Final Inspection Report

Oceania Care Company Limited
Elmwood Village

Date of inspection: 23 July 2014

HealthCERT
Provider Regulation
Clinical Leadership, Protection and Regulation

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1. Provider details

Provider:	Oceania Care Company Limited - Elmwood Village
Premises:	Elmwood Village
Contact Person:	[redacted] Business and Care Manager
Internal File Ref:	HT01-G00792-C11
Inspection Date:	23 July 2014

2. Executive summary

The Ministry of Health has received a complaint via Counties Manukau District Health Board (DHB) which alleges the Oceania Care Company Limited could be in breach of its obligations as a certified provider under the Health and Disability Services (Safety) Act 2001 (the Act) to provide services at Elmwood Village.

This provider has six complaints on the HealthCERT database since March 2013 (two of which were substantiated). The DHB has investigated the most recent complaint dated May 2014. The provisional findings from the DHB investigation raised a number of concerns about:

- the care and management of a residents after a fall
- the delays and lack of leadership in managing the residents after the fall
- the management of complaints being inadequate.

Due to above mentioned factors, an unannounced inspection of Elmwood Village was undertaken by the Ministry on 23 July 2014, in accordance with sections 40, 41 and 43 of the Act.

The focus of the inspection was on ensuring that the provider had the systems to safely manage residents after an adverse event. The inspection reviewed the incident reporting process, the falls management process and reviewed the complaint management processes. The inspection team reviewed a number of residents' clinical files that had falls and undertook interviews and conversations with 12 staff.

On the basis of evidence reviewed during the inspection, Elmwood Village did not fully comply with one standard of the Health and Disability Services Standards (NZS 8134:2008). The one partially attained standard related to the currency of resident care plans, including plans to manage falls, re-assessment of residents after falls, evaluation of short term care plans and the integration of relevant clinical information.

The inspection did not find any high risk issues in respect of the management and reporting of incidents, implementation of improvements as a result of the falls or the complaint management processes.

Ongoing monitoring will be undertaken by the Ministry in conjunction with Counties Manukau DHB.

3. Background

Law

Providers of health care services must be certified by the Director-General of Health (Sections 9(a) and 26 of the Act) and must comply with all relevant health and disability service standards (Section 9(b)).

The relevant service standards are approved under the Health and Disability Services (Safety) Notice 2008. The standard approved is the Health and Disability Services Standards NZS 8134:2008.

Facts:

a) The care and management of a residents after a fall

There were 12 resident files randomly selected from the hospital, rest home and Kauri wings. The falls assessment tool used by the Oceania Care Company Limited is the Tinnetti tool. The review of the 12 files showed that the documentation of risk assessment tools, short term care plans and the evaluations and the re-assessment post falls was incomplete.

The physiotherapist is part of the team that has a focus on falls. The physiotherapist also undertakes an assessment on admission of residents and after a fall has occurred to review the issues and look at possible strategies to improve the safety and mobility for residents. This was evidenced in the resident's clinical file that residents are assessed for the suitability of hip protectors and that appropriate equipment is accessed.

The Oceania Care Company Limited's falls policy is clear about the responsibilities of care staff, both Health Care Assistants (HCAs) and Registered Nurses (RNs). The HCA reports directly to the RN, who undertakes a post fall assessment prior to the resident being moved. Staff who were interviewed had a good understanding of this process.

The General Practitioner interviewed on the day of the inspection stated that he was happy with the care provided by the staff at Elmwood Village. He was confident that staff reported their assessment in full post a fall and he was happy with the falls management plan in place for the facility.

Training is provided to HCAs in respect to immediate post fall care and, once assessed, how to use the appropriate lifting equipment. RN training is provided in respect of the immediate assessment post a fall. Some staff did comment that the RNs competency or ability to undertake an immediate post fall review is variable. Should a fall occur when the physiotherapist is on site, the physiotherapist is asked by the RNs to complete the immediate post fall assessment.

A random sample of 15 unwanted event forms related to falls was examined. Parts of the form were completed however, of the 15 event forms, five post fall re-assessments were not completed or attached to the original falls forms in the residents' files. There was also a lack of changes documented in the residents' care plans in respect to a resident mobility assessment and safety aspects after each fall.

There are multiple areas where information about a recent fall is recorded:

- there is the section in person centred care plan, where initial assessment and re-assessments are documented
- a record of current monitoring in the daily sheets
- the falls re-assessment form, which in 30% of files was not attached
- comments in progress reports.

The plans of care did not show input from the resident into strategies to reduce falls.

There was evidence of monthly data collection and analysis of falls data being presented at the staff quality meetings.

The delays and lack of leadership in managing the residents after the fall

The falls policy is clear that the senior staff member on duty undertakes an assessment of a resident immediately after a fall. As mentioned above, the skill level of the RNs at Elmwood Village to undertake a competent post fall assessment is variable and the provider organised a training session for 31 July 2014. The unwanted event form has no place to record the date and time of the post fall assessment.

Depending on whether there are injuries, the RN co-ordinates the resident's care and should they require transfer to hospital this is arranged with the appropriate documentation sent with the resident. In discussion with staff, there appeared to be no reluctance from RNs to calling an ambulance to transfer a resident to the hospital for further assessment. This process is included in the training.

Two out of 12 resident files reviewed showed that there were signs and symptoms of confusion and/or delirium recorded in the progress notes prior to the fall. There was no documentation of a delirium assessment being completed or the care plan being updated to manage these symptoms.

Recommendation

The date and time is recorded on the unwanted event form as to when the post fall assessment is completed.

A screening tool for delirium is completed by the RNs when symptoms of delirium or confusion have been reported and documented.

b) The management of complaints is inadequate

The review of the complaints management system identified a systems approach to the management of complaints. The Oceania Care Company Limited's complaints policy was reviewed.

Ten complaints were viewed where the contents were clearly documented, the follow up was timely and families were notified and kept informed, either by email or by letter. If the complaint involved staff, the staff member involved was asked to document the details of the incident.

Four of the complaints viewed proceeded to formal meetings and/or warnings for the staff member involved. Staff training was a key action point. There was limited documentation regarding the investigation process and limited evidence that the investigation took into consideration the issues that increase risk, such as acuity, the number of residents or staffing and skill mix complement at the time of the complaint.

4. Inspection team

The inspection was undertaken by [redacted] and [redacted], Senior Advisors HealthCERT, Ministry of Health, under delegated authority of the Director-General of Health. [redacted] a senior clinician from Counties Manukau DHB (CMDHB) joined the team to focus on the clinical aspects of the inspection.

5. Inspection process

The following process was used during the inspection:

- interview with the facility manager
- interview with the clinical managers
- physical tour of the facility
- review of clinical records of residents
- interviews and discussion with staff about falls and complaints processes
- review of incident event data, complaint register and falls management processes.

6. Inspection limitations

The focus of the inspection was on ensuring the provider had systems that safely managed incident reporting, particularly falls management, review of the complaint management process and examination of clinical files of residents, some of whom had fallen.

7. Inspection findings

Findings have been reported against the Health and Disability Services (Core) Standards (NZS 8134.1:2008).

Relevant Standard	Findings	Required Corrective Action	Rating and time frame.
Standard 1.3.5 Planning Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.	The sample of care plans that were examined did not the consistently reflect the current needs of the residents. There was lack of integration in respect of recent falls re-assessments and the Patient Centred Care Plans, there was also relevant current information recorded in the progress reports and care activities recorded in the Daily Sheet. Short Term Care Plans were not all evaluated. All resident's files that had multiple falls were all rated High risk however the plan to reduce and manage the risk lacked any resident input in respect of interventions.	**Corrective Action Request:** Ensure the care plan describes the required supports and interventions to achieve the desired outcomes identified by the on-going assessment process.	**Rated:** Moderate **Time Frame:** Three months

8. Meeting at the end of the inspection

Present: [redacted] and [redacted], Senior Advisors, HealthCERT, Ministry of Health; [redacted], Senior Clinician Counties Manukau DHB; [redacted] Programme

Manager Health of Older People; Counties Manukau DHB; [redacted], Business and Care Manager, Elmwood Village; [redacted], Senior Clinical Quality Manager, Oceania Care Company Limited; [redacted], Clinical Quality Manager, Oceania Care Company Limited.

[redacted] thanked the management team and staff 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 information gathered needed further analysis. The provider was advised that this investigation report would be published on the Ministry of Health website.

Key issues raised at the summation were:

a) Complaints management

The management of complaints was satisfactory and there was evidence that recommendations from complaints were completed and these often related to the further training for staff. There seemed to be no information in the complaint documentation as to workload, acuity and skill mix of staff at the time of the complaint. There were two themes that came through from the review of complaints, these being call bell response times and staff stating at the complaints interviews that they were busy.

Recommendation
The complaint investigation documentation should include an assessment of the relevant staffing, workload and acuity issues. The policy does not outline the steps pertinent to Elmwood Village, for example, where complaint forms are located.

b) Quality and risk management systems

A brief review of the quality risk management system showed that there was evidence of current and controlled policies and procedures. Corrective action plans are developed, completed and closed off and internal audits are completed.

c) Adverse event reporting

The documentation was reasonable, although 30% of falls re-assessment forms were not in the residents' files. There was good evidence of data and information being shared with staff at the monthly quality meetings and the minutes of these meetings being available to staff.

Recommendation
For those incidents that are serious or sentinel, consider an external support person for the manager during the review process.

d) Falls Management

There was good evidence of a team who met monthly with a focus on falls, the use of a falls diary to notify staff of recent falls, active support from the physiotherapist in respect of assessments, management and education. There is an urgent need to improve the screening of residents for delirium and confusion when symptoms are being recorded in the progress notes.

Recommendation
That RN falls training and assessment is completed to improve RN competency.

e) Clinical Documentation

The clinical file review demonstrated that there were a number of shortfalls as to the currency of the care plans in the resident files. There were issues found with incomplete short term care plans and care assessments and risk assessment tools that are not signed. There are multiple places in the resident file where information can be found pertaining to falls and consideration should be given to the integration of the information. Short term care plans were not completed or evaluated. Issues with recording bruising and screening for delirium are areas that require further attention.

Recommendation
Better integration of clinical information in the resident's file in respect to information being held about a fall.

9. Conclusion

Under Section 9 of the Act, certified providers must meet all relevant standards and comply with any conditions subject to which the provider was certified by the Director-General of Health. Oceania Care Company Limited is required to undertake the following corrective action within the specified timeframes. If the corrective action is not achieved, the Ministry may take action in relation to non-compliance with the requirements of the Act.

Required corrective action

A written progress report that outlines all actions undertaken by the provider in relation to the corrective measures required against Health and Disability Services Standard 1.3.5 (as approved under Section 13 of the Act) must be submitted to the Counties Manukau District Health Board by 1 December 2014. The Counties Manukau District Health Board will notify the Director-General of Health of progress, if any, and if required in accordance with the Ministry of Health's requirements for the processing of progress reports.

If the corrective actions are not achieved, the Ministry may take action in relation to non-compliance with the requirements of the Act.