

Final Inspection Report

Liberty 2000 Limited
Kintala Lodge Rest Home

Date of inspection: 26 November 2009

RELEASED UNDER THE
OFFICIAL INFORMATION ACT

HealthCERT
Quality & Safety
Sector Accountability and Funding
Ministry of Health

Contents

Executive Summary	3
Service Description	4
Reasons for the inspection	4
The inspection team	4
Methodology	4
Limitations	5
Entry Meeting	5
Summary of Inspection findings	5
Consumer Rights during Service Delivery - Standard 1.1	5
Ensure that staff are given training regarding complaint management	5
Organisational Management - Standard 1.2	6
Continuum of Service Delivery - Standard 1.3	6
Safe and Appropriate Environment - Standard 1.4	7
Summation meeting	7
Conclusion	8
Appendix	10
Documents requested	10

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Undertaken 26 November 2009
File Ref: WLI04
Provider: Liberty 2000 Limited
Contact Person: Mrs XXX XXX
Premise: Kintala Lodge Rest Home
14 Stanley Street
Claudelands
HAMILTON

Executive Summary

History

Liberty 2000 Limited- Kintala Lodge Rest Home is certified to provide Rest Home care services for a period of 3 years, expiring on 12 September 2010.

Before this, the provider applied for certification in August 2004 and was certified for one year. There were no partially attained criteria identified which required corrective action reporting.

In the 2005 recertification audit, there were three partially attained criteria identified which required corrective action reporting, and a certificate was issued for 2 years.

A routine surveillance audit was carried out in August 2006 and there were no partially attained criteria identified which required corrective action reporting.

In the 2007 recertification audit, there were no partially attained criteria identified as requiring corrective action reporting and a certificate was issued for three years.

A routine surveillance audit was carried out in February 2009 and there were no partially attained criteria identified as requiring corrective action reporting.

Previous Recent Complaints

Nil

Nature of current complaint

The Ministry of Health has received a complaint from XXX XXX of the Victoria Central Medical Centre about the care provided to residents at Kintala Lodge Rest Home. Which if substantiated, may constitute a breach of Section 9.5 of the Health and Disability Services (Safety) Act 2001 (the Act).

In summary, Ms XXX alleges that:

- One resident who attended the medical centre following a fall had an unexplained burn on her thigh
- Another resident had skin tears on her shins which were supposed to have been caused by her getting into bed
- A resident was brought to the medical centre with a temperature of 35 degrees, however medical attention should have been sought before the temperature had dropped to this point.

Further information (DHB/HDC)

The DHB only has the current complaint at present, occasionally hears from visiting allied health professionals re underlying non-specific concerns.

Service Description

Liberty 2000 Limited – Kintala Lodge Rest Home provides Aged Residential Care Rest Home services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Dementia	27	30
Total	27	30

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Liberty 200 Limited, 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
- 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

XXX XXX, HealthCERT; XXX XXX, HealthCERT; XXX XXX, Manager; XXX XXX, RN, Clinical Leader; 2nd in Charge.

The meeting commenced at 0830 hours and ended at 0910 hours.

The introduction meeting covered the following points:

A copy of the letter of introduction addressed to XXX XXX was provided to XXX XXX, RN, Clinical Leader; 2nd in Charge, who contacted the Manager, the meeting then suspended until the Manager arrived, at her request.

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.

Consumer Rights during Service Delivery - Standard 1.1

1.1.13.3 – Partial attainment:

The provider does not have a specific complaints register. There is a combined compliments/complaints book which is interspersed by date. There is no area within that system to identify outcome/ resolution/ quality improvement of complaints.

With regard to the complaint, due to this system there was no reporting of the concern/complaint raised by the Medical Clinic staff, following the residents visits to the clinic with a staff member

Corrective Actions:

- Develop a complaints register that includes outcome, resolution and quality improvement, and that deals with concerns and complaints, verbal and written.
- Ensure that staff are given training regarding complaint management.

1.1.10.7 – Partial attainment

EPOA forms not sighted- held in the locked director's office.
Resuscitation forms completed by EPOA.

Corrective Actions:

- Ensure integration of notes and ensure that legislative requirements concerning advanced directives are addressed in practice and in policy.

Organisational Management - Standard 1.2

1.2.4.3– Partial attainment

The Incident Accident forms are completed. However there is no closure to quality loop or outcome/evaluation of quality improvement documented. In both cases reviewed concerning the complaint, although actions were taken, and evaluated for example, in the case of the blisters, a quality improvement had been developed, regarding the temperature of hot beverages. However no documentation or the evaluation of the new process had been carried out.

Corrective Actions:

- Ensure that Incident/Accident forms include outcome and evaluation of quality outcomes.

Continuum of Service Delivery - Standard 1.3

1.3.4.1 – Partial attainment

Assessment:

There were a number of assessment tools available, but minimal usage of these tools was evidenced and these were not consistent with consumer needs i.e. challenging behaviour but no behaviour charts evidenced.

Corrective Actions:

- Ensure a range of resources are used to enable effective assessment.

1.3.5.1 – Partial attainment

Care Planning:

Review and evaluation overdue as per policy, this relates specifically to the allocation of clinical hours for the RN position. One of the residents referred to in the complaint had had processes put into place to prevent recurrence of the accident, but this had not been fully documented.

Corrective Actions:

- Ensure that all care plans are reviewed and care evaluated within policy timeframes.

1.3.5.2 – Partial attainment

Acuity changes for residents not made PRN to care plans, as per 1.3.5.1 above.

Corrective Actions:

- Ensure care plans are updated when changes occur for residents.

1.3.5.3 – Partial attainment

Resident notes not completely integrated – Incident forms not in resident files, EPOA form not in notes.

Corrective Actions:

- Ensure resident notes are fully integrated.

Safe and Appropriate Environment - Standard 1.4

1.4.2.3 – Partial attainment

Vinyl flooring in the dining room is chipped and missing in parts.

The wound dressing trolley was a wooden trolley and the clean and dirty areas were not well identified.

Surgical instruments are held all in a container that is unsealed.

Corrective Actions:

- Ensure that the flooring in the dining area is repaired/replaced.
- Ensure that equipment is fit for purpose and safe for use (in this case taking into consideration infection prevention and control).

Summation meeting

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

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 the relative interviewed had been complimentary to the service, and that staff were welcoming. The progress reporting evidenced was found to be of a high standard, regular and informative.

She confirmed that there would be findings against the Health and Disability Services Standards, in relation to two parts of the complaint, however the complaint regarding Continuum of Service Delivery would not be substantiated. The complaint regarding hypothermia was not able to be substantiated,

Key issues raised at summation were:

Relevant to complaint:

Care Planning
Assessment
Integrated notes
Complaints Register/ staff training

Not relevant to complaint but recommended for review:

Policy review/update - Ensure that all policies and Procedures are available to staff and ensure there is a system for the control and maintenance of policies.

Staff Education - Ensure education programmes relevant to service needs, and that clinical staff have access to best practice information/ training, for example via DHB or internet.

Consent Forms - The recommendation is for the provider to be compliant with legislation – EPOA to sign and provider to review all resuscitation forms.

Conclusion

Liberty 2000 Limited – Kintala Lodge Rest Home will be required to take the above corrective actions 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.

Findings against the Health and Disability Services Standards, were found in relation to the complaint, in the areas of complaints management, care plan review and evaluation. However the complaint regarding Continuum of Service Delivery was not substantiated.

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: 1.2.4.3; 1.3.4.1; 1.3.5.1; 1.3.5.2; 1.4.2.3; as identified in the Inspection Report must be submitted to the Director-General by 1 April 2010.
2. A written progress report that outlines all actions undertaken by the Provider in relation to Health and Disability Services Standards: 1.1.13.3; 1.1.10.7; 1.3.5.3; as identified in the Inspection Report must be submitted to the Director-General by 1 July 2010.
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.

Summary for Publication

The Ministry of Health received a complaint on 12 October 2009, concerning the care provided to residents at Liberty 2000 Limited- Kintala Lodge Rest Home.

The purpose of the unannounced inspection undertaken on 26 November 2009, was to determine whether health care services being provided by, Liberty 200 Limited - Kintala Lodge Rest Home 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.

The complaint was found to be substantiated in relation to complaint management and review/evaluation of care plans. However the complaint regarding Continuum of Service Delivery was not substantiated.

Liberty 2000 Limited- Kintala Lodge Rest Home is required to undertake the following corrective actions to comply with Health and Disability Services Standards, partially attained criteria found at this inspection.

Ongoing monitoring will be undertaken by the Ministry of Health in conjunction with the District Health Board including, but not limited to the submission of reports to the Ministry by 1 April 2010 and 1 July 2010, the requirement to have the actions verified at the time of the next audit.

Consumer Rights:

- Ensure the service develops a complaints register that includes outcome, resolution and quality improvement, and that deals with concerns and complaints, verbal and written.
- Ensure that staff are given training regarding complaint management.
- Ensure integration of notes and ensure that legislative requirements concerning advanced directives are addressed in practice and in policy.

Organisational Management:

- Ensure that Incident/Accident forms include outcome and evaluation of quality outcomes.

Continuum of Service Delivery:

- Ensure a range of resources are used to enable effective assessment.
- Ensure that all care plans are reviewed and care evaluated within policy timeframes. Ensure care plans are updated when changes occur for residents.
- Ensure resident notes are fully integrated..

Safe and Appropriate Environment:

- Ensure that the flooring in the dining area is repaired/replaced.
- Ensure that equipment is fit for purpose and safe for use (in this case taking into consideration infection prevention and control).

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Appendix

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 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
- Emergency Response Policy
- Incident and accidents records for the last two months
- Minutes of staff meetings
- Minutes of quality meetings
- Resident files
- Completed resident satisfaction survey

RELEASED UNDER THE
OFFICIAL INFORMATION ACT