

Final Inspection Report

Norfolk Lodge Waitara Limited

Date of inspection: 2 September 2010

HealthCERT
Provider Regulation
Population Health
Ministry of Health

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Undertaken: 2 September 2010
File Ref: WNO01
Provider: Norfolk Lodge Waitara Limited
Contact Person: Mr XXX XXX
Premise: Norfolk Lodge Waitara Limited
30 Princess Street
Waitara

Executive Summary

History

Norfolk Lodge Waitara Limited has been certified since April 2004 when, after a full audit a certification period for 3 years was issued.

A recertification audit in March 2007 resulted in another 3 year period of certification.

A surveillance audit was carried out in August 2008 with no partially attained criteria being found.

The most recent certification audit was carried out in February 2010 and resulted in a 2 year certification period. This certification audit identified 16 partially attained criteria, seven of moderate risk and nine of low risk. This indicated that there was some slippage in the service.

Previous Recent Complaints

Nil.

Nature of current complaint

HealthCERT received an anonymous complaint on 19 August 2010. In summary, the complaint alleged that:

- A resident was hospitalised due to an adverse reaction to receiving another resident's medication, and that another resident had alleged financial abuse with caregivers able to access his bank account, while taking him on outings.
- There was also alleged physical abuse of residents being inappropriately restrained within the dementia unit, and changes to staffing hours resulting in casual employees replacing full time staff.

Further information

The DHB confirmed the admission of a resident to hospital, following the administration of incorrect medication. HealthCERT were not notified of this adverse event.

The DHB also noted that another resident was transferred to a hospital from the rest home and was found to have a large pressure area which required Wound Care Specialist nursing oversight.

Service Description

Norfolk Lodge Waitara provides Aged Residential Care Rest Home and Dementia services.

The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	0	0
Rest Home	17	23
Dementia	14	15
Total	31	38

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Norfolk Lodge Waitara 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

Present: XXX XXX, RN Manager; XXX, Workplace Assessor; XXX, Senior Caregiver (Team Leader); XXX, Senior Caregiver.

The introduction meeting covered the following points:

A copy of the letter of introduction addressed to Mr XXX XXX was provided to XXX XXX, RN 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

The following Health and Disability Standards were reviewed in relation to this complaint and no non-compliances were found:

Consumer Rights during Service Delivery - Standard 1.1

1.1.3.7; 1.1.9.1; 1.1.10.4; 1.1.11.1;

Organisational Management - Standard 1.2

1.2.4.3; 1.2.7.1; 1.2.7.3 1.2.7.4; 1.2.7.5

Continuum of Service Delivery - Standard 1.3

1.3.4.1; 1.3.4.2; 1.3.5.2; 1.3.5.3; 1.3.8.2; 1.3.8.3; 1.3.12.1; 1.3.12.3

Safe Restraint Practice - Standard 2.2

2.1.2; 2.1.3; 2.3.5

Summation meeting

A summation meeting was attended by:

XXX XXX, RN Manager; XXX, Workplace Assessor; XXX, Senior Caregiver (Team Leader); XXX, Senior Caregiver.

XXX thanked the facility for their participation and approach to the investigation recognising that this was an unannounced inspection. XXX noted that relatives interviewed had been complementary to the service, and that staff were approachable. She confirmed that there would not be findings against the Health and Disability Services Standards, and that the complaint is not substantiated.

The following two recommendations from the investigation but not relevant to the complaint were made:

- That the management note the requirement of HDSS 1.2.4.2 to report adverse events.
- Where the Enduring Power Of Attorney or relatives are reluctant about transferring a resident who requires another level of care, that the NASC and GP be utilised for a multidisciplinary family meeting, so that the safety of the resident can be discussed.

Conclusion

Complaint part (a):

A resident was hospitalised due to an adverse reaction to receiving another resident's medication.

The medication error was acknowledged by the provider, there were good communication processes in place, with open disclosure to the GP, relatives and the DHB. The staff member involved had been performance managed and had undergone retraining.

The complaint is not substantiated.

Complaint part (b):

A resident had had alleged financial abuse with caregivers able to access his bank account, while taking him on outings.

The records of all financial transactions for this resident were available, and his lawyer, XXX XXX of New Plymouth was able to confirm by phone that she had approved these expenses.

The complaint is not substantiated.

Recommendation: That the resident has an independent advocate appointed until such time as a court appointed Enduring Power Of Attorney is approved.

Complaint part (c):

Alleged physical abuse of residents being inappropriately restrained within the dementia unit.

Updated restraint policy and procedure was found in place and policy and procedure were being followed, no issues of unapproved restraint were evidenced.

The complaint is not substantiated.

Recommendation: That only individual (personal) lap belts be used in toilets, for those who have approval and require this type of restraint.

Complaint part (d):

Changes to staffing hours resulting in casual employees replacing full time staff.

Staffing levels, rosters and staff and resident interviews conformed that the facility is meeting the required staffing mix and hours required by the Aged Related Residential Care Agreement, and the health and Disability Sector Standards requirements.

The complaint is not substantiated.

In regard to the concern from the DHB regarding wound care specialist nursing, the inspection was able to verify that the service had involved wound care specialty from the Waitara District Nursing Service.

The complaint received by the MOH is not substantiated.

Additional Conditions

Nil.

Summary for Publication

Nil.

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Appendix

Documents requested

- Staffing and skill mix policy
- Rosters (last month and this month)
- Medication Policy
- List of staff with current medication competency
- Abuse and Neglect Policy
- Management of Challenging Behaviour Policy
- Restraint Policy
- Restraint Register
- Staff training records and in-service training programme
- Incident and accidents records for the last two months
- Resident files

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