

# **Audit Office of Guyana**



## **FOLLOW-UP PERFORMANCE AUDIT REPORT**

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





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In conducting Performance Audits, the Auditor General examines the extent to which a public entity is applying its resources and carrying out its activities economically, efficiently and effectively with due regard to effective internal management control.

This report has been prepared in accordance with Part V Section 24(1)(b) of the Audit Act 2004. In conducting this Performance Audit, we followed the Code of Ethics and Standards and Guidelines for Performance Auditing of the International Organization of Supreme Audit Institutions (INTOSAI), of which the Audit Office of Guyana is a member.

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# FOLLOW-UP PERFORMANCE AUDIT REPORT

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



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## **Acronyms**

IFMAS	-	Integrated Financial Management and Accounting System
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

# FOLLOW-UP PERFORMANCE AUDIT ON AN ASSESSMENT OF THE LIVING CONDITIONS OF THE RESIDENTS OF THE PALMS GERIATRIC INSTITUTION

## EXECUTIVE SUMMARY

A Performance audit on “An Assessment of the Living Conditions of the Residents of the Palms Geriatric Institution”, was conducted for the period 1 January 2008 to 31 December 2008 and the report was laid in the National Assembly on 3 December 2009.

We conducted a follow-up audit on the Palms Institution for the period 1 January 2010 to 30 June 2013. Subsequent audit checks were conducted in 2014 and 2015 to determine what action was taken by the Ministry of Social Protection hereinafter referred to as Ministry, (formerly the Ministry of Labour, Human Services and Social Security) and the Palms Administration, in implementing the recommendations since the report was laid in the National Assembly on 3 December 2009.

The audit report contained a total of 75 recommendations throughout the following five lines of enquiry:

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

The recommendations were designed to strengthen financial accountability and oversight, improve the health and well-being of the residents and address staffing issues. Below is a summary of the status of the recommendations, according to the lines of enquiry.

Lines of Enquiry	Number of Recommendations	Fully Implemented	Partially Implemented	Not Implemented
Accountability, Responsibility and Funding	7	2	0	5
Health and Well-Being	15	10	5	0
Food and Dietary	17	8	6	3
Facilities and Working Environment	31	22	5	4
Staff Management	5	4	0	1
<b>Total</b>	<b>75</b>	<b>46</b>	<b>16</b>	<b>13</b>

As shown in the table above, only 46 (62%) of the 75 recommendations were fully implemented, while 16 (21%) were partially implemented, and 13 (17%) were not implemented. We expect the Ministry and the Palms Administration Institution to actively pursue the recommendations made in our 2008 report with a view of implementing those that were not implemented and to continue working on fully implementing those that were partially implemented in a timely manner.

In particular, we noted the following issues which were still not addressed:

- The Palms did not have the required number of qualified and trained combination of staff, yet a comprehensive review of the Institutions' staff strength was not done in an effort to identify staffing needs and recruit staff in order to rectify the situation. In comparison with World Health Organization (WHO) Standards, which requires a ratio of 1:4 nurse to patients, the ratio at the Palms stood at 1:9 nurse to residents, which is inadequate and can impair the Institution's ability to effectively care for each resident and facilitate recreational activities, which require nursing supervision.
- Assistance was not sought from the Ministry of Health (MOH) to have a Dietician/Nutritionist attached to the Palms to assess the dietary needs of residents, nor was the staff of the Palms trained by a Nutritionist in providing nutritional care for residents. As a result, diets supplied to residents may lack the required nutritional value.
- There was no emergency policy document established and staff and residents of the Palms were still not trained in emergency preparedness. Furthermore, there were still no alarms, buzzers or bells in wards to alert the occupants in the event of an emergency. This situation would result in a tragedy should an emergency occur, as residents will take uncoordinated action. Additionally, bedridden residents are at risk of being left unattended.

It should be reiterated that the recommendations were made to correct identified deficiencies and improve operations. Given the significance of the recommendations, particularly in the areas of Health and Well-Being, Food and Dietary and Facilities and Working Environment, which directly impacted the quality of life of the residents and their overall well-being, it is important that the Ministry and the Palms Administration fully implement those recommendations on a priority basis to address the issues raised in the audit report.



# INTRODUCTION

## Background

1. The Palms Geriatric Institution 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’s Policy on Social Services

2. The Government of Guyana sought to promote the social welfare of all Guyanese through its policies, which included the provision of shelter and other assistance to the destitute. Under the Social Services Programme of the Ministry, the Government provided shelter and assistance to persons who met the criteria for residency at the Palms.

### Mission of the Palms

3. In order to fulfill its Mission, the Institution provided the following services:

- A twenty-four hour care service was maintained by the staff, which was headed by an Administrator, with support services provided by a Medex attached to the Ministry of Health (MOH), Matron, and other medical and ancillary staff, who were responsible for all other services required for the operation of the Institution.
- Physiotherapy, Public Health Clinics, and a Pharmacy were available in this Institution, through collaborative arrangements with the MOH.
- A full-time Social Worker, who dealt with problems of residents and liaised with their homes, next of kin and other persons and provided social work support.

### Admission to the Palms

4. Entry to the Institution was determined after investigations by a Social Worker and an assessment by the Administrator, Doctor or Matron. In some instances, a review of the circumstances of residents admitted to the Institution may result in such persons being relocated to their families.

## Resident Profiles

5. In July 2013, there were 226 residents housed at the Palms, which comprised of 111 females and 115 males. Of this population, 70% of the residents were 60 years and older, while 15% were under 60 years and 15% were residents whose ages could not be ascertained, due to the absence of information.

## 2008 Performance Audit

6. The Audit Office had conducted a Performance Audit of the Palms Geriatric Institution for the period 1 January 2008 to 31 December 2008. That report was laid in the National Assembly on 3 December 2009.

7. The lines of enquiry and main audit findings were as follows:

### Accountability, Responsibility and Funding

- The Palms did 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 Social Services Programme 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.
- The Palms Administration did not adhere to standard accounting procedures for the control and reporting of receipts and expenditure with respect to cash donations.

### Health and Well-Being

- The Palms had a documented policy for the admission of residents to the Institution. The residents were subjected to initial and regular medical assessments, which were documented. However, optical and dental evaluations were excluded from initial assessments, but were done subsequently when the need arose.
- The residents practiced and received proper personal hygiene.
- Residents received their prescribed treatment, but there was no guarantee that treatments, even though administered, were always taken.

- The residents' limitations and special needs, although known to the carer staff, were not documented. Walking aids were adequately supplied to the wards; however, there was a shortage of wheelchairs and walking canes, and these had to be shared by the residents.
- The residents endured long periods of inactivity as a result of the lack of social and recreational activities.

#### Food and Dietary

- 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. 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. Residents also suffered from hunger due to breakfast often being served approximately two (2) hours after the scheduled time.
- 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.

#### Facilities and Working Environment

- The buildings housing the residents were in a ruinous and dangerous state, and not safe for the occupants, while the compound needed maintenance.
- 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.
- 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 have improved the Institution for the comfort of residents.
- A high percentage of the staff were dissatisfied with their working environment.

## Staff Management

- The Palms was faced with several human resource challenges. Moreover, the absence of the required complement of qualified and trained staff had impaired its ability to effectively care for the residents.
- 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.

8. The audit report made recommendations to address these deficiencies and improved operations. The Ministry and the Palms Administration took steps to implement some of the recommendations identified in the audit report.

## **Purpose and methodology of the follow-up audit**

9. The Palms Geriatric Institution was identified for a follow-up audit in the Audit Office's Strategic Plan for 2012-2015. The purpose of this audit was to determine what action was taken, if any, by the Ministry and the Palms Administration to implement the recommendations made in the 2008 audit report. The audit covered the period 1 January 2010 to 30 June 2013. Subsequent audit checks were conducted in 2014 and 2015 to verify the progress made by the Ministry and the Palms Administration in implementing the recommendations. More details on the scope and approach are in **About the Audit** at the end of this report.

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

1.1 In our 2008 audit report, there were seven recommendations under this line of enquiry for the Ministry and the Palms Administration to implement.

1.2 In our follow-up audit, we found that two recommendations were fully implemented while five were not implemented.

## **Recommendation fully implemented:**

- ❖ Cash donations received by the Palms for residents were utilized to purchase items needed by residents.
- ❖ Cash donations were properly accounted for in keeping with standard accounting practice. In this regard, cash donations were witnessed by two persons, a cash book was maintained for donations received and payment vouchers were approved. In addition, systems were put in place to have two separate key holders for the safe and canister; and a controlled forms register was maintained.

## **Recommendations not implemented:**

### Budget and Accountability

1.3 We reported that accountability for adherence to “third party” governance requirements was shared between the Head of Budget Agency of the Ministry and the Administrator of the Palms. In addition, 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, making it difficult to determine the amounts released to, and the total amount expended for the Palms.

1.4 We recommended that the Ministry should:

- ❖ Establish clear guidelines of accountability and responsibility for the Palms Administration.
- ❖ 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.
- ❖ Make the Palms fiscally independent from the other agencies under the Social Services Programme (SSP) of the Ministry, so as to allow for proper accountability and transparency.

Current Status:

1.5 In our follow-up audit, we found that clear guidelines of accountability and responsibility for the Palms Administration had not been established, whilst the Palms still did not have a separate budget nor financial report. The Palms was not fiscally independent, as its budget was still merged with the other agencies under the SSP of the Ministry.

Ministry's Response:

1.6 Even though the day-to-day operations is managed by the Administrator, the accountability and responsibility for the Palms and all other Departments, Sections and Units in the Ministry is not shared/delegated but lies solely with the Permanent Secretary (Head of the Budget Agency). The Palms is a sub-programme of the Social Services Programme and as such the Administrator as well as the Head of each Activity that is included in the Social Services Programme submits a separate budget, which clearly defines and separates required funding. Through the Integrated Financial Management and Accounting System (IFMAS) the Ministry can account for all of the Palms expenditure. The Administrator is aware and has access to the allocations, releases and expenditure as per line item notwithstanding the fact that the Palms allocations and expenditure are accounted for in the Social Services Programme. Hence, the Ministry did not see it prudent to create a new and separate Programme for the Palms.

Accountability of Donations Received

1.7 Our report stated that bank statements for the donation account were not presented and bank reconciliation statements were not prepared.

1.8 We recommended that the Ministry should have the bank account reconciled promptly to reflect its available balance so as to detect any irregularity.

Current Status:

1.9 In our follow-up audit, we found that the Ministry did not reconcile the donation account.

Ministry's Response:

1.10 Bank statements were submitted to the Accounts Department of the Ministry for reconciliation.

Personal Effects of Residents

1.11 We reported that the contents of the safe were not checked for several years. Also, 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.

1.12 We recommended that the Administrator should ensure that when residents die, mechanisms were put in place to immediately dispose of personal effects lodged for safekeeping.

Current Status:

1.13 We found that mechanisms were still not put in place to address the weaknesses. Also, it was observed that the register of safe contents to record residents' personal effects that were lodged for safe keeping was still not updated. As a result, we could not ascertain whether deceased residents personal effects were immediately disposed.

Ministry's Response:

1.14 There is no contact information for families of most of the residents at the Palms Geriatric Institution.

Conclusion:

1.15 It is evident that the Ministry failed to make satisfactory progress in making the Palms fiscally independent from the other agencies under the Social Services Programme, so as to allow for separate financial accounting.

1.16 The Palms had put measures in place to properly account for cash donations and its utilization for the benefit of residents, maintained a controlled forms register and have separate key holders for the security of cash.

1.17 The donation account was not reconciled; whilst, the register of safe contents, which recorded residents personal effects lodged for safekeeping, was still not updated.

1.18 It is important for the Ministry and the Palms Administration to address and implement all outstanding recommendations.



# 2 Health and Well-Being

2.1 In our audit report, there were fifteen recommendations under this line of enquiry for the Ministry and the Palms Administration to implement.

2.2 In our follow-up audit, we found that ten recommendations were fully implemented and five partially implemented.

## **Recommendations fully implemented:**

- ❖ The Palms prepared and documented the admission procedures to be followed for the admission of residents into the Institution.
- ❖ The Palms prepared and documented the medical assessment requirements for the admission of residents into the Institution.
- ❖ The residents had medical assessments on admission and optical and dental evaluations were done when the need arose.
- ❖ The Ministry organized training for PCAs on how to deal with residents who suffered from dementia and alzheimer diseases.
- ❖ The residents' limitations and special needs were documented and the information was accessible to nursing staff.
- ❖ The Palms received donated aides and the residents had adequate supply of wheelchairs, walking canes and aides for their physical limitations.

- ❖ Wheelchairs, walking canes and aides were properly secured in the wards and unused aides were stored in the Gym Room for safe keeping.
- ❖ A register was implemented in April 2014, which detailed the residents' participation in social activities.
- ❖ The Palms conducted a needs assessment to determine the required amount of bed linen needed by the residents.
- ❖ The Palms purchased fabric from which bed sheets and pillow cases were made by staff of the sewing room, which is located at the Palms.

**Recommendations partially implemented:**

- ❖ Audit observations were conducted on fifteen occasions to determine whether PCAs ensured that medications dispensed were immediately consumed by residents. It was found that in ten instances (67%) PCAs did not ensure that medications dispensed were immediately consumed by the residents.
- ❖ The Administrator did not have a schedule of monthly activities, but activities were organized for residents such as movie nights, storytelling and cultural celebrations. However, indoor games and activities such as art and craft were still discontinued, which resulted in the residents not having daily activities to fully utilize their spare time.
- ❖ The Social Worker explained that efforts were made to get the residents involved in gardening activities, but the majority were more interested in participating in cultural activities rather than gardening activities.
- ❖ Financial resources were utilized to facilitate social and recreational activities for the residents, such as movie nights, month of the elderly activities, Christmas parties and cultural celebrations. However, financial resources were not provided for indoor games and activities.

- ❖ Library corners were established in the wards and church hall, while large print books that are more user friendly for the residents were not acquired.

Conclusion:

2.3 The Ministry and the Palms Administration have made satisfactory progress on commitments made in response to the observations and recommendations in our audit report. However, it is important that the Ministry and the Palms Administration continue to address all outstanding issues for the health and well-being of the residents.

# 3 Food and Dietary

3.1 We reported that there were seventeen recommendations under this line of enquiry for the Ministry and the Palms Administration to implement.

3.2 In our follow-up audit, we found that eight recommendations were fully implemented, and six partially implemented while three were not implemented.

## **Recommendations fully implemented:**

- ❖ During our audit, we observed that Porters were always available to transport meals to the wards.
- ❖ Each ward received four to five bottles of water per week, to meet the needs of residents and staff.
- ❖ The food storage area was properly lit and was cleaned daily.
- ❖ Food items were stored two feet off the ground in the Stores and detergents were stored separately from food items.
- ❖ A monthly pest control programme was put in place by the Ministry, whereby the Stores was treated once monthly by a pest control service.
- ❖ All kitchen staff were medically examined and were in possession of valid food handler's permits.
- ❖ Food containers were tightly covered while transporting meals to the wards.

- ❖ Meals were apportioned by the kitchen staff before being taken to the wards by the Porters.

**Recommendations partially implemented:**

- ❖ Interviews were conducted with 33 residents to determine whether they received mid morning snacks and nightcaps. Twenty-six residents or 79% said they did not receive mid morning snacks nor night caps, while seven or 21% said snacks and nightcaps were served occasionally especially when the Palms received donations. Occasionally, fruits were served for mid-morning snacks and biscuits for nightcaps.
- ❖ During the period 9 July to 30 August, 2013, it was observed that diabetic residents were not always served meals according to the diet sheets and were not given whole wheat bread.
- ❖ The Storekeeper had a copy of the weekly menu so that items can be available for the preparation of meals. However, we observed that milk was out of stock during the period 9 July to 30 August 2013, which resulted in the residents being served tea and porridge without milk.
- ❖ Whilst a needs assessment was prepared for the replacement of kitchen utensils, we found that the Palms only acquired some of the items that were listed on the 2008 needs assessment.
- ❖ We observed that the kitchenettes in the wards were equipped with hotplates and pots. However, all kitchenettes in the wards were not rehabilitated.
- ❖ For the period 1 July to 31 August 2013, we observed that the food cart was not cleaned daily as was recommended. However, it was covered when food was transported to the wards.

**Recommendations not implemented:**

Absence of Dietician/Nutritionist at the Palms

3.3 We reported that there was no Dietician/Nutritionist attached to the Palms to assess the dietary needs of residents and to prepare diet sheets accordingly.

3.4 We recommended that 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.

Current Status:

3.5 In our follow-up audit, we found that the Ministry did not have a Nutritionist from the MOH to conduct regular dietary assessments and prepare diet sheets for residents.

Ministry's Response:

3.6 Attempts were made by the Administrator in 2010 to have a Dietician visit or assigned to the Palms. He was informed that the MOH did not have any available to assist at that time. Subsequently, the services of the former Principal of the Carnegie School of Home Economics were secured to assist in training and developing diet sheets.

Training of Staff in Providing Nutritional Care to Residents

3.7 In our 2008 audit, we reported that dietary needs were assessed and diet books prepared by the nursing staff that were not qualified to assess resident's dietary needs.

3.8 We recommended that the Palms Administration should seek assistance from the Food Policy Unit of the Ministry of Health for the relevant staff to be trained in providing nutritional care to residents.

Current Status:

3.9 We found that the recommendation was not implemented, as staff had not received training from the Food Policy Unit of the Ministry of Health on nutritional care to residents.

Ministry's Response:

3.10 The Ministry is awaiting permission from the Public Service Ministry to appoint a Food Services Supervisor who will be responsible for setting menus that will address the nutritional needs of the residents.

Transporting of Meals to Wards

3.11 In our audit report, we reported that Porters assigned to the kitchen were not properly attired when transporting meals.

3.12 We recommended that the Palms Administration should ensure that all Porters transporting meals to the wards be properly attired.

Current Status:

3.13 In our follow-up audit, we found that the recommendation was not implemented. During the period 1 July to 31 August 2013, we observed that only on two occasions Porters were properly attired when transporting meals to wards. As a result, the Public Health Food Hygiene Standards for transporting food were not adhered to.



**Fig. 1 – Staff transporting meals not properly attired (photographed 11/7/2013)**

Ministry's Response:

3.14 The Porters assigned to the kitchen at the time of the audit were recently recruited and uniform allowance was not available.

Conclusion:

3.15 The Ministry and the Palms Administration had implemented many of the recommendations in the audit report. However, the Palms still did not have trained and qualified personnel to assess residents' dietary needs and provide nutritional care to residents.

3.16 In addition, satisfactory progress was not made in rehabilitating and equipping kitchenettes in wards and complying with Public Health Food Hygienic Standards for transporting meals to wards. It will be important for the Ministry and the Palms Administration to implement all outstanding issues for the benefit of residents and staff of the Palms.



# 4 Facilities and Working Environment

4.1 There were thirty-one recommendations in our 2008 audit report under this line of enquiry for the Ministry and the Palms Administration to implement.

4.2 In our follow-up audit, we found that twenty-two recommendations were fully implemented, and five partially implemented while four not implemented.

## **Recommendations fully implemented:**

- ❖ The Ministry took action to have the inner surfaces of the walls cleaned and repainted.
- ❖ Action was taken to identify roof sheeting that were leaking, and damaged zinc sheets at wards 1, 5 and 8 were replaced.
- ❖ The Ministry identified and replaced defective floorboards in the wards.
- ❖ The services of a professional brush cutter were contracted to weed the Palms compound monthly. At the time of the audit, the grass in the compound was low and there were no overgrown weed.
- ❖ The garbage area was dismantled and garbage was placed into portable bins at strategic points within the compound. Garbage bins were also emptied twice weekly.
- ❖ The Ministry contracted the services of a contractor to clean the inner and outer drains of the Palms. In addition, the area outside the kitchen was resurfaced to avoid flooding during the rainy season.

- ❖ All maintenance works were executed in accordance with the annual works and maintenance plan.
- ❖ The deteriorated eastern staircases of wards 4, 5 and 7 were repaired and were operable and used by residents and staff.
- ❖ Directional arrows indicating the way to fire exits were in place.
- ❖ Fire points throughout the buildings were numbered and lettered in white and were 150mm in height with red background.
- ❖ Instructions to be taken in the event of a fire were prominently displayed on walls throughout the buildings.
- ❖ Passageways and exits throughout the buildings were cleared.
- ❖ Electrical points and switches were repaired and were in working condition.
- ❖ Thirty (30) smoke detectors were acquired and installed at various locations at the Palms.
- ❖ The Ministry purchased five new fire extinguishers and the old ones were serviced.
- ❖ Fire extinguishers were placed on stands and shelves in the required positions.
- ❖ The Ministry built a new laundry room in the compound of the Palms, which was equipped with seven washers and two dryers. The laundry room was painted and had shelves, which stored beddings, linens and clothing.
- ❖ The services of another security firm were contracted to provide better security for the residents and staff of the Palms.

- ❖ The Ministry had indicated that there were no overpayments to the previous security firm.
- ❖ A recreational hall was constructed for the residents, which was equipped with television and accommodation for the residents' comfort.
- ❖ A needs assessment was conducted and the Ministry acquired a mini-bus, back-up generator, constructed a recreational hall and conducted training for the Patients Care Assistants to better equip in the delivery of patient care. The Ministry also acquired protective gears, tools, furniture, utensils, materials and supplies for the Palms.
- ❖ The Palms had in place an Occupational Safety and Health Committee, which comprised of a Chairman, Vice Chairman, Secretary and seven members from the Ministry and the Palms.



**Fig. 2 – Refurbished Ward 8. (photographed 8/10/2015)**

**Recommendations partially implemented:**

- ❖ While the water closet bowls and bathrooms in three wards were cleaned and disinfected daily to eliminate dirt, stains and offensive odor, the wash rooms in other wards still had an offensive odor emitting from them. Also, water closet bowls were discolored and flush tanks were defective.
- ❖ At the time of the audit, the Palms had cleaning schedules assigned to the Cleaners, who were responsible for cleaning the wards and other units of the Institution. However, it was noted that in wards 2, 3 and 4, the washrooms had offensive odors emitting from them and water was lodged on the floor, indicating that washrooms were not properly cleaned.
- ❖ The Ministry installed wooden bars to the windows of the lower flat of wards 3 and 6. However, it was observed that wooden bars and fly mesh were not installed to the other wards.
- ❖ There were general improvements in housekeeping in some wards. However, housekeeping in wards 2, 3 and 6 still needed improvements as they were not kept at the required standard.
- ❖ The Palms implemented five (5) of the eleven (11) WHO Guidelines recommended, as follows:
  - A mini bus was purchased and it was used to transport the residents.
  - Nursing staff had their own area with toilet facilities and seating areas within each ward that allowed supervision.
  - Toilet facilities were accessible and accommodated residents with wheelchairs. However, they were not equipped with rails.
  - Social activities were conducted.

- A recreational hall was constructed for the residents, which enabled them to participate in recreational and cultural activities.

However, the following six recommendations were not implemented:

- Residents had no access to alarms.
- Walls were not painted in bright cheerful colours.
- There were more than four residents to a PCA.
- The buildings of the Palms were not flat to facilitate easy access.
- There were no bedroom facilities or screens to offer privacy to the residents.
- The dining areas were not intimate and seating was not in groups of four.

**Recommendations not implemented:**

Employment of Handyman

4.3 In our audit, we reported that requests were made to the Ministry to employ a Handyman to deal with daily plumbing and carpentry needs at the Palms, but these requests were not granted, as was disclosed by the Administrator in the Palms Annual Reports.

4.4 We recommended that the Palms should employ a Handyman to deal with its daily plumbing and carpentry needs.

Current Status:

4.5 In our follow-up audit, we found that the Palms had still not employed a Handyman to do its plumbing and carpentry works.

Ministry's Response:

4.6 A Handyman was hired and subsequently walked off the job in less than a month. The Ministry has since attempted to fill the position unsuccessfully.

Preparation of an Emergency Policy Document

4.7 In the 2008 audit, we had reported that there was no emergency policy document in place. Also, residents were not aware of any procedures to be followed in case of an emergency; and NA/PCAs were not trained to evacuate residents during emergencies, but indicated that they would assist if there was an emergency. They however noted that the evacuation of bed-ridden residents would pose a challenge, and there were no fire alarms, buzzers or bells in wards to alarm the occupants of an emergency.

4.8 We recommended that 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.

Current Status:

4.9 In our follow-up audit, we found that the recommendation was not implemented. There was no emergency policy document in place at the Palms. As such, the residents and staff had no documented procedures to follow in case of an emergency.

Ministry's Response:

4.10 The Palms Administration was in discussion with the Guyana Fire Service regarding the development of an emergency preparedness policy.

Absence of a Fire Alarm System

4.11 We reported that adequate firefighting equipment was not provided for the buildings.

4.12 We recommended that the Ministry should provide a suitable fire alarm system (manual/electric), capable of giving sufficient and audible warning throughout the wards. 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.

Current Status:

4.13 In our follow-up audit, we found that the recommendation was not implemented and there were no fire alarms, buzzers or bells in wards to alarm the occupants of an emergency. As such, the lives of residents and staff would be at risk, should a fire occur.

Ministry's Response: 4.14 Over the past four (4) years the Ministry had unsuccessfully solicited quotations from several private contractors. Notwithstanding the foregoing, the Ministry had received the commitment and quotation from three contractors and is now awaiting the availability of funding via the national budget.

Training of Staff in Evacuation Procedures

4.15 In our audit, we reported that staff were not trained in evacuation procedures.

4.16 We recommended that the Ministry should train all staff in the use and operation of firefighting equipment and evacuation procedures.

Current Status: 4.17 During our follow-up audit, we found that the staff had not received training from the Guyana Fire Service on the use and operation of firefighting equipment and evacuation procedures, even though it was indicated that training would have been done in 2014.

Ministry's Response: 4.18 The Palms had collaborated with the Guyana Fire Service in the first quarter of 2014 to train the first batch of staff to use firefighting equipment and will train the remaining two batches in the second and third quarter of 2014.

Conclusion: 4.19 Due to the absence of a documented emergency policy with emergency procedures for the Palms, and untrained staff in the use and operation of firefighting equipment and evacuation procedures, the residents and staff lives are at risk in the event of an emergency.

4.20 In addition, there were no buzzers or bells in the wards, neither was a fire alarm system installed to give sufficient and audible warning to residents and staff throughout the wards of an emergency. As such, it is important for the Ministry to address these urgent matters for the safety of the residents and staff.

# Staff Management

5.1 In our 2008 audit, there were five recommendations under this line of enquiry for the Ministry and the Palms Administration to implement, so as to address the deficiencies found during the audit.

5.2 In our follow-up audit, we found that four recommendations were fully implemented, and one not implemented.

## **Recommendations fully implemented:**

- ❖ Annual performance evaluations were conducted for the PCAs and they received feedback on their performance evaluations, as required by the Public Service Rules.
- ❖ Patient Care Assistants performance evaluations were documented and kept in personal files at the Ministry.
- ❖ A training needs assessment for all staff was prepared by the Administrator, Matron and Social Worker of the Palms and was approved by the Ministry.
- ❖ The Ministry hired two external facilitators to conduct training sessions with the PCA. The objective of the training was to better equip and improve the way the PCAs function in the delivery of care for the residents. At the end of the training, the PCAs were given certificates of attendance.



**Recommendation not implemented:**

Review of the Institution's Staff Strength

5.3 We reported that the number of Patient Care Assistants at the Palms was inadequate to meet the declared level of care. As a result, the carer staff worked double shifts on several occasions in order to have the assigned number of staff in each ward. In comparison to WHO Standards, which stipulates a ratio of 1:4 nursing staff to patients, the ratio of 1:9 at the Palms was inadequate and could impair the Institution's ability to effectively care for each resident and facilitate recreational activities, which require nursing supervision.

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

Current Status:

5.5 Our follow-up audit revealed that the recommendation was not implemented. The Ministry had not conducted a comprehensive review of the Institution's required staff strength to effectively manage the operations of the Palms. At the time of the audit, the Palms had 81 carer staff, comprising of a Matron, two Nurse Assistants and seventy-eight Patient Care Assistants. In comparison with WHO Standards which stipulates 1:4, the carer staff to resident ratio of 1:9 was inadequate to effectively care for each resident. As a result, residents would not have gotten the required attention and care from the nursing staff.

Ministry's Response:

5.6 The Ministry has addressed this recommendation in its soon to be completed five (5) year strategic plan.

Conclusion:

5.7 The Ministry and the Palms Administration had not made satisfactory progress in determining the Institution's staff strength in order to address its human resource challenges, especially in the area of patient care.

5.8 On the other hand, the Ministry had made significant progress in identifying training needs, conduct training for Patient Care Assistants and performance evaluations for staff. Given that all of the training initiatives had not been fully implemented and that staffing is an ongoing challenge, it will be important for the Ministry to sustain its efforts in this area.

### **About the Audit**

The purpose of the follow-up audit was to evaluate the actions taken by the Ministry and the Palms Administration in implementing the recommendations of the 2008 audit report, taking account of any changed circumstances or new administrative issues identified as impacting on the implementation of the recommendations.

### **Scope and Approach**

The audit covered the period 1 January 2010 to 30 June 2013. Subsequent audit checks were conducted in 2014 and 2015. The audit focused on the following lines of enquiry:

- Accountability, Responsibility and Funding.
- Health and Well-Being of Residents.
- Food and Dietary Needs of Residents.
- 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. In addition, we obtained and reviewed relevant documents and records, and analyzed data collected to arrive at our conclusions.

**Recommendations from the 2008 Audit**

**Lines of Enquiry:**

**ACCOUNTABILITY, RESPONSIBILITY AND FUNDING**

<b><u>RECOMMENDATIONS</u></b>	<b><u>STATUS</u></b>		
	Fully Implemented	Partially Implemented	Not Implemented
The Audit Office recommended that the Ministry:			
1) establish clear guidelines of accountability and responsibility;			√
2) prepare separate budget and financial report for the Palms;			√
3) make the Palms fiscally independent from other agencies under the Social Services Programme of the Ministry;			√
4) allow the Palms Administration to utilize donations for the benefit of the residents when required; and	√		
5) have bank account reconciled promptly to reflect available balance.			√
The Audit Office recommended that the Palms:			
6) ensure that cash donations were properly accounted for in keeping with standard accounting practice; and	√		
7) ensure that when residents die, mechanisms are put in place to immediately dispose of personal effects lodged for safekeeping.			√

**HEALTH AND WELL-BEING**

<b><u>RECOMMENDATIONS</u></b>	<b><u>STATUS</u></b>		
The Audit Office recommended that the Ministry and the Palms Administration:	Fully Implemented	Partially Implemented	Not Implemented
1) document the specific procedures to be followed for admission into the Institution;	√		
2) consider engaging the MOH to establish assessment requirements and policies for the residents of the Palms;	√		
3) ensure that all residents are medically assessed in accordance with policies established. Optical and dental evaluations should also be conducted;	√		
4) determine whether the Institution was appropriately and properly organized to deal with all mental disorders;	√		
5) provide adequate resources to facilitate the execution of planned social and recreational activities;		√	
6) ensure that medications dispensed to residents were consumed as prescribed;		√	
7) document residents' limitations to allow the information to be accessible to the nursing staff, and to provide for an audit trail;	√		
8) meet special needs for residents through innovative initiatives;	√		

	Fully Implemented	Partially Implemented	Not Implemented
9) properly store all aides received by the Palms and make them available for use by the residents;	√		
10) conduct a needs assessment of linen for residents;	√		
11) seek to garner needed linen for residents as early as possible, to ensure their comfort;	√		
12) prepare a schedule of monthly recreational and social activities for residents, and ensure that such activities were executed;		√	
13) put systems in place to encourage maximum participation of the residents in gardening activities;		√	
14) maintain a record of residents participation in social activities; and	√		
15) garner large print books that were more user friendly for residents, and establish a library corner in each ward.		√	

**FOOD AND DIETARY**

<u>RECOMMENDATIONS</u>	<u>STATUS</u>		
The Audit Office recommended that the Ministry:	Fully Implemented	Partially Implemented	Not Implemented
1) collaborate with the MOH to have a Nutritionist conduct regular dietary assessments and prepare diet sheets for residents; and  2) have kitchenettes in wards rehabilitated and equipped to enable the preparation of snacks and nightcaps for residents.		√	√
The Audit Office recommended that the Palms Administration:			
3) seek assistance from the Food Policy Unit of the MOH for the relevant staff to be trained in providing nutritional care to residents;			√
4) serve mid-morning snacks and nightcaps to residents during long intervals between meals; and		√	
5) ensure that the stores had a copy of the weekly menu so as to ensure that items were readily available for the preparation of meals.		√	
The Audit Office recommended that the Ministry and the Palms Administration:			
6) ensure that dietary items are procured to facilitate the preparation of meals in accordance with the diet sheets; and		√	

	Fully Implemented	Partially Implemented	Not Implemented
7) ensure that porters were available to deliver meals to wards on schedule.	√		
The Audit Office recommended that the Palms Administration:			
8) ensure that the supply of potable water meet the needs of all residents and staff;	√		
9) ensure that the food storage area have adequate light and be regularly cleaned so as to prevent insects and rodents in storage area;	√		
10) store food items at least two feet off the ground and separated from non-food items (disinfectants and detergents, etc.);	√		
11) assess the present pest control programme for the level of success in the eradication of pests;	√		
12) have all kitchen staff medically examined and be in possession of valid food handler's permits;	√		
13) have kitchen utensils identified as needed, and replaced promptly;		√	
14) have food containers tightly covered;	√		
15) have food cart cleaned daily and covered when transporting meals;		√	
16) ensure that all Porters transporting meals to the wards are properly attired; and			√
17) have food apportioned by kitchen staff at all times.	√		



**FACILITIES AND WORKING ENVIRONMENT**

<u>RECOMMENDATIONS</u>	<u>STATUS</u>		
The Audit Office recommended to the Ministry that:	Fully Implemented	Partially Implemented	Not Implemented
1) wall surfaces should be cleaned and repainted, especially in areas identified;	√		
2) defective roof sheeting identified should be repaired/replaced to eliminate leaks;	√		
3) floorboards deemed defective should be repaired;	√		
4) water closet bowls and bathrooms should be thoroughly cleaned and disinfected to eliminate dirt, stains, and offensive odors; and		√	
5) 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 recommended that the Ministry and the Palms Administration:			
6) enter into contractual arrangements with professional brush cutters to weed the compound every month, to prevent overgrowth of weeds;	√		
7) employ a Handyman to deal with its daily plumbing and carpentry needs;			√
8) prepare cleaning schedules to allow for the systematic cleaning of wards and other units within the Institution;		√	

	Fully Implemented	Partially Implemented	Not Implemented
9) implement the recommendations made by the Administrator in the 2008 Annual Report in relation to the garbage facilities;	√		
10) 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;	√		
11) reduce the susceptibility to flooding at the Palms during the rainy season;	√		
12) seek adequate funding to execute the Annual Maintenance Plan of the Palms;	√		
13) implement the Guidelines offered by the WHO, as they seek to ensure the comfort of residents; and		√	
14) prepare an emergency policy document that stipulate actions to be taken in cases of emergency, and communicate same to residents and staff.			√
The Audit Office recommended that the Ministry implement the following:			
15) the deteriorated eastern staircase accessible to wards 4, 5 and 7 be repaired and made operable;	√		

	Fully Implemented	Partially Implemented	Not Implemented
16) have a suitable fire alarm system (manual/electric), which was capable of giving sufficient and audible warning throughout wards provided. Actuation switches or call points sited at least 1.4m from floor level with not less than three (3) points or switches on each floor. The system was connected and on actuation of any switch or point, the alarm bells throughout each building will sound;			√
17) a high standard of housekeeping should be maintained at all times;		√	
18) 'Fire Points' throughout the building should be numbered and lettered white in colour, at least 150mm in height with a red background;	√		
19) directional arrows indicating the way to all fire exits (doors) be conspicuously displayed on the walls throughout building;	√		
20) precise instructions with regard to actions to be taken in the event of a fire, be prominently displayed on walls throughout buildings;	√		
21) all passageways and exits throughout buildings be clear at all times;	√		
22) suitable electrical points and switches should be provided for all electrical appliances and those that were damaged replaced;	√		
23) smoke detectors (AC/DC) should be provided and sited strategically on the ceiling throughout buildings;	√		

	Fully Implemented	Partially Implemented	Not Implemented
24) all staff to be trained in the use and operation of firefighting equipment and evacuation procedures;			√
25) 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	√		
26) all fire extinguishers serviced regularly.	√		
The Audit Office recommended that the Ministry and the Palms Administration:			
27) 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;	√		
28) examine whether there had been overpayments to the Security Firm and recover any such amount;	√		
29) conduct a needs assessment for the provision of adequate facilities, protective gears, furniture, utensils, transportation, materials, supplies; and training opportunities for the staff;	√		
30) have recreational and social activities conducted in suitable locations, with easy access for the residents; and	√		
31) address the inefficiencies and areas of non-compliance with the OSHA, with a view to improving the working environment of the staff.	√		

**STAFF MANAGEMENT**

<b><u>RECOMMENDATIONS</u></b>	<b><u>STATUS</u></b>		
The Audit Office recommended that:	Fully Implemented	Partially Implemented	Not Implemented
1) The Ministry and the Palms Administration conduct a comprehensive review of the Institution’s staff strength, and took necessary action to ensure that the full complement of staff was employed to effectively manage its operations.			√
2) The Palms Administration conduct a training needs assessment, and formalized its in-house training programme. Based on the assessment, prepare and implement a strategic plan for training of all staff and monitoring and evaluation conducted to measure outcomes.	√		
3) The Ministry collaborate with the MOH for the training of all nursing staff to equip them with the appropriate competencies and skills.	√		
4) The Palms Administration conduct staff performance evaluations annually, and offer feedback to staff on their performance levels in accordance with the Public Service Rules, and assess prospects for promotion and document.	√		
5) The Palms Administration document and store all performance evaluations for future reference.	√		

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# MINISTRY OF LABOUR, HUMAN SERVICES AND SOCIAL SECURITY

Lot 1 Water and Cornhill Streets  
Stabroek, Georgetown, Guyana

April 22, 2014.

Mr. Deodat Sharma  
Audit Office of Guyana  
63 High Street  
Kingston, Georgetown

Dear Mr. Sharma,

**Re: Follow-up VFM/Performance Audit on the Palms Geriatric Institution for the period January 1, 2010 to June 30, 2013.**

Your letter dated March 18, 2014 on the captioned subject refers.

As you are aware, the Ministry submitted the attached revised information to Ms. Claire James on April 3, 2014 via email.

Please find attached, a hard copy of the document referred to in the above paragraph for your attention and requisite action.

With kindest regards,

Lorene Baird  
Permanent Secretary



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

*Minister*  
Tel: 226-6115/226-6076/225-7112  
Fax: 227-1308

**RESPONSES TO RECOMMENDATIONS PERTAINING TO THE PERFORMANCE  
AUDIT REPORT – PALMS GERIATRIC INSTITUTION**

**Recommendation 1**

*The Ministry should establish clear guideline of accountability and responsibility for the Palms Administration.*

Response: Even though the day-to-day operations is managed by the Administrator, the accountability and responsibility for the Palms and all other Departments, Sections and Units in the Ministry of the Labour, Human Services and Social Security is not shared/delegated but lies solely with the Permanent Secretary (Head of the Budget Agency).

**Recommendation 2**

*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.*

Response: The Palms is a sub-programme of the Social Services Programme as such the Administrator as well as the Head of each Activity that is included in the Social Services Programme submits a separate budget which clearly defines and separates required funding. Through the Integrated Financial Management and Accounting System (IFMAS) the Ministry can account for all of the Palms expenditure.

**Recommendation 3**

*The Palms should be fiscally independent from the other agencies under the Social Services Programme of the Ministry, so as to allow for proper accountability and transparency.*

Response: As stated in the reason for not implementing recommendation 2, the Administrator is aware and has access to the allocations, releases and expenditure as per line item notwithstanding the fact that the Palms allocations and expenditure are accounted for in the Social Services Programme. Hence, the Ministry did not see it prudent to create a new and separate Programme for the Palms.

**Recommendation 4**

**The Ministry should allow the Palms Administration to utilize donations for the benefit of the residents when required.**

Response: The budget submission and allocation for the Palms usually takes into account all the needs of the residents, as a result, the cash donations are only used in cases of emergencies.



**Recommendation 5**

*The bank account should be reconciled promptly to reflect its available balance, and to detect any irregularity.*

Response: The banks statements are submitted to the Accounts Department of the Ministry for reconciliation.

**Recommendation 6**

*The Administrator should ensure that cash donations are properly accounted for in keeping with standard accounting practice.*

Response: Upon assumption of duty the present Administrator did notice that only one person sign as witness of receipt of cash donations and measures were put in place to correct this irregularity which the previous Administrators failed to rectify. All receipts of cash donated since March, 2013 have been witnessed by 2 persons.

**Recommendation 7**

*The Administrator should ensure that when residents die, mechanisms should be put in place to immediately dispose of personal effects lodged for safekeeping*

Reason for not implementing: There is no contact information for families of most of the residents at the Palms Geriatric Institution. In this regard, the Auditor General's advice is hereby sought on this matter.

**Health and Well-Being**

**Recommendation 1**

**Document the procedures to be followed for admission into the Palms Institution.**

Response: The Administrator and the Social-Worker assigned to the Palms have documented and implemented procedures.

**Recommendation 2**

*Consider engaging the MOH to establish assessment requirements and policies for the residents of the Palms.*

Response: The Administrator and the Social-Worker assigned to the Palms have documented and implemented procedures.

**Recommendation 3**

*Ensure that all residents are medically assessed in accordance with policies established. Optical and dental evaluations should also be conducted.*

Response: Dental evaluations are conducted once per year by the Cheddie Jagan Dental School in addition to residents being taken to the Dentist as the needs arises. Residents are taken to the Optician on the recommendation of the visiting Physician and are assisted in obtaining spectacles through the Ministry's Difficult Circumstances Unit.

**Recommendation 4**

*Determine whether this Institution is appropriately and properly organized to deal with all mental disorders.*

Response: Training to equip Patient Care Assistants to deal with residents who suffer from dementia and Alzheimer's commenced in 2013 and is scheduled to continue in 2014. The Palms does not admit patients with other mental disorders since they would require constant monitoring of a medical doctor which is not available around the clock at the Institution.

**Recommendation 5**

*The Administration should put systems in place to ensure the medications dispensed to residents are consumed as prescribed.*

Response: The Ministry has attempted to fill the vacant positions of one Ward Sister and two Staff Nurses but without success. This has resulted in the lack of Supervision of the PCAs who are responsible for ensuring that the Residents take their medication as prescribed. However, in the interim the Matron and two Nursing Assistants have been tasked by the Administrator to supervise administering of medication.

**Recommendation 6**

*Residents' limitations should be documented to allow the information to be accessible to the nursing staff, and to provide for an audit trail.*

Response: The residents' dietary requirements are documented and provided to the PCAs and Kitchen staff. As it relates to their physical and mental limitations, the medicals conducted by the Georgetown Public Hospital Corporation are sent to the Matron who explains same to the PCAs.

**Recommendation 7**

*Special needs should be met for the residents through innovative initiatives.*

Response: There is an adequate supply of wheelchairs, walking canes and walking aides for the resident who have physical limitations that require them to use a wheelchair or a walking aide.

**Recommendation 11**

*Prepare monthly recreational and social activities for residents, and ensure that such activities are executed.*

Response: The Administration has now included storytelling, art and craft and gardening to the weekly activities of the Palms.

**Recommendation 12**

*Put systems in place to encourage maximum participation of the residents in gardening activities.*

Response: Several attempts have been made to encourage residents to participate in gardening activities however the able-bodied residents are not interested.

**Recommendation 13**

*Maintain a record of residents' participation in social activities.*

Response: A register will be kept by the Social-worker of the resident's participation.

**Recommendation 14**

*The Ministry and the Palms Administration should make efforts to garner large print books that are more user friendly for residents, and establish a library corner in each ward.*

Response: The high demand for space at the institution has resulted in no space being available to establish a library corner in each ward.

**Recommendation 15**

*The Ministry should provide adequate resources to facilitate the execution of planned social and recreational activities.*

Response: Resources are allocated based on activities outlined in annual work plan.

## **Food and Dietary**

### **Recommendation 1**

*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.*

Response: Attempts were made by the administrator in 2010 to have a dietician visit or assigned to the Palms; he was informed that the MOH did not have any available to assist at that time. Subsequently, the services of the former Principal of the Carnegie School of Home Economics were secured to assist in training and developing diet sheets.

### **Recommendation 2**

*The Palms Administration should seek assistance from the Food Policy Unit of the MoH for relevant staff to be trained in providing nutritional care to residents.*

Response: The Ministry is awaiting permission from the Public Service Ministry to appoint a Food Services Supervisor who will be responsible for setting menu's that will address the nutritional needs of the residents.

### **Recommendation 3**

*During the long intervals between meals, the Palms Administration should ensure that mid-morning snacks and night caps are served to residents.*

Response: Original Condition stated in report is not accurate (no mention of a meal between breakfast at 7 a.m. and dinner at 5 p.m.). Residents are provided with lunch at 12 noon.

### **Recommendation 4**

*The Ministry should ensure that kitchenettes in wards are rehabilitated and equipped to enable the preparation of snacks and nightcaps for resident.*

Response: Firstly, The kitchenettes at the Palms do not have equipment to prepare snacks but by no means are in a state of disrepair. Secondly, the wards are manned primarily by PCAs who have specific duties which do not include preparation of meals; therefore additional staff would have to be hired to make this a reality. Finally, most of the Palms residents sleep for hours after each meal and therefore would not require snacks/nightcaps.

### **Recommendation 5**

*The Ministry and the Palms Administration should ensure that dietary items are procured to facilitate the preparation of meals in accordance with the diet sheets.*

Response: During the period stated (9<sup>th</sup> July– 30<sup>th</sup> August, 2013) the Ministry had encountered some difficulties with the suppliers who stated that they would not be able to supply some items at the tendered price since the cost prices had significantly increased since the time of the tender.

**Recommendation 6**

*The Ministry and the Administration should take the necessary steps to ensure that porters are available to deliver meals to the wards on schedule.*

Response: No response.

**Recommendation 7**

*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.*

Response: As mentioned in response to recommendation 5, the situation with the milk and some other items arose because of suppliers being unwilling to supply certain items at the tendered prices; however, this has since been corrected.

**Recommendation 8**

*The Palms Administration should ensure that the supply of potable water meets the needs of all residents and staff.*

Response: All wards are given 4-5 bottles of distilled water weekly.

**Recommendation 9**

*The food storage area should have adequate light and regularly cleaned so as to prevent insects and rodent in storage area.*

Response: The Palms administration has informed the Ministry that observation stated was isolated incident, since the stored is cleaned daily and cobwebbed monthly.

**Recommendation 10**

*Food items to be stored at least two feet off the ground and separated from non-food items (disinfectants and detergents)*

Response: Observation stated in the report is inaccurate; detergents and disinfectants are in separate area within the stores.

**Recommendation 12**

*All kitchen staff to be medically examined and be in possession of valid food handler's permit.*

Response: The situation has since been corrected.

**Recommendation 13**

*Kitchen utensils identified as needed, to be replaced promptly.*

Response: The Palms is in possession of all items identified.

**Recommendation 15**

**The food cart is cleaned daily and covered when transporting meals.**

Response: The Administration has put systems in place to ensure that the food carts are cleaned daily.

**Recommendation 16**

*All Porters transporting meal to wards are properly attired.*

Response: The Porters assigned to the kitchen at the time of the audit were recently recruited and uniform allowance was not available.

**Facilities and Working Environment**

**Recommendation 1**

*Wall surfaces should be cleaned and repainted, especially in areas identified.*

Response: The repairs to the Palms facility is limited to the funds allocated in the national budget, even though it is important to clean and repaint the walls of the facility the Ministry places more emphasis of structural repairs to the buildings which are over 100 years old.

**Recommendation 3**

*Water closet bowls and bathrooms should be thoroughly cleaned and disinfected to eliminate dirt, and offensive odors.*

Response: Washrooms are cleaned once daily, however, the number of janitorial staff is inadequate for such a large facility, as it result it is very difficult to clean washrooms as may be required.

**Recommendation 5**

*Fly mesh and bars should be installed to the windows of wards to keep out insects, and provide safety for the residents.*

Response: Mesh was installed on some wards, however, the residents subsequently damaged them and the administration was forced to remove the remnants. Wooden bars were also installed and most are still in place to date.

**Recommendation 7**

*The Palms should employ a handyman to deal with its daily plumbing and carpentry needs.*

Response: As was mentioned in the report, a handyman was hired and subsequently walked off the job in less than a month. The Ministry has since attempted to fill the position unsuccessfully.

**Recommendation 8**

*The Palms prepare cleaning schedules to allow for the systematic cleaning of wards and other units within the Institution.*

Response: At the time of the audit the Head Maid had passed away and the maid staff were without a full time supervisor which may have contributed to the situation which existed on Wards 2,3, and 4 at the time of the audit.

**Recommendation 10**

*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 beddings, linens and clothing.*

Response: The recommendations were supposed to be implemented in phases, however, in light of the age of the building funds allocated for the upgrade of the laundry building were redirected to emergency works.

**Recommendation 12**

*The Administration should seek adequate funding to execute its annual Maintenance Plan.*

Response: The Ministry would request funds to every year through the national budget to execute the Palms maintenance programme. However, the amount requested is not usually allocated.

**Recommendation 14**

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

Response: The Palms Administration is currently in discussion with the Guyana Fire Service regarding the development of an emergency preparedness policy.

**Recommendation 16**

*A suitable fire alarm system (manual/electric), which is capable of giving sufficient and audible warning throughout wards, should be provided.*

Response: Over the past four (4) years the Ministry had unsuccessfully solicited the quotations from several private contractors. Notwithstanding the foregoing, the Ministry has received the commitment and quotation from three contractors in 2013 and is now awaiting the availability of funding via the national budget.

**Recommendation 17**

*A high standard of housekeeping should be maintained at all times.*

Response: The Wards and washrooms are cleaned daily, however, the current complement of maids are insufficient to clean washrooms three times per day, wash dishes after every meal, gather and take clothes to the laundry .

**Recommendation 18**

*'Fire Points' throughout the building should be numbered and lettered, white in colour, at least 150 mm in height with a red background.*

Response: Recommendation was implemented in the last quarter of 2013.

**Recommendation 19**

*Directional arrows indicating the way all fire exits (doors) should be conspicuously displayed on the walls throughout building*

Response: Recommendation was implemented in the last quarter of 2013.

**Recommendation 20**

*Precise instructions with regard to actions to be taken in the event of a fire should be prominently displayed on walls throughout the building.*

Response: Recommendation was implemented in the last quarter of 2013.

**Recommendation 21**

*All passageways and exits throughout building should be kept clear at all times.*

Response: Recommendation was implemented in the last quarter of 2013.



**Recommendation 23**

*Smoke detectors (AC/DC) should be provided and sited strategically on the ceiling throughout building.*

Response: The Palms will undertake this exercise in 2014.

**Recommendation 24**

*Effort should be made for all staff to be trained in the use and operation of firefighting equipment and evacuation procedures.*

Response: The Palms has collaborated with the Guyana Fire Service in the first quarter of 2014 to train the first batch of staff to use firefighting equipment and will train the remaining two batches in the second and third quarters of 2014.

**Recommendation 26**

*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.*

Response: The Ministry has since changed Security firms and the quality of service has significantly improved.

**Recommendation 29**

*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.*

Response: The Ministry has requested a generator in its 2013 and 2014 budget submission however; no funds were allocated by the Ministry of Finance.

**Recommendation 30**

*Address the inefficiencies and areas of non-compliance with the OSHA, with a view to improving the working environment of the staff.*

Response: The Palms has reconvened its OSH committee with the assistance of the Labour Department.

## **Staff Management**

### **Recommendation 1**

*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.*

Response: The Ministry has addressed this recommendation in its soon to be completed five (5) year strategic plan.

### **Recommendation 2**

*Conduct a training needs assessment, and formalized 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.*

Response: The Ministry has addressed this recommendation in its soon to be completed five (5) year strategic plan.

### **Recommendation 3**

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

Response: The Ministry/Palms will continue to work with the Ministry of Health and Guyana Public Hospital Corporation to build capacity via training through these two agencies.

### **Recommendation 4**

*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.*

Response: PCAs are always provided with feedback since performance evaluation is an interactive process and the PCAs are required to sign after being scored and supervisor's comments are documented.

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