Performance Audit - Quality of Life for the Elderly at St.Vincent de Paul Residence

N A O
National Audit Office
Malta

Report by the Auditor General

This report has been prepared under sub-paragraph 8(a)(ii) of the First Schedule of the Auditor General and National Audit Office Act, 1997 for presentation to the House of Representatives in accordance with sub-paragraph 8(b) of the said Act..

J. G. Galea
Auditor General

National Audit Office
Malta

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Performance Audit

Quality of Life for the Elderly

at St.Vincent de Paul Residence

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Abbreviations

CEO	-	Chief Executive Officer
MSD	-	Medical Record Section
NAO	-	National Audit Office
OECD	-	Organisation for Economic Co-operation and Development
SVPR	-	Saint Vincent de Paul Residence

Executive Summary

Quality of Life for the Elderly at St. Vincent de Paul Residence

Executive Summary

1. A performance audit: *The Quality of life for the Elderly at Saint Vincent de Paul Residence (SVPR)* was undertaken during the period November 2003 to November 2004. This audit sought to assess the equity and transparency of the admissions process to the Residence, and whether the residents enjoyed an adequate quality of life through the provision of holistic care.

2. The NAO supplemented its audit work with three surveys in order to establish satisfaction levels of residents and visitors, as well as the opinions of care worker employees on the quality of care provided. These surveys were carried out concurrently during the period 26 January – 14 February 2004.

3. The main findings emanating from this report are as follows:

   - There was a lack of audit trail in the admission process to SVPR.
   - Generally, residents were satisfied with the level of medical and nursing/caring services provided.
   - Residents gave a poor rating to catering services.
   - The provision and management of leisure activities was inadequate.

The SVPR Admission Process

4. The Organisation for Economic Co-operation and Development (OECD) maintains that equitable access is the first criterion of quality of long term care.

5. The Admissions Board has been functioning since 1999, but were furnished with Terms of Reference in April 2004. Moreover, the Board had no regulating statute.

6. Since January 2004, only applications endorsed as urgent by a medical doctor or social worker were referred to the Board. The

rest of the applications, up to the time of concluding this audit, were not considered for admission to the SVPR.

7. Changes to the Admissions priority list, on account that an applicant's medical or social condition deteriorated, were not adequately documented by the Board thus undermining the audit trail for fairness and equity.

8. The basis for transferring patients (classified as social cases) accommodated at St. Luke's Hospital to SVPR was the operational considerations of the former - such patients are considered as bed blockers.

Medical and Nursing Services

9. The audit revealed that the vast majority of residents and their visitors were generally satisfied with the medical and caring services provided. Moreover, such services were generally provided courteously and with respect to the residents' dignity. Despite the high satisfaction levels a minority of residents and visitors raised some concerns, mainly related to the delivery of these services.

10. Through the NAO surveys, 12 per cent of residents and 12 per cent of visitors said that they have tipped nurses/care workers. Such a scenario questions both the ethical behaviour of recipients, as well as the equitability in delivering services to residents.

Catering Services

11. The SVPR does not employ a dietician who can plan for individuals suffering from medical conditions such as diabetes.

12. Inspection of the Residence's kitchen in April and August 2004 by the Institutional Health Inspectorate Unit of the Health Division reported a high risk of an outbreak of food-borne diseases.

13. The majority of residents participating in the NAO survey gave a poor rating to the food provided at the SVPR.

Leisure

14. A generalisation of the daily routine activities at the SVPR indicated that residents have a minimum of 6.5 hours of free time, that is time available net of the routine daily activities (meal times, bathing etc.). The Residents' Survey indicated that most of this free time is not utilized, rendering residents passive.

15. In this respect, the Entertainment's Section at the SVPR lacked the organisational capabilities and necessary skills to optimize the residents' free time.

Overall Conclusions

16. The SVPR lacks the culture of involving residents (or appointed representatives) in the decision making process. Residents were rarely consulted about the organisation of leisure activities or other aspect of ward operations.

17. An inadequate audit trail rendered the entry procedure to SVPR opaque.

18. Lack of hygiene at the SVPR's kitchen and a dietician have contributed to the negative results regarding catering services provided to residents.

19. Leisure time is not adequately utilised by residents due to lack of organisational capabilities.

Recommendations follow.

Recommendations

Quality of Life for the Elderly at St. Vincent de Paul Residence

Recommendations

1. The National Audit Office proposes that the Management of the St Vincent De Paul Residence consider the implementation of the following recommendations:

i. The admission process is rendered more equitable and transparent. A step in this direction would be to allocate and publicise weightings to the various criteria considered for admission. Moreover the admission process should be documented in order to ensure transparency and encourage accountability.

ii. A training and working manual providing guidelines to staff regarding the various aspects of services provided by the SVPR should be compiled. Considerations should also be given in extending such an initiative to the compilation of a quality service charter, which would outline qualitative and quantitative indicators associated with the various services offered.

iii. The quality of catering needs to be improved. In this respect SVPR management initiatives in trying to seek other methods of providing catering, such as contracting out, are to be actively followed, and resulting options are to be evaluated as a matter of priority. In the meantime deficiencies identified by health inspectors regarding food preparation and storage should be rectified immediately.

iv. The services of a dietician are to be sought to ensure that the residents' individual dietary requirements are addressed.

v. Leisure and entertainment activities at the SVPR are to be enhanced in quality, frequency and variety. Moreover, considerations are to be given to increase the coordination between the Entertainment Section and the Occupational Therapy Department in order to synergise the efforts of these two units.

vi. The SVPR's management is to remind staff of existing Government policies regarding the acceptance of gratuities and gifts. Paragraph 7.1.9.1 of the Malta Public Service Management Code provides clear guidance in this regard.

Chapter 1

Introduction

Quality of Life for the Elderly at St. Vincent de Paul Residence

Chapter 1 - Introduction

1.1 A performance audit: The Quality of Life for the Elderly at Saint Vincent de Paul Residence (SVPR) was undertaken during the period November 2003 to November 2004.

Audit concern

1.2 Various reports[1] highlighted the fact that the provision of care at the SVPR may not be fulfilling the residents' physiological and emotional needs to ensure the best possible quality of life.[2] Concerns have been expressed that such a situation may have contributed towards the stigma which has been historically associated with the SVPR. Moreover, media reports have shown that deficiencies in the service delivery of hotel services are also seen to impinge on the residents' welfare.

Audit objectives

1.3 The audit sought to assess the quality of life for the elderly residents at the SVPR and determined whether they were provided with holistic care.

1.4 The audit examined whether:

1. There was equity in offering residential care to the elderly.
2. The effectiveness of personal care (including nursing and medical services, catering and cleaning services), and the maintenance of quality care standards is adequate.
3. There were adequate leisure facilities and organised activities to cater for active quality time for the elderly.

1.5 The NAO supplemented its audit work with three surveys in order to establish satisfaction levels of residents and visitors, as well as

[1] Rethinking Care for the Sick Elderly, Pierre Mallia, Anthony Fiorini, Malta Medical Journal, Volume 15, Issue 01, May 2003. There were also media reports highlighting deficiencies in the quality of hotel services provided.
[2] Quality of care is multi-faceted and includes such areas as physical care (lack of infection), emotional care (lack of depression), social interaction, and religious and cultural considerations. *Quality of care: Testing some measures in Homes for Elderly People, University of Kent at Canterbury, 1997.*

obtain the opinions of workers on the quality of care provided. These surveys were carried out concurrently during the period 26 January – 14 February 2004.

1.6 The Audit Scope and Methodology are presented in detail at Appendix 1. A detailed explanation of the profile of residents, emanating from the SVPR's records, is given in Appendix 2. Appendix 3 discusses the methodologies adopted for the three surveys carried out.

Background

1.7 The average living age of the Maltese population is on the increase and this is being reflected in an increase in demand for services provided to the elderly. At the end of December 2002, this age group accounted for 17.0 per cent of the total Maltese population and is expected to increase to 18.6 per cent and 22.0 per cent in 2005 and 2010 respectively.

Government policy on the elderly

1.8 The prospect of a long life is an important achievement that has led to new societal needs. Government has acknowledged the elderly needs for specialised services to help them remain at the centre of the community, where they are an important resource rather than a burden. Through various community services, the elderly are enabled to retain their independence for as long as possible.

1.9 However, where living independently is no longer possible, government offers a number of residential services in Government Homes and at SVPR.

St Vincent de Paul Residence

1.10 The principal aim of the SVPR is to provide the elderly person who can no longer live in the community, a better way of living in an attractive, comfortable and modern environment. This is in line with government policy to provide institutional residence to elderly persons who are unable to benefit from other services to the elderly.

1.11 The SVPR is a residential nursing home and sheltered accommodation for the elderly. Its main function is to provide care, safeguard and promote the welfare of older adults resident in this long-term care stay complex. A respite care service is also provided.[3]

[3] In-patient respite service provides the opportunity to alleviate the burden of carers of older persons who are living within the community.

1.12 The services provided in this residential complex include:

1. Medical and nursing care,
2. Physiotherapy and occupational therapy services,
3. Podology,
4. Hotel services including catering, laundry and cleaning.

Admissions at the SVPR

1.13 Every citizen over the age of 60 is eligible to apply for admittance at SVPR. Application forms are available at SVPR, local councils, and Social Security area offices.[4] The responsibility for admitting new residents at SVPR is vested in an Admissions Board. The Admissions Board is composed of a Chairman, four members including SVPR Medical Superintendent and a Board Secretary. The Admissions Board has been functioning since February 1999. The Admissions Board vets applications according to the medical and social condition of the applicant. In this respect, applications classified as urgent are included in a priority list. The remaining applications are maintained on the general SVPR waiting list, the latter consisting in a computer database of all pending SVPR applications. As at 28 October 2003, there were 593 applicants on the general SVPR waiting list, out of which 49 applications were on the priority list. As at end October 2004, there were 731 on the waiting list. The bed complement at SVPR amounts to 1,030, seven beds of which are allocated for respite care.

1.14 When a bed becomes vacant, the most urgent case as per priority list is admitted into SVPR Admission Ward. The average resident turnover amounts to about 336 beds per annum.

Present SVPR structure

1.15 The admission process is discussed further in Chapter 2.

1.16 Currently, the SVPR falls under the responsibility of the Department for the Elderly and Community Services within the Ministry of Health, the Elderly and Community Services. It is envisaged that the Department for the Elderly and Community Services will become the regulator, while the SVPR becomes an autonomous organisation, managed by a board or management structure that is independent from the Department.

1.17 Modernisation of the residence is a continuous process. The buildings themselves have undergone radical structural alterations

[4] Department for the Elderly and Community Services.

to turn them into a residential complex to enable a higher degree of privacy and comfort for the elderly.

1.18 There are 28 wards at SVPR, out of which six have been newly constructed over the last six years at a total investment cost of Lm 6,341,909.[5] There were also 925 employees on SVPR payroll as at 31December 2003 composed of 524 carer staff and 401 support services staff. Total staff employed as at end 2004 was 928.

1.19 The table hereunder illustrates the composition of the SVPR staff.

Table 1.1 – Breakdown of Medical/Nursing and Caring Staff at the SVPR as at 31 December 2003

Staff category	Number of employees	Percentage of employees	Total number of employees in category	Total percentage of employees in category
Carer staff				
Medical doctors	18	1.9%		
Dentists	1	0.1%		
Paramedical staff[6]	32	3.5%		
Nursing staff[7]	261	28.2%		
Nursing aides and care workers[8]	212	22.9%		
Total carer staff			**524**	**56.6%**
Support services staff				
General hospital administration and industrial staff[9]	279	30.2%		
Catering, cleaning and laundry services	122	13.2%		
Total support services staff			**401**	**43.4%**
Total employees			**925**	**100%**

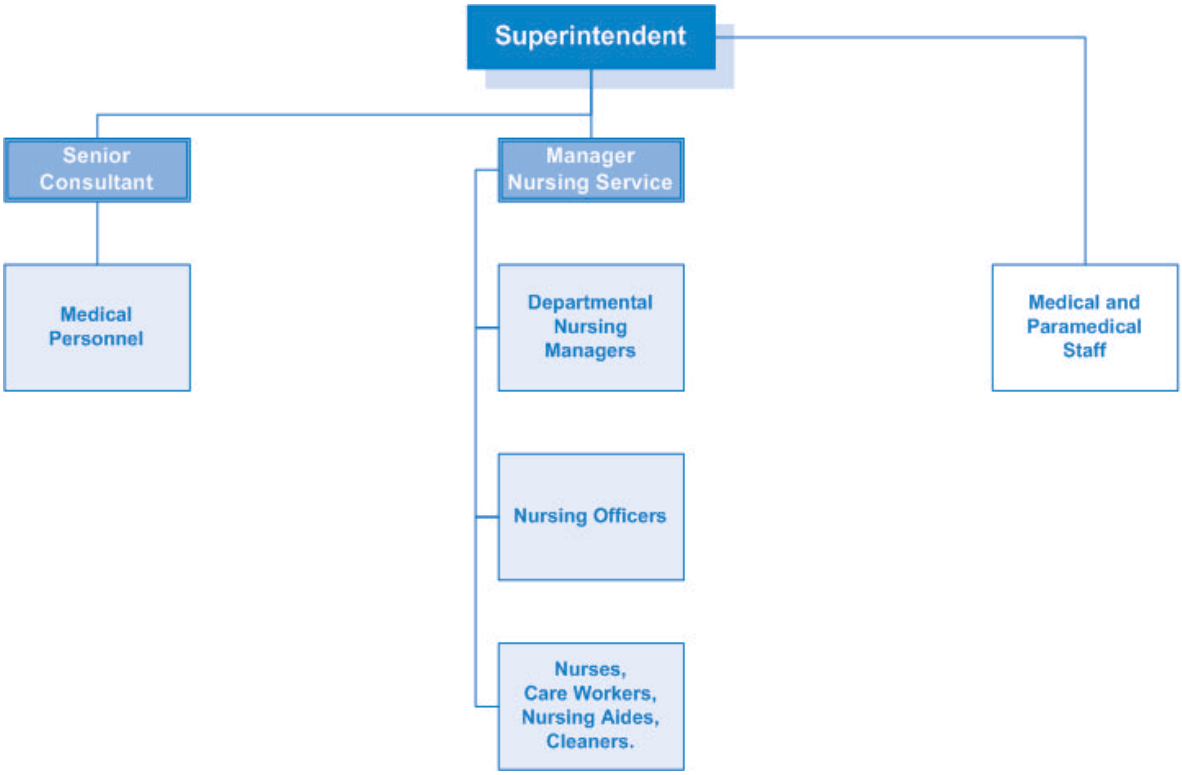
Source: SVPR staff list.

[5] Welfare Committee audited accounts and Financial Report for 1998 – 2003.
[6] Staff assigned at the Day Clinic, Dental Clinic, ECG Section, Occupational Therapy Section, Physiotherapy Section, Podogeriatric Section and X-Ray Section.
[7] Nurses assigned in wards.
[8] Care Workers, Health Assistants and Nursing Aides assigned in wards.
[9] Excludes industrial staff assigned to catering, cleaning and laundry services.

1.20 The Medical Superintendent heads the SVPR. Medical officers and paramedical services fall under the direct responsibility of the Medical Superintendent. Nursing services in wards are under the direction of the Manager Nursing Services, and other services are the responsibility of the Assistant Director in charge of administrative matters.

1.21 An organisation chart of SVPR is presented hereunder.

Chart 1.1 Medical/Nursing and Caring Staff Organisational Chart



Source: Chart adopted from SVPR's Organisational Chart.

The Welfare Committee

1.22 The Welfare Committee is engaged in the administration of Social Security Funds entrusted to it under Section 131 of the Social Security Act, 1987. These funds, generated from deducting 80 per cent from the residents' income subject to certain restrictions, are used for the benefit of the residents at SVPR, Government Homes for the Elderly and home help services. The funds may be used to finance the refurbishment of wards, provide for the necessary equipment, and to finance recurrent expenditure. The Committee is autonomous and reports to the Minister for Social Policy.

1.23 The Welfare Committee consists of a Chairman and of not less than eight other members appointed by the Minister, of whom two

are medical practitioners, one from each side of the House of Representatives, one from the Department for the Welfare of the Elderly, one from the Department of Welfare and one from the Department of Health. The Minister also appoints a Secretary to the Committee, who is not a member.

SVPR operating expenditure

1.24 The following table demonstrates the source and allocation of funds to operate SVPR:

Table 1.2 - SVPR total operating and capital expenditure

	2000	2001	2002	2003
Average daily number of occupied beds	1,015	1,015	1,015	1,015
Total Annual Operating Cost:	**Lm**	**Lm**	**Lm**	**Lm**
Actual operating expenditure incurred by the Department for the Elderly and Community Services in respect of SVPR [10]	6,887,116	7,623,853	7,881,565	8,062,652
Actual operating expenditure incurred by Welfare Committee on behalf of SVPR	350,049	355,456	363,254	328,053
Pharmaceutical consumption	147,710	168,541	169,676	177,857
Total expenditure incurred by SVPR	**7,384,875**	**8,147,850**	**8,414,495**	**8,568,562**
Daily operating cost:				
Actual operating expenditure per occupied bed per day	**19.93**	**21.99**	**22.71**	**23.13**
Capital Expenditure for the year incurred by:				
Welfare Committee	1,327,399	1,117,142	1,526,578	1,734,985
Department for the Elderly and Community Services	7,050	112,194	30,016	75,000
Total capital expenditure	**1,334,449**	**1,229,336**	**1,556,594**	**1,809,985**

Source: Welfare Committee Audited accounts, DAS Accounting system and Annual reports of Government Departments. Up to the time of concluding this report, the audited accounts for 2004 of the Welfare Committee were still being compiled.

[10] SVPR supplies food provisions to the Mtarfa and Floriana Homes. However, it does not keep a separate account of these supplies and are therefore charged to its provisions expense account. For this reason the amount of provisions supplied to these homes was deducted from SVPR's provisions expense. The amount supplied to Mtarfa and Floriana Homes was arrived at by apportioning the total provisions on the bases of the number of residents per home.

1.25 The above table shows yearly increases in the actual operating expenditure incurred by SVPR of 10.3 per cent, 3.3 per cent and 1.8 per cent for years 2001, 2002 and 2003 respectively over the previous years. This increase in operating expenditure was incurred to cover increases in salaries and operational and maintenance expenses.

1.26 The Social Security Act provides that a percentage of the pension attributable to residents of state-owned hostels is to be paid to the Welfare Committee. Table 1.3 shows the amount of income contributed by residents during the years under review:

Table 1.3 – Residents' Contributions

Year	Contributions by Residents (Lm)
2000	927,026
2001	1,167,969
2002	1,125,909
2003	1,223,453
2004	1,456,185

Source: Welfare Committee Report and Financial Statements (2000-2003). Figures for 2004 were sourced from Ministry for the Family and Social Solidarity.

Table 1.4 – SVPR Operating Expenditure

Description	**Operating Expenses Lm**	**Percentage Operating Expenses**
Costs of care		
Salaries – Medical and paramedical staff[11]	502,887	5.87
Salaries - Nursing staff and care workers	3,832,345	44.73
Pharmaceuticals and consumables	399,713	4.66
Total costs of care	**4,734,945**	**55.26**
Support Services Costs		
General hospital administration costs	2,554,920[12]	29.82
Catering, cleaning and laundry expenses	1,278,697[13]	14.92
Total support services	**3,833,617**	**44.74**
Total operating cost	**8,568,562**	**100.00%**

Source: DAS Accounting System and Welfare Committee Audited Accounts.

[11] Paramedical members of staff supplement the work of the medical profession. These include occupational and physiotherapists, podologists, X-Ray technicians and others.
[12] General hospital administration costs include salaries, maintenance, transport, procurement, human resources and other expenses.
[13] The costs of catering, cleaning and laundry expenses include salaries, consumables, water, electricity and other expenses.

1.27 During the period 2000 to 2003, on average 88.5 per cent of the total operating and capital expenditure of the SVPR was incurred by government, the remainder was covered by SVPR residents' contribution.[14]

1.28 Table 1.4 shows the breakdown of total SVPR operating cost for 2003.

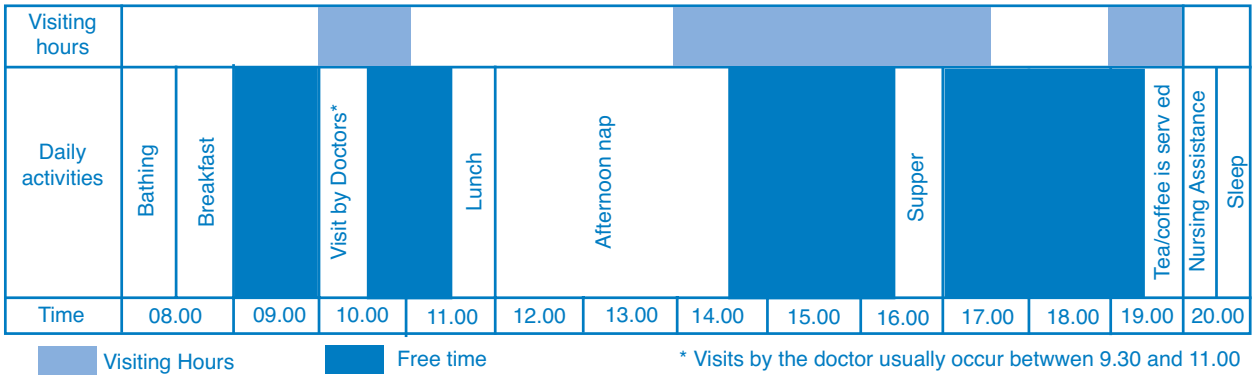
Resident profiles

1.29 Female and male residents amount to 67 per cent and 33 per cent respectively. 94 per cent of residents were over 60 years of age, and six per cent of residents were aged under 60 years. For the purpose of this profiling exercise, only residents aged over 60 years were taken into account since the audit scope comprised only elderly residents. A profile of residents at the SVPR is given at Appendix 2.

Residents' daily timetable

1.30 The following is a timetable of the daily routine of activities at the SVPR and is being reproduced to provide a broad overview of daily life at the SVPR.

Table 1.5 – SVPR timetable of daily routine



Source: Meetings with SVPR management.

1.31 The daily SVPR routine consists in assisting residents in performing activities of daily living. This schedule occupies 25 percent of the residents' time per day (6 hours), whilst free time available for entertainment, occupational and other activities amounts to 27 percent of the whole day (6.5 hours). The foregoing is indicative of the importance of the effective organisation of such activities to ensure holistic care of the elderly. The remaining time is allotted to resting time.

1.32 The various activities indicated in the above table, and their contribution towards the quality of life of the residents will be discussed in subsequent chapters of this report.

[14] The average of 88.5 per cent excludes the year 2004 since the Welfare Committee audited accounts were not as yet compiled.

Report structure

1.33 The following chapters cover the primary issues addressed by the audit:

- Chapter 2 discusses the admission process to the SVPR.
- A discussion of the personal care provided to the elderly to meet their physiological needs will be discussed in Chapter 3.
- Adequate leisure facilities and organised activities, will be evaluated in Chapter 4.
- Recommendations emanating from this study are presented in page 10, following the Executive Summary.

Chapter 2

The SVPR's Admission Process

Quality of Life for the Elderly at St. Vincent de Paul Residence

Chapter 2: The SVPR's Admission Process

2.1 This part of the report will discuss the equity of the admission process at SVPR through an analysis of the processing of applications received at SVPR.

2.2 The Organisation for Economic Co-operation and Development (OECD) maintains that equitable access to long term care is a priority and identified the need to establish equitable and affordable entitlement standards for publicly funded long term care services.[1] Fairness in access is considered to be the first criterion of quality of long term care. This can be achieved through the provision of a reliable assessment instrument.

Supply of Vacant Beds and Demand for Admission at SVPR

Supply of Vacant Beds

2.3 The supply of beds, as determined by the total of discharges at request and deaths at SVPR, for the past five years has amounted to an average of 336 beds per annum.

2.4 The total admissions and discharges for the years 2000 to 2004 are shown in the table hereunder:

Table 2.1 - Total admissions and discharges for the years 2000 to 2004

Year	Balance of residents as at 1 January	Admissions		Discharges		Balance of residents as at 31 December
		Community	Hospitals	Request	Deaths	
2000	1,008	164	179	27	321	1,003
2001	1,003	211	175	29	345	1,015
2002	1,015	183	150	20	320	1,008
2003	1,008	168	153	24	293	1,012
2004	1,012	169	132	12	278	1,023

Source: SVPR Medical Records.

[1] Organisation for Economic Co-operation and Development – "Measuring Up" – Improving Health Systems Performance in OECD Countries., Canada, November 2001.

2.5 The above table demonstrates that admissions were spread relatively evenly between admissions from the community and admissions from hospitals.

Demand for Admissions at the SVPR

2.6 An exercise to determine the historical demand at SVPR and the supply of beds with the aim of projecting the future demand could not be carried out, because:

- No historical data exists at SVPR. Moreover, the date of deceased applicants was not always recorded.
- Applicants might have applied at both Government homes and SVPR, thus distorting the waiting lists figure.

The SVPRs Waiting List

2.7 The table hereunder lists the number of outstanding applications for admittance into SVPR and the length of time the applications had been on the waiting list.[2]

Table 2.2 – Length of time of applicants on waiting list

Number of years on the waiting list	Male applicants	Per cent	Female applicants	Per cent	Total applicants	Per cent
Under one year	93	52.24	190	45.78	283	47.72
1 to 2 years	43	24.16	74	17.83	117	19.73
2 to 3 years	26	14.61	63	15.18	89	15.01
3 to 4 years	7	3.93	25	6.03	32	5.40
4 to 5 years	3	1.69	25	6.03	28	4.72
5 to 6 years	1	0.56	12	2.89	13	2.19
6 to 7 years	3	1.69	13	3.13	16	2.70
7 to 8 years	2	1.12	12	2.89	14	2.36
8 to 9 years	0	0.00	1	0.24	1	0.17
Grand total	**178**	**100.00**	**415**	**100.00**	**593**	**100.00**

Source: SVPR Applications Database.

[2] Waiting list as at 28 October 2003. From 1st Janury to 28th October 2003, 263 elderly residents were admitted.

2.8 The average time on the waiting list for the 593 applications amounted to 1.74 years. The most recent application as at that date had been outstanding for only 7 days, and the oldest application was 8.2 years. Sixty-seven per cent of the above applicants had been waiting for under two years and 33 per cent had been waiting for more than two years. The average time on the waiting list for males was 1.34 years and the average time on the waiting list for females amounted to 1.91 years.

2.9 The 263 elderly persons admitted to SVPR, had been on the waiting list for an average period of 206 days (nearly seven months). The average age of the 263 elderly persons admitted was 79.6 years. This is higher than the 77.1 years of the 593 persons on the waiting list as at the date indicated herein. This situation arose since admissions are biased towards those elderly persons who are considered to be the most needy and not on a first come first served basis.

The Admission Process

2.10 The demand for entry into SVPR includes elderly residents from the community, patients from St Luke's Hospital, including those classified as social cases, the elderly residing in government and private homes, as well as patients from Zammit Clapp Hospital.

2.11 The Admissions Board meets every week in order to assess applications. After assessing an application, the Board would decide whether the applicant:

- qualifies for an immediate admittance into SVPR,
- merits a listing in the priority list, which is sub-divided into males, females and couples,
- falls outside the parameters for a listing in the priority list, which in that case remains listed on the General Waiting List only.

2.12 The Board may request further information on a particular application, in order to arrive at a decision. In this case the application is kept on hold until the requested information is submitted.

2.13 During the course of the audit the screening aspects of the admissions process changed. The two procedures in force were that applicable before January 2004 and from January 2004 onwards.

2.14 Before January 2004 applications were being filtered by a Consultant Geriatrician in terms of their urgency for the Admissions Board's review. This practice was discontinued during January 2004. Presently, the filtering is being carried out by the administrative staff of the Medical Records Section. The basis of filtering is simply whether an application contains an urgent note or not.

2.15 The management of the admissions process was reviewed for the purpose of evaluating its equity, timeliness and transparency. For this reason the Admissions Board minutes relating to the periods indicated hereunder were reviewed:

1. 14 August 2003 to 23 October 2003 (procedure before January 2004).

2. 7 October 2004 to 11 November 2004 (procedure from January 2004).

Weaknesses in the admissions process

2.16 The NAO considers that the control weaknesses listed hereunder have diminished the audit trail relating to the admissions process.

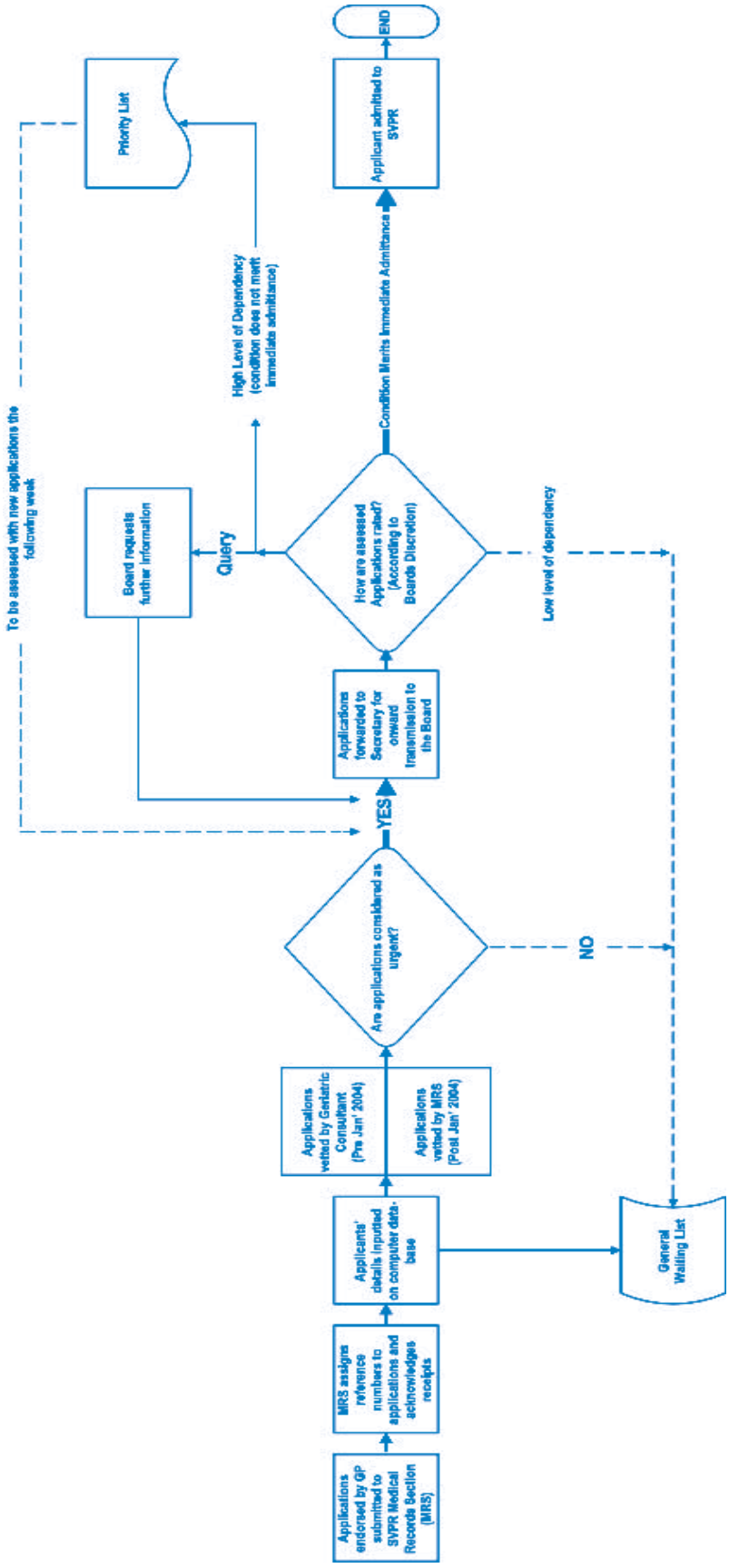
i. The Admissions Board, which has been functioning since 1999, were only furnished with Terms of Reference in April 2004. Moreover, the Board had no regulating statute. As a result, the duties, powers and responsibilities of Board members are not well defined.

ii. Applications for admissions into the SVPR are not scored on a points system which gives relative weighting to a number of social and medical factors listed in the application form. The absence of a points system waiting list, rendered the assessment of applications in relation to each other a more subjective task.

iii. The vetting criteria used prior to January 2004 by the Consultant Geriatrician in filtering applications for review by the Board were not documented.

iv. As from January 2004, applications were only referred to the Board if endorsed as urgent by a medical doctor or social

Chart 2.1 - Procedure applicable



worker. Applications which are not endorsed as urgent are not being assessed at all.

v. The workings of the Admission Board and the critical considerations leading to the Board's decision to admit new residents are insufficiently documented. Changes to the SVPR's Admissions Priority List, due to the deterioration of applicants' medical or social condition, were not adequately documented by the Board.

vi. The basis for transferring patients (classified as social cases) accommodated at St. Luke's Hospital to SVPR was the operational considerations of the former - such patients were considered as bed blockers.

vii. The medical and social information on the SVPR application form was not posted in a database, and hence the Admissions Board lacked the availability of a management information system to assist them in accepting/rejecting and prioritising applications, and in the formulation of future policies.

viii. The General Waiting List computer system lacks the necessary security functions to safeguard the information contained therein. In fact, it can be accessed by eight officers who have the facility to amend and delete fields and records. No audit trail of logged in officers is maintained, which in turn might lead to a higher risk of data processing errors, whether intentional or not.

Conclusion

2.17 This study revealed various issues which undermined the audit trail relating to the applications process. This situation has arisen since, over the years, there has been a general neglect to establish and disseminate the relevant policies and guidelines relating to the admissions process.

2.18 Moreover, it is only recently through the introduction of the Terms of Reference, that the operations of the Admissions Board may be subjected to review by the Ministry for Health and Care for the Elderly, since it is obliged to submit an annual report relating to its activities.

Chapter 3

Securing the Residents' Welfare

Quality of Life for the Elderly at St. Vincent de Paul Residence

Chapter 3: Securing the Residents' Welfare

3.1 The provision of medical and nursing care, a suitable living environment and services such as catering and laundry are considered as pre-requisites in securing the residents' welfare.

3.2 This chapter discusses the extent to which the provision of these services addresses the physiological needs of the residents at SVPR and consequently their quality of life.

3.3 Analyses and conclusions presented in this part were mainly based on the three surveys carried out by the NAO (vide Chapter 1 paragraph 1.6 and Appendix 3).

Medical Care

The Providers of Medical Care

3.4 A total of 18 doctors operate at the SVPR. Ward rounds are routinely conducted on a daily basis, except on weekends and public holidays. At least 14 doctors are available during the day, reducing to two by night.

3.5 In addition, medical care at the SVPR is provided through a dentist, six physiotherapists and four podologists. Dental, ophthalmologic and podological care are provided on request, originating either from the residents themselves or from the nursing officers acting on behalf of residents. Physiotherapy is provided in consultation with doctors.

Medical Care Provided by Doctor

3.6 The large majority of residents and visitors participating in the NAO surveys were satisfied with the services provided by doctors (78 per cent and 84 per cent respectively). Appendix 4, Table 1 refers. However, the residents' survey revealed that:

- Up to one fifth of residents lamented that feedback from doctors' regarding medical condition, treatment and medical progress were not always communicated.

- About one third of residents remarked that waiting times for a visit by a doctor outside normal rounds were excessive.[1]

3.7 Survey results regarding these issues are provided in Appendix 4 Tables 4 & 5.

Other Medical Services Provided

3.8 Satisfaction levels by users of the dentistry, ophthalmology, physiotherapy and podology services, were also generally positive. 18 per cent complained about the physiotherapy services, a tenth of the residents were not satisfied with the dentistry and ophthalmology services, while only 4 per cent criticised services related to podology. Appendix 4 Table 3 presents the satisfaction levels with these services by the residents' survey participants.

3.9 The residents' survey revealed that almost half of the residents did not utilise the services mentioned in the preceeding paragraph. Ward rounds by these Sections and / or referrals by medical doctors, or the nursing officer in charge of wards ensure that residents' needs are catered for.

Nursing Care

The Care Provided

3.10 The large majority of residents and visitors participating in the surveys gave a high rating of their overall satisfaction with the nursing care provided at SVPR.

3.11 The residents' surveys, however, revealed the following:

- Nearly a fifth of residents replied that it takes carers more than ten minutes to attend to their needs. SVPR has no response time guidelines in this respect, however, such times may be too lengthy to assist to elderly needs.

- Over a fifth of residents stated that they were not adequately informed about their treatment by nurses.

- Some residents (13 per cent) commented that caring staff do not have sufficient time to listen to their needs.

- A tenth of resident respondents stated that they were assisted in bathing by carers of their opposite gender, most of whom, remarked that they feel embarrassed by this

[1] It is to be noted that these requests could have included non-urgent cases.

situation. This situation is primarily the result of staffing constraints, namely the ratio[2] that exists between female residents to females carers and male residents to male carers, being 3.13 to1 and 1.62 to 1 respectively.

- Residents and visitors interviewed where directly asked whether they have ever given money to carers. 12 per cent of residents claimed that they have tipped carers. Furthermore, 12 per cent of visitors also claimed to have turned to such practice. Such a scenario questions the ethical behaviour of carers accepting such remunerations, as well as the equitability in delivering service to residents.

- In addition to the above NAO's audit work revealed that on inspection, eight out of 26[3] wards, which accommodate 354 out of the 981[4] residents (36 per cent), are not equipped with an assistance calling system.

- Over a quarter of the female residents that exhibit some level of physical dependency make use of gowns that are purposely thorn from behind the neck down to the lower back.[5] This practice is considered to facilitate the carers' efforts when aiding bedridden residents to dress. However, thorn gowns were even noticed on ambulant residents, leaving their backs exposed. The utilisation of such torn clothing diminishes the residents' dignity.

Catering

3.12 Expenditure incurred by the SVPR regarding residents' meals were calculated by the NAO at Lm2.08 per day per resident.

The Nutritional Aspect of Food

3.13 In September 2003, NHS Quality Improvement Scotland issued a Clinical Standard *"Food, Fluid and Nutritional Care in Hospitals"*. In short, this standard states that a policy regulating the provision of food should be in place, whereby:

- patients are regularly assessed in relation to their dietary requirements,

- dishes are to be analysed by a dietician,

[2] The ratio includes relievers that fill vacant positions.
[3] The two psycho-geriatric wards are purposely not equipped with an assistance calling system.
[4] This figure excludes the bed complement of the psycho-geriatric wards.
[5] An inspection of the female wards was carried out on the 1st of June 2004 by NAO staff, accompanied with the Nursing Officer in Charge of the Ward.

- meals are provided to patients in a presentable way,
- patients should have the opportunity to discuss and be given information about their nutritional care, and
- staff is to be given appropriate education and training about nutritional care.

3.14 SVPR has no written policy regulating the type of food that is to be provided. The provision of food to residents is not planned by a dietician. Consequently, nutritional value analysis of supplied meals is not carried out.

3.15 SVPR does not provide special diets for individuals suffering from medical conditions such as diabetes, of which 293 residents (29 per cent) suffer from.

The Kitchen

3.16 Food safety is another aspect of concern at SVPR. The Institutional Health Inspectorate Unit of the Health Division has conducted various inspections at SVPR kitchen. Most of the deficiencies reported were not rectified and kept reappearing in subsequent inspection reports. The last inspection which was carried out in August 2004, rated the kitchen a grade D – the Institutional Health Unit grades kitchens on a scale of 'A' to 'F', the former being the top grade. Furthermore, two inspections that were conducted in April 2004 and August 2004, reported a high risk of the kitchen having an outbreak of food-borne diseases.

The Meals

3.17 Three meals are provided during the day - breakfast served at 7:00am, lunch at 11:30am and dinner at 4:30pm.

3.18 Residents participating in the surveys stated that sufficient food and drink are provided (Appendix 4, Table 2 refers). However, over half the residents gave a poor rating of the food, giving the reasons for their rating as shown in Table 3.1 overleaf.

3.19 Although the SVPR serves various dishes, the menu variety repeats itself over a maximum period of seven days for starters and nine days for main courses, all year long.

3.20 New wards were inaugurated at the SVPR in 2003. However, the older wards did not offer the same facilities as the newly

Environment

Table 3.1 - Reasons for disliking SVPR food

Answer	Residents	
	Respondents	%
Bad preparation	73	36
No variety	66	32
Tastes bad	57	28
Bad presentation	9	4
Food is served cold	8	4
Others	18	9
Don't know / No answer	9	4

constructed wards (ensuite bathrooms, living areas, ward finishing, climate control, assistance calling system). Consequently, the wards' environment can differ significantly from one another, especially when comparing the old wards to the new wards.

3.21 Survey responses indicated that residents were more satisfied with the wards' appeal and cleanliness than visitors and staff. However the visitors' and staff opinions suggest that improvement in these attributes is desirable. Survey responses are shown in Appendix 4 Tables 6 and 7.

3.22 At the time of the audit seven out of the 28 wards, accommodating 276 residents (27 per cent) had no air-conditioning installed or had the system not functioning for over a year.

Conclusions

3.23 This chapter indicated that most residents and visitors were generally satisfied with the level of care provided, the cleanliness and the general environment of the SVPR.

3.24 The study revealed issues of concern generally related to the service delivery of care. Most of the issues have arisen due to the inflexible procedures/practices adopted within the SVPR in the delivery of care.

3.25 Issues relating to hotel services, particularly catering, are considered to be of serious concern. Although SVPR's management is aware of such situations, concrete action to rectify matters has, to date, not been taken.

Chapter 4

Leisure

Quality of Life for the Elderly at St. Vincent de Paul Residence

Chapter 4: Leisure

4.1 This part discusses the extent to which the SVPR is contributing towards ensuring a lifestyle conducive to the residents' emotional well-being through leisure activities. Issues presented in this chapter were based on findings extracted from the NAO's surveys with residents, visitors and staff, and through other audit work (observations, meetings and research) at the SVPR.

4.2 Table 1.5 in Chapter 1 illustrated a generalisation of the daily routine activities at SVPR together with an estimate of their respective duration. Residents have approximately a minimum of 6.5 hours of free time per day (net of the daily routine activities such as meal times, bathing, resting time etc.) that can be occupied either through visits by relatives and friends of the residents[1] or any other activities sought by the residents themselves or by the Entertainment Section.

Activities for Residents organised by the Entertainment Section

4.3 The Entertainment Section at SVPR, run by a team of eight employees, is responsible for the organisation of entertainment activities for the residents.

4.4 Residents are informed about upcoming activities through posters placed on the ward' notice boards. Interested residents confirm thier attendance with the respective ward's nursing officer. However, the Entertainment Section does not maintain records relating to residents' participation in such events. Thus, the equitable participation of leisure activities among residents cannot be gauged.

4.5 Activities organised by this Section include outings, the celebrations of religious events (Christmas, Holy Week etc.) and other social occasions. Activities also include organised visits by various groups (schools, band clubs, religious, etc.). Activities organised during 2003 amounted to 144,738 resident hours.

[1] The large majority of residents have regular visits, however, six per cent never receive visits or are visited once a year.

Table 4.1 - Activities organized by the Entertainment Section for 2003[2]

Activity Type	Frequency	Participants	Resident hours
In-House			
Religious activities	18	4,436	34,172
Celebrations/parties	8	4,386	21,930
Organised visits to SVPR	7	7,084	37,444
Others	3	3,036	32,890
Outside SVPR			
Religious activities	1	120	720
Outings	69	2,932	17,102
Celebrations/parties	1	80	480
Total	107	22,074	144,738

4.6 The above table indicates that 71 events out of 107 organised were held outside the SVPR. The vast majority of these outings were to village feasts.

4.7 Religious activities were the predominant events, in terms of frequency and participation, organised within the SVPR complex. Indoor leisure activities included social event celebrations, such as Christmas, Mother's Day, Father's Day and visits by dignitaries.

Unoccupied Time

4.8 Residents participating in the survey were asked to estimate their total unoccupied time per day. For the purpose of this study unoccupied time was defined as total inactivity net of routine SVPR activities (meal times, bathing, resting time etc.) and other individual activities undertaken on residents' own initiative (hobbies, reading, watching television, conversing with other residents or visitors, and any other activities deemed by residents as utilisation of their free time). Survey responses are shown in Table 4.2.

Table 4.2 – Unoccupied time per day

	Qty	%
Always busy	28	14
Less than 1 hour	4	2
1 – 3 hours	33	16
3 – 6 hours	19	9
More than 6 hours	111	54
Do not know/No answer	9	5
Total sample	204	100

[2] During 2003 the theatre of SVPR was temporarily being utilised as wards due to refurbishment in other areas of the residence.
[3] A generalisation of the daily activities indicated that residents have 6.5 hours of free time (vide paragraph 4.2). Survey results imply that residents are, on average, utilising about a third of their free time.

4.9 The residents' survey revealed that residents, on average have 4.2 hours daily of totally unoccupied time per day.[3] Over half the residents participating in the NAO survey estimated that they have more than six hours of unoccupied time per day, as shown in Table 4.2.

4.10 Residents, visitors and staff were also asked to express their views as to whether adequate activities are provided by the SVPR to occupy the residents' free time.

4.11 Over half of resident respondents and over a third of visitor respondents expressed dissatisfaction with the number of activities organised for residents. (Appendix 5 Table 1 refers).

4.12 Nearly half of the caring staff who indicated that residents do not have enough recreational activities claimed that this lack of activity creates additional problems to their work.

Residents' Participation in SVPR's Decision making process

4.13 Residents themselves and their close relatives are in a good position to suggest actions for improvement, especially in activities relating to leisure. However, the SVPR lacked the necessary culture to involve the residents in the decision making process. In fact, residents (or their representatives) were rarely consulted about the organisation of leisure activities or other aspects of ward operations.

Conclusions

4.14 This chapter revealed that the residents endure long periods of inactivity. This is mainly due to the Entertainment's Section lack of specialised skills and organisational capabilities.

4.15 Moreover, the SVPR does not involve residents (or appointed representatives) in the decision making process. Residents were rarely consulted about the organisation of leisure activities or other aspect of ward operations.

Appendices

Quality of Life for the Elderly at St. Vincent de Paul Residence

Appendix 1 - Audit scope and methodology

Audit scope

The implementation of government policies with respect to the dependent elderly will be assessed through:

1. The fairness and equity of the waiting list management and residence admission procedures;
2. The level of satisfaction of SVPR residents with the quality of care provided;
3. The provision of entertainment.

Audit methodology

In order to achieve the above objectives, the following methodology was implemented:

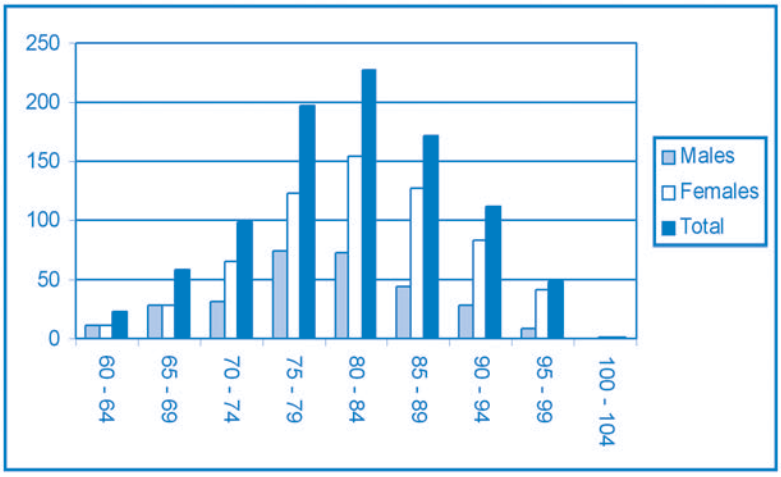
- An examination of the rules regarding SVPR entry waiting list procedures.
- Surveys to elderly residents and visitors in order to establish their level of satisfaction with SVPR environment, the quality of medical and nursing care provided to them and the quality of hotel services including, cleaning and catering services.
- Structured interviews with senior management at SVPR.

Appendix 2 - Resident profiles

Resident profiles

The information contained herein was provided by SVPR management, unless otherwise stated. As at November 2003, the total residents at SVPR aged 60 and over amounted to 939 residents. The following chart illustrates the age distribution of male and female residents aged 60 and over at SVPR:

Chart 1 - Age Distribution Of Residents at SVPR



The above figure demonstrates that the age interval with the highest frequency of residents at SVPR consisted in the 75 – 90 years age bracket, amounting to 596 residents (64 per cent of total classified residents).[1] Elderly people in this age bracket have a higher tendency to suffer from senile physical and/or mental deterioration.

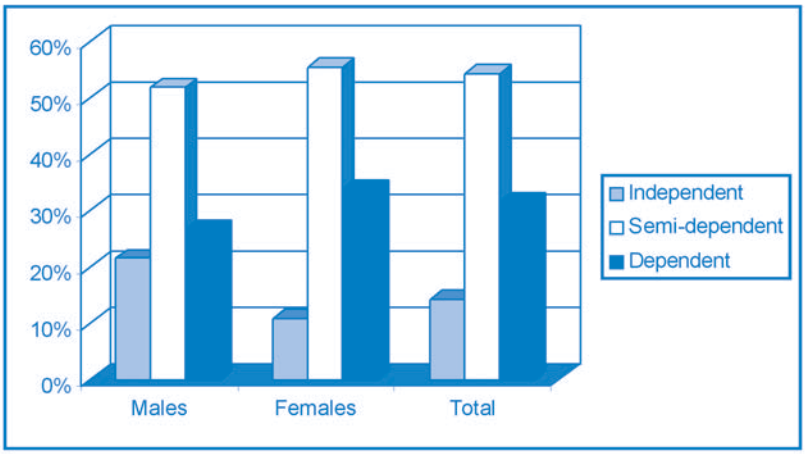
Level of dependency

The level of dependency of elderly residents at SVPR is reflected in the chart hereunder. A substantial proportion of residents at SVPR are dependent on nursing care to perform activities of daily

[1] Classified residents represent all residents for which information on the variable being commented upon is available. In the case of age, SVPR members of staff did not state the age of two residents.

living. The total amount of residents exhibiting some level of physical dependency amounted to 801 or 86 per cent of total classified residents.[2] 507 residents are semi-dependent (54% of total classified residents) and 294 residents are fully dependent (32% of total classified residents). The total number of dependent female residents amounted to 565 (60 per cent of classified residents) and the number of dependent male residents amounted to 236 (25 per cent of classified residents).

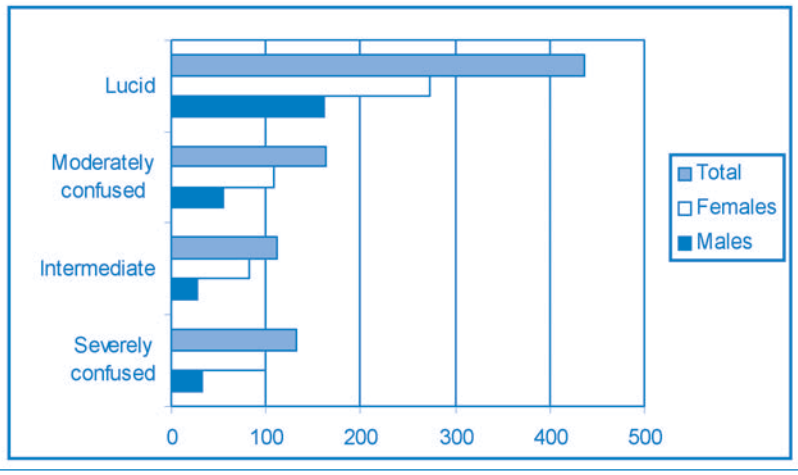
Chart 2 – Residents' Level Of Dependency



Mental orientation

The chart hereunder demonstrates the mental conditions of the residents at SVPR. The number of residents classified by SVPR as lucid amounted to 436 residents (52 per cent of the rated residents[3]), 274 being female (63 per cent of lucid residents) and 162 being male (37 per cent of lucid residents). 33 per cent of total classified residents were moderately confused and 16 per cent were severely confused.

Chart 3 - Mental Orientation Of SVPR Residents



[2] The level of dependency of 4 residents was not rated by SVPR staff.
[3] The mental orientation of 96 residents was not rated.

Medical conditions

The most common medical conditions of SVPR residents include arthritis, dementia, diabetes, depression, hypertension, vision impairment and hearing impairment. The following table indicates the incidence of these chronic conditions at SVPR, and how this compares to the national average.

Table 1 – Incidence of various medical conditions at SVPR

Medical condition	Incidence at SVPR	Per cent of total SVPR population	Per cent of Maltese population aged 60 and over, with medical condition[4]
Arthritis	510	54.31	49.10
Dementia	329	35.04	Not available
Depression	289	30.78	9.55
Diabetes	293	31.20	19.15
Hearing impairment	99	10.54	12.86
Hypertension	254	27.05	34.22
Vision impairment	117	12.46	11.62

Source: SVPR records and National Health Survey 2003.

The above table shows that generally the incidence of arthritis, depression, diabetes and vision impairment at SVPR was higher than the national average, particularly with regards to depression and diabetes.

The incidence of arthritis, depression, diabetes and hypertension was highest in semi-dependent residents. Dementia was highest in totally dependent residents.

[4] Source: National Health Survey, Ministry for Health 2003.

Appendix 3 - Surveys' methodology

In order to assess the quality of life of the elderly residing at St Vincent de Paul Residence (SVPR), three surveys were carried out by the audit team. Two of these surveys were addressed to residents and visitors in order to establish their views on the quality of care being provided. Both surveys were carried out concurrently, and interviews were held during both weekdays and weekends.

In the case of the survey addressed to residents, only lucid residents as identified by the SVPR, were interviewed. Out of a population of 436 lucid persons, 204 randomly selected residents[1] were interviewed.

In the case of the visitors' survey, it was difficult to establish the total visitor population at SVPR. A sample of 384 visitors was subsequently selected based on the premise of an infinite visitor population.

A third survey was addressed to all nursing staff and care workers to obtain their view on the quality of care provided to residents and their level of satisfaction with their job. The NAO distributed 473 questionnaires and 328 questionnaires were returned (a response rate of 69.3 per cent).

The three surveys were carried out during the period 26 January 2004 to 14 February 2004.

[1] The representative sample provided a 95% per cent confidence level, with a confidence interval of plus or minus 5 per cent for the whole sample. The confidence interval of subgroups within the entire sample widens as the sizes of subgroups get smaller.

Appendix 4 - Survey Results discussed in Chapter 3

Resident and Visitor Respondents

Table 1- Measuring the satisfaction level of services offered by doctors

	Residents			Visitors
	Doctors' level of interest in patient	The doctors' knowledge of the resident's medical history	Overall doctors evaluation	Overall doctors evaluation
-2*	2%	-	1%	2%
-1	2%	1%	3%	2%
0	9%	2%	6%	2%
1	39%	43%	46%	33%
2	31%	29%	32%	51%
Do not know	15%	11%	-	9%
No Answer	2%	14%	12%	1%
Total	100%	100%	100%	100%
n: sample size	204	204	204	385

** -2 representing the most negative situation and 2 representing the most positive*

Table 2 - Are residents provided with enough food?

	Residents		Visitors	
	No. of Respondents	%	No. of Respondents	%
-2	2	1	6	2
-1	7	3	19	5
0	17	8	11	3
1	81	40	113	29
2	78	39	198	52
Don't know	0	-	17	4
No Answer	19	9	21	5
Total	**204**	**100**	**385**	**100**

** -2 representing the most negative situation and 2 representing the most positive*

Resident Respondents

Table 3 - Residents' overall ratings of the medical services

	Dentistry	Ophthalmology	Physiotherapy	Podology
-2*	5%	4%	10%	2%
-1	5%	6%	8%	2%
0	10%	6%	8%	5%
1	47%	52%	45%	50%
2	30%	22%	16%	32%
No Answer	3%	10%	13%	9%
Total	**100%**	**100%**	**100%**	**100%**
n: sample size	110	100	112	139

** -2 representing the most negative situation and 2 representing the most positive*

Table 4 – Informing residents about their medical condition

	Are you informed about your medical condition?		Are you informed about the prescribed treatment?		Do doctors communicate progress?	
	Respondents	%	Respondents	%	Respondents	%
No	30	15	35	17	40	20
Yes	142	70	129	63	129	63
No Answer	32	15	40	20	35	17
Total	**204**	**100**	**204**	**100**	**204**	**100**

Table 5 – Doctor's response times

Doctors' Response Time		
	Respondents	%
Less than 1 hour	90	52
1 – 5 hours	36	21
5 hours – 1 day	8	5
More than 1 day	8	5
Do not know	12	7
No answer	18	10
Total responses	172	100
Never called a doctor	32	
Total	**204**	

Staff, Resident and Visitor Respondents

Table 6 - Measuring the ward's appeal

	Residents		Visitors		Staff	
	Number of Respondents	%	Number of Respondents	%	Number of Respondents	%
-2	9	5	24	6	28	9
-1	5	2	37	10	32	10
0	17	8	34	9	45	14
1	66	32	95	25	88	27
2	97	48	186	48	129	39
No answer	10	5	9	2	6	1
Total	**204**	**100**	**385**	**100**	**328**	100

** -2 representing the most negative situation and 2 representing the most positive*

Table 7 - Measuring the level of cleanliness in wards

	Residents		Visitors		Staff	
	Number of Respondents	%	Number of Respondents	%	Number of Respondents	%
-2	0	0	20	5	16	5
-1	6	3	31	8	38	12
0	8	4	44	11	54	16
1	62	30	93	24.	108	33
2	121	60	193	51	102	31
No answer	7	3	4	1	10	3
Total	**204**	**100**	**385**	**100**	**328**	**100**

** -2 representing the most negative situation and 2 representing the most positive*

Appendix 5 - Survey Results discussed in Chapter 4

Staff, Residents and Visitors Results

Table 1 - Whether enough activities are found to occupy free time

	Residents		Visitors		Staff	
	Number of Respondents	%	Number of Respondents	%	Number of Respondents	%
-2	79	39	75	21	82	25
-1	41	20	62	17	82	25
0	24	12	47	13	79	24
1	43	21	62	17	63	19
2	9	4	15	5	18	6
No answer	8	4	62	18	4	1
Do not know	-	-	32	9	-	-
Total	**204**	**100**	**355**	**100**	**328**	**100**

** -2 representing the most negative situation and 2 representing the most positive*