing.

Residents and their families were interviewed as part of this Issues based audit. Further information was also sought through resident next-of-kin and employee surveys. There was evidence in some residents' files of family contact relating to accident / incident and changes in health status however limited evidence of family input / involvement into care plan reviews. The transcripts of interviews of next-of-kin are attached to the end of this report.

Findings from this Unannounced Issued Based Audit are detailed within this report. On the basis of evidence provided and identified in this audit process, the provider is deemed to not be complying with a number of their obligations under the ARRC contract and related legislation.

Examples of standards with non-compliance at time of audit include:

HDS(C)S 2.1.(3)	ARRC Section D: D 17.3 (d) (i), D 17.4 (b) (i), D 17.5
HDS(C)S 1.1.9.1 & 1.2.4.4	ARRC Section D: D13.3, D 16.4 (b)
HDS(C)S 1.1.13.3	ARRC Section D: D1.1 (c)
HDS(C)S 2.3.2 & 3.3.2	ARRC Section D: D 16.4 b, D19.3(d)

Translation Table

Abbreviation / Reference	Downloaded from
HDS(C)S: Health and Disability Services (Core) Standards NZS 8134:2.1.2008 Restraint Minimisation section NZS 8134:3.2008 Infection Prevention and Control section	http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-healthcare-services/health-and-disability-services-standards
D: Section D Service Specifications – General Age -related residential-care services agreement	http://www.health.govt.nz/our-work/life-stages/health-older-people/long-term-residential-care/age-related-residential-care-services-agreement

For example NZS 8134:2.1.2008 HDS(C)S: 2.1.3 relates to page 7 in the Restraint Minimisation section of the standards.