Final Inspection Report

Oceania Care Company Limited - Raeburn

Date of Inspection: 9 October 2012

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Executive summary

The Ministry of Health received an anonymous complaint on 11 September 2012 about the standard of care provided by Oceania Care Company Limited to residents at Raeburn. On 28 September 2012 the Ministry received information from the Health and Disability Commissioner regarding this anonymous complaint and two other complaints that included concerns about wound care, bruising to residents and palliative care.

The complainants' allegations related to: some residents' wounds not been treated appropriately resulting in hospital admissions; bandages and lotions being rationed; bandages being washed and reused in an unhygienic manner; lack of sterile areas or kits to attend to infections; wounds that indicated physical abuse could have occurred; residents' personal cares were neglected; continence pads were not changed often enough; heaters had been turned off resulting in pneumonia for some residents; and high staff turnover.

HealthCERT undertook an unannounced inspection at Oceania Care Company Limited - Raeburn on 9 October 2012 in response to the complaints received, to determine whether health care services provided by Raeburn were being provided in compliance with section 9 of the Health and Disability Services (Safety) Act 2001 (the Act). That is, a person providing health care services of any kind must do so while meeting all relevant Health and Disability Services Standards.

There were two partially attained criteria against the standards relevant to the allegations in the complaints. Eight of the ten allegations were unsubstantiated and two were substantiated with regard to abuse and infection prevention and control.

It was noted that an internal root cause analysis had been carried out by a senior clinical nurse manager as soon as the provider organisation was notified of this complaint. The findings from this internal analysis were confirmed at the unannounced inspection:

- there was no evidence of neglect, and there was a significant amount of clinical oversight to ensure safety and quality of care
- care plans and other documentation by registered nurses (RNs) and a Waikato District Health Board Wound Care Clinical Specialist Nurse indicated that wound care was being addressed and that expert assistance was requested as required
- continence products were available and reassessment was carried out to ensure use of the correct product for residents
- the facility was warm, and heaters were functioning. The provider had noted some room heaters were old and not functioning correctly, but corridor heaters were in use while new heaters were being installed
- lotions and ointments were prescribed and reviewed by the GP every three months, care plans noted if these were to be used for residents and RNs reordered as required
- one resident in the dementia unit was having bandages rewashed and hung over the dressing trolley. This practice had been discontinued and now the used bandages are disposed of or sent to the commercial laundry
- staff turnover had been high due to the facility employing Competency Assessment Programme students, who left for employment as RNs as soon as

they had completed their courses. This practice has been discontinued and permanent Health Care Assistant (HCA) staff are now employed
- in August 2012 a staff member was alleged to be abusive. The provider acted immediately to address this with an investigation that included the assessment of incident and accident analysis data. The staff member's employment was terminated and staff education was carried out immediately for all staff including the requirement regarding reporting of concerns.

Oceania Care Company Limited - Raeburn must complete the required improvement regarding procedures for infection prevention and control to ensure compliance against the Health and Disability Services Standards. Appropriate action had already been taken with regard to the allegation of abuse.

Ongoing monitoring will be undertaken by Waikato DHB in conjunction with the Ministry of Health.

History

The provider is certified for three years with an expiry date of 22 June 2013.

The Ministry of Health received an anonymous complaint on 11 September 2012 which alleged that Oceania Care Company Limited – Raeburn could be in breach of its obligations as a certified provider under the Health and Disability Services (Safety) Act 2001 to provide services at Raeburn.

The complainant alleged that:

- some residents' wounds had not been treated appropriately, resulting in hospital admissions
- bandages and lotions were rationed
- bandages were washed and reused in an unhygienic manner
- there were no sterile areas or kits to attend to infections
- some residents had wounds that indicate physical abuse could have occurred
- residents' personal cares were neglected
- continence pads were not changed often enough
- heaters had been turned off, resulting in pneumonia for some residents
- staff turnover was high.

In addition, on 28 September 2012 the Ministry received information from the Health and Disability Commissioner about the above complaint and two other complaints to the Commissioner's Office. The two other complaints included concerns about wound care, bruising to residents and palliative care.

Service description

Oceania Care Company Limited – Raeburn provides Aged Residential Care Hospital and Rest Home (including dementia) services. The occupancy and capacity is outlined below:

Area	Occupied	Capacity
Hospital	25	28
Psychogeriatric	0	0
Rest Home	14	18
Dementia	19	20
Swing Hospital / Rest Home	(4)	(4)
Total	**58**	**66**

Reasons for the inspection

The purpose of the inspection was to determine whether health care services being provided by Oceania Care Company Limited – Raeburn 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.

Health and disability service providers are required under section 9 of the Act to provide services:

(a) 'while certified by the Director-General to provide health care services of that kind;
(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 XXXX, Senior Advisor, HealthCERT, under the delegated authority of the Director-General of Health.

Methodology

The inspection was conducted to investigate the complaints made to the Ministry of Health and the Health and Disability Commissioner that may have arisen from system 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 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 was audited.

Limitations

The scope of the inspection was limited to the issues raised in the complaints.

Entry meeting

Present: XXX XXX, Clinical Manager, XXX XXX, Senior Advisor, HealthCERT, and XXX XXX, Senior Advisor, HealthCERT.

A copy of the letter of introduction addressed to the manager was provided to her at 08:30hours. 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.

Summation meeting

A summation meeting was attended by: XXX XXX, Clinical Manager, XXX XXX, General Manager, XXX XXX, Regional Manager, XXX XXX, Senior Advisor, HealthCERT and XXX XXX, Senior Advisor, HealthCERT.

The Lead Senior Advisor thanked the facility personnel 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 Advisor confirmed that there would be a finding against the Health and Disability Services Standards as per the following table.

Inspection findings

The following areas of non-compliance against the Standards were identified on the day of the inspection.

Consumer rights

Standard/ Criteria	
1.1.3.7 Consumers are kept safe and are not subjected to, or at risk of, abuse and/or neglect.	**Finding: Partially attained** Provider's investigation identified that policy and procedures were in place. In August 2012 a staff member was alleged to be abusive. The provider acted immediately to address this with an investigation including the assessment of incident and accident analysis data. The staff member's employment was terminated and staff education was immediately carried out for all staff including the requirement regarding reporting of concerns. **Recommendation:** That the revised policy includes relevant reference to the Crime Amendment Act (3) 2011, requiring the reporting by health professionals of all abuse. **Corrective Action Request:** No corrective action required.

Infection prevention and control

Standard/ Criteria	
3.1.4 The infection control programme is developed in consultation with relevant key stakeholders, taking into account the risk assessment process, monitoring and surveillance data, trends, and relevant strategies. The governing body/senior management shall approve the programme.	**Finding: Partially Attained** The facility had an RN appointed to the role of Infection Prevention and Control (IPC) coordinator; she had had specific training in this area of expertise but had no hours allocated over and above her normal RN duties to fulfill this role. There was also no mentorship for her as a Competency Assessment Programme graduate into a senior role. Monitoring and assessing of IPC practices were not maintained. This was evidenced in the following findings from the inspection of the facility: • the emergency trolley was checked weekly by the RN. However, masks had been used and not replaced/cleaned and suction catheters were opened and not sterile. The trolley itself was dusty and dirty • all laundry including personal laundry was correctly bagged and sent off site for washing and drying. There was a clean/dirty flow but the dirty laundry trolleys were not cleaned and had plastic and linen bags tied to them which were also dirty • there were adequate supplies of wound care products in the rest home area. The wound care trolley was dirty and untidy, and the click-clack box containing the dressings was extremely dirty on the exterior and had opened dressing materials inside as well as old packets of cotton balls and swabs. There were disposable forceps that were being reused and artery forceps with dried blood, and dirty scissors which were used to cut sterile dressings • in the rest home the senior HCA carried out the medication round following policy, the medication system used was robotics combined with blister packs for PRN medications. The medication trolley was dirty both inside and out. **Corrective Action Request:** Ensure that the IPC coordinator has allocated hours in order to fulfil the role. Ensure that there is ongoing mentorship for the IPC coordination role. Ensure that monitoring and assessment for IPC is maintained.

Conclusion

The unannounced inspection identified two partially attained criteria against the standards relevant to the allegations in the complaints. Eight of the ten allegations were unsubstantiated and two were substantiated with regard to abuse and infection prevention and control. Appropriate action had already been taken with regard to the allegation of abuse.

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: 3.1.4 as identified in the Inspection Report must be submitted to the Waikato District Health Board by 30 November 2012.

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.

Appendix 1: 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
- Quality and risk management plan
- Incident and accidents records for the last two months
- Minutes of staff meetings
- Minutes of quality meetings
- Six Resident files were reviewed