

Report of the Auditor General of Guyana



PERFORMANCE/VALUE FOR MONEY AUDIT

No. PA 1 of 2009

AN ASSESSMENT OF THE LIVING CONDITIONS OF THE RESIDENTS OF THE PALMS GERIATRIC INSTITUTION

FOR THE YEAR ENDED 31 DECEMBER 2008



PERFORMANCE/VALUE-FOR-MONEY AUDIT

An Assessment of the Living Conditions
of the Residents of the Palms Geriatric Institution



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Acronyms

AWP	-	Annual Work Plan
GPHC	-	Georgetown Public Hospital Corporation
GPL	-	Guyana Power and Light
MOH	-	Ministry of Health
NA/PCA	-	Nurse Aide/Patient Care Assistant
OSH	-	Occupational Safety and Health
OSHA	-	Occupational Safety and Health Act
SSP	-	Social Services Programme
WHO	-	World Health Organisation
NPTAB	-	National Procurement and Tender Administration Board

EXECUTIVE SUMMARY

A Performance/Value-for-Money Audit: *An Assessment of the Living Conditions of the Residents of the Palms Geriatric Institution* was conducted for the period 1 January to 31 December 2008.

During the course of the Audit, we conducted structured interviews with management and residents of the Palms, as well as officials of the Ministry of Labour, Human Services and Social Security (hereinafter referred to as “Ministry”). We also conducted focus group discussions with the support staff of the Palms and obtained expert opinions from relevant agencies. Further, we obtained and reviewed relevant documents and literature and analyzed data collected to arrive at our conclusions.

The lines of inquiry pursued by this audit were as follows:

- Accountability, Responsibility and Funding
- Health and Well-Being
- Food and Dietary
- Facilities and Working Environment
- Staff Management

The main findings emanating from this report are as follows:

Accountability, Responsibility and Funding

- i. Funds allocated for the Palms could not be identified since collective budgeting was undertaken by the Ministry for all agencies under the Social Services Programme (SSP). Total expenditure for the period could not be determined since both the Palms Administration and the Ministry incurred expenditure. Consequently, the Administrator did not have complete information on expenditure made on behalf of the Palms and could not be held accountable and responsible for the overall expenditure incurred for the Palms.
- ii. Controls over monetary donations received by the Palms were not in place as stipulated by acceptable accounting procedures for the control and reporting of receipts and expenditure. Cash received were kept by the Palms Administration whilst cheques were deposited into the donations bank account, which was controlled by the Ministry. However, access to the account was restricted by the Ministry and the funds therein were not used as intended by its donors.

Health and Well-Being

- iii. Residents received medical assessments on admission, and thereafter by a doctor at the Georgetown Public Hospital Corporation (GPHC) or the Medex, who is employed by the Ministry of Health (MOH), and had access to prescribed treatments. It should be noted that optical and dental assessments were not done at the time of admittance; however, as the need arose, residents were taken to the relevant institutions for examination.
- iv. No documented policy for admission was available, but established procedures were followed. Complete and accurate records were maintained for each resident.
- v. Psychiatric residents at the Institution posed challenges and risks to the other residents and staff.
- vi. Residents' linen was not replaced when they became worn and discoloured.
- vii. While activities executed for the *Month of the Elderly* were appreciated by residents, no other activities were conducted due to inadequate human, financial, and other resources. In addition, activities conducted did not cater for immobile residents.

Food and Dietary

- viii. There was no Dietician/Nutritionist to assess the dietary needs, and prepare diet sheets to guide the kitchen staff in preparing meals for residents. This was done by the Nursing Staff, who are not qualified to do so. As a result, the dietary needs for the residents were not reliably assessed. The kitchen staff did not always prepare meals in accordance with the diet sheets prepared, but based on items available in the stores.
- ix. On several occasions breakfast was served approximately 2 hours after the scheduled time. Residents complained about the long intervals between dinner (5:00 p.m.), the scheduled breakfast (7:00 a.m.), and the unavailability of a snack during this period. Further, a high percentage of residents were dissatisfied with the type of meals served.
- x. The Public Health Ordinance was not adhered to in relation to the storage and preparation of food and transporting of meals. Due to poor storage, food became contaminated and infested. In addition, the kitchen staff were not certified food handlers and the transporting of meals were done in an unhygienic manner.

Facilities and Working Environment

- xi. The buildings and facilities were in a state of deterioration and disrepair. The City Engineers Department had summoned the Ministry to take the necessary action to rectify the problems highlighted.

- xii. The Palms did not follow **WHO Guidelines - Facilities for Older Persons and Geriatric Standards** for the comfort of residents. The facilities were poorly maintained and there were inadequate equipment/aids for residents with special needs.

Staff Management

- xiii. Staff were dissatisfied with their poor working environment. There were inadequate supplies of protective gear, tools, utensils, materials and supplies, and a lack of training opportunities for staff.
- xiv. There was non-compliance with the **Fire Safety Regulations**. In addition, there was no documented emergency policy. Further, although there was firefighting equipment, it was insufficient for the needs of the Institution.
- xv. The Security Firm, engaged by the Palms, did not fulfill its contractual obligations, since there was never a full complement of guards to manage strategic points within the Institution. In addition, the services provided were unsatisfactory, resulting in losses due to theft.
- xvi. The Palms was understaffed, and did not have a formal training plan.

Overall Conclusion

The collective nature of budgeting, releasing, and expending of funds for the Palms and nine other Institutions, resulted in the lack of accountability and transparency. Consequently, we were unable to determine whether the funding and other support received were adequate to effectively and efficiently manage its operations.

The residents were subjected to initial and regular medical assessments, but not optical and dental evaluations. Psychiatric patients were also housed at the Palms even though the nursing staff were not trained to care for such patients. Also, leisure time was not adequately utilized due to the lack of social and recreational activities.

The Institution did not have a qualified Dietician/Nutritionist to assess the residents' dietary needs. Therefore, diets supplied may be deficient of nutritional value. In addition, food items were not properly stored, meals not prepared by certified food handlers and transported to the wards in accordance with Public Health Food Hygiene Standards.

Special needs such as walking canes and aids were not available in the wards for use by the residents, but were stored at a location under appalling conditions. In addition, wheelchairs were not adequately provided and had to be shared. Further, the buildings did not provide a safe, secure, and comfortable environment for the residents and staff.

The Palms was faced with a number of human resource challenges. The absence of the required number of qualified and trained staff impaired its ability to effectively care for the residents.

This report includes recommendations to correct identified deficiencies and improve operations. The Ministry and the management of the Palms are in agreement with the recommendations and their planned actions are included at the end of the Report.

AN ASSESSMENT OF THE LIVING CONDITIONS OF
THE RESIDENTS OF THE PALMS GERIATRIC INSTITUTION

Introduction

1. A Performance/Value-for-Money Audit: *An Assessment of the Living Conditions of the Residents of the Palms Geriatric Institution* was conducted for the year ended 31 December 2008.

Reasons for Undertaking the Audit

2. The living conditions and care given to residents of the Palms has been under scrutiny and criticism from the public¹. This has led to the stigmatization of the Institution as one that does not care for the elderly in a proper manner, does not reach standards acceptable to that of society, and one that reflects an image of discomfort, displeasure, and poor services. In addition, it is perceived that the Institution is a place where one would not want to live for the remainder of his or her life.

3. Taking the above into consideration, we decided to conduct a Performance/Value-for-Money Audit of this Institution to evaluate the economy, efficiency, and effectiveness of its operations, with a view to having Management implement our recommendations to effect positive changes in its operations.

Audit Objectives

4. The audit sought to assess the living conditions of the residents of the Palms to determine whether they were being provided with appropriate care.

5. The audit examined whether:

- a. The Palms had in place, its own accountability arrangements, and received funding and other support required to effectively and efficiently manage its operations;
- b. Residents received medical assessments on admission and thereafter, practiced proper personal hygiene, had access to prescribed treatments and aids for special needs, were provided with opportunities to participate in social and recreational activities; and complete and accurate records were maintained for each resident;
- c. Nutritious meals were served to the residents on schedule and in quantities that met their individual dietary requirements; and food items were supplied and stored, and meals prepared and transported in accordance with Food Safety Regulations;

¹ Clarke, Malcolm, Need for Nursing Homes, <http://www.stabroeknews.com>, March 14 2009
Eyesore: Picture depicting a portion of the Palms with “no windows, being used to air and dry laundry away from the elements; considered an eyesore and a disgraceful sight”, Sunday Stabroek, <http://www.stabroeknews.com>, April 26, 2009, p 1.

- d. The Palms facilities (buildings and equipment), their operation and maintenance, provided a safe, secure and comfortable environment for residents and staff; and
- e. The Palms had the qualified and trained complement of staff, who performed in accordance with their contractual obligations to care for the residents.

Scope and Approach

6. In order to assess the living conditions of the residents of the Palms, the audit covered the period 1 January to 31 December 2008 and focused on the following lines of enquiry:

- Accountability, Responsibility and Funding
- Health and Well-Being
- Food and Dietary
- Facilities and Working Environment
- Staff Management

7. We sought to examine whether rules, regulations and standards were implemented and followed, and if there was monitoring and evaluation of the activities of the Institution by the Ministry. We conducted structured interviews with management and residents of the Palms, as well as officials of the Ministry. We also conducted focus group discussions with the support staff of the Palms and obtained expert opinions from relevant agencies. Further, we obtained and reviewed relevant documents, and literature, and analyzed data collected to arrive at our conclusions.

Audit Criteria

8. The audit criteria and their sources are presented in the “About the Audit” section of this report.

Background

9. The Palms was established in 1874 under the British Colonial Rule and was known as the “Alms-House”. It was subsequently renamed the “Palms” in 1974. It is the only fully-funded Government home for indigent senior citizens, and is governed by the Poor Relief Act Chapter 36:02, which was enacted to “make provision for the relief of the poor”.

Government Policy on Social Services

10. The Government of Guyana seeks to promote the social welfare of all Guyanese through its policies, which include the provision of shelter and other assistance to the destitute. Under the Social Services Programme of the Ministry, the Government provides shelter and assistance to persons who meet the criteria for residency at the Palms.

Mission of the Palms

11. In order to fulfill its Mission, the Institution provides the following services:

- A twenty-four hours care service is maintained by the staff, which is headed by an Administrator, with support services provided by a Medex (attached to MOH), Matron, and other medical and ancillary staff, who are responsible for all other services required for the operation of the Institution;
- Physiotherapy, Public Health Clinics, and a Pharmacy, through collaborative arrangements with the Ministry of Health; and
- A full-time Social Worker, who deals with problems of residents and liaises with their homes, next of kin, and other persons.

Resident Profiles

12. Of the 213 residents housed at the Palms, 109 were females and 104 were males, which represented 51% and 49% of the population, respectively. Of this population, 65% of the residents were 65 years and older, while 22% were under 65 years, of which 4% were below the age of 40 and 13% were residents whose ages could not be ascertained.

Focus of the Audit

13. The audit sought to assess the living conditions of the residents of the Palms Geriatric Institution to determine whether they were being provided with appropriate care.

14. We examined the medical care and dietary provisions for residents of the Palms. We also examined the buildings and facilities, focusing on both the living conditions of residents and working conditions of staff. Further details about our audit scope and approach are presented at the end of the report, in the section “About the Audit”.

Report Structure

15. This report consists of the following chapters, which cover the *Lines of Enquiry* considered by this audit:

- *Chapter 1* examines the accountability and responsibility structures, and considers whether the allocation of funds and other support provided, allowed for the effective management of the operations of the Palms;
- *Chapter 2* discusses the health and well-being of residents;
- *Chapter 3* determines whether the dietary needs of residents were met;
- *Chapter 4* evaluates the facilities and working environment; and
- *Chapter 5* discusses the management of staff at the Palms.

1 ***Accountability, Responsibility and Funding***

Objective 1:

To determine whether the Palms had in place its own accountability arrangements, and received funding and other support required, to economically, efficiently, and effectively manage its operations.

1.1 The Palms is the only fully funded Government home for indigent senior citizens and is governed by the Poor Relief Act Chapter 36:02, which was enacted to “make provision for the relief of the poor”. The Social Services Programme of the Ministry was funded by an annual appropriation of \$3.592B for the period under review. This appropriation provided funds for the emoluments of all staff, as well as other expenditure for the Palms, and nine (9) other facilities for the destitute.

Present Structure of the Palms

1.2 This Institution comes under the purview of the Ministry and operates within the Social Services Programme. It has the capacity to accommodate 247 residents in eight wards, of which four (4) each are for females and males. As at 31 December 2008, it housed 213 residents, of which 109 were females and 104 were males. The residents were cared for by the staff, of which 126 were on the payroll of the Palms, comprising of 76 carer staff and 50 support staff.

1.3 The Table 1.1 below illustrates the composition of staff at the Palms.

Staff Category	Number of staff	Percentage of staff
<i>Carer Staff</i>		
Nursing Staff	3	2.3%
NA & PCAs	73	58%
<i>Total Carer Staff</i>	76	60.3%
<i>Support Services Staff</i>		
Palms Administration	6	4.8%
Social Worker	1	0.8%
Food Services	13	10.3%
Cleaning, laundry services & porters	30	23.8%
<i>Total Support Services Staff</i>	50	39.7%
Total Staff	126	100%

Source: Palms payroll

Table 1.1 – Breakdown of Nursing/Carer/Support staff as at 31 December 2008

1.4 The key players in the operation of the Palms as shown in Fig. 1 are accountable and responsible for the Institution as follows:

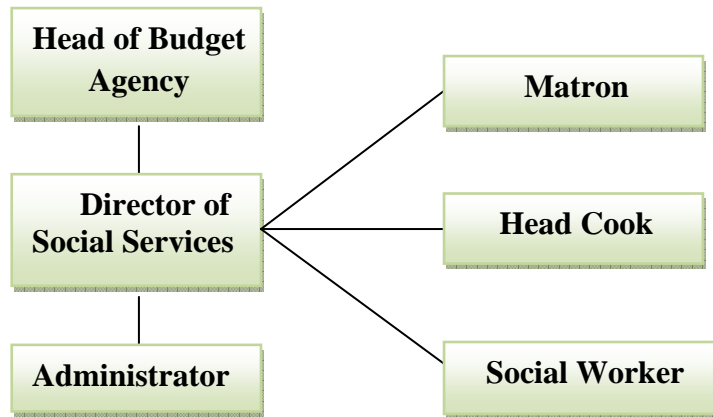


Fig. 1 Reporting Relationships

Head of Budget Agency

The Head of Budget Agency (HBA) has overall responsibility for the management of the Ministry's programmes viz: (i) General Administration (ii) Social Services and (iii) Labour, Occupational Safety and Health. While the HBA is not directly involved in the day-to-day operations of the Palms, matters of a financial nature require his concurrence and/or approval before execution.

Director of Social Services

The operations of the Palms falls under Programme II (Social Services) led by the Director of Social Services, who reports to the HBA. The Director has an oversight role for the operations of the Palms.

The Administrator

The Administrator has overall responsibility for the operations of the Palms. These include administrative and personnel duties, preparation of the annual budget, approving applications for new admissions into the Palms, and poor burial of deceased residents.

Matron

The Palms has one Matron who is responsible for the residents, Staff Nurses and NA/PCAs. This officer is mainly responsible for ensuring that (a) shifts are covered (day & night) with the full complement of staff (b) residents with various conditions such as diabetes, hypertension, mental disorders, blindness, bone and muscle disorders receive the necessary attention, (c) medical treatment are administered to residents, and (d) residents are kept clean and tidy.

Social Worker

The Institution has one Social Worker, who is responsible for the welfare of the residents of the Palms. This officer provides counseling when the need arises, and organizes social and recreational activities (both indoor and outdoor).

Food Supervisor

The Food Supervisor is responsible for planning and preparing three (3) meals per day for the 213 residents of the Palms. Her duties include requisition of food items from the stores, and planning and preparing breakfast, lunch and dinner. She also prepares daily leave and off duty rosters for the kitchen staff.

Authority and Accountability

1.5 In addition to the Poor Relief Act, the Administration of the Palms is governed by a number of Government Regulations including, but not limited to the Occupational Safety and Health Regulations for employees, and Guyana Fire Service and City Engineer Regulations pertaining to public buildings. We found that the accountability for adherence to these “third party” governance requirements was shared between the HBA and the Administrator. For example:

- The Administrator is responsible for having proper emergency procedures in the event of a fire, whilst the HBA is responsible for providing fire extinguishers, and ensuring that the building is maintained to the prescribed standards; and
- The Administrator is tasked with ensuring that the buildings are tidy, and all obstructions removed, while the HBA approves maintenance activities.

1.6 While it may be useful to centralize some contracting activity at the Palms, it impedes effective management of the Institution, since requests for actions plod through Ministerial processes, to the extent that in some cases, the demands of additional governance regulations are misunderstood, forgotten, or ignored. Chapter four (4) of this report highlights the consequences of not having clearly defined, and incorporated in regular management activities, the requirements of third party regulators.

Funding and Reporting

1.7 The Palms is funded by an annual appropriation through the Ministry under the Social Services Programme. This appropriation provides funds for the emoluments of all staff, and the payment of other expenditure. For the year under review, the Administrator expended \$55.2M from its allocation, while the Ministry incurred additional expenses in relation to the payment of salaries, maintenance and security.

1.8 We expected the Palms to have an approved budgetary allocation, which should be released and fully utilized to manage operations, and to execute annual work plans.

1.9 We found that the Palms did not have an independent approved budgetary allocation. Rather, the Social Services Programme budgeted, released, and incurred expenditure on behalf of the Palms, and nine (9) other institutions for the destitute. These expenditures were not categorized by the Programme for which they were intended. As a result, it was difficult to differentiate the amounts released to, and the total amount expended for the Palms, and whether the funds were fully utilized to economically, efficiently, and effectively manage the operations of the Institution. Consequently, the Administrator did not have complete information on all expenditure incurred on behalf of the Palms, and so could not be held accountable and responsible for the overall expenditure incurred for the Palms.

1.10 We expected the Administrator to prepare an Annual Report on the operations of the Palms. We found that the report for 2008 was prepared in a timely fashion. The report listed the many needs and deficiencies which existed at the Palms that were also reflected in the Budget Request. However, the Ministry's reply failed to indicate the funds available, the total funds administered centrally by the HBA, and what activities would not be funded. This approach lacks transparency and accountability.

Recommendations:

- *The Ministry should establish clear guidelines of accountability and responsibility for the Palms Administration;*
- *The Ministry should prepare a separate Budget and Financial Report for the Palms. The Budget and mechanisms to access the funds should be clearly defined and provided to the Administrator; and*
- *The Palms should be fiscally independent from the other agencies under the SSP of the Ministry, so as to allow for proper accountability and transparency.*

Donations

1.11 Gifts and monetary donations help to supplement the needs of the residents, and the operations of the Palms. For the year under review, the Palms received monetary donations totalling \$290,000 from various organizations and individuals. Amounts totalling \$211,000 were deposited into a donations account, while sums totalling \$79,000 were utilized to offset expenses for the residents. Non-monetary donations received included furniture, equipment, medical supplies, linen, and clothing.

1.12 We found that:

- (i) There were restrictions by the Ministry for the utilization of monetary donations for the benefits of the residents;
- (ii) Controls were not in place for the receipt, recording, and safeguarding of cash donations as required by standard accounting practice. Moreover, only one person witnessed the receipt of monetary donations, whilst a cash book was not maintained. In addition, the Accountant kept the keys to the canister, as well as the safe that it was placed within;
- (iii) Bank Statements for the donation account were not presented, and bank reconciliation statements not prepared. As a result, we were unable to establish the available balance in the account;
- (iv) The Administrator did not approve expense vouchers from cash donations;
- (v) A controlled forms register was not maintained;
- (vi) The contents of the safe were not checked for several years. During the course of the audit, personal effects that included a last will and testament, a copy of a transport, and receipts were found lodged in the safe. These were the property of a deceased resident who was admitted into the Palms in 1984 and died in 1987. No action was taken to dispose of the deceased resident's personal belongings even though 22 years had elapsed.

Recommendations:

- *The Ministry should allow the Palms Administration to utilize donations for the benefit of the residents when required; and*
- *The bank account should be reconciled promptly to reflect its available balance, and to detect any irregularity.*

The Administrator should ensure that:

- *Cash donations are properly accounted for in keeping with standard accounting practice; and*
- *When residents die, mechanisms should be put in place to immediately dispose of personal effects lodged for safekeeping.*

Conclusion:

1.13 *The Palms does not have in place its own accountability arrangements, funding mechanisms, and other support required to economically, efficiently, and effectively manage its operations. Even though the Institution was funded by an annual appropriation under the SSP of the Ministry, the collective nature of budgeting, releasing, and expending funds for the Palms, and nine other institutions resulted in the lack of accountability and transparency. With respect to donations, the Palms Administration did not adhere to standard accounting procedures for the control and reporting of receipts and expenditure.*

2 Health and Well-Being

Objective 2:

To determine whether residents received medical assessments on admission and thereafter, practiced proper personal hygiene, had access to prescribed treatments and aids for special needs, were provided with opportunities to participate in social and recreational activities; and complete and accurate records were maintained for each resident.

2.1 The elderly should have access to health care to help maintain or regain their optimal level of physical, mental and emotional well-being, and to prevent or delay the onset of illness.¹ The provision of medical and nursing care, recreational and social activities and hygiene services are considered important in securing the residents well-being.

2.2 We expected the Palms to have a documented policy for the admission of residents to the Institution, and that residents were subjected to initial and regular medical assessments by a qualified medical practitioner.

2.3 We found that:

- (i) The Administration of the Palms was not aware of a documented policy for the admission of residents; however, there were three (3) established procedures in place for admission to the Institution as follows:
 - a) Concerned citizens may write to the Administrator informing him/her about the circumstances of an elderly person. The Social Worker makes recommendations to the Administrator after conducting investigations to determine whether the prospective resident meets the entry criteria. The Administrator then processes the application for admission;
 - b) Based on the goodwill of the Palms Administration, persons abandoned at its entrance are admitted. These persons are considered lodgers; and
 - c) Individuals may become residents through a transfer from the GPHC.

For the period under review, sixty-six (66) residents were admitted into the Palms as illustrated at Fig 2.

¹ The United Nations and the Question of Aging, <http://www.unac.org>

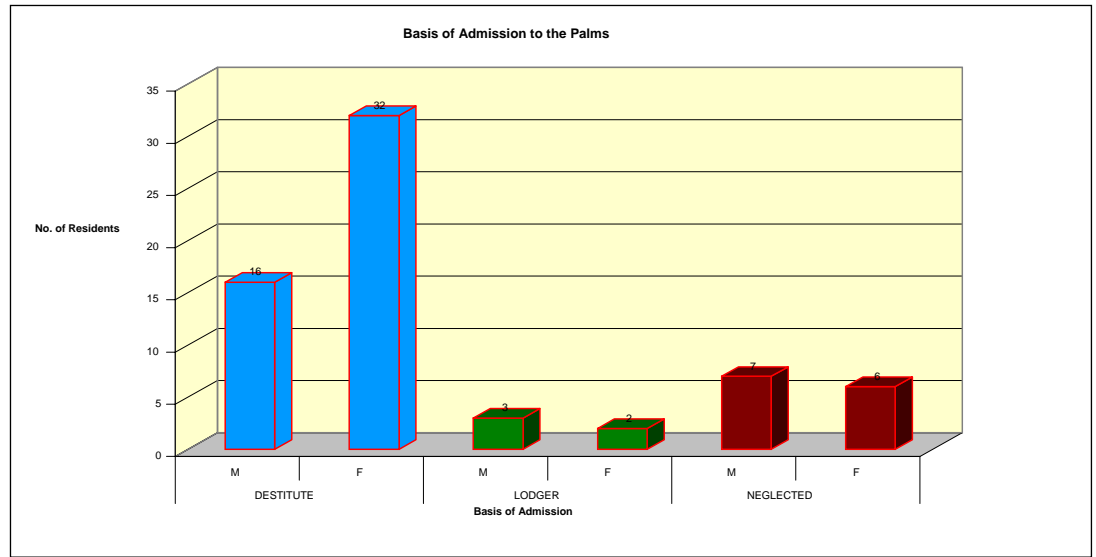


Fig. 2

- (ii) Residents were medically assessed by a Physician at the GPHC or a Medex upon admission, and regular medical assessments were conducted for eighty-seven percent (87%) of the residents for the year under review.
- (iii) Dental and optical evaluations were neither done upon admission nor thereafter. This can contribute to dietary restrictions, and also the deterioration of residents' sight. Nevertheless, whenever the need arose, residents were taken to the GPHC, and the Cheddi Jagan Dental Clinic for optical and dental assessments, respectively.
- (iv) There were sixty (60) residents at the Palms suffering from various mental disorders as shown in Table 1.2.

Name of Diagnosed Illness	No. of Residents Affected
Mental Retardation	11
Schizophrenia	10
Psychosis	10
Senility	8
Epilepsy	7
Mental Deficiency	3
Alzheimer's	2
Mental Illness	2
Mental Derangement	1
Anxiety	1
Dementia	1
Amnesia	1
Acute Psychosis	1
Mental Instability	1
Down Syndrome	1
Total	60

Table 1.2

2.4 The absence of a documented admission policy may lead to inconsistencies in the treatment of applicants to the Palms. The psychiatric residents were not a threat to the carer staff if their medications were taken as prescribed. However, residents with various forms of dementia were the ones that put the carer staff and residents at risk with their impulsive and violent behavior, since the carer staff had not received the required training to care for such patients.

Recommendations: The Ministry along with the Administration of the Palms should:

- *Document the specific procedures to be followed for admission into the Institution;*
- *Consider engaging the MOH to establish assessment requirements and policies for the residents of the Palms;*
- *Ensure that all residents are medically assessed in accordance with policies established. Optical and dental evaluations should also be conducted; and*
- *Determine whether this Institution is appropriately and properly organized to deal with all mental disorders.*

2.5 We expected that residents of the Palms received their prescribed treatment, and that medical records were accurately maintained and updated to immediately reflect their medical conditions, as well as medication/treatment administered.

2.6 We found that:

- (i) Medical records and drug charts were maintained and properly written up for each resident; and
- (ii) Checks were not always carried out by the PCAs to ensure that medications dispensed were immediately consumed. In cases where residents did not consume their prescribed treatments in a timely manner, prolonged illnesses, deterioration of conditions, or even deaths could occur.

Recommendations: The Administration should put systems in place to ensure that medications dispensed to residents are consumed as prescribed.

2.7 The Palms should provide for the special needs of residents with limitations and disabilities to assist in their independence and to enhance their quality of life. We expected the Palms to have a record of the special needs of residents, and that efforts were made to fully provide for such needs.

2.8 We found that:

- (i) The special needs of the residents were not documented, but in some instances, were claimed to be known by the carer staff;
- (ii) The Palms did not provide for the special needs of all residents with limitations and this restricted their mobility (*See Fig. 3*). Those fulfilled were as a result of private donations. Physical checks conducted in March, 2009 revealed that there were only ten (10) wheelchairs in the ward, which had to be shared among the residents; and

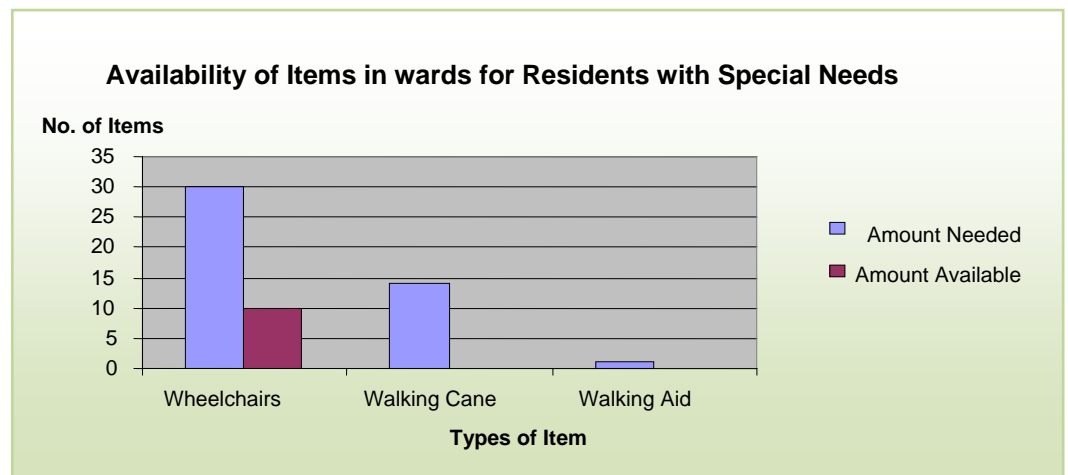


Fig. 3

- (iii) The physical checks carried out also revealed that there was a need for walking canes and aids in the wards. It was observed that a quantity of aids which were donated to the Palms for the benefit of the residents, were stored under appalling conditions as shown in Figs. 4 and 5.



Fig. 4 Donated aids stored under appalling conditions (*Photographed 23/04/09*)



Fig. 5 Donated aids stored under appalling conditions (*Photographed 23/04/09*)

2.9 As a result of the above, the residents were unable to benefit from the use of the walking aids and canes, as they were not available for the purposes intended. This observation was brought to the attention of the Administrator. As a result, the aids were examined and those that were functional (five (5) walking canes and forty-two (42) walking aids) were retrieved and brought to the wards for use by the residents. Steps were also taken to dispose of the unserviceable aids.

Recommendations: *The Administrator should put systems in place for the following:*

- *Residents' limitations should be documented to allow the information to be accessible to the nursing staff, and to provide for an audit trail;*
- *Special needs should be met for the residents through innovative initiatives; and*
- *All aids received by the Palms should be properly stored and made available for use by the residents.*

2.10 We expected that the carer staff should ensure that residents practiced and received proper personal hygiene, including washing of clothing, and replacements of linen, to foster a comfortable existence for the residents.

2.11 We found that:

- (i) The residents practiced and received proper personal hygiene daily;
- (ii) Even though linen and clothing were washed weekly, of the twenty-nine (29) sampled residents, thirty-three percent (33%) indicated that their linens were never replaced, while twenty percent (20%) did not know. In addition, thirty-six percent (36%) had their linen replaced privately (by relatives/ friends), and 11% as the need arose, as shown in Fig.6. Physical checks conducted revealed that some linen were visibly worn out, which could contribute to a reduction in warmth and comfort for the residents; and

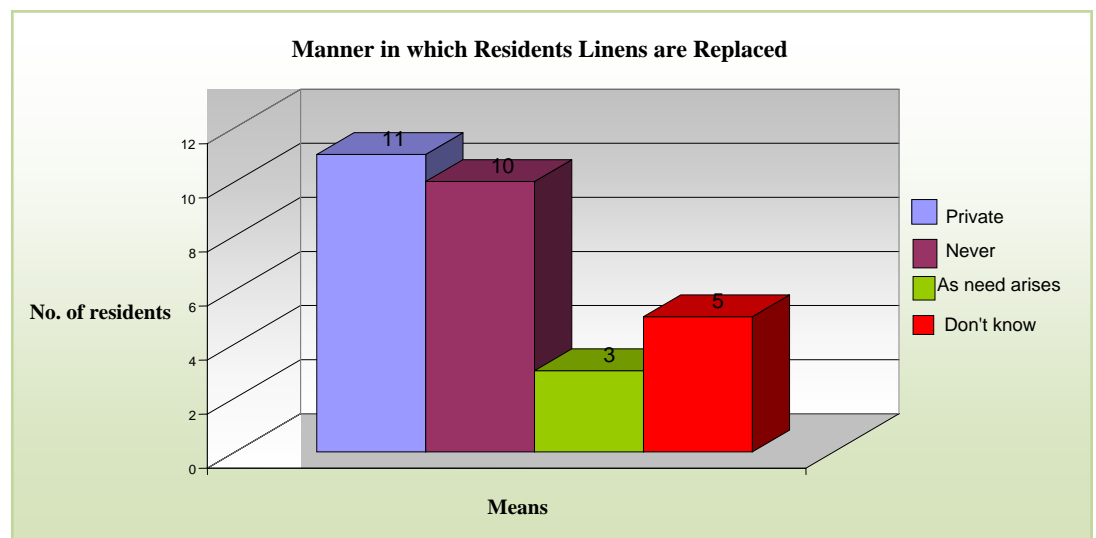


Fig. 6

- (iii) The levels of comfort of the residents varied, as is illustrated in Fig. 7. It should be mentioned that the residents who claimed they were very comfortable, attributed their comfort to their “gratefulness for a shelter”.

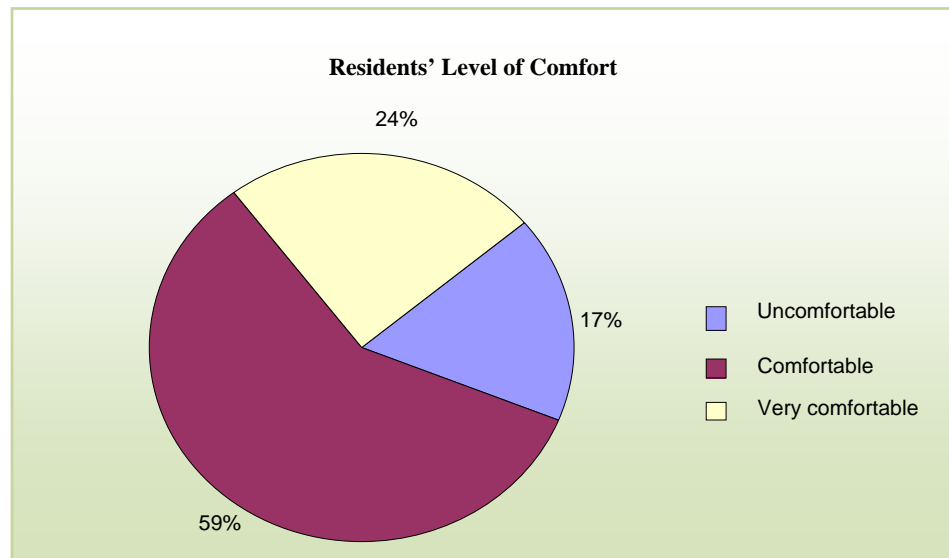


Fig. 7

Recommendations:

- *The Palms Administration should conduct a needs assessment for linen for residents; and*
- *Based on the needs assessment, the Ministry and the Administration should seek to garner needed linen for residents as early as possible, to ensure their comfort.*

2.12 A study has shown that social interactions and physical activities can protect the elderly from the decline of their functional ability that typically occurs with age.² We expected the Palms to have recreational and social activities such as craft, reading, and physical exercises for the residents on a regular basis under the supervision of the Institution’s staff.

2.13 We found that:

- (i) Indoor games and activities such as art and craft were discontinued due to a lack of human, financial, and other resources;

² The United Nations and the Question of Aging, <http://www.unac.org>

- (ii) *Month of the Elderly* activities were conducted in October 2008 with the support of the Ministry and other organizations. Residents eagerly looked forward to the activities, which included picnics and tours to places of interest, and this represented the ‘high point’ of their year at the Palms;
- (iii) Records were not maintained to allow for monitoring and evaluation of residents’ participation in social activities. However, a register of movement of mobile residents in and out of the Institution was maintained;
- (iv) Immobile residents were not taken into consideration in the planning of activities, and as such, could not participate;
- (v) Even though library corners were not established within the wards, books were made available in the Administrative Office, to which the residents have access. However, the books were not user friendly, in that the prints were small. In addition, access to the books in the Administrative Office proved difficult for immobile residents; and
- (vi) Although the vegetable garden project is recognized as a positive initiative for residents (*See Fig. 8*), they were not actively involved in the project because of their physical condition or a lack of interest.

2.14 As a result of the above, residents were unoccupied for most of the day. This could lead to a decline in their functional, mental, and physical abilities.



Fig. 8 - Vegetable garden project (*Photographed 6/02/09*)

Recommendations:

The Palms Administration should:

- *Prepare a schedule of monthly recreational and social activities for residents, and ensure that such activities are executed;*

- *Put systems in place to encourage maximum participation of the residents in gardening activities;*
- *Maintain a record of residents' participation in social activities;*
- *The Ministry and the Administration of the Palms should make efforts to garner large print books that are more user friendly for residents, and establish a library corner in each ward; and*
- *The Ministry should provide adequate resources to facilitate the execution of planned social and recreational activities.*

Conclusion:

2.15 *The Palms had no documented policy for the admission of residents to the Institution. Nevertheless, procedures were followed and residents were subjected to initial and regular medical assessments, which were documented. However, optical and dental evaluations were excluded from such assessments. The residents practiced and received proper personal hygiene. In addition, residents received their prescribed treatment, but there was no guarantee that treatment, even though administered, was always taken by residents. The residents' limitations and special needs, although known to the carer staff, were not documented. Walking aids were adequately supplied to ward, however, there was a shortage of wheelchairs and walking canes, and these had to be shared by the residents. Further, the residents endured long periods of inactivity as a result of the lack of social and recreational activities.*

3 *Food and Dietary*

Objective 3:

To determine whether residents received nutritious meals on schedule, in quantities that met their individual dietary requirements; and food items were supplied and stored, and meals prepared and transported in accordance with Food Safety Regulations.

3.1 Only Dieticians/Nutritionists are qualified to assess dietary needs and prepare diet sheets. The scheduling of meals should be a team effort, comprising of the head of dietary, medical personnel and the food service supervisor.

3.2 We expected:

- (i) A Dietician/Nutritionist to be attached to the Palms to assess the dietary needs of residents, and prepare diet sheets on admission and update as required;
- (ii) All meals were prepared and served according to a schedule, and met the dietary needs of the residents;
- (iii) The stores received menus in time to ensure supplies were available to prepare meals;
- (iv) Records were maintained for meals dispatched to the wards; and
- (v) Residents should always have access to potable water in the wards.

3.3 Audit checks revealed that:

- (i) There was no Dietician/Nutritionist attached to the Palms to assess the dietary needs of residents and to prepare diet sheets accordingly;
- (ii) Dietary needs were assessed and diet books prepared by the nursing staff who are not qualified to assess such needs;
- (iii) The stores did not receive menus in time to ensure proper supplies were available to prepare meals;
- (iv) The kitchen staff sometimes prepared and served meals with available items in the stores, but not in accordance with the diet books;
- (v) Records were maintained for meals dispatched to the wards;

- (vi) Although a schedule was in place for the serving of meals, breakfast was not always served in accordance with the schedule (7:00 a.m.). Oftentimes, it was observed that this meal was served approximately 2 hours after the scheduled time. This was due to the unavailability of porters who were engaged in other duties. Eighty percent (80%) of the twenty-nine (29) residents interviewed felt that there was need for improvement in the time that meals were served as shown in Fig. 9. The long interval between dinner (5:00 p.m.) and scheduled breakfast (7:00 a.m.), and the lack of snacks during this period caused residents to complain of hunger. This was due to the absence of functional kitchenettes stocked with requisite food items in the wards. Concerns were also raised on several occasions by the Administrator in his Annual Reports about diabetic residents not receiving meals on time, which can cause them to suffer from hypoglycemia (low blood sugar);

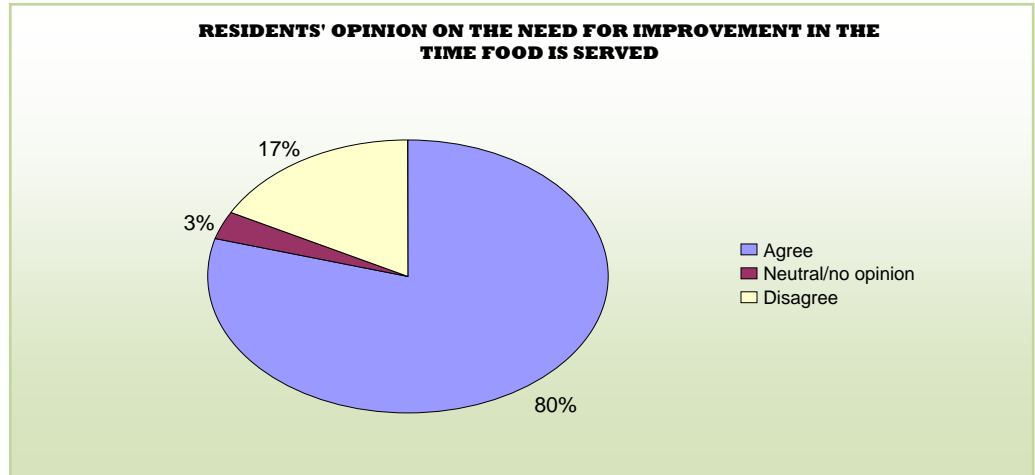


Fig. 9

- (vii) Kitchenettes in each ward were in a state of disrepair;
- (viii) Residents were not satisfied with the type of food served, and eighty-three percent (83%) expressed the need for improvement in the type of food served as shown in Fig. 10; and
- (ix) Residents were sometimes compelled to use water from the taps for drinking due to the inadequate supply of bottled drinking water.

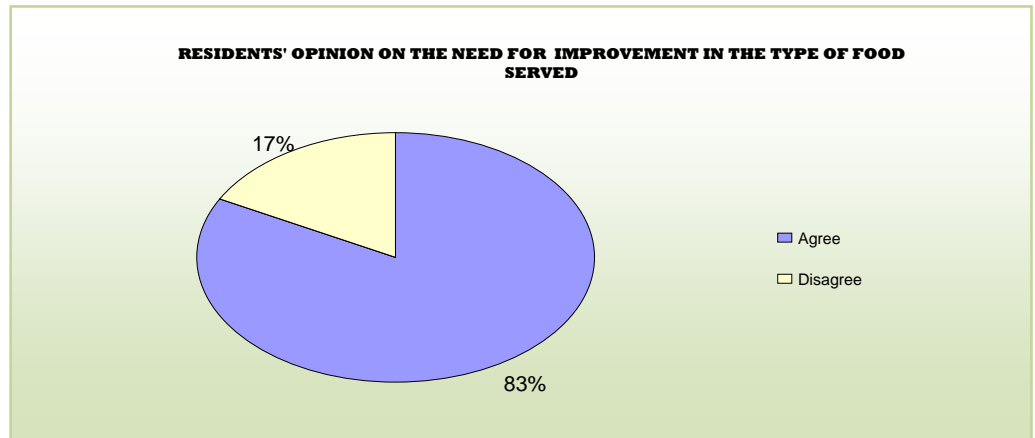


Fig. 10

3.4 In the absence of a Dietician/Nutritionist, the residents' dietary requirements were not reliably assessed. Consequently, the diets supplied to residents may lack the required nutritional value. In addition, anxiety, cognitive impairment, visual disturbances, weakened muscle nerves and malnutrition/deficiency, can result from hunger.³

Recommendations:

- *In the absence of a Dietician/Nutritionist at the Palms, the Ministry should collaborate with the MOH to have a Nutritionist conduct regular dietary assessments and prepare diet sheets for residents;*
- *The Palms Administration should seek assistance from the Food Policy Unit of the MOH for the relevant staff to be trained in providing nutritional care to residents;*
- *During the long intervals between meals, the Palms Administration should ensure that mid-morning snacks and nightcaps are served to residents;*
- *The Ministry should ensure that kitchenettes in wards are rehabilitated and equipped to enable the preparation of snacks and nightcaps for residents;*
- *The Ministry and the Administration of the Palms should ensure that dietary items are procured to facilitate the preparation of meals in accordance with the diet sheets;*
- *The Ministry and the Administration should take the necessary steps to ensure that porters are available to deliver meals to the wards on schedule;*

³ Health Care Fights, Hunger 2008, A Partnership of the Arizona Hospital and Health Care Association of Arizona Medical Association, the Arizona Academy of General Dentistry and the Association of Arizona Food Banks, <http://www.jcl.com>

- *The Food Supervisor should ensure that the stores have a copy of the weekly menu so as to ensure that items are readily available for the preparation of meals; and*
- *The Palms Administration should ensure that the supply of potable water meets the needs of all residents and staff.*

3.5 Proper handling and storage of food is essential to prevent food borne illnesses.⁴ We expected the Palms to store food items in a safe manner, and the kitchen staff to be medically examined and in receipt of valid food handler's permits in compliance with the Public Health requirements.

3.6 We found no evidence that kitchen staff were medically examined and in receipt of valid food handler's permits in accordance with Public Health requirements.

3.7 At our request, the Public Health Department inspected the food storage and preparation areas of the Palms, and the following unsatisfactory practices, which resulted in a breach of established Public Health requirements, were observed:

Food Storage Area

- (i) Inadequate lighting in food storage area;
- (ii) Cobwebs and dust found where food was stored;
- (iii) Expired and unwholesome food items found among wholesome food in storage area;
- (iv) Spoiled food (meat) in the freezer;
- (v) Infestation of food items by roaches, rodents and weevils;
- (vi) Miscellaneous articles such as spare parts and unused equipment found among food items;
- (vii) Some food items were stored on the floor; and
- (viii) Disinfectant and other cleaning agents stored in the same area with food items.

⁴ Fact Sheet, <http://www.fsis.usda.gov>

Food Preparation Area

- (i) Cobwebs and dust found in food preparation area;
- (ii) Kitchen staff not in possession of food handler's permit;
- (iii) Some food items were stored on the floor; and
- (iv) Even though a needs assessment was conducted in January 2008, kitchen utensils identified were not replaced.

3.8 Due to the lack of training and inadequate storage space, items stored for the preparation of food may become contaminated, infested, whilst spoilage can occur, resulting in food not being safe for human consumption.

Recommendations: The Palms Administration should seek to establish policies and procedures for:

- *The food storage area to have adequate light and be regularly cleaned so as to prevent insects and rodents in storage area;*
- *Food items to be stored at least two feet off the ground and separated from non-food items (disinfectants and detergents, etc);*
- *Action to be taken to assess the present pest control programme for the level of success in the eradication of pests;*
- *All kitchen staff to be medically examined and be in possession of valid food handler's permits; and*
- *Kitchen utensils identified as needed, to be replaced promptly.*

3.9 We expected meals to be transported to the wards in accordance with Public Health Hygienic Standards. Food containers should be tightly covered, food carts cleaned daily, covered when transporting meals, and used only for this purpose. Porter(s) specially assigned to the kitchen should be properly attired (e.g. with apron and cap) when transporting meals, and all meals should be apportioned by the kitchen staff before taken to the ward.

3.10 We found non-compliance with the Public Health Hygienic Standard, as follows:

- (i) Containers used for the delivery of meals to wards were not tightly covered (*See Fig. 11*);
- (ii) The cart used to transport food was not cleaned daily and covered when transporting meals;
- (iii) Porters assigned to the kitchen were not properly attired when transporting meals (*See Fig. 11*); and
- (iv) Meals such as soup were transported in bulk and apportioned by the porters for the wards.

3.11 As a result of the above non-compliance with Public Health Hygienic Standards, food could become cross contaminated, and residents are at a risk of becoming infected due to food poisoning and other infections.



Fig. 11 – Staff transporting meals not properly attired, and pots with loose lids (*Photographed 27/02/09*)

Recommendations: The Palms Administration should ensure that:

- *Food containers are tightly covered;*
- *The food cart is cleaned daily and covered when transporting meals;*
- *All Porters transporting meals to the wards are properly attired; and*
- *Food is apportioned by kitchen staff at all times.*

Conclusion

3.12 The Palms did not have a qualified Dietician/Nutritionist to assess the residents' dietary needs. Consequently, the diets supplied to residents may be deficient of nutritional value. Residents suffer from hunger due to breakfast often being served approximately two (2) hours after the scheduled time. In addition, there were short supplies of food items which caused the kitchen staff to prepare and serve meals that were not in accordance with the diet books, but based on the availability of items in the stores. Further, food items were not properly stored, and meals were not prepared by certified food handlers and transported to the wards in accordance with Public Health Food Hygiene Standards.

4 Facilities and Working Environment

Objective 4:

To determine whether, the Palms “Facilities” (buildings and equipment), their operation and maintenance, provided a safe, secure and comfortable environment for residents and staff.

4.1 The Palms buildings should be safe for the residents and staff in compliance with Public Health Regulations. We expected buildings housing the residents, as well as the environment to be safe, sound, and clean for their comfort and well-being as stipulated by the Regulations.

4.2 We observed that:

- (i) Requests to the Ministry for the employment of a handyman to deal with daily plumbing and carpentry needs at the Palms were not granted, as was disclosed by the Administrator in his 2007 and 2008 Annual Reports;
- (ii) Requests for professional brush cutters to weed the compound every month were also not granted;
- (iii) There is need for safety bars to be placed at the windows in wards 5, 7, and 8 to restrain residents from falling out;
- (iv) The entrance to the Palms was well maintained, but the outlying areas were not (*See Figs. 12 & 13*);



Fig. 12 - Well kept entrance to the Palms (*Photographed 14/05/08*)



Fig. 13 - Poorly maintained compound (*Photographed 14/05/08*)

- (v) There were overflowing garbage bins in the wards, which attracted flies and other insects;
- (vi) The Administrator of the Palms in his 2008 Annual Report, recommended that the garbage receptacle in the yard be reconstructed or relocated, since it is a health hazard to residents and staff. However, this recommendation was not acted on at the time of the audit;
- (vii) A stench emanated from the male lavatories of wards 1 and 2 as a result of water being lodged on the floors (*See Fig. 14*). This environment poses a health hazard to residents and nursing staff;



Fig 14 – Water lodged on lavatory floor (*Photographed 14/03/09*)

- (viii) There were no documented cleaning schedules, and cleaning was done based on the directives of the cleaning supervisor;
- (ix) The laundry room was in a state of disrepair, unclean, and had an unpleasant odor. The room was also too small to adequately accommodate the equipment, and beddings, linens, and clothing, which were either thrown on the floor and/or piled on shelves as shown in Fig. 15. This issue was highlighted in the Administrator's Annual Reports of 2007 and 2008; and



Fig. 15 – Clothing and bedding piled on shelves (*Photographed 7/02/09*)

- (x) While concerns were raised in the Annual Report of 2008 about the floods usually experienced during periods of heavy rainfall, it was observed that areas in the compound had pools of stagnant water, which posed a health hazard, as shown in Fig. 16.



Fig. 16 - Health hazard due to stagnant water in compound (*Photographed 7/02/09*)

4.3 At our request, the City Engineers Department had also inspected the Palms Facilities in March 2009, and buildings were found to be in a ruinous state, dangerous to the occupants and were in need of urgent repairs as shown in Fig. 17. Consequently, the Ministry was summoned to take urgent action to have the buildings repaired. See Appendix II for details.



Fig. 17 – Building in need of repairs (*Photographed 14/05/08*)

4.4 The Public Health Department had inspected the Palms in November 2008 and the following observations were presented:

Location	Public Health Defects
Compound	Partly covered with an overgrowth Defective (broken) water supply pipe near the kitchen
Buildings	Internal walls were discolored Floorboards were defective, especially near the washroom area Presence of cobweb around the ceilings and evidence of leaking roof Evidence of insects and rodents
Sanitation Facilities	Water closet bowls were dirty and discolored Defective flush tanks Absence of washbasin in the male washrooms Offensive odor emitting from all water closet facilities Mixture of urine and water from the closet on the upper flat falling into the water closet area on the lower flat Bathroom facilities dirty and stained (<i>See Figs. 18 and 19</i>)
Physiotherapy Room	Water from laundry room accumulating on floor
Doctor's Room	Defective floor Defective water closet pipe

Table 1.3 – Public Health Inspection Findings



Fig. 18 – Dirty and stained bathroom facilities (Photographed 14/05/08)



Fig. 19– Dirty and stained bathroom facilities (Photographed 14/05/08)

4.5 As a result of the defects identified, the compound, buildings and facilities were deemed hazardous to the health, well-being, and safety of the residents and staff, and as such, the Palms was not in compliance with the Public Health Ordinance.

Recommendations: The Ministry should take urgent action to implement the recommendations made by the Public Health Department as follows:

- *Wall surfaces should be cleaned and repainted, especially in areas identified;*
- *Defective roof sheeting identified should be repaired/replaced to eliminate leaks;*
- *Water closet bowls and bathrooms should be thoroughly cleaned and disinfected to eliminate dirt, stains, and offensive odors;*
- *Floorboards deemed defective should be repaired; and*
- *Fly mesh and bars should be installed to the windows of wards to keep out insects, and provide safety for the residents.*

The Audit Office also recommends that:

- *The Ministry and the Palms Administration enter into contractual arrangements with professional brush cutters to weed the compound every month, to prevent the overgrowth of weeds;*
- *The Palms employ a handyman to deal with its daily plumbing and carpentry needs;*
- *The Palms prepare cleaning schedules to allow for the systematic cleaning of wards and other units within the Institution;*
- *The Ministry should take steps to implement the recommendations made by the Administrator in the 2008 Annual Report in relation to the garbage facilities;*
- *The Ministry and the Palms Administration should extend/repair and maintain the laundry room and furnish same with appropriate equipment. Additionally, there should be a review of the system in place for the laundering and storing of beddings, linens and clothing; and*
- *The Ministry should take appropriate action to reduce the susceptibility to flooding at the Palms during the rainy season.*

4.6 The Palms is expected to have a schedule of works for the maintenance of the Institution, and funding should be made available to support scheduled works.

4.7 We found that:

- (i) An annual maintenance and repairs schedule was prepared by the Palms;
- (ii) Twenty-seven percent (27%) of scheduled works were not carried out, which included repairs to Block C windows, porters' and cooks' rooms and to the floor of wards. Further, unscheduled works of an urgent nature were carried out, and this affected the execution of the annual plan.

4.8 Due to a lack of funding and unscheduled maintenance works, the scheduled maintenance for the repairs to the Palms was not fully accomplished. As a result, the buildings posed a threat to the residents and staff, and did not provide for a safe and comfortable environment.

Recommendation: *The Administration should seek adequate funding to execute its Annual Maintenance Plan.*

4.9 The Palms should follow guidelines and maintain geriatric standards to ensure the comfort of residents. We compared the operations of the Palms with the *WHO Guidelines for Facilities for Older Persons* to ascertain whether the Palms met acceptable standards.

4.10 The following shortcomings were observed:

UN – WHO Guidelines	Situation at the Palms
There should be a craft room or workshop where residents can feel productive.	Residents did not have a craft room or workshop to engage in productive activities.
Residents should have access to alarms, e.g., light that flashes on and off.	No alarms were available to residents.
Walls should have bright cheerful colours.	Walls were dirty and needed painting.
Convenient transportation.	Transportation not allocated to the Palms.
Participation in recreational activities.	Recreational activities for the residents are limited to those executed in the <i>Month of the Elderly</i> , which is held in October every year.
There should be one direct carer staff (Nurse Aide) per four residents.	Three NAs/PCAs are responsible for an average of 28 residents when on duty (ratio of 1:9).
The structure should be flat to facilitate easy access.	The buildings of the Palms are three storied units.
Toilet facilities should be accessible to accommodate users of wheelchairs.	Toilet facilities though accessible and can accommodate users of wheelchairs, were not equipped with safety devices (rails).
Caregivers should have their own area with toilet facilities, and an observation counter that allows supervision over all activities.	Nursing staff have their own area with toilet facilities, but these are in poor condition. There is a seating area for nurses within the ward that allows for supervision.
Bedroom facilities for residents.	There are no bedroom facilities or screens to offer privacy to the residents.
The dining area should be intimate and seating broken down into small groups of four.	The dining areas are located on the side verandahs, which are in poor condition and seating, were not broken down into small groups of four.

Table 1.4 – Comparison of Operations of the Palms with the WHO Guidelines for Facilities for Older Persons

Recommendation: The Ministry and the Palms Administration should implement the guidelines offered by the WHO, as they seek to ensure the comfort of residents.

4.11 We expected the Palms to have an emergency policy document. Residents and staff should be aware of the policies and procedures contained in the document, and there should be continuous training of residents and staff.

We found that:

- (i) There was no emergency policy document in place;
- (ii) Residents were not aware of any procedures to be followed in case of an emergency. A survey conducted with fifteen residents to determine their reaction towards an emergency, indicated various reactions, as shown in Fig. 20;
- (iii) NA/PCAs were not trained to evacuate residents during emergencies, but indicated that they would assist if an emergency arises. They however noted that the evacuation of bed-ridden residents would pose a challenge; and
- (iv) There were no fire alarms, buzzers or bells in wards to alarm the occupants of an emergency.

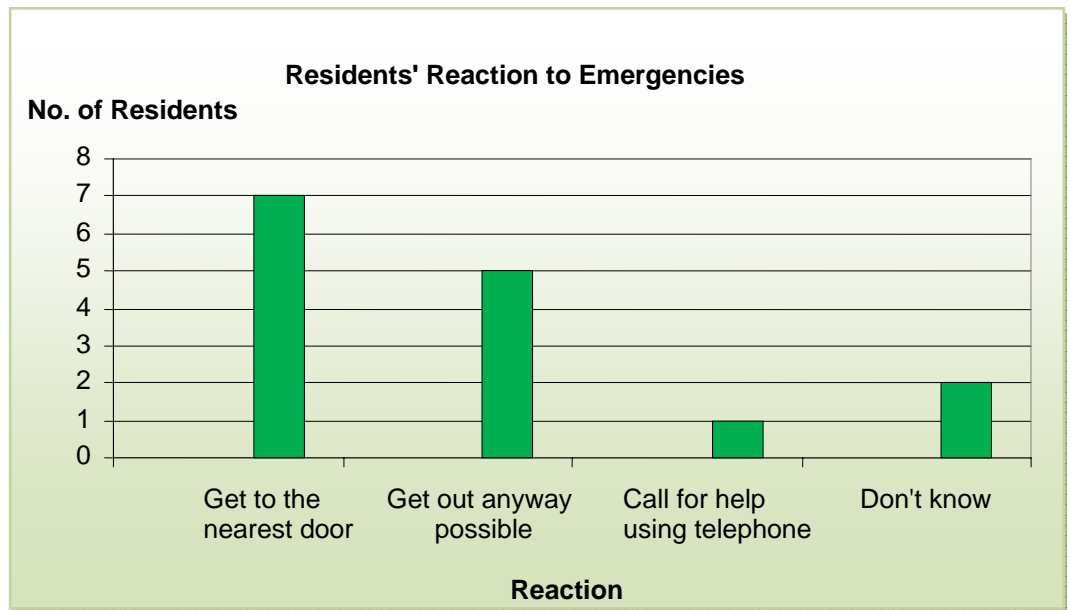


Fig 20 – Residents Reaction to Emergencies

4.12 The above situation may result in chaos should an emergency occur, as residents will take uncoordinated action. Additionally, bedridden residents are at risk of being left unattended.

Recommendation: The Ministry in collaboration with the Palms Administration, and the Guyana Fire Service should prepare an emergency policy document that stipulate actions to be taken in cases of emergency, and communicate same to residents and staff.

4.13 We sought expert opinion from the Guyana Fire Service to determine whether the Institution complied with Fire Safety Guidelines to ensure the safety of life and property. The Guyana Fire Service conducted an inspection in February 2009, and the following observations of non-compliance with Fire Prevention Guidelines were made:

- (i) Adequate firefighting equipment not provided for the buildings;
- (ii) A number of staircases along with the floor of verandahs and the eastern buildings were in a state of disrepair, as shown in Fig. 21;
- (iii) Fire exits were not functional within the wards;
- (iv) Fire points were not marked and there were no clear directions to exits in the event of a fire;
- (v) Smoke detectors were not present;
- (vi) Staff were not trained in evacuation procedures; and
- (vii) General housekeeping throughout the premises was unsatisfactory, as shown in Fig. 22.



Fig. 21 – Staircase in a state of disrepair (Photographed 14/05/08)

4.14 As a result of non-compliance with the Fire Prevention Guidelines, a serious risk to life and property can occur in the event of an emergency.



Figure 22 – Unsatisfactory Housekeeping (Photographed 27/ 02/09)

Recommendations:

The Ministry should take action to ensure that the following recommendations of the Fire Service are implemented:

- *The deteriorated eastern staircase accessible to wards nos. 4, 5, and 7 should be repaired and made operable;*
- *A suitable fire alarm system (manual/electric), which is capable of giving sufficient and audible warning throughout wards should be provided. Actuation switches or call points should be sited at least 1.4m from floor level with not less than three (3) points or switches on each floor. This system should be so connected that on actuation of any switch or point, the alarm bells throughout each building will sound;*
- *A high standard of housekeeping should be maintained at all times;*
- *'Fire Points' throughout the building should be numbered and lettered, white in colour, at least 150mm in height with a red background;*
- *Directional arrows indicating the way to all fire exits (doors) should be conspicuously displayed on the walls throughout building;*
- *Precise instructions with regard to actions to be taken in the event of a fire should be prominently displayed on walls throughout building;*

- *All passageways and exits throughout buildings should be kept clear at all times;*
- *Suitable electrical points and switches should be provided for all electrical appliances and those that are damaged should be replaced;*
- *Smoke detectors (AC/DC) should be provided and sited strategically on the ceiling throughout buildings;*
- *Effort should be made for all staff to be trained in the use and operation of firefighting equipment and evacuation procedures;*
- *Fire extinguishers should be hung on brackets or placed on stands with their handles or carrying devices 1.4m from floor level to facilitate handling by person(s) of average height; and*
- *All fire extinguishers should be serviced regularly.*

Detailed areas for action to be taken are presented in Appendix III.

4.15 We expect the Palms to have a security contract in place, and that the full complement of guards required be placed at strategic points within the premises.

4.16 We found that:

- (i) A security contract was in place; however, an examination of the security records revealed that the security firm did not fulfill its contractual obligations by providing the full complement of guards to man strategic points within the premises. There should have been three guards during the day shifts and four guards at night, placed at strategic points. In most instances, only two guards were present;
- (ii) No security logs were maintained for vehicles entering and leaving the premises;
- (iii) The Administration of the Palms was dissatisfied with the service provided by the present security firm and raised concerns to this effect in Annual Reports for the years 2007 and 2008. Additionally, areas under threat were identified by the Palms Administration;

- (iv) There was no evidence that security guards monitored the movement of persons entering and leaving the premises to ensure that sites were not at risk, and that no one left with property belonging to the Palms unless duly authorized. In addition, a system was not in place to prevent unauthorized persons from trespassing; and
- (v) Payments were made by the Ministry to the security firm for services provided despite the fact that the Administrator did not certify that the services were satisfactorily provided.

4.17 As a result of the above, the Palms had suffered several cases of pilferage, including the theft of three 450-gallons water tanks.⁵

Recommendation:

The Ministry in collaboration with the Palms Administration should:

- *Review the quality of service provided by the present security firm, with a view to ensuring protection of the residents, staff and property of the Palms; and*
- *Examine whether there have been overpayments to the Security Firm, and recover any such amount.*

4.18 The Ministry in collaboration with the Palms Administration is required to provide a satisfactory working environment for employees and supply the required tools to allow staff to perform their duties in an efficient and effective manner, as required by the Occupational Safety and Health Act (OSHA). Feedback received from a random sample of thirty staff members revealed that ninety-six percent (96%) were dissatisfied with their working environment. Such dissatisfaction arose from:

- (i) Inadequate and poor working environment e.g., the lack of protective gear, tools, furniture, transportation, utensils, materials, and supplies. See appendix IV for details;
- (ii) The need of a hostel for nurses, particularly those who live out of town, and work the 14:00 hours to 22:00 hours shift, and a special room to house sterilizing equipment. This was highlighted in the 2007 and 2008 Annual Reports of the Palms;
- (iii) The lack of staff appreciation activities even on Nurses Day held on 12th May of each year;
- (iv) The need for a flat building to facilitate recreational and social activities for the residents, as highlighted in the Administrator's 2007 and 2008 Annual Reports;

⁵ Palms Annual Report- 2008

(v) The absence of a back-up generator to cope with the frequent power failures; and

(vi) A shortage of training opportunities.

4.19 We requested the OSH Department to conduct an assessment of the Palms to determine whether the working conditions of employees were in accordance with the Regulations.

4.20 The findings arising from this assessment, are as follows:

(i) The Palms did not have an OSH Policy, and a committee with responsibilities for OSH issues was not established;

(ii) Registers for accidents, fire drills, and other OSH activities were not maintained or kept;

(iii) First aid kits were not equipped with the necessary supplies; and

(iv) Monthly fire drills were not conducted for residents and staff.

4.21 As a result of non-compliance with the OSHA, the quality of service and care to residents was impaired. The non-compliance also created a risk to the health and safety of staff.

Recommendations: The Ministry in collaboration with the Palms Administration should:

- *Conduct a needs assessment for the provision of adequate facilities, protective gears, furniture, utensils, transportation, materials, supplies and training opportunities for the staff;*
- *Have recreational and social activities conducted in suitable locations, with easy access for the residents; and*
- *Address the inefficiencies and areas of non-compliance with the OSHA, with a view to improving the working environment of the staff.*

Conclusion:

4.22 *The buildings housing the residents were in a ruinous and dangerous state, and not safe for the occupants, while the compound needed maintenance. In addition, there was no documented policy for emergency procedures to be followed for the safety of the residents and staff in the event of an emergency. Further, the security services contracted did not meet all their contractual obligations, which made the Institution insecure. The Palms did not follow WHO Guidelines for “Facilities for Older Persons”, which would improve the Institution for the comfort of residents. A high percentage of the staff were dissatisfied with their working environment. Essentially, the Palms “facilities” created an unsafe, insecure, and uncomfortable environment for residents and staff.*

5 Staff Management

Objective 5:

To determine whether the Palms have the required qualified and trained combination of staff, who are performing in accordance with their contractual obligations, to care for the residents.

5.1 According to the WHO Standards for Nursing Homes, “one care giver can supervise four residents”⁶. We examined the Palms organizational structure, personnel records, and the Palms Annual Report⁷ for 2008, to determine the complement of staff and the resident population.

5.2 We found that:

- (i) There were one hundred and twenty-six (126) staff in place, and two hundred and thirteen (213) residents were accommodated at the Palms;
- (ii) Of the 76 nursing staff on payroll, 27 were assigned to each of the three shifts covering the 8 wards of the Palms. As a result, an average of 3 PCAs were assigned to a ward, giving a nursing staff to resident ratio of 1:9 on each shift. An analysis showed that the number of PCAs at the Palms was inadequate to meet the declared level of care. The number of PCAs should be increased to meet the standard set by the Palms to effectively care for the residents. In comparison with WHO Standards, the ratio of 1:9 is inadequate and can impair the Institution’s ability to effectively care for each resident and facilitate recreational activities, which require nursing supervision;
- (iii) During the year under review, the carer staff worked double shifts on several occasions in order to have the assigned number of staff in each ward; and
- (iv) The Administrator in his Annual Reports for 2007 and 2008 highlighted the need for additional staff in all departments.

⁶ Peripheral Health Facilities, Community – Based Facilities, <http://www.wpro.who.int>

⁷ Palms Annual Report – 12 January 2009

Recommendation:

The Ministry and the Palms Administration should conduct a comprehensive review of the Institution's staff strength, and take the necessary action to ensure that the full complement of staff is employed, to effectively manage its operations.

5.3 The Public Service Recruitment Policy states that "there should be established job requirements for each level of staff"⁸. We expected that established job requirements would be followed in the recruitment of staff at each level.

5.4 An examination of relevant documents revealed that the Public Service Rules were complied with in relation to the recruitment of staff.

5.5 It is important for employees to receive training⁹ to develop their competencies and enhance their skills, to be effective and to contribute to the organization's success. Since the residents constantly have need for varying levels of nursing care, suffer from chronic illnesses such as diabetes, hypertension, epilepsy, and mental and physical deterioration associated with aging, the lack of progressive training may hinder the capacity of the Institution to offer the appropriate care.

5.6 We expected to find mechanisms in place to facilitate the training of staff. We found that:

- (i) A strategic training plan was not in place for the period under review. However, approximately fourteen percent (14%) of the PCA's had received training in Patient Care as at 31 December 2008. This comprised of 6% during the period 2002 to 2004, and 8% during 2005 to 2008;
- (ii) In relation to other support staff, thirty-five percent (35%) attended training in Health Conditions, Caring for the Elderly, HIV/AIDS Prevention and Control, and Supervisory Management, etc.; and
- (iii) The Nursing Administration conducted continuous informal on-the-job training.

Recommendations:

The Administration of the Palms should:

- *Conduct a training needs assessment, and formalize its in-house training programme. Based on the assessment, a strategic plan should be prepared and implemented for the training of all staff, and monitoring and evaluation should be conducted to measure outcomes; and*

⁸ Public Service Rules - Section B3, 1987

⁹ Public Service Rules - Section E, 1987

- *The Ministry should collaborate with the MOH for the training of all nursing staff to equip them with the appropriate competencies and skills.*

5.7 Performance evaluation of employees is a necessary and beneficial tool. In addition to ongoing supervision of staff members to ensure they are performing their tasks properly, annual appraisals of staff members and feedback concerning their job performance, provides management with an opportunity to identify training requirements, and varying levels of performance.

5.8 We expected to find job performance requirements specified in employees' contract/letter of employment, and that the "employee's performances were monitored, evaluated and documented"¹⁰. Further, that disciplinary action was taken by the Palms in collaboration with the Ministry where necessary.

5.9 We found that:

- (i) Employees' performances were not evaluated for the period under review, as such; there was non-compliance with the Public Service Rules. As a result, prospects of promotion were limited. Notwithstanding this, attendance was monitored and disciplinary action taken against staff for frequent unpunctuality, absenteeism, and shirking of duties, which led to the dismissal of two porters during the year.

Recommendations:

The Palms Administration should:

- *Conduct staff performance evaluations annually, and offer feedback to staff on their performance levels in accordance with the Public Service Rules, and to assess prospects for promotion; and*
- *Document and store all performance evaluations for future reference.*

¹⁰ Public Service Rules – Section C, 1987

Conclusion:

5.10 *The Palms is faced with several human resource challenges. The Public Service recruitment policy was observed during the recruitment process. While it was noted that the Palms had performance measures in place, there was no evidence to indicate that continuous performance assessments were being conducted in a timely manner to determine whether the staff performed satisfactorily. In our view, the absence of the required complement of qualified and trained staff impaired the Institution's ability to effectively manage its operations, which includes caring for the residents.*

About the Audit

The audit sought to assess the living conditions of the residents of the Palms to determine whether they were being provided with appropriate care.

Scope and Approach

The audit covered the period 1 January to 31 December 2008 and focused on the following lines of enquiry:

- Accountability, Responsibility and Funding
- Health and Well-Being
- Food and Dietary
- Facilities and Working Environment
- Staff Management

We sought to examine whether rules, regulations and standards were implemented and followed, and if there were monitoring and evaluation of the activities of the Institution. We conducted structured interviews with management and residents of the Palms, as well as officials of the Ministry. We also conducted focus group discussions with the support staff of the Palms, and obtained expert opinions from relevant agencies. Further, we obtained and reviewed relevant documents and literature, and analyzed data collected to arrive at our conclusions.

The audit did not include an examination of the Ministry of Health's Dispensary, located at the Palms, which provided medication to the residents, and members of the public. In addition, a survey was not conducted on visitors to the Palms.

Audit Criteria and Sources

The main criteria that were used to conduct this Audit, and their sources are as follows:

ACCOUNTABILITY, RESPONSIBILITY AND FUNDING

<u>CRITERIA</u>	<u>SOURCES</u>
<ol style="list-style-type: none"> 1. Finances for operations should be released in accordance with approved budget. 2. Donations received should be accounted for, and utilized for the benefit of the residents. 	<ul style="list-style-type: none"> - Annual Work Plan - Budget - Releases File - Expenditure Statements - Gift Register - Procurement Act 2003 - Stores Regulation 1993

HEALTH AND WELL-BEING

<u>CRITERIA</u>	<u>SOURCES</u>
<ol style="list-style-type: none"> 1. The Palms should have an admission policy for prospective residents. 2. We expected that initial and continuous medical assessments were conducted for each resident by a qualified medical practitioner. 3. Residents should receive their prescribed treatments, and medical records should be accurately maintained and updated immediately to reflect their medical condition and treatments administered. 4. Residents' limitations and special needs where applicable, should be documented and known to staff. 5. We expected that the identified special needs of residents were met/fulfilled. 6. The nursing staff should ensure that the residents practice and receive proper personal hygiene including washing of clothing, and linens, etc. 7. We expected that residents had opportunities for recreational and social activities at least once a month. 	<ul style="list-style-type: none"> - Policy Document - Poor Relief Act of 1998, Chapter 36:02 - Authoritative assessment reports

FOOD AND DIETARY

<u>CRITERIA</u>	<u>SOURCES</u>
<ol style="list-style-type: none"> 1. We expected that residents' dietary needs were assessed on admission and thereafter by a Nutritionist/Dietician in accordance with medical assessment/s. 2. We expected that diet sheets were prepared by a Dietician/Nutritionist to meet the requirements of all residents. 3. We expected that meals were prepared and served in the required proportion as stipulated by the dietary scale/diet sheets, and on a schedule to meet the dietary needs of the residents. 4. Food items were acquired in accordance with annual budget, and procured in accordance with the Procurement Act, and in quantities required to meet dietary needs. 5. Food items should be stored in accordance with, and storage facilities should meet the requirements of, the Public Health Ordinance. 6. All food handlers should be certified, and food production should be conducted in accordance with Public Health Guidelines. 7. We expected that needs assessment were done for the replacement of kitchen utensils and included in the annual budget. 8. Food should be transported in accordance with the Public Health Guidelines. 	<ul style="list-style-type: none"> - Dietary assessment reports and sheets prepared by Nutritionist/Dietician - Procurement Act 2003 - Public Health Guidelines

FACILITIES AND WORKING ENVIRONMENT

<u>CRITERIA</u>	<u>SOURCES</u>
<ol style="list-style-type: none"> 1. The Palms facilities (buildings/equipment) were inspected and assessed by authoritative officers, and deemed to be in compliance with the OSHA Act. 2. We expected that an annual maintenance and repairs schedule existed for buildings and equipment, and that works and services were prioritized. 3. Maintenance and repair works should be carried out in accordance with a schedule, and budgetary approval granted. 4. Facilities should meet WHO guidelines for the comfort of elderly residents. 5. The Palms should comply with the Public Health Ordinance. 6. The Institution should have a system in place for responding to emergencies. 7. There should be communication procedures and equipment in place to respond to emergencies. 8. Access to the Institution should be restricted and verified. 9. The Institution should be strategically monitored by security guards, and breaches identified are reported, and action/s taken to address same. 10. We expected that employees working conditions complied with the Occupational Health and Safety Regulations. 	<ul style="list-style-type: none"> - Occupation, Safety and Health Act - WHO Guidelines - Public Health Ordinance - Procurement Act 2003 - Annual Estimates 2008 - Palms Policy Document

STAFF MANAGEMENT

<u>CRITERIA</u>	<u>SOURCES</u>
<ol style="list-style-type: none"> 1. There should be an approved organization chart with staff levels set against the number of residents. 2. The mix of staff has been determined and approved to meet residents' needs. 3. There should be established job requirements for each staff level. 4. Staff should meet the requirements (qualifications/experience) of the position held. 5. We expected that training requirements for each position was determined, and responded to the needs of geriatrics. 6. All staff should receive stipulated job training. 7. Job performance requirements should be specified in the "terms of employment". 8. Job performance should be monitored and evaluated, inefficiencies documented, and disciplinary action taken. 	<ul style="list-style-type: none"> - Organisation Chart - Authorized Staff List - Public Service Rules - OSHA of 1998, Chap. 99:10 - Palms Policy document - Annual Work Plan (Training Needs Assessment)

Methodology

The Audit Office undertook the following methodological approach:

- ❖ Structured interviews were held with the Management of the Palms to gain a comprehensive understanding of the Institution;
- ❖ Interviews were conducted with twenty-nine of the two hundred and thirteen residents, who were selected through purposive sampling, based on their capacity to provide the Auditors with requisite information;
- ❖ Focus group discussions were performed with eleven Carer Staff and eight Support Services Staff from a population of seventy-six and fifty, respectively. Simple Random Sampling Without Replacement (SRSWOR) was used to select a representative sample of the population;
- ❖ Acts, Regulations, Rules, Standards, and Guidelines were reviewed to ascertain whether the Institution was in compliance with the relevant legislation during its operations. Other documents, records, and reports were also examined to gather audit evidence; and
- ❖ Experts' opinions were sought on various subject matters.

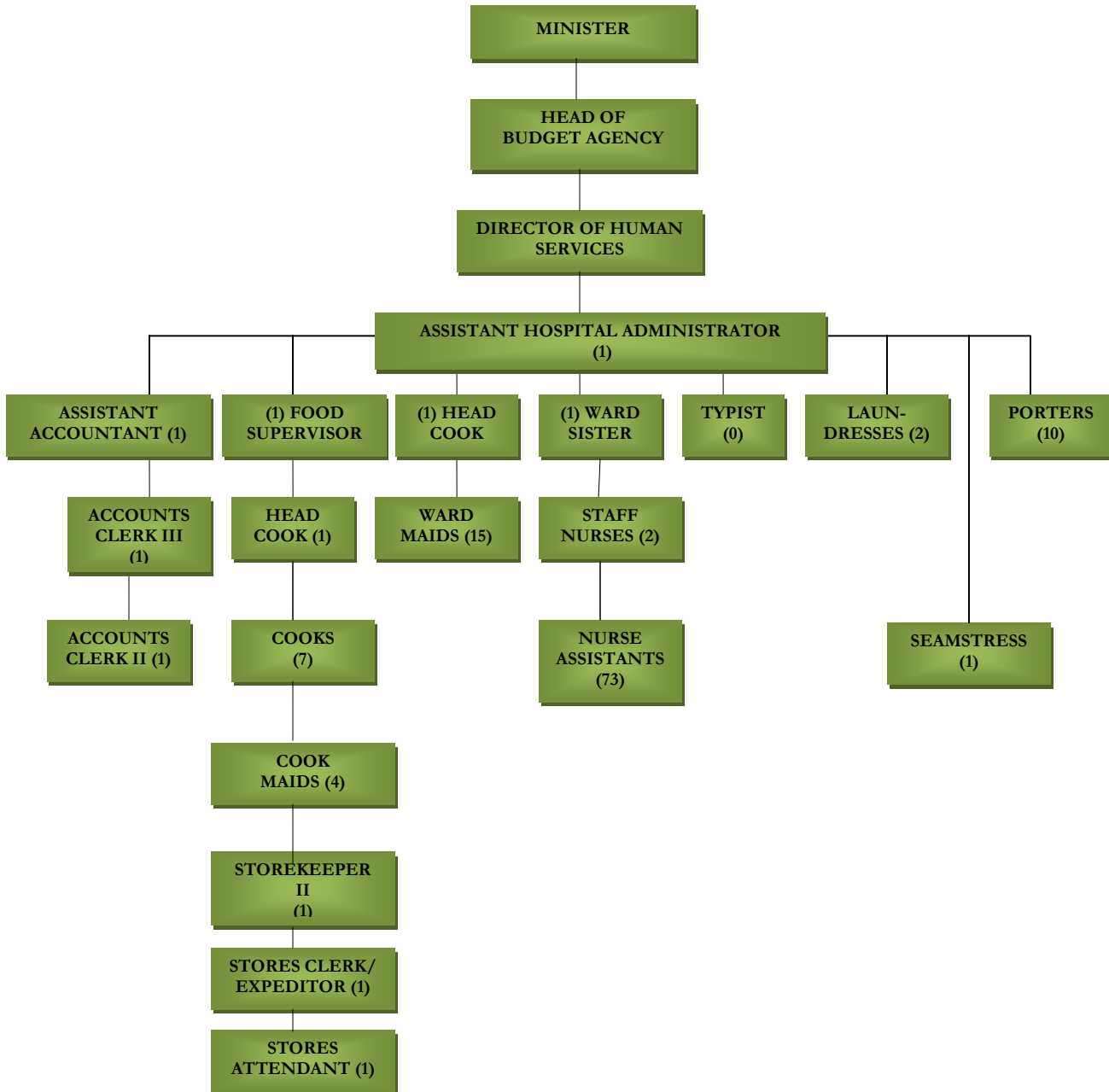
Data Collection Procedures

The Audit Team collected audit evidence through the conduct of interviews, focus group discussions and observations, and examination of documents, records and reports. Experts' opinions from the Guyana Fire Service, Public Health, City Engineers, and Occupational, Safety and Health Departments were sought, and information obtained was used for arriving at our audit conclusions.

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APPENDIX I

Organisational Chart – Palms Geriatric Institution



APPENDIX II

Matters arising from of the City Engineer's Department Building Inspection Report on the Palms:

The 1st, 6th, and 7th buildings are three storied buildings housing the residents and a physician department, both of which need urgent repairs.

Urgent repairs are to be done to the following areas of these buildings:

1. Roof
2. External walls
3. External landing & stairs
4. Flooring and floor joist
5. Beams
6. Sill plate
7. Water closet
8. Bath
9. Internal walls
10. Windows
11. Doors
12. Sills
13. Studs

The 2nd, 3rd, and 5th buildings are flat and comprise the laundry, kitchen and the stores room, all of which are in need of minor repairs.

In relation to the kitchen, repairs are to be carried out to the windows, water closet and bath. In relation to the laundry and store room repairs are to be conducted to the following areas:

1. External walls
2. Beams
3. Sill plate
4. Flooring and floor joist
5. Water closet
6. Columns
7. Bath
8. Internal walls
9. Roof

The 4th building is two storied and houses the administration department. This building requires minor repairs in the following areas:

- | | |
|-------------------|-----------------|
| 1. External walls | 3. Bath |
| 2. Roof | 4. Water closet |

APPENDIX III

Areas of concern and recommendations made by the Guyana Fire Service

AREAS	RECOMMENDATION
<p>ADMINISTRATION BUILDING</p> <p>- Ground Floor</p>	<p>(1) Three 4.5kg Dry Chemical Fire Extinguishers should be provided and sited one on each of the walls near the exits to the following areas:</p> <ul style="list-style-type: none"> • Outpatient Department • Dispensary • Sewing Room
<p>- First Floor</p>	<p>(2) The unserviceable 9 litres water type fire extinguishers sited near the main exit should be replaced with one 4.5kg Dry Chemical Fire Extinguisher.</p>
<p>- Store Room</p>	<p>(3) Suitable storage facility (racks, shelves, cupboard, etc.) should be provided for all items.</p>
<p>- Stores</p>	<p>(4) One 4.5kg Dry Chemical Fire Extinguisher should be provided and sited on the wall near the main exit.</p> <p>(5) The eastern exit (door) should be left in such a manner that it can be readily opened in the event of an emergency.</p>
<p>WESTERN BUILDING - GROUND FLOOR</p> <p>- Laundry Room</p>	<p>(6) One 4.5kg Dry Chemical Fire Extinguisher should be provided and sited on the wall near the exit.</p> <p>(7) Recommendation No. 3 should be implemented.</p>
<p>- The Physiotherapy Department</p>	<p>(8) One 4.5kg Carbon Dioxide Fire Extinguisher should be provided and sited on the wall near the entrance to the kitchenette.</p>
<p>- Occupational Therapy Section</p>	<p>(9) One 4.5kg Carbon Dioxide Fire Extinguisher should be provided and sited on the wall near the entrance.</p>
<p>- Public Health Clinic</p>	<p>(10) One 4.5kg Carbon Dioxide Fire Extinguisher should be provided and sited on the wall near the entrance to the laboratory and the doctor's office.</p> <p>(11) An alternative means of escape in the form of a door should be constructed on the western wall, south of the washroom.</p>

<p>FIRST FLOOR - Ward 2</p>	<p>(12) Tables, chairs, and bed frames obstructing the fire extinguishers should be removed leaving a free and clear access.</p>
<p>SECOND FLOOR - Ward 1</p>	<p>(13) One 4.5kg Dry Chemical Fire Extinguisher should be provided and sited on the wall near the main entrance.</p>
<p>MIDDLE BUILDING – GROUND FLOOR - Ward 3</p>	<p>(14) Two 4.5kg Dry Chemical Fire Extinguishers should be provided and sited on the walls as follows:</p> <ul style="list-style-type: none"> • Near the main exit • Near the entrance leading to the washroom
<p>- Water Pump Room</p>	<p>(15) Unserviceable materials (pipes, old wheel chairs, bottles, etc.) should be removed, and the room used only for the purpose intended.</p> <p>(16) Recommendation No. 3 should be implemented.</p>
<p>FIRST FLOOR - Ward 4</p>	<p>(17) Urgent action should be taken to address the deteriorated flooring near the entrance to the washroom.</p> <p>(18) One 4.5kg Dry Chemical Fire Extinguisher should be provided and sited on the wall near the entrance linking the Admin Building.</p>
<p>SECOND FLOOR - Ward 5</p>	<p>(19) One 4.5kg Dry Chemical Fire Extinguisher should be provided and sited on the wall near the main exit.</p> <p>(20) Bed frames, springs, mattresses, chairs etc impeding the egress and ingress of exit on the south eastern staircase should be removed leaving a free and clear passageway at all times.</p>
<p>EASTERN BUILDING – GROUND FLOOR - Ward 6</p>	<p>(21) The 4.5kg Carbon Dioxide Fire Extinguisher sited near the main exit should be serviced and recharged.</p> <p>(22) One 4.5kg Dry Chemical Fire Extinguisher should be provided and sited on the southern wall.</p> <p>(23) Recommendation No. 15 should be implemented in the water pump room.</p>

<p>FIRST FLOOR - Ward 7</p>	<p>(24) Recommendation No. 17 should be implemented.</p> <p>(25) Recommendation No. 3 should be implemented in the storage room.</p>
<p>SECOND FLOOR - Ward 8</p>	<p>(26) The 9kg Dry Chemical Fire Extinguisher sited near the eastern exit (door) should be serviced and recharged.</p> <p>(27) Recommendation No. 22 should be implemented.</p> <p>(28) Urgent action should be taken to address the deplorable state of the flooring on the southern section.</p>
<p>THE COMPOUND</p>	<p>(29) Alternative means of escape in the form of gates should be constructed in front of the public health clinic, and wards numbers 6 and 7. These gates should be used for emergency purposes only.</p>
<p>GENERAL</p>	<p>(30) The deteriorated eastern staircase of wards No. 4, 5, and 7 should be repaired and made operable.</p> <p>(31) A suitable Fire Alarm System (manual/electric) which is capable of giving sufficient and audible warning throughout the building should be provided. Actuation switches or call points should be sited at least 1.4m from floor level, with no less than three (3) points or switches on each floor. This system should be so connected that the actuation of any switch or point will cause the alarm bells throughout each building to sound.</p> <p>(32) A high standard of housekeeping should be maintained at all times.</p> <p>(33) “ Fire Points” throughout the building should be numbered and lettered white in colour at least 150mm in height, with red backgrounds.</p> <p>(34) Directional arrows indicating the way to all final exits (doors) should be conspicuously displayed on the walls throughout the building.</p> <p>(35) Precise instructions with regards to action to be taken in event of a fire, should be prominently displayed on the walls throughout the building.</p>

	<p>(36) All passageways and exits throughout the building should be kept clear at all times.</p> <p>(37) Suitable electrical points and switches should be provided for all electric appliances and those that are damaged should be repaired/replaced.</p> <p>(38) Smoke Detectors (AC/DC) should be provided and sited strategically on the ceiling throughout the building.</p> <p>(39) All loose and hanging electrical wires should be secured to the walls and ceiling.</p> <p>(40) Efforts should be made for all staff to be trained in the use and operation of Fire Fighting Equipment and evacuation procedures.</p> <p>(41) Fire Extinguishers should be hung on brackets or placed on stands with their handles or carrying devices 1.4m from floor level to facilitate handling by person (s) of average height.</p>
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APPENDIX IV

Items needed by the staff for the Improvement of their Working Environment

Category	Items Needed
Furniture and Equipment	<ul style="list-style-type: none"> • Refrigerators/freezers • Filing cabinets, writing desks, and fans • Heavy-duty washing machines and dryers • Clotheslines and clothes pegs • Shelves/bins/closets to put clothes • Racks and shelves for storage of items • Shower heaters for nurses to bathe residents with the right temperature of water • Generator/power back- up system
Utensils	<ul style="list-style-type: none"> • Tightly lidded containers for transporting food • New utensils for the kitchen, and where necessary, for the residents
Materials and Supplies	<ul style="list-style-type: none"> • Glucometers and strips for testing blood sugar • Sphygmomanometer for testing blood pressure • Peroxide, savlon, bandages • Personal rags and soaps for residents • Long boots, raincoats, gloves, face masks • Brush cutters, brooms, buckets, rakes, and wheel borrows • Porters' room needs a sink and windows to protect it from the rain



MINISTRY OF LABOUR, HUMAN SERVICES AND SOCIAL SECURITY

Lot 1 Water and Cornhill Streets
Georgetown, Stabroek, Guyana

14th August, 2009

Auditor General
Office of the Auditor General
Kingston
Georgetown

Dear Auditor General,

Re: Response to Auditor General's Report on the Palms

With reference to the above subject, please see attached the response to the Auditors General's report on the Palms Institution.

Regards,

Trevor Thomas
Permanent Secretary



Permanent Secretary
Tel: 223-7585
Fax: 227-1308

Minister
Tel: 226-6115/226-6076/225-6545
Fax: 227-1308

**MINISTRY OF LABOUR, HUMAN SERVICES
AND SOCIAL SECURITY**

**RESPONSE TO AUDITOR GENERAL'S
PERFORMANCE AUDIT OF THE
PALMS GERIATRIC FACILITY**

PREPARED BY: DIRECTOR OF SOCIAL SERVICES
August 14, 2009

**RESPONSE TO AUDITOR GENERAL'S PERFORMANCE AUDIT:
THE PALMS GERIATRIC INSTITUTION**

OVERVIEW

The Performance Audit could be described as a comprehensive and detailed analysis of the living conditions, the residents and staffing at the Palms Institution. The Institutional structure as well as reporting responsibilities were also given due attention. This report also proposed possible solutions for correcting identified inadequacies. There are a total of five chapters and four appendices. Whenever necessary photographs were provided to support recommendations discussed.

The Ministry of Labour, Human Services and Social Security thanks the Audit Office of Guyana for providing us with the opportunity to pen a response. We do believe though that there is a need for clarification in some areas and the supplying of additional information in other areas which could perhaps help in understanding the overall picture. We hereby present below our response to the report.

CHAPTER 1 – ACCOUNTABILITY, RESPONSIBILITY AND FUNDING

The recommendations made regarding to accountability, budgeting, financial reporting, fiscal decentralization, transparency and accountability have all been noted and these suggestions are receiving due consideration.

The recommendation put forward regarding cash donations and accountability has been followed. Previously, receipts were issued for all donations and these donations were recorded in a ledger. Now, the designated personnel continue to follow these established procedures and based upon your suggestions, there are now two witnesses who are present during this transaction.

Additionally, procedures are in place for the disposal of assets belonging to the dead. What was lacking was the prompt disposal of these assets. Now, if no relative comes forward to claim these assets two weeks after the death of a resident, they will be sent to the Office of the Public Trustee for disposal.

CHAPTER 2 – HEALTH AND WELL-BEING

A draft admission policy document for the Palms was prepared by the Administrator and sent to the Director of Social Services perusal and discussion. The Ministry will formally adopt the policy document after discussions with the relevant persons. It will include, among other criteria for admission, admitting elderly persons who are abandoned at the entrance, a practice which currently obtains.

Upon admission all residents must undergo a medical assessment. In some cases if the resident is being admitted from the Georgetown or any other hospital a medical certificate usually accompanies the resident's arrival. This is done with the intention of understanding the dietary and medical needs of the person and for the purposes of record keeping at the Palms. Whenever the need arises residents are taken to Georgetown Public Hospital Corporation and Cheddi Jagan Dental Clinic for optical and dental assessments. Residents are usually accompanied by the Social Worker attached to the Palms.

The Palms Geriatric Institution is currently not equipped to properly care for elderly patients suffering dementia. There are some persons who are living at the Palms for over a decade and during this time some of them would have developed dementia. The Ministry will therefore explore other suitable institutions where such persons can be accommodated.

All medication dispensed by nursing staff to patients is immediately consumed according to prescription guidelines. There are some patients who may show resistance when it comes to taking medication. This may be due to their deteriorating mental and physical health. However, in such cases the staff members usually employ gentle persuasion to assist persons in taking medication.

Regarding the proper storage and distribution of walking aids it should be noted that the old storage room that was used as a holding facility was dismantled and all damaged canes were dumped. Walking aids are now kept in the stores and therefore no longer exposed to weathering. They are always available to residents but they are usually given by nurses and when not in use returned to the stores. Walking canes are not usually left in the wards since some residents use them to attack each other and members of staff.

On the subject of bed linens it should be noted that bed linens are currently being sewn. These should be available to all residents within the next month.

We at the Ministry agree that social interaction and physical activities are important for the elderly and we endorse the recommendation regarding provision of such activities. Currently, there are monthly birthday parties for all those residents who would have observed birthdays during the month. Once a year during the month of October residents are taken on a one day outing to the Splashmin's Fun Park. While recreational activities are scheduled for residents some do resist physical activities for various reasons. Currently a Canadian trained therapist conducts physical activities four times a week for the elderly. We are currently working on the other recommendations regarding physical and other activities for residents.

There is a record of residents' movements in and out of the Institution called the 'Nurse's Book' and all residents who move in and out of the Institution must have their names entered in this book for the purposes of record keeping.

CHAPTER 3 – FOOD AND DIETARY

The report records that a total of 66% of residents indicated dissatisfaction with the food served. The Ministry has commenced work to improve this area. However, it should be noted that many residents are diabetic and fried foods and foods containing salt cannot be served to them. Bottled drinking water is available to all residents but some residents, regardless of the Nurse's instructions to ask for water, continue to drink tap water. Your report documents that there are sixty (60) residents who are diagnosed with various mental disorders. Bottled water cannot be left in the

wards since some of them may throw it away, pour it on other patients or insert objects into the bottles. The latter case has happened before.

There is now a qualified dietician/nutritionist attached to the Palms. In June 2009 the Food Supervisor completed a course in Food and Nutrition which was administered by the Food Policy Division, Ministry of Health. The Ministry has also taken note of your recommendations regarding the provision of mid morning snacks and night caps for residents and as a result, the required changes have been made to the dietary budget. Currently only those patients who are diabetic are served a night cap in the form of warm milk.

In order to better serve the needs of residents, kitchen staff at the Palms have a diet sheet and meals are usually prepared using the diet sheet as a guide. There is also a 'Diet Book' which details the medical conditions of some residents and their nutritional needs. Kitchen staff therefore use this book when preparing meals.

The entire food storage area now has sufficient lighting, is regularly cleaned and all items are stored according to government regulations. The Palms has always benefited from the services of a pest control company and this practice continues.

In terms of presentation and attire, kitchen porters now have caps and aprons while a food cart with a canopy will be purchased soon. Nurses distribute all meals. All kitchen staff are in possession of food handlers' certificates.

CHAPTER 4 – FACILITIES AND WORKING ENVIRONMENT

For the calendar year 2009 a total of \$8,000,000 was allocated in the budget for maintenance of buildings while a total of \$2,555,000 was allocated for maintenance of infrastructure. Currently, several sections of the Palms Institution are undergoing maintenance work. They include Bloc C where painting of exterior walls is being done as well as repairs to roof, flooring and ceiling. The corridor on the eastern side of Bloc C is also being repaired. Additionally, repairs to the 'Cooks Room' are almost complete and new lockers are now in place so that their personal effects can be

safely stored. Repairs have also been carried out in the kitchen area, some of the tiles on the floor were replaced and new cupboards were constructed. Two water reservoirs are also being constructed as well as a recreational centre. (See pictures 1 and 2 showing construction of recreational centre).



Picture 1: Construction work in progress for new recreational centre
Work site photographed on August 12, 2009



Picture 2: Workmen on site preparing to lay foundation for recreational centre

A new air conditioned sterilization room was just completed. A sterilization room will assist with, among other things, the sterilization of bandages on site thereby facilitating treatment and the dressing of wounds and other infections on site. Residents will no longer have to leave the compound and seek treatment at another Institution.



Picture 3: Exterior view of new sterilization unit at the Palms Institution.
Photo taken on August 13, 2009

By the end of the year, it is expected that all roofs, toilets and ceilings will be repaired. Additional cupboards will also be built and or repaired for residents, porters and ward maids. Later this year, the laundry room will be moved to another location in the compound. This is being done to facilitate its expansion. The new site has already been identified.

All sanitary facilities are regularly cleaned and there are cleaning schedules. However, some washrooms may be smelly because some residents with mental disorders may smear walls and floors with body waste. Residents also routinely block toilets with newspapers, towels and disposable diapers. Nevertheless, the Administration with the help of the Ministry will renew efforts to keep washrooms clean and reduce the incidents of water on floors in these areas and in the compound.

Regarding the safety of residents during a possible fire, the Ministry is working on the outlined recommendations in the report. Currently there are fire extinguishers on all floors. Smoke alarms and electrical fire alarms have already been ordered. Additional fire extinguishers have already been budgeted for.

The Ministry is currently giving consideration to the recommendations made regarding the security firm. The Ministry has also taken note of recommendations regarding the absence of a back up generator and lack of appreciation activities for nurses on International Nurses Day. Both areas have now been budgeted for and it is expected that there will be noticeable improvements in the new year.

Currently one staff member is undergoing training in Occupational Health and Safety which is being conducted by the Ministry of Labour. After training this employee will assist in the drafting of an Occupational Health and Safety Policy Document for the Palms. Other training has been done for this year for staff members including training in customer care management. Currently patient care assistants are being trained in house by an Assistant Nurse.

Chapter 5 – Staff Management

The Ministry has taken note of the eight recommendations outlined in this section regarding full complement of staff, the need for training and performance evaluations. A training needs assessment will be prepared by the Institution with a view to implementing regular training for staff members while performance evaluations will be conducted for staff members.

CONCLUSION

The Ministry thanks the Audit Office of Guyana for its execution of the Performance Audit on the Palms Institution. We were able to address many of the identified deficiencies and we will continue to work on improving the lives of residents and staff members who are at the Palms Institution