

Final Inspection Report

Bernadette Enterprise Limited Lyndswood Rest Home

Date of inspection: 29 October 2010

HealthCERT
Provider Regulation
Population Health
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
Organisational Management - Standard 1.2	5
Continuum of Service Delivery - Standard 1.3.....	6
Summation meeting	7
Conclusion	8
Additional Conditions	8
Summary for Publication	9
Appendix	10
Documents requested.....	10

RELEASED UNDER THE OFFICIAL INFORMATION ACT

Undertaken **29 October 2010**

File Ref: **WBE 24**

Provider: **Bernadette Enterprise Limited -
Lyndswood Rest Home**

Contact Person: **Ms XXX XXX**

Premise: **Lyndswood Rest Home
10 Whitley Avenue
Upper Hutt**

Executive Summary

History

Lyndswood Rest Home was sold to the new owner in September 2010. At the time of the provisional audit the new owner/manager had five years nurse aide experience in Australia and a further five years experience working in rest homes in New Zealand. The new manager had stated that the existing business, quality and risk management plan would continue for 2009/2010. The staff was to remain the same and a registered nurse employed (20 hours per week). There was an agreement from the current manager (registered nurse) for a period of transition with her assisting with the employment of the new registered nurse.

The new owner/manager stated that all the existing policies would remain the same, and she indicated that she would take the opportunity to become familiar with the Health and Disability Services Standards (HDSS 8134:2008).

Previous Recent Complaints:

One District Health Board (DHB) complaint by relatives concerning care given since change of ownership (September 2010). The DHB managed this complaint with a satisfactory outcome.

Nature of Current Complaint:

The Ministry of Health (the Ministry) received an anonymous complaint about the standard of care provided to residents by Bernadette Enterprise Limited - Lyndswood Rest Home. The complaint alleged lack of registered nursing oversight, inappropriate medication management, and unsafe transporting of residents.

In addition to the above complaint, the Ministry was also notified of a complaint laid by Mrs XXX XXX with the Hutt Valley District Health Board about the care provided to Mrs X XXX (mother in law) at Lyndswood Rest Home. In summary, the complainant alleges that the staff at Lyndswood Rest Home did not respond appropriately to injuries after a fall at the facility. The resident was subsequently hospitalised.

Further Information (DHB/HDC):

The DHB received two further complaints from staff post the onsite inspection by the Ministry. These two complainants were interviewed by phone and their information was added to this report.

Service Description

Bernadette Enterprise Limited - Lyndwood Rest Home provides Aged Residential Care Rest Home services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	0	0
Rest Home	13	15
Dementia	0	0
Total	13	15

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Bernadette Enterprise Limited - Lyndwood 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.

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 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 using 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

The introduction meeting covered the following points:

A copy of the letter of introduction addressed to Ms XXX XXX was provided to her. A proposed agenda for the day was discussed including 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.

Organisational Management - Standard 1.2

1.2.1.3 The organisation is managed by a suitably qualified and/or experienced person with authority, accountability, and responsibility for the provision of service.

Partial attainment

Finding:

As part of the compliance for this criterion at the provisional audit, the new owner/manager was to receive peer support and training from the previous Registered Nurse/Manager. This did not occur.

Corrective Actions required by 20 February 2011:

The new owner/manager is required to have ongoing mentorship into the manager role with a focus on understanding the HDSS standards, ARC agreement and knowledge on Human Resource Management.

1.2.4.3 The service provider documents adverse, unplanned, or untoward events including service shortfalls in order to identify opportunities to improve service delivery, and to identify and manage risk.

Partial attainment

Finding:

Incident and accident forms are completed and there is input from the RN and Manager to complete the forms.

However there is no guide to notifying family on the form, a comment was made that the doctors are not routinely notified – there is no linkage of incident reports, evaluation of care plan and quality improvement.

Corrective Actions required by 20 February 2011:

Forms that document adverse, unplanned, or untoward events are required to identify opportunities to improve service and identify and manage risk. As a part of this process they may contain prompts for staff to ensure open disclosure and seek clinical advice. Ensure the

families wishes to communication on adverse events are documented clearly so appropriate action is taken by staff.

1.2.4.4 Adverse, unplanned, and untoward events are addressed in an open manner through an open disclosure policy.

Partial attainment

Finding:

There was evidence of communication with family/relatives where they had been informed of incident and accidents.

In relation to the resident at the centre of the complaint, the EPOA was informed the morning after the fall. On reading the resident file there were eleven family contacts noted from 1/9/10 regarding changes in the resident's condition and falls.

The resident's file had Enduring Power Of Attorney/next of kin documentation - however the EPOA was for property only, not for the welfare. Therefore some staff discussed the above resident's care with her husband (also a resident) and other staff with the son who has EPOA for property only.

The manager stated there were challenges with the family of the resident at the centre of the complaint - regarding other members of the family requesting information.

Corrective Actions required by 20 February 2011:

Ensure manager and registered nurse are aware of correct EPOA authority and it is clearly documented in resident files.

Ensure policy and procedure for Enduring Power Of Attorney are compliant with legislation.

1.2.9.10 All records pertaining to individual consumer service delivery are integrated.

Partial attainment

Finding:

Resident files are not integrated, care plans are held outside the file as are incident/accident reports, wound care, and short term care plans.

Progress notes are minimal as care givers use a tick box sheet for activities of daily living.

With regards to the complaint there would have been no notes for the General Practitioner to refer to regarding the increase in falls and the changes in behaviour etc.

Corrective Actions Required by 20 February 2011:

The provider must ensure that all individual resident notes are integrated.

Continuum of Service Delivery - Standard 1.3

1.3.4.1 Service providers seek appropriate information and access a range of resources to enable effective assessment.

Partial attainment

Finding:

Evidence from four resident's files show that basic assessment tools have been used, notably continence, falls and pressure. There were no assessment forms for Mini mental,

pain or behaviour tools seen. Post falls short term care plan seen for the complaint resident; however no post falls assessment, was carried out.

Corrective Actions required by 20 February 2011:

The provider is to ensure that assessments are comprehensive, appropriate for the purpose, and lead to care plans that are developed that demonstrate resident focused goals and outcomes, for individual needs.

1.3.4.4 Assessment and intervention outcomes are communicated to the consumer, referrers, and relevant service providers.

Partial attainment

Finding:

The resident at the centre of the complaint had been referred 6-8 weeks earlier by the General Practitioner to Hutt Valley District Health Board's Older Person Service for Psychogeriatrician assessment for increasing confusion, especially in the evening. The resident was assessed by an Occupational Therapist from the Older Persons Service team at that time the resident had been commenced on new medication. There was some initial improvement however after a week there was further deterioration (reference 1.2.4.4.) The facility should have contacted the Older Person Service again and reactivated the referral when the resident's condition began to deteriorate.

The resident had recently been prescribed a number of psychotropic medications over the past 6-8 weeks at the same time there was an increase in falls. These medications have the potential for hypotensive episodes/events. There were no initial or ongoing behavioural assessments and no documentation in notes noting the effect of the new medications.

Corrective Actions required by 20 February 2011:

The service must ensure that where a referral has been made to another service that this is followed up and completed.

Summation meeting

A summation meeting was attended by XXX XXX, Senior Advisor HealthCERT; XXX XXX, Senior Advisor HealthCERT; Mrs XXX XXX, Manager; XXX XXX, registered nurse; and Mr XXX XXX, Senior Relationship Manager, Planning & Funding, Hutt Valley District Health Board.

XXX thanked the personnel at the facility for their participation and approach to the investigation recognising that this was an unannounced inspection. XXX noted that the relatives interviewed had been complementary to the service, and that staff were approachable. She confirmed that there would be findings against the Health and Disability Services Standards.

Key Issues raised at summation were:

1. Lack of registered nursing oversight - Unsubstantiated

It was acknowledged that the current registered nursing oversight is satisfactory, however the registered nursing hours are below the SNZ HB 8163:2005 "Indicators for Safe Aged-care and Dementia-care for Consumers" Handbook.

Recommendation:

That the service give consideration to increasing registered nursing hours.

2. Inappropriate medication management - Unsubstantiated

All caregivers that administer medications are competent and have an annual training update documented. The registered nurse has begun training new staff and Douglas Pharmaceutical in-service training has recently been carried out at the facility.

3. Unsafe transporting of residents - Unsubstantiated

The service has a qualified driver and a first aid qualified care assistant with a mobile phone who go out in the van with residents.

4. Inappropriate response by staff to a resident sustaining injury due to a fall - Unsubstantiated

It was evidenced that there are caregivers with first aid certificates and a process for ensuring certificates are current. There is a registered nurse on call 24 hours/7 days per week. In relation to the complaint the resident was appropriately treated overnight with ice, elevation and analgesia and the manager was notified after the event. The registered nurse reviewed the injury first thing the next morning, notified the son and a transfer to hospital for an x-ray and assessment was arranged by ambulance (non emergency). Notifications to families are clearly documented so staff can action.

5. Child care issues interfering with care duties - Substantiated

It was evidenced that the registered nurse has some child care issues, and that her baby accompanied her to work on occasions, and it was noted that as part of her employment agreement time to breastfeed was included and the baby was brought to the facility.

Recommendation:

In order for the registered nurse to carry out her duties and allow staff access to the staff office, external child care is instituted with baby brought to the facility for breastfeeding.

Not relevant to complaints:

Two residents were smokers and the only current smoking area was at the facility entrance – this allowed smoke to flow into the adjacent lounge and into the facility when doors were opened.

Recommendation:

That an alternative area is set aside for residents who smoke.

Conclusion

Bernadette Enterprise Limited - Lyndwood 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 in conjunction with the DHB.

The complaints concerning lack of registered nurse oversight, inappropriate medication management, unsafe transporting of residents and the care provided to Mrs XXX XXX at Lyndwood Rest Home, were found to be not substantiated.

The complaint regarding child care issues interfering with care duties was 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: 1.2.1.3; 1.2.4.3; 1.2.4.4; 1.2.9.10; 1.3.4.1; 1.3.4.4 as identified in the Inspection Report must be submitted to the Director-General by 20 February 2011.
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 an anonymous complaint about the standard of care provided to residents by Bernadette Enterprise Limited - Lyndwood Rest Home.

In addition to the above complaint, the Ministry was also notified of a second complaint from a relative, and two complaints from ex staff members laid with the Hutt Valley District Health Board about the care provided to residents at Lyndwood Rest Home.

The purpose of the unannounced inspection undertaken on 29 October 2010 was to determine whether health care services being provided by Bernadette Enterprise Limited - Lyndwood Rest Home were 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.

While the majority of the complaint was unsubstantiated, the provider was found to be only partially compliant with the Health and Disability Services Standards in the following areas:

1. Organisational Management

The provider is required to ensure that:

- a) Forms that document adverse, unplanned, or untoward events identify opportunities to improve service and identify and manage risk. As a part of this process they may contain prompts for staff to ensure open disclosure and seek clinical advice.
- b) The manager and registered nurse are aware of correct Enduring Power Of Attorney authority and it is clearly documented in resident files, and that Policy and procedure for Enduring Power Of Attorney are compliant with legislation.
- c) All individual resident notes are integrated.
- d) The new manager has ongoing mentorship into the manager role with a focus on understanding the Health and Disability Services Standards, Aged Related Care Services Agreement and knowledge on Human Resource Management.

2. Continuum of Service Delivery

The provider is required to ensure that:

- a) Assessments are comprehensive, appropriate for the purpose, and lead to care plans that are developed that demonstrate resident- focused goals and outcomes, for individual needs. Resident notes should be integrated.
- b) Where a referral has been made to another service this should be followed up and completed.

Appendix

Documents requested

- The job description for registered nurses at Lyndswood Rest Home
- The job description for the Manager at Lyndswood Rest Home
- Staffing rosters for the last two months
- The medication management policy for Lyndswood Rest Home
- A list of staff with medication competency
- A list of staff and volunteers with current First Aid certificates
- The transportation policy for Lyndswood Rest Home
- The Adverse Event Policy and Procedures for Lyndswood Rest Home
- Copies of incident/accident reports for the last two months.

RELEASED UNDER THE
OFFICIAL INFORMATION ACT