

Personal Care Home (PCH) Standards Modified Standards Review Report

Regional Health Authority: Winnipeg Regional Health Authority

Facility: Extendicare Tuxedo Villa

Number of Beds: 213

Review Team: Heather Roos (Manitoba Health, Seniors and Active Living) (MHSAL) Sabine Bures (MHSAL)

Review Date(s): July 28, 2020

Report Date: September 30, 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 focuses 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 was held on July 28, 2020 and consisted of:

- A walk through tour of the common areas and units, excluding the resident rooms.
- A review of eight health records.
- Interviews were held with five family members, four residents, four staff members and the Administrator and the Director of Care as members of the Leadership team.
- A review of the fire drill records, 2018, 2019 and current year to date.
- The Resident Council Meeting minutes for 2018, 2019 and current year to date.

The tour was to observe cleanliness and the general state of maintenance of the building. The home was generally clean. It was generally well maintained, however there are areas of required repair and maintenance and are listed below:

- The flooring is splitting along the wall edges and there were capital plans to address this that have been delayed due to the pandemic.
- There is an outdoor courtyard that is primarily used by staff, however there is resident access. There are concrete surfaces interspersed with brick that presents as a tripping hazard to all.
- There has been some refreshing with the removal of wall paper border on two units and will be continued.
- The nursing stations have chipped and broken surfaces that requires repair.

The residents appeared to be well groomed, appropriately dressed and those in wheelchairs were well positioned. Observations in the dining room demonstrated that the residents were provided with the required assistance. Choices of the beverages and the meal were offered. Most of the dining areas did not support social distancing with three or four residents found to be at most tables. The

medication pass was observed with no concerns noted. There were good interactions noted between the nurse and the resident during the medication administration.

Safety issue noted: The medication cart was found to be unlocked on one station and there was soiled linen carts nearby with open cart lids. Housekeeping carts were locked.

Staff were observed to be following the infection control practices with the appropriate personal protective equipment (PPE). Good hand hygiene observed.

All of the appropriate postings were present: The resident Bill of Rights, Protection for Persons in Care posters, dietary menus, Resident Council minutes, recreation calendars and the pamphlets identifying the complaints/concerns process.

Screening of all people entering the home was completed at the front entrance with available PPE provided. Hand sanitizer was noted throughout the building and at point of care.

General Statement of Findings:

The personal care home will be required to report on actions taken to address concerns noted under standard seven, the integrated care plan and standard nine, use of restraints.

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.

<p>Performance Measure: The bill of rights is respected and promoted in the personal care home (PCH).</p>
<p>Findings:</p> <p>The residents interviewed reported feeling comfortable and safe in the home. They stated that staff look after them very well and are available to answer their questions and provide them with any information that they require. The residents feel respected. The residents feel that the staff are busy as they sometimes have to wait. Some of the residents voiced concerns with the lack of variety of the food, “too much chicken and ham”, but overall feel the staff provide good meals for them. The routine of the regular organized recreational activities is missed by the residents since COVID-19.</p> <p>The family members interviewed reported that the staff are friendly and caring. Families reported that they have been able to visit the residents by telephone, window visits and outdoor visits. They advised that they feel that the residents are well looked after and that the staff in all departments care about their well being. The families feel their loved ones overall enjoy the food.</p>
<p>Performance Measure: Efforts are being made to ensure opportunities for safe contact between residents and their family/friends.</p>
<p>Findings:</p> <p>Families reported that they are able to visit the residents on the telephone, with window visits and well as outdoor visits. They expressed concern with the residents having additional contacts of people with the indoor visits once they are able to occur.</p> <p>Resident leaves that were not required for essential health services were discouraged. It was communicated to the residents and families that if a resident left the home for a non essential service, that they would be required to isolate for 14 days. Residents that were going out to an essential appointment would wear required PPE and travel was arranged through a transportation company where their workers are screened and comply with Public Health guidelines.</p>

Follow-up Required: None required.

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.

<p>Performance Measure: A minimum of five resident council meetings are offered each year and residents/families are aware of opportunities to participate.</p>
<p>Findings:</p> <p>There were nine Resident Council Meetings held in 2018, eight meetings held in 2019 and five meetings so far in 2020. The families interviewed were aware of the Resident Council meetings and chose whether to attend or not. The residents that could participate were aware of the meetings.</p>
<p>Performance Measure: Concerns/issues expressed by residents are documented, investigated, and addressed in a timely manner.</p>
<p>Findings:</p> <p>There were some inconsistencies in the minutes reviewed. There appeared to be repetitious reporting from one meeting to the next without consensus or evidence of resolutions to the round table discussions.</p>

Additional Comments: It is recommended that the home review their process of documenting the discussions and the follow up resolutions at the Resident Council meetings.

Follow-up Required: None required.

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:

The home has continued to admit residents throughout the pandemic. There is an admission handbook that is provided to the resident and family. The social worker communicates with the families by email or telephone prior to the admission outlining the COVID-19 restrictions and social distancing requirements.

Follow-up Required: None required.

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:

The residents and families indicate that they are involved in the discussions at the care conferences. The families are kept informed of any changes, for example, changes in medications or behaviours. The families talk to the nurses if they have any questions and indicated that they always get back to them and are very helpful.

Follow-up Required: None required.

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: Staff advised that residents' care needs changes are communicated to them via unit huddles, resident integrated progress notes, care plan updates and through report at change of shift. There has not been a change in the communication of resident information process during the COVID-19 pandemic.</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: The families reported on receiving a number of emails from Administration with weekly updates regarding the ongoing protocols for addressing the pandemic. The families were advised to contact administration if they have any questions or concerns. Newsletters were also sent to the families that included information on recreational activities and holiday events. Resident visitation schedules were set up on line that the families found very helpful. Staff advised that there was a COVID-19 bulletin board in the home and COVID-19 binders on the units that provided the updated information on protocols and routine practices. There were posters, memos, information sessions, huddles that provided general COVID information as well as current issues and challenges. There was additional PPE information about donning and doffing of supplies. There is an on line learning program that supports the staff with their educational needs.</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: The staff were supported by providing information on the Employee Assistance Programs (EAP) and the Blue Cross EAP. The Mental Health Virtual Therapy program was another resource. There was a COVID support group established. The leadership team had an open door policy and were accessible to the staff. There was a COVID-19 resource board in the home to advise staff of the available resources.</p>

Performance Measure: Staff are encouraged to share their concerns and ideas with supervisors/managers.
Findings: The staff interviewed advised that they were encouraged to ask questions and share ideas and concerns with their manager. The staff felt that their managers were listening and were supportive of the staff.

Follow-up Required: None required.

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	There were 8 care plans reviewed. 8/8 had the required information.
7.09	• dressing	8/8 had the required information.
7.10	• oral care	8/8 had the required information.
7.11	• skin care	8/8 had the required information.
7.12	• hair care	8/8 had the required information.
7.13	• fingernail care	8/8 had the required information.
7.14	• foot care	8/8 had the required information.
7.15	• exercise	8/8 had the required information.
7.16	• mobility	8/8 had the required information.
7.17	• transferring	8/8 had the required information.
7.18	• positioning	8/8 had the required information.
7.19	• bladder function	8/8 had the required information.
7.20	• bowel function	8/8 had the required information.

7.21	<ul style="list-style-type: none"> any required incontinence care product 	8/8 had the required information.
7.22	<ul style="list-style-type: none"> cognitive and mental health status 	8/8 had the required information.
7.23	<ul style="list-style-type: none"> emotional status, and personality and behavioural characteristics 	7/8 had the required information. One care plan had no reference made to this.
7.24	<ul style="list-style-type: none"> available family, social network, friends and/or community supports 	8/8 had the required information.
7.25.	<ul style="list-style-type: none"> hearing ability and required aids 	8/8 had the required information.
7.26	<ul style="list-style-type: none"> visual ability and required aids 	7/8 had the required information. One care plan did not had visual ability noted.
7.27	<ul style="list-style-type: none"> rest periods, bedtime habits, and sleep patterns 	8/8 had the required information.
7.28	<ul style="list-style-type: none"> safety and security risks and any measures required to address them 	8/8 had the required information.
7.29	<ul style="list-style-type: none"> language and speech, including any loss of speech capability and any alternate communication method used 	8/8 had the required information.
7.30	<ul style="list-style-type: none"> rehabilitation needs 	8/8 had the required information.
7.31	<ul style="list-style-type: none"> therapeutic recreation requirements 	8/8 had the required information.
7.32	<ul style="list-style-type: none"> preferences for participating in recreational activities 	7/8 had the required information. There was no reference to preferences on one care plan.
7.33	<ul style="list-style-type: none"> religious and spiritual preferences 	8/8 had the required information.
7.34	<ul style="list-style-type: none"> food allergies 	8/8 had the required information.
7.35	<ul style="list-style-type: none"> diet orders 	8/8 had the required information.

7.36	<ul style="list-style-type: none"> • type of assistance required with eating 	8/8 had the required information.
7.37	<ul style="list-style-type: none"> • whether or not the resident has made a health care directive 	8/8 had the required information.
7.38	<ul style="list-style-type: none"> • special housekeeping considerations 	8/8 had the required information.
7.39	<ul style="list-style-type: none"> • other needs identified by the interdisciplinary team. 	8/8 had the required information.
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	8/8 had the required information.
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 	3/8 care plans had the required information. There were gaps on four health records where the quarterly reviews were not completed. On two health records, the interdisciplinary signatures were not dated on the quarterly care plan reviews, therefore unable to confirm that an interdisciplinary discussion took place for the review of the care plan.
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. 	8/8 had the required information.
Performance Measure: Notable change in incidents of pressure sores and falls among PCHs residents since the onset of COVID-19		
Findings: There were no notable changes in incidents of pressure ulcers or falls since the onset of COVID-19.		

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:

Hair dressing services were stopped at the onset of the pandemic and resumed on July 20 following the Shared Health updates. Music therapy program has been stopped. The dental visits have been discontinued since the pandemic. Foot care services are available as a single site service provider. Occupational therapy services have continued due to a single site service provider. Speech language pathology had been done virtually and are now on site following the single site per day directive.

Follow-up Required: The home is required to submit a status update that would include an audit of the quarterly care plan reviews that would demonstrate compliance of standard 7.41.

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.	All 8 health records reviewed had a tilt wheelchair physical restraint. 8/8 had the required information.
9.03	If written consent is not available, verbal consent must be obtained from the resident or their legal representative. Verbal consent must be documented, dated and signed	5/8 had the verbal consent documented as well as a written consent as noted previously.

	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.	5/8 had the required information. 3/8 had the restraint initiated prior to the completion of the assessment by an interdisciplinary team.
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) 	7/8 had the required information. Information was missing on one assessment.
9.06	<ul style="list-style-type: none"> the resident's physical status 	8/8 had the required information.
9.07	<ul style="list-style-type: none"> the resident's emotional status 	8/8 had the required information.
9.08	<ul style="list-style-type: none"> the resident's mental status 	8/8 had the required information.
9.09	<ul style="list-style-type: none"> the resident's nutritional status 	7/8 had the required information. Information provided 9 months later on one assessment.
9.10	<ul style="list-style-type: none"> all alternatives tried and exhausted 	8/8 had the required information.
9.11	<ul style="list-style-type: none"> review of current medications 	8/8 had the required information.
9.12	<ul style="list-style-type: none"> actual and potential benefits to the resident if the restraint is applied 	8/8 had the required information.
9.13	<ul style="list-style-type: none"> actual and potential burdens to the resident if the restraint is applied 	8/8 had the required information.
9.14	<ul style="list-style-type: none"> any other additional ethical considerations 	8/8 had the required information.

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 	8/8 had the required information.
9.16	<ul style="list-style-type: none"> the frequency of checks on the resident while the restraint is in use 	8/8 had the required information.
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) 	8/8 had the required information.
9.18	<ul style="list-style-type: none"> the professional designation of the person giving order 	8/8 had the required information.
9.19	<ul style="list-style-type: none"> for a chemical restraint, the time limit for its use (the discontinuation date) 	N/A as no chemical restraints on the health records reviewed.
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 	8/8 had the required information.
9.21	<ul style="list-style-type: none"> the length of time the restraint is to be used for each application 	8/8 had the required information.
9.22	<ul style="list-style-type: none"> the frequency of the checks on the resident while the restraint is in use 	8/8 had the required information.
9.23	<ul style="list-style-type: none"> when regular removal of restraints is to occur 	8/8 had the required information.
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	7/8 had the required information. On one health record, there should have been six quarterly reviews completed, two were not done in 2019.

Performance Measure: Notable change in the use of restraints since the onset of COVID-19.

Findings:

Leadership reports that there has not been a significant change noted in the usage of restraints since the pandemic protocols have been implemented.

Follow-up Required: The home is required to submit a status update including an audit documenting that for all new restraints applied, the restraint assessment is completed by an interdisciplinary team prior to the application of the restraint.

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:

There has been on site weekly physician rounds as well as physician rounds being done by telephone with the nurses. Physicians have been on site to complete the quarterly medication reviews.

Follow-up Required: None required.

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.

<p>Performance Measure: The 3.6 HPRD (hours per resident day) care requirement continues to be met.</p>
<p>Findings:</p> <p>The leadership interview advised that the nursing staff absenteeism in the first quarter was 7.01% and 4.99% in the second quarter. The vacancies by positions are HCA 11 and there are three vacancies in the RN/LPN category.</p>
<p>Performance Measure: All staff shifts are filled and there are adequate staff to provide care to residents.</p>
<p>Findings:</p> <p>Tuxedo Villa makes every effort to replace all shifts. Overtime use has increased. Mandated overtime has occurred on two occasions, once for a HCA and once for a nurse. The single site directive has depleted the casual pools.</p> <p>The residents commented that the staff are very good to them. Everyone is kind.</p> <p>The families interviewed are happy with the care that the staff provide, however, commented that there are sometimes care needs missed, meaning attention to some details such as oral care, nail care and taking the residents outside for some fresh air.</p> <p>The staff commented that there is often not enough staff to meet the care needs of the residents. The single site directive has resulted in additional overtime. It would be helpful to have additional nursing staff as the vacation coverage, weekends, evenings and nights are particularly challenging to have enough staff to meet the care needs of the residents.</p>
<p>Performance Measure: Staff have the equipment and supplies (including PPE) they need to provide care and services safely and effectively.</p>
<p>Findings:</p> <p>The staff have indicated they have enough equipment and PPE to provide safe and effective care for the residents. They feel the home is well supplied with everything that is needed on a daily basis.</p> <p>Administration reported that the staff are provided with PPE upon entry into the home. They have been educated on the proper use of PPE and are aware of the provincial requirements for long term care. If staff require additional PPE, they can obtain it from the screeners or their supervisor.</p>

Follow-up Required: None required.

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:

Of the eight health records reviewed, all eight charts had evidence of the quarterly reviews being completed.

The quarterly medication reviews are conducted with the nurse and physician being on site and the pharmacist participates via conference call.

Follow-up Required: None required.

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:

Most dining areas did not support social distancing as there were three or four residents at each table. The staff were observed to be wearing appropriate PPE. Tables and chairs were disinfected between meal services. Self serve services have been eliminated. Condiments are available if requested.

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

Findings:

Food deliveries have been maintained with the delivery drivers being appropriately screened if they enter the building. There has been no issued identified with food storage.

Follow-up Required: None required.

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 residents commented that there was lots of entertainment prior to COVID-19. They noted that there is less to do now since COVID-19.

The families commented that the recreation staff are excellent and try to get the residents involved in the activities.

The leadership advised that the large group activities have been discontinued, for example bingo and birthday parties. There are no activities occurring that require the residents to share equipment. Virtual and Skype visits have increased. One to one programming has increased. Small group activities are happening on the units. They did have a Mother's Day tea, a Father's Day casino and a Canada Day bar b que where all residents and staff practiced social distancing.

Follow-up Required: None required.

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:

Regular church services have been cancelled. Prayer groups and hymn sing have been offered on the individual units. Residents and families at end of life care have been accommodated for spiritual care services if requested. Virtual church services have been available on television.

Follow-up Required: None required.

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.

Performance Measure: There is documented evidence that fire drills are conducted at least once a month and a record is maintained.

Findings:

There was evidence of monthly fire drills through 2018 and 2019. In 2020, due to COVID-19, monthly fire drills were suspended in March, April and May. Fire education was provided during each of those three months. The fire drills resumed in June 2020.

Follow-up Required: None required.

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.

Follow-up Required: None required.

<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:</p> <p>Mandatory education on all activities related to COVID-19 have been provided to all staff on the on line learning platform SURGE including; IPAC Module One – Breaking the Chain, IPAC Module Two – Hand Hygiene, IPAC Module Three – Routine Practices and IPAC Module Four – Cleaning and Disinfecting. There has also been small group education provided with videos and quizzes on hand hygiene and PPE application.</p>
<p>Performance Measure: Compliance with IP&C protocols is regularly monitored/audited.</p>
<p>Findings:</p> <p>Hand hygiene audits have been completed and submitted to the WRHA. There are ongoing universal PPE compliance checks completed.</p>
<p>Performance Measure: Housekeeping procedures and cleaning schedules have been enhanced since the onset of COVID-19.</p>
<p>Findings:</p> <p>The high touch areas are cleaned twice a day. They have changed disinfectants from Accel to Oxivir Plus as they had challenges acquiring the Accel product. There has been challenges at times with acquiring supplies of both the disinfectants and hand sanitizer.</p>
<p>Performance Measure: Appropriate protocols/procedures are in place for the collection and handling of laundry (on and/or off-site).</p>
<p>Findings:</p> <p>Appropriate PPE is worn for all collection of linens. All linens are treated as contaminated. The resident's clothes on admission are collected and laundered prior to labeling and then are given to the resident. The family are not currently doing any resident laundry.</p>

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.
<p>Findings:</p> <p>The home has continued to provide on going education to the staff through the on line learning program SURGE. The home provides small group education sessions in the games room. There are staff education poster boards with new and current education.</p>
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.
<p>Findings:</p> <p>Orientation for staff is provided in a small group format. The SURGE learning mandatory education is provided to staff for orientation and when returning from a leave of absence. PPE, hand hygiene and routine practices education is included as part of the orientation program. The orientation also includes ‘buddy shifts’ while maintaining social distancing guidelines.</p>

Follow-up Required: None required.

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:

There are formal processes in place to record and respond to concerns/complaints raised by the residents and families. The families interviewed indicate that the home is responsive to any requests they may have. The residents indicated that the staff are helpful in answering their questions and that overall there is nothing they would change at the home to make it better for them.

Follow-up Required: None required.