

Personal Care Home (PCH) Standards Modified Standards Review Report

Regional Health Authority: Winnipeg Regional Health Authority

Facility: Extencicare Oakview Place

Number of Beds: 245

Review Team: Heather Roos (Manitoba Health, Seniors and Active Living) (MHSAL), Bonnie Lounsbury (MHSAL)

Review Date: July 23, 2020

Report Date: September 8, 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 consisted of:

- A tour was conducted of the common areas of the home excluding the resident rooms.
- A review of eight health records.
- Interviews were held with eight residents, seven family members, eight staff members and members of the leadership team.
- A review of the fire drills for 2018, 2019 and current year to date was completed.
- The Resident Council minutes for 2018, 2019 and current year to date were reviewed.

All of the appropriate postings were present: the Resident Bill of Rights, Protections for Persons in Care posters, the dietary menus, the Resident Council minutes, the recreation calendars and the complaints/concern process brochure.

Screening was done at the entrance to the building and appropriate personal protective equipment (PPE) was noted throughout the home, essentially masks and eye shields. Physical distancing was generally observed.

In the review of the health records, there was minimal documentation noted about the impact of COVID-19 on the residents.

There were no concerns noted with cleanliness of the building. The building was odour free. Painting was being done on the units this year. There are plans for new flooring in the next fiscal year. Some of the wall protector in the corridors requires replacing. There is a handrail on second floor beside the elevator that requires repair.

There are beautiful painted murals on the walls of the units. The residents were involved in the selection of the murals. There are electronic menu boards displaying the menu for the three meals. Breakfast is done on the units with a relaxed breakfast available. The outdoor courtyard has beautiful trees with lots of flowers and shrubs throughout. There is a volunteer Master Gardener group as well as high school students that helped plant and maintain the courtyard. The cement walkway in the courtyard is in need of some repair.

Many residents were seen in the common areas and everyone looked appropriately dressed and were comfortably seated in wheelchairs or with a walker nearby. Housekeeping carts were noted to be locked when in the corridors. Medication pass was observed with good interaction noted between the nurses and the residents.

There are seven stations set up outside in the courtyard for outdoor visits. Inside visitation is currently done in the lobby while maintaining appropriate PPE and social distancing.

Residents, families and staff were asked if they could change anything about the PCH, what would that be. These responses were gathered at the time of the review. At the time of the modified review, visitor access was limited to virtual visits, telephone calls and indoor and outdoor visits. The following are the responses:

- The residents commented that the staff were obviously very busy and that sometimes they worked short. This causes delay in answering the call bells that sometimes results in incontinence.
- They find the staff friendly and kind, but felt that they need more HCAs for direct care on the units.
- The residents are anxious for COVID to be resolved so that families and friends can come back in and they would like more take-out food, for example, Chicken Chef.
- They would like more recreational activities and outings, as they would like to go and visit their friends and go to McDonalds.
- The garden and courtyard area is a beautiful space for all to enjoy.
- A number of residents and families commented on the need for additional staffing as the residents need more assistance with activities of daily living. They would like more than one bath a week.
- There was a common theme recognizing that there is a need for some renovations, private rooms for the residents, with large windows and specific areas designed for the residents to safely wander about.
- Another common theme from all stakeholders was the need for additional staff, particularly noted in nursing and therapeutic recreation, as they recognize the residents are requiring more care and assistance with all activities of daily living.

General Statement of Findings: There were no significant findings during the course of the review that require follow up by the home.

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>Several observations were made and heard in the interviews from the residents and families that the Bill of Rights is respected and promoted. The residents interviewed stated that they felt comfortable in the home. The residents feel safe and both residents and families feel they are treated respectfully. The residents reported that they feel that they get the kind of care that they require, however, they feel the staff are very busy and sometimes are short staffed. For the most part, they enjoy the food provided and commented that there are ample beverages available, both at meal times and in between meals. They commented that they enjoy the recreational activities scheduled, especially pre COVID-19, and that the staff have had to make modifications to the recreation scheduling since March 2020.</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>The residents reported that they have had contact with their families via telephone visits and/or indoor and outdoor visits that have been scheduled. A number of the residents have cell phones and can speak to their families regularly. This is challenging for residents that are sight or hearing impairments.</p> <p>There was some concern raised by the families, as they are concerned with the next phase implementation, of allowing designated visitors into the resident's rooms.</p> <p>Resident leaves were not permitted at this time with the exception being appointments that were deemed essential.</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 five Resident Council meetings held in 2018, six Resident Council meetings held in 2019 and three meetings held to date this year. All but one resident were aware of the meetings and they choose whether they wished to attend. The families were all aware of the Resident Council meetings.</p>
<p>Performance Measure: Concerns/issues expressed by residents are documented, investigated, and addressed in a timely manner.</p>
<p>Findings:</p> <p>Minutes showed documentation of the concerns and actions were taken to address the concern. The resolution was most often noted at the next meeting.</p>

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.

<p>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.</p>
<p>Findings:</p> <p>The administrator provides the initial contact with all potential admissions, reviewing by telephone all of the COVID-19 protocols that will affect the admission process. The home is in the process of updating the admission package to include the changes related to COVID-19.</p>

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:

Since COVID-19 pandemic, the families advised that they have contact via telephone at the resident care conference. Prior to COVID-19, a family advised that they were invited to the resident's initial care conference and met with the whole team. Families indicated that if able, the resident is very involved about decisions specific to their care needs.

The families indicated that they are advised if any untoward events happens, such as a skin tear or a fall. They are not always notified of medication changes. The families call in to speak to the nurse if they have questions or concerns. Appointments have been cancelled and rescheduled based on the need of the resident involved.

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.

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.

Findings:

Information and feedback received from the residents and family interviews indicated that they were satisfied for the most part with the information shared by the home. They indicated they are not always called about changes in medications. Families advised of having discussions with the home regarding changes in the residents' care and status. Families have been able to participate in the care conferences via telephone.

Performance Measure: Communication specific to COVID-19 related policy changes, restrictions and safeguards are regularly communicated to residents, family members and staff.

Findings:

The pandemic protocols, procedures and restrictions have been shared with all staff, residents and families.

A weekly newsletter has been sent out to all of the families/friends of the home, keeping everyone current on the updates from Shared Health.

There has been morning discussions at the leadership team huddles with the information being shared in each of the neighbourhoods. There has been neighbourhood staff meetings, display boards, memos, in-servicing, staff emails, communication binders and the screeners are a great source for providing important information to the staff as they are screened into the building.

Performance Measure: Additional measures have been put in place to support staff experiencing increased stress or workload resulting from COVID-19.

Findings:

The home provide staff appreciation events such as bar-b-ques, chips and drinks days, free healthy snacks, day off with pay draws and providing chocolate in the neighbourhoods. They provide free soup every day for the staff on duty. If a staff member felt they required a 'mental health day', it was provided. They have reviewed the Employee Assistant Programs and the mental health resources with the staff. The Attendance Management Program has been suspended for the time being. Every attempt has been made to fully replace shifts.

Performance Measure: Staff are encouraged to share their concerns and ideas with supervisors/managers.

Findings:

The staff indicated that the managers check in on the staff and this is appreciated. They feel well supported and that their ideas and concerns are heard by the leadership team. The staff are comfortable communicating with the team.

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 eight health records reviewed. 8/8 included the required information.
7.09	• Dressing	8/8 included the required information.
7.10	• oral care	8/8 included the required information.
7.11	• skin care	8/8 included the required information.
7.12	• hair care	8/8 included the required information.
7.13	• fingernail care	8/8 included the required information.
7.14	• foot care	8/8 included the required information.
7.15	• exercise	8/8 included the required information.
7.16	• mobility	8/8 included the required information.
7.17	• transferring	8/8 included the required information.
7.18	• positioning	8/8 included the required information.
7.19	• bladder function	8/8 included the required information.
7.20	• bowel function	8/8 included the required information.
7.21	• any required incontinence care product	8/8 included the required information.
7.22	• cognitive and mental health status	8/8 included the required information.
7.23	• emotional status, and personality and behavioural characteristics	8/8 included the required information.
7.24	• available family, social network, friends and/or community supports	8/8 included the required information.

7.25.	<ul style="list-style-type: none"> • hearing ability and required aids 	7/8 for the hearing ability and required aids. One care plan did not have anything noted for the resident.
7.26	<ul style="list-style-type: none"> • visual ability and required aids 	8/8 included required information regarding visual ability and 8/8 included required information on the required aids for vision.
7.27	<ul style="list-style-type: none"> • rest periods, bedtime habits, and sleep patterns 	8/8 included the required information.
7.28	<ul style="list-style-type: none"> • safety and security risks and any measures required to address them 	8/8 included 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 included the required information regarding the language spoken, 5/8 for the information in the care plan regarding speech capability.
7.30	<ul style="list-style-type: none"> • rehabilitation needs 	8/8 included the required information.
7.31	<ul style="list-style-type: none"> • therapeutic recreation requirements 	8/8 included the required information.
7.32	<ul style="list-style-type: none"> • preferences for participating in recreational activities 	8/8 included the required information.
7.33	<ul style="list-style-type: none"> • religious and spiritual preferences 	8/8 included the required information.
7.34	<ul style="list-style-type: none"> • food allergies 	8/8 included the required information.
7.35	<ul style="list-style-type: none"> • diet orders 	8/8 included the required information.
7.36	<ul style="list-style-type: none"> • type of assistance required with eating 	8/8 included the required information.
7.37	<ul style="list-style-type: none"> • whether or not the resident has made a health care directive 	8/8 included the required information.
7.38	<ul style="list-style-type: none"> • special housekeeping considerations 	8/8 included the required information.

7.39	<ul style="list-style-type: none"> • other needs identified by the interdisciplinary team. 	8/8 included 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 included 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 	8/8 included the required information.
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 included 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 was no notable change in the number of incidents of pressure sores or falls among the residents.		
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: External foot care program was stopped at the onset of COVID-19 and recommenced on April 15, 2020 on a monthly basis based on essentials needs of the service. Foot care services were performed one resident at a time in the hair salon. The foot care nurse was screened and utilized appropriate PPE. Physiotherapy and occupational therapy were provided to the home by the WRHA and were screened and donned appropriate PPE. Dental services have not recommenced at this time. The hairdresser has resumed services as of May 2020, and provides one week of consecutive days a month.		

Additional Comments: It is suggested that the home determine the order of the chart and review all charts for consistent order. Furthermore, a review and what forms should be archived from the current record should be done and organize the archived chart accordingly. There were a number of sticky notes found on the charts and this practice should cease.

Follow-up Required: None required.

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.	There were eight charts reviewed with three charts having both a chemical and a physical restraint, therefore 11 restraints were reviewed. 8/11 included the required information as 8 restraints included a written consent and 3 included a verbal consent within the past year.
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 by two staff members, one of which must be a nurse.	3/11 included the required information. 8/11 had written consents.

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.	11/11 included the required information.
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) 	9/11 included the required information. The information was not noted on two of the assessments.
9.06	<ul style="list-style-type: none"> the resident's physical status 	11/11 included the required information.
9.07	<ul style="list-style-type: none"> the resident's emotional status 	11/11 included the required information.
9.08	<ul style="list-style-type: none"> the resident's mental status 	11/11 included the required information.
9.09	<ul style="list-style-type: none"> the resident's nutritional status 	11/11 included the required information.
9.10	<ul style="list-style-type: none"> all alternatives tried and exhausted 	11/11 included the required information.
9.11	<ul style="list-style-type: none"> review of current medications 	11/11 included the required information.
9.12	<ul style="list-style-type: none"> actual and potential benefits to the resident if the restraint is applied 	11/11 included the required information.
9.13	<ul style="list-style-type: none"> actual and potential burdens to the resident if the restraint is applied 	11/11 included the required information.
9.14	<ul style="list-style-type: none"> any other additional ethical considerations 	11/11 included the required information.

Performance Measure- 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 	11/11 included the required information.
9.16	<ul style="list-style-type: none"> the frequency of checks on the resident while the restraint is in use 	11/11 included 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) 	11/11 included the required information.
9.18	<ul style="list-style-type: none"> the professional designation of the person giving order 	10/11 included the required information. Designation was missed on one care plan.
9.19	<ul style="list-style-type: none"> for a chemical restraint, the time limit for its use (the discontinuation date) 	1/3 included the required information. Not found for two of the chemical restraints.
Performance Measure - 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 of the physical restraints included 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 included 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 included the required information.
9.23	<ul style="list-style-type: none"> when regular removal of restraints is to occur 	8/8 included the required information.

9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	11/11 included the required information.
Performance Measure: Notable change in the use of restraints since the onset of COVID-19.		
<p>Findings:</p> <p>The leadership team advised that there has not been a marked increase in emergency restraint usage since COVID-19 protocols were put in place.</p>		

Additional Comments: In the charts reviewed, there were physical and chemical emergency restraints applied with comprehensive documentation noted.

Follow-up Required: None required.

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.
<p>Findings:</p> <p>There are three physicians that provide services to the home. They alternated weeks for attending resident visits on site. Physician telephone contact and consultation remained available 24 hours a day. There were scheduled telephone rounds with the physicians if it was not their week to physically be in the home.</p>

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.

Performance Measure: The 3.6 HPRD (hours per resident day) care requirement continues to be met.
<p>Findings:</p> <p>The 3.6 HPRD has been maintained. The home was impacted by the single site directive implemented May 1, 2020. They have recovered somewhat, however the current challenge is recruiting casual nursing staff. Absenteeism had improved from the original challenges of the pandemic, currently seeing the usual summer absenteeism rates.</p> <p>They have not mandated overtime. The home continues to offer overtime for any shifts that they are unable to replace. The ability to fill short notice shifts was impacted by the decrease in casual positions. The home has recently successfully recruited for a permanent RN position and a casual HCA.</p>
Performance Measure: All staff shifts are filled and there are adequate staff to provide care to residents.
<p>Findings:</p> <p>Staff, residents and families have indicated that there is not sufficient staff to provide resident centred care to the residents. The residents and families find the staff are kind and caring and are able to meet the basic care needs of the residents. The concern especially noted was residents pushing their call bells to go to the bathroom, and the staff being delayed in answering the call bell, resulting in incontinence. There were also concerns mentioned in regards to the residents that need extra time for assistance in eating at meal times and at times the lack of opportunity for additional fluids throughout the day.</p>
Performance Measure: Staff have the equipment and supplies (including PPE) they need to provide care and services safely and effectively.
<p>Findings:</p> <p>The leadership and staff indicated they have the equipment and supplies to provide care and services to the residents. Initially, there were some shortages of PPE noted and this has been resolved.</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:

The quarterly medication reviews have continued throughout the pandemic. The review is scheduled when the physician is on site. The nurses attend as usual and the pharmacist calls in to participate.

Other pharmacy services have been maintained as per their usual practices. There has been no challenges experienced with medication shortages.

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:

Attempts are made to maintain social distancing with the residents in the smaller dining rooms. There were 40 small tables purchased and put in place to assist with social distancing in the neighbourhoods. This has not been an easy task as residents often insist on sitting with their friends. In the larger dining rooms, the tables and chairs have been reconfigured to provide social distancing.

Staff meals are individually served and condiments are individually packaged. Pandemic food supplies have been maintained and rotated.

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

Findings:

The home had challenges with procurement of some specific produce and dry goods. The menus were adjusted accordingly. This has resolved in the past month.

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 pandemic has had a significant impact on the recreation programming for the residents. The recreation department has been responsible for the scheduling and support of the telephone visits, and the scheduling and supervision of the indoor and outdoor visits. Due to the space requirements for social distancing, recreation programs have shifted to small group activities and one to one visits. Oakview Place has historically enjoyed hosting larger traditional events and this has been greatly impacted. They are hosting smaller activities spread out in different rooms in the home or in the courtyard where social distancing can be managed. They have cancelled some of the larger summer events and are planning a number of smaller events to support the residents.

The home has increased some budgeted hours to assist with the increased demands of the department. An additional 0.7 EFT indefinite position was added.

The residents indicate that they appreciate the scheduled recreation, however would be happy with more activities as sometimes there is not much to do especially due to the changes since COVID-19. Some of the residents interviewed indicated they pick and choose the activities they wish to participate in.

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:

On Sundays, church services and/or hymn sing is streamed. They have weekly hymn sing-alongs in the neighbourhoods. Residents whom have relationships with their religious designate have been having outside visits with them. During end of life care, at the resident and/or family request, the religious designate is deemed an essential service, and following screening and donning PPE is able to visit.

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 noted for 2018, 2019 and current year to date.

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.

<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>Staff training has consisted of PPE education, zone education and updates to the COVID-19 guidelines. This education is supported by ongoing communication via memos, COVID binders on the units, posters and information shared at the staff meetings and unit huddles. There are small group in-services held and information is provided through the on line learning program.</p> <p>Staff feel that they are kept up to date on the required information.</p>
<p>Performance Measure: Compliance with IP&C protocols is regularly monitored/audited.</p>
<p>Findings:</p> <p>The leadership team advised that on their on line Surge Learning, there are four Infection Prevention and Control (IPC) modules as well as a monthly safety talk called Safety 24/7. A COVID-19 information and pandemic skills survey was sent to all staff. The education team provided in-services on the units on COVID-19 scenarios. IPC is a standing agenda item at all staff meetings. There has been numerous education sessions on the donning and doffing of PPE and of the designated color zones.</p> <p>The education compliance is monitored through reports available generated from the on line learning. Members of the leadership team monitor staff PPE compliance in real time. Hand hygiene audits and equipment cleaning audits are also completed.</p>
<p>Performance Measure: Housekeeping procedures and cleaning schedules have been enhanced since the onset of COVID-19.</p>
<p>Findings:</p> <p>Priority cleaning is focused on the high touch areas in common areas and are cleaned twice a day. They have changed the disinfectant used to the approved Shared Health disinfectant. The eye shields are being disinfected according to the Shared Health approved process.</p>

Performance Measure: Appropriate protocols/procedures are in place for the collection and handling of laundry (on and/or off-site).

Findings:

All clothing that is dropped off by families is laundered prior to labeling. Any items being dropped off for residents are being thoroughly disinfected prior to being brought in the building. Clothing of newly admitted residents is laundered prior to labeling. If an Orange Zone has been established, the nursing staff take the clothing to the resident's room. Laundry staff follow appropriate routine practices and donning PPE when washing the linens.

Follow-up Required: None required.

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:

The leadership team advised that on their on-line Surge Learning, there are four Infection Prevention and Control (IPC) modules as well as a monthly safety talk called Safety 24/7. A COVID-19 information and pandemic skills survey was sent to all staff. The education team provided in-services on the units on COVID-19 scenarios. IPC is a standing agenda item at all staff meetings. There has been numerous education sessions on the donning and doffing of PPE and of the designated color zones.

As new and updated information is acquired, the home utilizes memos, communication binders, display boards, shift handover report, staff emails and the screeners to ensure that all staff are informed.

Ongoing access to education is provided in small group sessions and at staff neighbourhood meetings. The on-line learning is the current primary source of education.

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 classroom learning for orientation has been moved to an on line learning process. Once all education has been completed, staff are provided with buddy shifts and in person training.

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:

The leadership team advised that the concern/complaint process remains active with all leadership members continuing to be available for any residents and/or families wishing to see them about any issues arising.

There has been concerns from the families/friends regarding the visitation restrictions however, they have been very supportive of the efforts implemented and maintained to keep everyone safe at Oakview Place.

Follow-up Required: None required.