



## **Draft Inspection Report**

### **Presbyterian Support Central – Huntleigh**

**Dates of Inspection:**

**18 & 23 August 2016**

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## 1. Provider Details

Certificate:	The provider is certified for three years with an expiry of 20 July 2017.  Hospital services - Medical services - Geriatric services (excl. psycho-geriatric)  Rest home care (excluding dementia care)
Premises:	Huntleigh Home
Premises Address:	221 Karori Road Karori Wellington 6012
Contact Person:	██████████, General Manager Enliven
Internal Ref:	
Inspection Dates:	18 and 23 August 2016

## 2. Executive Summary

The Ministry of Health (the Ministry) received a complaint which alleged that Presbyterian Support Central could be in breach of its obligations as a certified provider under the Health and Disability Services (Safety) Act 2001 to provide services at Huntleigh Home.

On receipt of a complaint, HealthCERT contacted Capital and Coast DHB to discuss the concerns which related to a former resident (██████████) at the facility. The complainant alleged physical abuse by a staff member. The complainant was unhappy with the way the complaint she made to management at the facility had been addressed.

An unannounced inspection was planned. The inspection of Huntleigh Home was completed by the Ministry on the 18 and 23 August 2016, in accordance with sections 40, 41, and 43 of the Act. The focus of the inspection was to assess whether the allegation concerning abuse could be substantiated and to review the management of the complaint.

On the basis of the evidence reviewed during the inspection, Presbyterian Support Limited - Huntleigh did not fully comply with three of the Health and Disability Services Standards (NZS 8134:2008). The partially attained standards related to: consumers rights, complaint management, and care planning.

The investigation did not find evidence that there had been physical abuse by a Health Care Assistant (HCA).

Ongoing monitoring will be undertaken by Capital and Coast DHB.

### 3. Entry Meeting

On arrival at the premises, [REDACTED], Senior Advisor, HealthCERT and [REDACTED], Senior Advisor Enforcement, Health Legal met with [REDACTED], Facility Manager.

The purpose of the visit was explained and a letter addressed to [REDACTED] (the provider's nominated contact person) outlining the complaint and the authorisation to undertake the unannounced visit was given to [REDACTED], Facility Manager. A copy of the Director-General of Health's delegation was shown to the [REDACTED], Facility Manager, and it was explained how the inspection would be undertaken.

[REDACTED], Regional Manager, Presbyterian Support Southern, also had the reason for entry explained to him on his arrival later in the morning.

### 4. 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) Consumer Rights – consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy and independence.**

The investigation did not find evidence that there had been physical abuse by a Health Care Assistant (HCA).

The resident did not receive the care that she had requested when her initial respite care plan was written. Her privacy was not respected and her independence was not maximised and the initial care given did not reflect her wishes. The resident was traumatised after being assisted with activities of daily living by a male Health Care Assistant (HCA) on [REDACTED] 2015, and had physical and behavioural indicators of trauma. No reporting was documented or reported verbally to an RN by HCAs for five days (until [REDACTED] 2015), and this was then not followed up.

#### **b) Complaints Management**

There is a 'Compliments, suggestions, concerns and complaints' policy which is up to date. A complaints log is maintained. In regard to the concern raised by the resident seven weeks after the event to a Registered Nurse (RN). This concern was thought to have been resolved by the RN. There was no change made in the care plan for the resident. The RN assured the resident that she would be cared for only by female staff. There was no follow up conversation or documentation that this concern was fully addressed with the resident to her satisfaction.

### **c) Care Planning**

The resident's assessments, plans and interventions showed that documentation and reporting was not consistent and did not always reflect her current needs. The resident's desired outcomes /goals identified were not clearly documented, accurate or current. The current handover/ briefing between shifts updates changes in residents care but does not always ensure clear communication for all staff.

## **5. Inspection Team**

The inspection was undertaken by [REDACTED] Senior Advisor, HealthCERT and [REDACTED], Senior Advisor Enforcement, Health Legal, under the delegated authority of the Director-General of Health.

## **6. Inspection Methodology**

The inspection was conducted to investigate the complaint made to the Ministry of Health 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 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
- Clinical Notes review.

### **Inspection Limitations**

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

## 7. Inspection Findings

Findings have been reported against the following standards:

Health and Disability Services Standards NZS 8134.1:2008

Relevant Standard	Findings	Required Corrective Action	Rating and time frame.
<b>Standard 1.1.3</b> Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.	<p>Staff interviews, GP interview and progress notes did indicate that the resident was traumatised post being assisted with activities of daily living by a male HCA.</p> <p>This was not noted in the Health Care Assistants' (HCAs) progress notes until five days later, and was not used to update the care plan.</p>	<p>Ensure that staff are fully aware of the requirement to report to an RN and document when a resident is distressed and followed up with a written outcome that reflects the wishes of the consumer.</p>	PA Moderate 60
<b>Standard 1.1.13</b> The right of the consumer to make a complaint is understood, respected, and upheld.	<p>The resident had a discussion with an RN seven weeks after the male HCA incident stating that she did not wish to have a male HCA care for her. At this time the resident thought that she was making a complaint.</p> <p>This conversation was addressed immediately by the RN as a concern, not a complaint, and the RN in Health Status Summary (HSS (RN notes separate from HCAs progress notes)) states: "Resident requests no male HCA", this was also written in the HCA diary and HCAs were requested to read the HSS notes. There was no change made in the care plan for this resident. The RN assured the resident that she would be cared for only by female staff. There was no "official" response to what she had raised as a complaint. There was no follow up conversation or documentation that this concern was fully addressed with the resident.</p> <p>Due to the lack of documentation and changes to care plan the resident continued to be cared for by male HCAs on occasions.</p>	<p>When a concern is raised and a resolution put in place, this is then followed up with the complainant to ensure the measures put in place are satisfactory and as per policy if the complainant is unsatisfied that the option to raise a complaint is followed.</p>	PA Low 90
<b>Standard 1.3.5</b> Consumers' service delivery plans are consumer focused, integrated and promote continuity of service delivery.	<p>The HCA diary is used to inform staff of changes in care or appointments. RNs do not always have "time" to read HCA progress notes, but do write into the HSS to ensure compliance with policy. HCA staff talk frequently to RNs and update them re changes they have noted regarding residents. RNs endeavour to remember to document if there is "time". The level two RN is much busier than the level one RN as there are a greater number of residents with higher acuity. The resident resided in level two of the</p>	<p>Respite initial care plans are sufficiently detailed to reflect resident care needs, and are updated as changes occur.</p> <p>That service care plans describe the required support and/or intervention to achieve the desired outcomes / goals identified by</p>	PA Moderate 90

Relevant Standard	Findings	Required Corrective Action	Rating and time frame.
	<p>home.</p> <p>Care plans are written within the correct time frame, but are not always updated after changes. Short term care plans are put into place for wounds or infections etc., within good time frames.</p> <p>The handover system has been changed so that one HCA from each floor attends the 0700 handover from the night RN to the morning RNs. The other HCAs rely on this HCA to pass on new and relevant information, as the RN is busy catching up with residents of concern and the medication round.</p> <p>HCA staff clearly indicated that the HCA who attends the 0700 RN to RN handover sometimes lets them know the changes, but not always. This was dependant on who attends (who is on duty). HCAs start work at 0700 hours (five HCAs for 40 plus residents on level two), so they are busy getting work done before breakfast and after breakfast. This includes the HCA attending the initial short handover at 0700 hours also having their own group of residents to attend to.</p> <p>There is a risk that HCAs can start at 0700 hours and not be privy to relevant information about a resident until full handover at 10.45am. Staff are able to have a break then as the cares for residents are mostly completed.</p>	<p>assessment and the resident, and are accurate and up to date.</p> <p>Ensure that there is an adequate handover/ briefing between shifts.</p>	

## 8. Summation Meeting

A summation meeting was attended by [REDACTED], Facility Manager, Dr [REDACTED], Regional Manager, Presbyterian Support Southern, [REDACTED], Care Manager, [REDACTED] Senior Advisor, HealthCERT and [REDACTED], Senior Advisor Enforcement, Health Legal.

The Senior Advisor 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 information gathered needed further analysis. The Senior Advisor confirmed that there would be findings against the Health and Disability Services Standards as per the above table. The provider was advised that this investigation report would be published on the Ministry of Health website.

## 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. Presbyterian Support Central Limited – Huntleigh is required to undertake the following corrective actions within the specified timeframes. If the corrective actions are not achieved, the Ministry may take action in relation to non-compliance with the requirements of the Act.

### **Required Corrective Actions**

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 1.1.3 (as approved under Section 13 of the Act) must be submitted to your District Health Board by 30 November 2016. Your District Health Board will inform the Director-General of Health of progress in accordance with the Ministry of Health's requirements. An amended schedule will be issued if progress is not satisfactory.

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 1.1.13 and 1.3.5 (as approved under Section 13 of the Act) must be submitted to your District Health Board by 30 December 2016. Your District Health Board will inform the Director-General of Health of progress in accordance with the Ministry of Health's requirements. An amended schedule will be issued if progress is not satisfactory.