

Personal Care Home (PCH) Standards Modified Standards Review Report

Regional Health Authority: Winnipeg Regional Health Authority (WRHA)

Facility: River East Personal Care Home

Number of Beds: 120

Review Team: Kathy Kelly, Manitoba Health, Seniors and Active Living (MHSAL)

Review Date(s): July 13, 2020

Report Date: August 25, 2020

Overview:

Context for Review:

Manitoba Health Seniors and Active Living (MHSAL) prioritized the completion of standards reviews at all licensed PCHs in Manitoba in 2020 to ensure standards of care continue to be maintained during the COVID-19 pandemic. A modified review (MR) process was developed for all reviews taking place between July and December 2020. The MR focusses on a number of key areas of care delivery and actions taken by the PCH to safeguard residents from the spread of infection. Timelines for the resumption of the regular standards review cycle and format will be determined as the pandemic evolves.

Review Activities and Information Sources:

The modified review consisted of:

- A walk-through tour of common areas and units.
- A review of six health records.
- Interviews with five family members, five residents, five staff members and the Executive Director of the facility.
- A review of fire drill records for 2018, 2019 and up to current date for 2020.
- The Resident Council Meeting minutes for 2018, 2019 and up to current date for 2020.

The tour was to observe cleanliness and the general state of maintenance in the building. The facility was clean and well maintained. The facility is encouraged to develop a plan for replacement of cupboards in the kitchenette areas as some are starting to show wear and tear. It is suggested that Housekeeping complete a damp wipe of all drawers and cupboards in kitchenettes to clean up spills and crumbs.

All the appropriate postings were present: Bill of Rights; Protection for Persons in Care posters, menus, Resident Council minutes and the complaint/feedback process with the appropriate contact information as well recreation calendars.

Screening at the staff entrance was comprehensive and appropriate PPE use noted throughout the facility. Physical distancing was observed generally.

In the review of six health records at this facility, there was minimal documentation about the impact of COVID-19 on the resident in the health record. Follow-up of clinical issues was well done.

River East PCH follows the Eden Alternative Care philosophy. Units are referred to as neighbourhoods and residents are referred to as elders. The basis of the Eden Alternative Care philosophy is focused on the care of the human spirit as well as the care of the human body. Recreation and other program areas focus on life enrichment activities and elder-centered care.

Residents, families and staff were asked if they could change anything about the PCH, what would they change. These responses are in the context of the timing of the review. At the time of the modified review, visitor access was limited to virtual visits, telephone calls, indoor and outdoor visits. Responses are as follows:

- More physician time with residents. This suggestion was not related to COVID-19 but is a suggestion that physicians need to spend time with residents to assess resident issues.
- More staff in all program areas was a universal theme from all stakeholders. This suggestion was not only to have more staff to complete basic care tasks but to provide resident centered care. The sentiment behind this suggestion was that given the complex care needs of the residents, staff have the time to provide task-oriented care but not resident centered care.
- Open the doors to more visitation.
- Hire staff with a good command of English. This was suggested in the context of those residents who are hard of hearing, some accents are difficult to understand. It was also suggestion in that not all staff speak English when working in pairs and assisting residents.
- Consistent staff on each unit.
- A family management council.
- Less lost or damaged clothes from laundry.
- Staff suggested more unannounced standards reviews from MHSAL.
- Hire staff who are interested and willing to learn about working with the geriatric population.
- HCAs need to ensure the diet texture for residents before feeding a resident.
- More facilities with designated special care environments are needed.
- Ability to bring in home-made food. Families are willing to use wipe-able containers. This practice was acceptable prior to COVID-19. To families, this is inconsistent with allowing food from commercial sites such as restaurants etc. One family member felt that their resident has been placed at risk due to preference for diet choice and culturally based foods.

General Statement of Findings:

There were no significant findings during the course of the review that required follow-up by the facility, which must be reported to the Licensing and Compliance Branch.

Standard 1: Bill of Rights

Reference: Personal Care Homes Standards Regulation sections 2, 3, and 4

Expected outcome: The resident's right to privacy, dignity and confidentiality is recognized, respected and promoted.

Performance Measure: The bill of rights is respected and promoted in the personal care home (PCH).

Findings:

Several observations were made and heard in the interviews from residents and families that the bill of rights is respected and promoted. These observations included staff interaction with residents during meal times and one-to-one interactions in the hallways. Residents were observed to be cared for in a manner consistent with their needs via the integrated care plan and observations of the residents. No breeches of privacy noted.

Both families and residents indicated that they felt the staff had treated them with respect during interactions. Residents indicated they felt safe and comfortable and received the care they needed. Families indicated the staff was caring and engaged in the resident's care.

Generally, families felt residents were getting the care needed, not all felt it was the required 3.6 hours per day. This was mainly around the assistance with feeding their resident required. All families acknowledge this was in the context of many residents with complex care needs especially the time required to assist those with that require assistance with feeding and have difficulty swallowing. One family member petitioned to become an essential visitor to assist with their resident with feeding as during COVID-19, there was evidence of nutrition concerns as evidenced by weight loss and increasing difficulty with the staff being able to feed this resident.

Performance Measure: Efforts are being made to ensure opportunities for safe contact between residents and their family/friends.

Findings:

At the time of review, both indoor and outdoor visits had been initiated. Indoor in-room visits had not been announced at the time of this review. The facility has been following the Shared Health guidelines for indoor and outdoor visits and was able to institute each phase within the operations of the facility and each phase communicated to both residents and family members.

Initially, phone calls, window visits and virtual visits were in place to assist families and residents connect. Outdoor visits were initiated with guidelines for physical distancing and other requirements maintained. However, many families felt the location was less than ideal due to the noise from the street.

While families and residents were aware of the Shared Health restrictions, there was an overwhelming hope that visitation would be further opened given that the length of the visits were too short in duration.

Some elders did attend appointments for essential services outside the facility following Shared Health guidelines.

Follow-up Required: None

Standard 2: Resident Council

Reference: Personal Care Homes Standards Regulation Sections 5 & 6

Expected Outcome: Residents have a forum to freely discuss their concerns and issues and the management of the home responds to this same forum.

Performance Measure: A minimum of five resident council meetings are offered each year and residents/families are aware of opportunities to participate.

Findings:

The requirement of five resident council meetings per year has been met. River East PCH has five neighbourhoods. Each neighbourhood with the exception of Courage Bay, the special care environment unit, has had three to four neighbourhood meetings for 2018 and 2019. Plus, there were town hall meetings for the entire facility in 2019. The town hall meeting for 2020 was postponed due to COVID-19. Neighbourhood meetings were also cancelled due to COVID-19. A couple of neighbourhoods have resumed neighbourhood meetings as of June 2020.

Meeting minutes are posted on all neighbourhoods.

Three of the five family members were not aware of the neighbourhood meetings and two were aware. Both of these individuals had attended neighbourhood meetings. Both of these family members felt there should be more of a management presence as well as more family members present. In the opinion of the families, there are so few residents on each neighbourhood that have the capacity to bring issues forward. Neighbourhood meetings are generally held during the day. Of the five residents who were interviewed, one attended and speaks up, one was not aware of the meeting and the remaining three did not attend. One of these three did attend initially in their admission but no longer felt it was a good use of time as it seemed many people complained and not many solutions were brought forward.

Performance Measure: Concerns/issues expressed by residents are documented, investigated, and addressed in a timely manner.

Findings:

Although, concerns are documented, investigated and responded to, very few concerns were identified in meetings within the last year. Most issues brought forward at the meetings and recorded for tracking accountability purposes, did not require investigation

and were discussed at the meeting as the management present can immediately provide an explanation or response. This appears to be satisfactory to the residents as issues do not appear to resurface in later meetings.

Additional Comments: River East PCH is encouraged to resume neighbourhood meetings at the previous frequency. The facility is encouraged to follow through with the plan to hold a virtual town hall to receive feedback from families and residents.

Family members suggested more family should be at the neighbourhood meetings given that many residents do not have capacity to speak for themselves. It is suggested that the facility review how the Resident Council is promoted to residents. The Resident Council is intended to be a forum for residents to bring forward concerns but given the capacity of some residents, the facility may consider more family involvement to provide the resident perspective as a care partner.

Follow-up Required: Recommended.

Standard 4: Information on Admission

Reference: Personal Care Homes Standards Regulation, Section 8

Expected Outcome: Residents and their representatives are provided with clear information on the operation of the home.

Performance Measure: For any new admissions during the COVID-19 pandemic, an information package including information specific to COVID-19 policies/procedures is provided to the resident and their family/representative.

Findings:

Admissions have occurred since the start of restrictions to PCHs. Each admitted resident/family was provided with the facility's Elder Information handbook. Only one family member was allowed to accompany the resident on admission as per the Shared Health guidelines. The time for families to assist the resident settle in was limited due to COVID19 protocols.

No pre-admission tours were held. This would be a normal practice prior to COVID-19 where prospective residents and families would tour the facility prior to admission.

Follow-up Required: None

Standard 5: Right to Participate in Care

Reference: Personal Care Homes Standards Regulation, Sections 9 & 10

Expected Outcome: Residents receive care in accordance with their wishes.

Performance Measure: Residents and their family/representative have opportunities to participate in care decisions.

Findings:

For residents admitted during COVID-19, families were able to provide input into the 24 hour care plan. All families describe they were involved regularly in care conferences as offered.

Most families interviewed were active in the daily residents care either by the frequency of visits to the resident pre-COVID-19 or by phone during COVID-19.

Two residents interviewed are involved in their ongoing care decisions and able to participate in care conferences.

Additional Comments: One family member suggested a formal meeting, similar to the annual care conference, at the six month interval between annual care conferences with family. This could happen at one of the three month care plan reviews, six months after the annual care conference.

Follow-up Required: None

Standard 6: Communication

Reference: Personal Care Homes Standards Regulation, Sections 14

Expected outcome: Each resident's current care needs, including any changes, are communicated completely and accurately to all staff who require the information to provide safe, appropriate care to the resident.

<p>Performance Measure: Processes to ensure ongoing, accurate and timely communication of each resident's needs including changes to the current care plan and between staff at change of shift continue to be maintained.</p>
<p>Findings:</p> <p>Nursing has been making weekly phone calls to family members to keep them up to date as to the resident's well being. This is in addition to many families initiating contact with the PCH with their questions. All families did indicate this communication was appreciated and contained all the necessary information.</p>
<p>Performance Measure: Communication specific to COVID-19 related policy changes, restrictions and safeguards are regularly communicated to residents, family members and staff.</p>
<p>Findings:</p> <p>All stakeholders felt kept up to date related to COVID-19 policy changes, restrictions and required safeguards.</p> <p>For families, this was through email and phone contact.</p>
<p>Performance Measure: Additional measures have been put in place to support staff experiencing increased stress or workload resulting from COVID-19.</p>
<p>Findings:</p> <p>Staff interviewed indicate that information is available and leadership is approachable and available to answer questions. Leadership indicates information has been posted. Staff appreciation has included treats, prizes giveaways, and soon to happen, staff BBQs. Leadership also indicated they have been doing facility walks throughout the facility to check in with staff.</p>
<p>Performance Measure: Staff are encouraged to share their concerns and ideas with supervisors/managers.</p>
<p>Findings:</p> <p>Staff interviewed were from various departments within the PCH. All indicated staff are encouraged to ask questions, share concerns and ideas with supervisors/managers. All indicated that the management team had and continues to be very communicative during COVID-19 and the ongoing changes.</p>

Additional Comments: Overall, communication between leadership and staff, staff with residents and families and each other appeared to be respectful and attentive to concerns brought forward by any party.

Follow-up Required: None

Standard 7: Integrated Care Plan

Reference: Personal Care Homes Standards Regulation sections 11, 12, 13 and 14

Expected Outcome: Beginning at admission, residents consistently receive care that meets their needs, recognizing that residents' care needs may change over time.

Performance Measure Heading - The active integrated care plan contains detailed and current information on all aspects of each resident's care needs, to ensure all appropriate and proper care is provided, including information on and requirements for:		
7.08	• bathing	Six integrated care plans (ICPs) were reviewed. Met on six ICPs
7.09	• dressing	Met on six ICPs
7.10	• oral care	Met on six ICPs
7.11	• skin care	Met on six ICPs
7.12	• hair care	Met on six ICPs
7.13	• fingernail care	Met on six ICPs
7.14	• foot care	Met on six ICPs
7.15	• exercise	Met on six ICPs
7.16	• mobility	Met on six ICPs
7.17	• transferring	Met on six ICPs
7.18	• positioning	Met on six ICPs
7.19	• bladder function	Met on six ICPs
7.20	• bowel function	Met on six ICPs
7.21	• any required incontinence care product	Met on six ICPs
7.22	• cognitive and mental health status	Met on six ICPs

7.23	<ul style="list-style-type: none"> emotional status, and personality and behavioural characteristics 	Met on five of six ICPs
7.24	<ul style="list-style-type: none"> available family, social network, friends and/or community supports 	Met on six ICPs
7.25.	<ul style="list-style-type: none"> hearing ability and required aids 	Met on six ICPs
7.26	<ul style="list-style-type: none"> visual ability and required aids 	Met on six ICPs
7.27	<ul style="list-style-type: none"> rest periods, bedtime habits, and sleep patterns 	Met on six ICPs
7.28	<ul style="list-style-type: none"> safety and security risks and any measures required to address them 	Met on six ICPs
7.29	<ul style="list-style-type: none"> language and speech, including any loss of speech capability and any alternate communication method used 	Met on five of six ICPs
7.30	<ul style="list-style-type: none"> rehabilitation needs 	Met on six ICPs
7.31	<ul style="list-style-type: none"> therapeutic recreation requirements 	Met on six ICPs
7.32	<ul style="list-style-type: none"> preferences for participating in recreational activities 	Met on six ICPs
7.33	<ul style="list-style-type: none"> religious and spiritual preferences 	Met on six ICPs
7.34	<ul style="list-style-type: none"> food allergies 	Met on six ICPs
7.35	<ul style="list-style-type: none"> diet orders 	Met on six ICPs
7.36	<ul style="list-style-type: none"> type of assistance required with eating 	Met on six ICPs

7.37	<ul style="list-style-type: none"> whether or not the resident has made a health care directive 	Met on six ICPs
7.38	<ul style="list-style-type: none"> special housekeeping considerations 	Met on four of six ICPs.
7.39	<ul style="list-style-type: none"> other needs identified by the interdisciplinary team. 	Met on six ICPs
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	Met on six ICPs
Performance Measure Heading - There is evidence that the integrated care plan is reviewed:		
7.41	<ul style="list-style-type: none"> at least once every three months by the interdisciplinary team 	Met on six ICPs
7.42	<ul style="list-style-type: none"> at least annually by all staff who provide direct care and services to the resident, as well as the resident and his/her representative(s), if possible. 	Met on six ICPs
Performance Measure: Notable change in incidents of pressure sores and falls among PCHs residents since the onset of COVID-19		
Findings:		
No significant change in pressure sores or falls was reported by the PCH leadership.		

Performance Measure: Impact of COVID-19 on accessibility of programming and services to address care plan elements (i.e. foot care, hair care, dental, etc.)

Findings:

Disruption of accessing programming and services was minimal. Foot care was paused for one month and other external services like hair dressing and Occupational Therapy were maintained based on the criteria for working in a single site and precautions were maintained.

Volunteers, one-to-one spiritual care and religious services, outside entertainment or contracted services by the PCH or a resident (e.g. Music Therapy or Massage Therapy) and Speech and Language Therapy were suspended.

Additional Comments: Care plans were individualized and complete.

Follow-up Required: None

Standard 9: Use of Restraints

Reference: Personal Care Homes Standards Regulation, sections 16, 17 and 18, and the Manitoba Provincial Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes.

Expected outcome: Residents are restrained only to prevent harm to self or others. When a restraint is necessary it is correctly applied and the resident in restraint is checked on a regular basis.

Performance Measure Heading - Documentation of consent and interdisciplinary assessment.		
9.02	There is documented evidence that the resident, if capable, has given written consent to the use of the restraint. Where the resident is not capable, the consent of the resident's legal representative is documented.	The six health care records reviewed had restraint documentation. Met in six of six health care records
9.03	If written consent is not available, verbal consent must be obtained from the resident	Met in four of four applicable health care records

	or their legal representative. Verbal consent must be documented, dated and signed by two staff members, one of which must be a nurse.	
9.04	There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.	Met in six health care records
Performance Measure Heading - The assessment includes documentation of each of the following:		
9.05	<ul style="list-style-type: none"> description of the resident's behaviour and the environment in which it occurs (including time of day) 	Met in six health care records
9.06	<ul style="list-style-type: none"> the resident's physical status 	Met in six health care records
9.07	<ul style="list-style-type: none"> the resident's emotional status 	Met in six health care records
9.08	<ul style="list-style-type: none"> the resident's mental status 	Met in six health care records
9.09	<ul style="list-style-type: none"> the resident's nutritional status 	Met in six health care records
9.10	<ul style="list-style-type: none"> all alternatives tried and exhausted 	Met in six health care records
9.11	<ul style="list-style-type: none"> review of current medications 	Met in six health care records
9.12	<ul style="list-style-type: none"> actual and potential benefits to the resident if the restraint is applied 	Met in six health care records

9.13	<ul style="list-style-type: none"> actual and potential burdens to the resident if the restraint is applied 	Met in six health care records
9.14	<ul style="list-style-type: none"> any other additional ethical considerations 	Met in six health care records
Performance Measure Heading - There is a written order for the restraint in the resident's health record that indicates:		
9.15	<ul style="list-style-type: none"> the kind of restraint to be used 	Met in six health care records
9.16	<ul style="list-style-type: none"> the frequency of checks on the resident while the restraint is in use 	Met in five of six health care records
9.17	<ul style="list-style-type: none"> the signature of the person giving the order (where a chemical restraint is used it must be ordered by a doctor, nurse practitioner or physician assistant) 	Met in six health care records
9.18	<ul style="list-style-type: none"> the professional designation of the person giving order 	Met in six health care records
9.19	<ul style="list-style-type: none"> for a chemical restraint, the time limit for its use (the discontinuation date) 	Met in one of one applicable health record
Performance Measure Heading - There is evidence of a care plan for every restraint in use, that outlines the resident's unique and specific needs, including:		
9.20	<ul style="list-style-type: none"> the type of restraint and method of application 	Met in six health care records
9.21	<ul style="list-style-type: none"> the length of time the restraint is to be used for each application 	Met in six health care records
9.22	<ul style="list-style-type: none"> the frequency of the checks on the resident while the restraint is in use 	Met in six health care records

9.23	<ul style="list-style-type: none"> when regular removal of restraints is to occur 	Met in six health care records
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	Met on six health care records
Performance Measure: Notable change in the use of restraints since the onset of COVID-19.		
Findings: The leadership team reports no change in the use of restraints since the onset of COVID-19.		

Follow-up Required: None

Standard 10: Medical Services

Reference: Personal Care Homes Standards Regulation, Sections 19 & 20

Expected Outcome: Residents receive medical care in accordance with their needs and in a manner that enhances their quality of life.

Performance Measure: The PCH has continued to ensure that residents have access to physician services/care.
Findings: The Medical Director has maintained weekly rounds at the PCH. The Nurse Practitioner and the other physician have conducted weekly telephone rounds and any residents to be seen as a result of these rounds are seen on the weekly rounds by the Medical Director.

Follow-up Required: None

Standard 11: Nursing Services

Reference: Personal Care Homes Standards, Section 21, 22 & 23; Nursing Services Guideline, Manitoba Health Policy HCS 205.3, Nursing Services Guideline Plan/Template

Expected Outcome: Residents receive nursing care that meets their needs and in a manner that enhances their quality of life.

Performance Measure: The 3.6 HPRD (hours per resident day) care requirement continues to be met.
Findings: The facility reports the 3.6 has been maintained despite existing vacancies.
Performance Measure: All staff shifts are filled and there are adequate staff to provide care to residents.
Findings: Unfilled shifts in nursing have occurred due to the single site directive. The single site directive reduced the casual pool and resulted in less part-time staff as they chose another site to be their permanent site. Other part-time staff have agreed to increase their EFT to cover shifts. Agency staff have also been used to fill shifts. Agency staff are complying with the single site directive. Staff, resident and families felt there was not sufficient staff to provide resident-centred care. Families indicated that staff are caring and residents are provided the basic care needs as long as it could be accomplished in the normal time frame. The most common cited example was when a residents needed assistance with feeding and it took a long time.
Performance Measure: Staff have the equipment and supplies (including PPE) they need to provide care and services safely and effectively.
Findings: Both staff and leadership indicated that sufficient PPE and other supplies were in place and available.

Follow-up Required: None

Standard 12: Pharmacy Services

Reference: Personal Care Homes Standards Regulation, Sections 24, 25 & 26

Expected Outcome: Residents receive prescribed treatments and medications in accordance, with their needs and their treatments/medications are correctly administered and documented.

Performance Measure: Quarterly medication reviews are completed with the pharmacist.

Findings:

Met on six health records reviewed. Quarterly medication reviews have occurred with the pharmacist on conference call with the physician and nurse or all three required personnel on conference call.

Follow-up Required: None

Standard 14: Nutrition and Food Services

Reference: Personal Care Homes Standards Regulation section 28

Expected outcome: Residents nutritional needs are met in a manner that enhances their quality of life.

Performance Measure: Food services and dining arrangements comply with public health guidelines related to COVID-19.

Findings:

Breakfast is a relaxed breakfast in the main dining room and accommodates the resident numbers and physical distancing requirements. One unit has two staggered meals times to accommodate all the residents and physical distancing requirements. At lunch and dinner, the multi-purpose room has added tables to accommodate physical distancing for those residents who for lunch and dinner would normally attend the main dining room.

Performance Measure: The PCH has effectively addressed any challenges relative to food procurement, storage and handling resulting from COVID-19.

Findings:

Leadership indicated that some food items were initially unavailable during the pandemic but this has resolved over time. Delivery is a tail-gate delivery. Shared Health guidelines are followed.

Follow-up Required: None

Standard 17: Therapeutic Recreation

Reference: Personal Care Home Standards Regulation, Section 31

Expected Outcome: Residents participate in therapeutic recreational programming that enhances their quality of life.

Performance Measure: Recreation programming has been maintained in a manner that adheres to infection prevention and control protocols and meets the needs of residents.

Findings:

The facility reports that due to the physical distancing requirements and cleaning protocols, the types of activities have changed and most activities are small groups or one-to-one activities. One-to-one activities with residents have increased.

From the resident interviews, some were self-directed in what and how they spent their time. Others were not able to recall what if any recreation was occurring but they did remember activities pre-pandemic such as being able to go out with family and come and go from the facility which the residents would hope was to resume soon. Families reported that their resident often attended as a passive observer or attended by choice. Families did identify that when there is no backfill for vacations or staff for recreational staff the weekends were long for residents as there was sometimes 3-4 days with no recreation activities available.

Additional Comments: Recreation staff time was diverted to coordinate and assist residents with phone contact with family, window visits as well as virtual visits. Some small group programming and one-to-one activities continued based on the Shared Health guidelines. And in the case of one-to-one activities, this was an increase in frequency compared to pre-COVID-19. The facility and recreation department is encouraged to discontinue the practice of listing indoor and outdoor visits as recreation for the resident. This is not recreation or a resident's preference but a necessity for the well-being of the resident and the family member(s) under the

pandemic conditions and is more reflective of workload of the recreation staff. It is appropriate to list this on the ICP but related to the focus of emotional well being.

Follow-up Required: None

Standard 18: Spiritual and Religious Care

Reference: Personal Care Homes Standards Regulation, Section 32

Expected Outcome: Residents are free to practice their individual spiritual and religious customs and residents' spiritual needs are met in a way that enhances their quality of life.

Performance Measure: Spiritual care services continue to be provided to residents on a regular basis.

Findings:

Access to clergy staff for weekly services was discontinued when restrictions were imposed due to COVID-19. The facility reports that residents have been able to view virtual services from two churches associated with the PCH. The Life Enrichment staff also offer spiritual care programming.

Residents at End of Life have access to clergy personnel on request.

Follow-up Required: None

Standard 20: Disaster Management Program

Reference: Personal Care Homes Standards Regulation, Section 35 and Manitoba Fire Code, Section 2.8.3 – Performance Measure #20.18

Expected Outcome: Residents are provided with a safe environment. Threats/risks that threaten the safety of the environment are proactively identified, hazards minimized and steps taken to respond when disasters occur.

<p>Performance Measure: There is documented evidence that fire drills are conducted at least once a month and a record is maintained.</p>
<p>Findings: Fire drills have been completed as required.</p>

Follow-up Required: None

Standard 21: Infection Control Program

Reference: Personal Care Homes Standards, Section 36

Expected Outcome: Residents are protected from the spread of infection by an infection control program.

<p>Performance Measure: Education/training on infection prevention and control (IP&C) has been offered to all staff since the onset of COVID-19.</p>
<p>Findings: Training has consisted of PPE education, zones education and updates to the COVID-19 guidelines. This education is supported by ongoing memos, printed updates to the COVID-19 education binder, posters and huddles. Staff indicated they felt well informed and information was provided in a timely manner.</p>
<p>Performance Measure: Compliance with IP&C protocols is regularly monitored/audited.</p>
<p>Findings: The facility is ensuring compliance with Hand Hygiene audits, on the spot reminders for proper use of PPE, walk-about in the facility and other routine audits in place such as medication pass audits.</p>

Performance Measure: Housekeeping procedures and cleaning schedules have been enhanced since the onset of COVID-19.
Findings: The facility reports that enhanced cleaning is in place as per the Shared Health Guidelines.
Performance Measure: Appropriate protocols/procedures are in place for the collection and handling of laundry (on and/or off-site).
Findings: The required protocols are in place.

Follow-up Required: None

Standard 24: Staff Education

Reference: Personal Care Homes Standards Regulation, Section 39

Expected Outcome: The appropriate knowledge, skills and abilities for each position in the personal care home have been identified, documented and training is available to staff to enable them to perform their roles effectively.

Performance Measure: Staff education and training continues to be offered on a regular basis.
Findings: All education has continued with the exception of the annual skills reviews. This will be rescheduled. All education has followed the required protocols.
Performance Measure: New staff hires (including agency staff) receive a thorough orientation to their position and to the facility on or before commencing their employment.
Findings: The facility has been able to hire during COVID-19 and has followed the facility's normal orientation process with smaller groups.

Follow-up Required: None

Standard 25: Complaints

Reference: Personal Care Homes Standards Regulation, Section 40

Expected Outcome: A complaint process is available to residents and their representatives to address concerns.

Performance Measure: An effective complaint process remains in place to address resident concerns/complaints.

Findings:

Most complaints up to the time of the review, were the lack of in-person visitation. Although, the PCH has a robust schedule to schedule opportunities for visitation, this is limited by staff availability and location. The facility reports that each complaint has been dealt with on a case-by-case basis to address the unique needs of each resident and family.

The facility reported fewer complaints related to missing items. This is attributed to family not present in the building.

Families and residents interviewed felt the staff was responsive to their concerns and questions. Most families interviewed are involved in their resident's care and comfortable approaching the PCH to bring an issue forward.

Follow-up Required: None