Final Inspection Report

Radius Residential Care Limited

Radius Heatherlea Care Centre

Date of Inspection:

5 May 2015

HealthCERT
Clinical leadership, Protection and Regulation
Provider Regulation
Ministry of Health

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1. Provider details

Certificate:	Three year 16 September 2013 – 16 September 2016
Premises:	Radius Heatherlea Care Centre
Premises Address:	139 Vivian Street New Plymouth
Contact Person:	[redacted]
Internal Ref:	
Inspection Date:	5 May 2015

2. Executive summary

The Ministry of Health received a complaint via Taranaki District Health Board (DHB) which alleged Radius Residential Care Limited could be in breach of its obligations as a certified provider under the Health and Disability Services Act (2001) to provide services at Radius Heatherlea Care Centre.

On receipt of the verbal complaint, the DHB contacted HealthCERT to discuss the concerns raised. The concerns related to wound care practice and issues raised and documented by care giving staff were not being actioned by the Clinical Nurse Leader and Manager. A decision was made by the DHB to undertake an onsite visit to assess a resident currently receiving care in the facility, and to review the clinical file of a resident who had recently been admitted to the DHB. The DHB onsite visit was completed on 2 April 2015 and clinical review completed 22 April 2015.

The DHB investigation found that there were shortfalls with the follow up of clinical issues raised by care givers and timeliness of documentation. These issues have also been findings in the last two audits events at Heatherlea.

The reviews raised concerns for the DHB and after further discussion with HealthCERT an unannounced inspection was planned. The inspection of Heatherlea Care Centre was completed by the Ministry on the 5 May 2015, in accordance with sections 40, 41, and 43 of the Act. Two nurse specialists from the DHB were also on the inspection team.

The focus of the inspection was to assess whether the allegations concerning the care provided to residents and wound management documentation was completed to the required standard. The inspection team reviewed ten resident clinical files, interviewed and conversed with ten staff and undertook conversations with residents and families. The inspection team also looked at the incident reporting process, staff training records, complaint management and quality/risk management processes.

On the basis of the evidence review during the inspection, Heatherlea Care Centre did not fully comply with two standards of the Health and Disability Services Standards (NZS 8134:2008). One partially attained standard related to delays in completing the registered nurse (RN) clinical review section of the accident/incident event forms. The other standard related to the lack of documentation of actions taken by the registered nurse in care delivery, wound care documentation, and in the progress notes of residents in the dementia unit.

The inspection did not find any high risk issues in respect of documentation and provision of care. Ongoing monitoring will be undertaken by the Ministry in conjunction with the Taranaki 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) Issues with timeliness of registered nurse clinical review after an accident/incident event

The accident/incident event data was reviewed and on the whole, documentation was completed and evidence of family notification and documentation was present in progress reports. The quality processes were evident with analysis and trending data being discussed at staff meetings. Where residents had had repeated falls, there was evidence of re-assessments being completed.

The area of concern is the length of time between the accident/incident event and review by the RN. A total of 17 accident/incident forms were reviewed and the length of time between the adverse event and RN review ranged from the same day to 27 days. It was noted that the more serious events (fractures) were completed on the same day or within two days if the event had occurred over a weekend. However for nine of the 17 event reports, there was evidence of considerable delays. Delays in completing the review could potentially lead to delays for residents receiving the right care. A number of these lower level events related to skin tears and falls which could impact on the management of wounds.

b) Clinical documentation is incomplete leading to care needs not being assessed, planned and care interventions are not occurring in timely fashion.

Ten resident files were randomly selected across the rest home and dementia units. Overall the documentation was of a good standard with assessments leading to individualised care plans. Interventions were recorded in the progress notes and on the 24 hour resident care record. However there were a number of examples where assessments, plans and documentation are not meeting the required standard. Some examples include:

- pain being assessed on the admission yet no prescription for analgesia has been completed
- a dressing that had not been reviewed as per wound plan, other wound care plans need ongoing management and re-assessment by the RN

- a resident receiving respite care had an assessment completed however there was no initial/short term care plan completed
- short term care plans lacked documentation of evaluation or completion
- RN review and documentation in the progress notes for residents in the dementia unit was inconsistent, concerns were noted by care givers however the documentation did not record whether the issues had been noted or addressed by the RN.

4. Inspection team

The inspection was undertaken by [redacted], Senior Advisor, HealthCERT, Ministry of Health, under delegated authority of the Director-General of Health [redacted], Gerontology Nurse Specialist and [redacted], Gerontology Nurse Specialist from the Taranaki DHB also attended.

5. Inspection process

The following methodology was used during the inspection:

- interview with Facility Manager and Clinical Nurse Leader
- interview with residents, staff and families
- observation of residents
- physical tour of the premise
- review of clinical records
- review of relevant policies and procedures.

6. Inspection limitations

The scope of the inspection was limited to the issues raised in the complaint in respect of wound management and clinical documentation of the care of residents.

7. Inspection findings

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

Relevant Standard	Findings	Required Corrective Action	Rating and time frame.
Standard 1.2.4 All adverse, unplanned, or untoward events are systematically recorded by the service and report to affected consumers and where appropriate their family/whanau of choice in an open manner.	There were 17 incident forms reviewed. Documentation was complete in respect of family notification and documentation in progress reports. Evidence of re-assessments occurring for resident who had multiple falls was present. There was also evidence of analysis of data, trending and reporting data at staff meetings. This finding relates to the delays between the adverse event and RN review and documentation. Time range was from same day review to 27 days. It was noted that the more serious events (for example fractures) were completed often on the same day or within two days if the event had occurred over a weekend. However for nine of the 17 event reports there was of evidence considerable delays.	Clinical review of adverse event by the registered nurse is documented and completed as per policy.	**Rated** Moderate Risk **Time Frame:** 90 days
Standard 1.3.3 Consumers receive timely, competent and appropriate services in order to meet their assessed needs and desired outcome/goals.	A sample of 10 resident files was reviewed in the rest home and dementia units. Review of the assessments, plans and interventions showed that documentation and reporting was not consistent and did not always reflect the current needs of the residents. There was lack of integration of reporting of wound cares between the wound plan and progress reports, short term care plans were not completed consistently, assessment and behaviour monitoring was completed but there was no interim care plan for a respite resident. Care givers documentation in the progress reports was of a good standard. The RN clinical review and actions taken by the RN are not documented consistently in the progress notes. Wound cares and reviews need to be documented consistently.	**Corrective Action Request:** Ensure care assessments, care plans are completed within timeframes, and that the RN completes the required aspects of care and wound documentation.	**Rated:** Moderate **Time Frame:** 90 Days

8. Meeting at the end of the inspection

Present: [redacted], HealthCERT, [redacted], Taranaki DHB [redacted], Taranaki DHB and [redacted], Portfolio Manager Health of Older People Taranaki DHB, [redacted], Facility Manager, [redacted], Clinical Nurse Leader, and [redacted], Radius Locum Manager.

[redacted] thanked the facility for their participation and approach to the investigation, recognising that this was an unannounced inspection. The team reported that residents and families had expressed they were pleased with the care provided. A summary of the findings was provided at the closing meeting. The process was explained that a draft report would include a full description of findings. The draft report will be sent to the provider within 20 working days for correction of errors. 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) Clinical review

Clinical review by the registered nurse after adverse events is to be completed as per policy. The delay in reviewing the adverse event reports impacts on potential changes to resident's care plans that need to be initiated by the registered nurse.

b) Clinical documentation

Documentation of assessments, plans and interventions is to be completed within the required timeframes. Issues of concern raised by care givers are not consistently responded to or reported on by the RN in the progress notes. This lack of documentation can lead to increased risk for residents, inappropriate care and lack of guidance for care staff.

A number of recommendations were discussed at the closing meeting summation:

- The Ministry and DHB strongly encourage the provider to complete the planned recruitment of additional registered nurse hours.
- Staff education and training programme was current and being completed however there were issues with low staff attendance records to education sessions.
- There were two residents who had had an inteRAI assessment completed by the registered nurse. Consideration in respect of how the inteRAI tool and information will be utilised with the current Radius care documentation processes.

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. Radius Residential Care Limited 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 reports that outlines all actions undertaken by the provider in relation to the corrective measures required against Health and Disability Services Standard 1.2.4 and 1.3.3 (as approved under Section 13 of the Act) must be submitted to the Taranaki District Health Board by 5 September 2015. The Taranaki 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.