

Personal Care Home (PCH) Standards Revised Modified Standards Review Report

Regional Health Authority: Interlake Regional Health Authority

Facility: Betel Home - Selkirk

Number of Beds: 91

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

Review Date(s): July 16, 2020

Revised 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 standards review process was held on site at the Betel Home – Selkirk on July 16, 2020.

The modified review consisted of:

- A walk through tour of the common areas and units was completed.
- Six health records were reviewed.
- There were three resident interviews held on site with current residents. Three interviews with family members were conducted, two by telephone and one was completed on site. Three staff interviews were conducted on site.
- The leadership interview was held with the Director of Resident Care (DORC) and the Chief Executive Officer.
- Fire drill reports for 2018, 2019 and current year to date were reviewed.
- Resident Council meeting minutes were reviewed for 2018, 2019 and current year to date.

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. The dining room and recreation areas are large enough to support the social distancing requirement. There is a smaller recreation room on unit four that is utilized for smaller group meals and activities. Choices of the beverages and the meal were offered. The medication pass was observed with no concerns noted. There were good interactions noted between the nurse and the resident during the medication administration.

The appropriate postings were present; Bill of Rights, Protection for Persons in Care posters, dining menus, Resident Council minutes, recreation calendar and the complaints/feedback process with the appropriate contact information.

All staff were observed to be following the infection control practices with the appropriate personal protective equipment (PPE). Screening for all people entering the building, was done at the back door. Hand sanitizer was seen throughout the building and at point of care on the units. Outdoor visiting with the residents is set up at the front of the building with recreation staff supervising to ensure social distancing. Indoor visits have been established and are set up in the previous rehabilitation room which can be accessed by a nearby outside door. The room could also be utilized as an isolation room if required.

Residents, families and staff were asked if they could change anything about the PCH, what would they change. These responses are in context of the timing of the review.

- The food, nothing really changes, lots of hamburger dishes. I would diversify the food and include pizza and lasagna, more salads and fresh fruit.
- Honestly, I would not change anything, the food and entertainment are good, staff are friendly and helpful.
- More entertainment, more one on one time with the residents.
- Very clean, friendly staff, no complaints.
- Door to the outside where the smokers go needs to be kept closed.
- More access to the courtyard.
- More indoor visits and put up plexi-glass between the visitor and the resident.
- More staff in all departments, nursing staff on all shifts especially for assistance at meal times.
- Enhance team communication.
- Eliminate the double rooms.
- Enhanced recreation with activities that would increase stimulation and be interesting and challenging.

General Statement of Findings: There was minimal information in the health record documenting the impact of COVID-19 on the residents and their families.

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.</p>
<p>Findings: The residents interviewed reported feeling comfortable and safe in the home and all commented that they would like COVID-19 to “just go away”. 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 very busy and that there should be more staff on duty. The residents voiced concerns with the lack of variety of the food. The routine of organized recreational activities is missed by the residents since COVID-19. 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, as well as with indoor and outdoor visits. They advised that the residents are well looked after and that the staff in all departments care about their well being. The families also commented on the lack of variety of food and of not being able to bring food in for their loved one.</p>
<p>Performance Measure: Efforts are being made to ensure opportunities for safe contact between residents and their family/friends.</p>
<p>Findings: The residents and families have indicated that initially they had only telephone visits, and now indoor and outdoor visiting has been organized with the recreation staff establishing a schedule of visits. At the time of this review, the indoor in-room visits had not yet been announced. There have not been any residents that have been away on a leave at this point.</p>

Recommended Follow-up: It is recommended that following the results of the next resident/family satisfaction survey, food satisfaction be reviewed and discussed at the Resident Council meetings for follow up and possible resolutions.

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: Resident Council meeting minutes were reviewed with five meetings held in 2018, five meetings held in 2019 and three meetings to date in 2020. Meetings were well attended by the residents and family members. The residents and families interviewed appeared to be aware of the Resident Council meetings and chose whether to attend or not.</p>
<p>Performance Measure: Concerns/issues expressed by residents are documented, investigated, and addressed in a timely manner.</p>
<p>Findings: Issues and concerns brought up by the residents and/or families are recorded, and for the most part, are addressed. One of the residents interviewed, expressed concerns about the menu and feel that there is a lack of follow up to the concerns. The leadership team have not noted an increase in complaints, but rather an increase in questions regarding COVID-19 updates and the changes in practices. There have been concerns noted regarding essential appointments and processes for families and friends to visit the residents.</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.

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 implementation of the restrictions to the homes. Additional information regarding infection control practices as a result of COVID-19 have been included in the admission package that is provided for the resident and family. The social worker makes the initial contact with the resident or family member and one family member is able to assist with the transition of the admission process.

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 home has continued to admit residents during the COVID-19 pandemic. One family member is on site at the time of admission to assist with the transition and gathering of information as well as input into the initial care plan.

The families interviewed feel that they have had the opportunity to be involved in the decision making for the plan of care of their resident. The initial and annual care conferences have been occurring with participants on the telephone.

Residents feel that the staff are well informed of their care needs.

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:

The residents interviewed feel that the staff are knowledgeable about their care needs. The staff interviewed feel that the nurses and health care aides (HCAs) communicate and share information, however, the HCAs commented that they are not always aware of medication changes. The HCAs do not see the resident notes in the health record. Information is shared in a communication book, unit staff huddles and at shift change report. The appropriate information is shared with other departments through emails and memos.

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

Findings:

Staff have been kept up to date on the COVID-19 related policy and practice changes through memos, emails, morning briefings, communication books, information board and at shift handover. There has been education provided through videos, small group presentations and on line learning.

Families advised that they have received lots of updated information from the home via email, telephone calls or in person if they were on site for a visit. Families indicated that the information was adequate and appreciated.

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

Findings:

There are resources and support through Shared Health and the Employee Assistance Program. The home has be able to approve staff vacation and schedule time off for their appointments. They have had treats for the staff, such as a cheesecake day and a pizza day is planned for the future.

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

Findings:
Some of the staff interviewed advised that they are supported and encouraged to ask questions and to share ideas.

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: 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 care plans were reviewed. 6/6 included the required information
7.09	• dressing	6/6 included the required information
7.10	• oral care	6/6 included the required information
7.11	• skin care	6/6 included the required information
7.12	• hair care	4/6 included the required information, On 2 care plans there was not adequate reference to hair care.
7.13	• fingernail care	6/6 included the required information
7.14	• foot care	5/6 included the required information. Information was missing on one care plan.
7.15	• exercise	6/6 included the required information. On some care plans, it is noted as not applicable. It is suggested that a minimum of range of motion exercises would be included.
7.16	• mobility	6/6 included the required information
7.17	• transferring	6/6 included the required information
7.18	• positioning	6/6 included the required information
7.19	• bladder function	6/6 included the required information

7.20	<ul style="list-style-type: none"> • bowel function 	6/6 included the required information
7.21	<ul style="list-style-type: none"> • any required incontinence care product 	6/6 included the required information
7.22	<ul style="list-style-type: none"> • cognitive and mental health status 	6/6 included the required information
7.23	<ul style="list-style-type: none"> • emotional status, and personality and behavioural characteristics 	6/6 included the required information
7.24	<ul style="list-style-type: none"> • available family, social network, friends and/or community supports 	6/6 included the required information
7.25.	<ul style="list-style-type: none"> • hearing ability and required aids 	Hearing ability 6/6 and required aids 5/6 as information was missing on one care plan.
7.26	<ul style="list-style-type: none"> • visual ability and required aids 	Vision 5/6 Information was missing on one care plan, required aids 6/6.
7.27	<ul style="list-style-type: none"> • rest periods, bedtime habits, and sleep patterns 	6/6 included the required information
7.28	<ul style="list-style-type: none"> • safety and security risks and any measures required to address them 	5/6 included the required information. Not applicable was noted on one health record and the resident had a restraint.
7.29	<ul style="list-style-type: none"> • language and speech, including any loss of speech capability and any alternate communication method used 	6/6 included the required information
7.30	<ul style="list-style-type: none"> • rehabilitation needs 	6/6 included the required information
7.31	<ul style="list-style-type: none"> • therapeutic recreation requirements 	6/6 included the required information
7.32	<ul style="list-style-type: none"> • preferences for participating in recreational activities 	6/6 included the required information. If the integrated care plan is the main source of information, it is recommended that additional detail should be included.
7.33	<ul style="list-style-type: none"> • religious and spiritual preferences 	6/6 included the required information
7.34	<ul style="list-style-type: none"> • food allergies 	6/6 included the required information

7.35	<ul style="list-style-type: none"> diet orders 	6/6 included the required information
7.36	<ul style="list-style-type: none"> type of assistance required with eating 	6/6 included the required information
7.37	<ul style="list-style-type: none"> whether or not the resident has made a health care directive 	6/6 included the required information
7.38	<ul style="list-style-type: none"> special housekeeping considerations 	6/6 included the required information
7.39	<ul style="list-style-type: none"> other needs identified by the interdisciplinary team. 	6/6 included the required information
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	6/6 included the required information
Performance Measure: 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 	5/6 included the required information. One chart was noted to have a gap in the care plan review from Aug 15, 2018 to April 30, 2019.
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. 	6/6 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:		
The leadership interview identified that there was no increase in pressure sores. There was an increase in falls from the first quarter and it appeared associated with the demographics of new admissions.		

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:

The hairdresser is providing hair care services at the home. The foot care nurse works at another personal care home, therefore is not providing services to this home at this time. The staff are completing weekly assessments on all residents and the two physicians alternate weeks to be on site and review any concerns identified.

Additional Comments: Currently the home is using a hard copy base care plan. There was also noted a falls prevention care plan, a restraint care plan and recreational assessment found along with the electronic minimum data set (MDS) care plan. It was noted in the health record reviews, that not all pertinent information was transferred over to the base care plan or to the electronic care plan. The DORC was aware of this and is currently working on creating one consistent process that would ensure all information is documented clearly on an integrated care plan and is available to all nursing staff.

Recommended Follow-up: It is recommended that a clearly defined process be created for the development of the integrated care plan and that all pertinent information is included. All staff are to be informed on where to find the most up to date appropriate information.

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: 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.	A total of five resident health records were reviewed that included restraints. 4/5 included a written consent, 1/5 included a verbal consent.
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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.	1/5 included a verbal phone consent
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.	5/5 included the required information
Performance Measure: 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) 	5/5 included the required information
9.06	<ul style="list-style-type: none"> the resident's physical status 	5/5 included the required information
9.07	<ul style="list-style-type: none"> the resident's emotional status 	5/5 included the required information
9.08	<ul style="list-style-type: none"> the resident's mental status 	5/5 included the required information
9.09	<ul style="list-style-type: none"> the resident's nutritional status 	5/5 included the required information
9.10	<ul style="list-style-type: none"> all alternatives tried and exhausted 	5/5 included the required information

9.11	<ul style="list-style-type: none"> • review of current medications 	5/5 included the required information
9.12	<ul style="list-style-type: none"> • actual and potential benefits to the resident if the restraint is applied 	5/5 included the required information
9.13	<ul style="list-style-type: none"> • actual and potential burdens to the resident if the restraint is applied 	5/5 included the required information
9.14	<ul style="list-style-type: none"> • any other additional ethical considerations 	5/5 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 	5/5 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 	5/5 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) 	5/5 included the required information
9.18	<ul style="list-style-type: none"> • the professional designation of the person giving order 	5/5 included the required information
9.19	<ul style="list-style-type: none"> • for a chemical restraint, the time limit for its use (the discontinuation date) 	5/5 included the required information
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 	5/5 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 	5/5 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 	5/5 included the required information
9.23	<ul style="list-style-type: none"> when regular removal of restraints is to occur 	5/5 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.	5/5 included the required information
Performance Measure: Notable change in the use of restraints since the onset of COVID-19.		
Findings: <p>One health record reviewed had two chemical restraints that had both been discontinued. It was noted that there was one basic restraint assessment form completed. The home is advised that that for each chemical restraint ordered, an assessment and review documentation is to be completed.</p> <p>There was no evidence that there had been an increase in the use of emergency restraints since COVID-19 protocols were put into effect.</p>		

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.

Findings:

There are two medical directors for the home and they were on site on alternate weeks. This is consistent with the Shared Health guidelines. The physicians were available for telephone consultation. The physicians were on site for 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.

Performance Measure: The 3.6 HPRD (hours per resident day) care requirement continues to be met.

Findings:

There was no additional staff hired or scheduled to support the 3.6 HPRD except with the exception of one to one staffing for residents that required that support. Agency staff were acquired to fill nursing shifts. There are several nurse positions currently open. There was an increase in sick time with staff experiencing possible COVID-19 symptoms. There were no staff testing positive for COVID-19 to this point.

Performance Measure: All staff shifts are filled and there are adequate staff to provide care to residents.

Findings:

The single site directive has had an impact on the staff. The access to nursing agencies was also impacted. There were a number of shifts where mandating staff was required in order to cover the shift, with a weekly report submitted to the Director of Long Term Care. The staff interviewed indicated that they feel they are short of staff and that it is challenging to effectively provide quality care to the residents particularly now with the effects of the pandemic. Families indicated that the staff are caring and engaged, however they feel that they are limited on available human resources in order to meet the needs of the residents.

Performance Measure: Staff have the equipment and supplies (including PPE) they need to provide care and services safely and effectively.

Findings:

The home appears to have the appropriate equipment to complete the job functions in the various departments. As per the PPE requirements, the home had to access additional housekeeping chemical supplies from the region. Staff indicated that they have had appropriate PPE available on site.

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:

Six health records were reviewed and quarterly medication reviews were found to be complete on all of them. The nurse and physician contributed to the medication review process in person with the pharmacist participating by telephone.

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.

<p>Performance Measure: Food services and dining arrangements comply with public health guidelines related to COVID-19.</p>
<p>Findings: Meal service was observed with staff assisting residents as required. Staff were observed to be adhering to appropriate infection control guidelines including PPE. There is a large dining area therefore residents were able to maintain social distancing for the most part. Additional sanitizing of the tables and chairs in being completed. The residents interviewed commented that they get enough to eat however, they find the food is bland. They are missing being able to get food delivered from the local restaurants that would add some variety to what they are eating. One resident commented how kind the dietary staff were to give her some additional soup if there was some leftover.</p>
<p>Performance Measure: The PCH has effectively addressed any challenges relative to food procurement, storage and handling resulting from COVID-19.</p>
<p>Findings: Dietary services are provided by a contracted service. They experienced staff vacancies initially at the start of the pandemic. The residents in the main dining room are provided with a plate service and unit five and six are provided tray delivery service from a cart. Initially the home experienced some food items that were not available in the pandemic, and made substitutions however, that is now resolved.</p>

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:

Leadership team advised that the recreation program was severely impacted by the pandemic. The department was responsible for scheduling and facilitating the virtual, indoor and outdoor family visits. They did receive funding for two porters to support the processes. The department was creative in its ability to maintain some small group activities that were appreciated by the residents. A summer student has been hired for the recreation program.

The residents interviewed commented that they are missing the regular recreation activities. Bingo is missed. There is an additional recreational room on unit four, where they were able to host small group activities such as at the Men’s breakfast and a Women’s brunch.

There is a “Friends in Need” mural on the wall in the hallway, where needs of the residents can be confidentially identified and visitors and families will take note and will purchase the item and the home ensures that the resident receives it.

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:

Television and radio church services were available for the residents. For end of life care, spiritual care was considered an essential service, and after appropriate screening is completed, they are able to visit the resident and/or family. The hymn sing activities were discontinued due to concern of aerosol droplet transmission.

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:

The fire drills were reviewed for 2018, 2019 and current year to date. In August of 2018, a table top exercise was done as the air conditioning had broken down and it was very hot both inside and outside of the building. In March 2020, there was not a fire drill held due to the initial requirements for COVID-19 pandemic planning and the DORC had recently commenced his employment with the home. Otherwise, fire drills were held monthly.

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.

Performance Measure: Education/training on infection prevention and control (IP&C) has been offered to all staff since the onset of COVID-19.

Findings:

The home has followed the Shared Health and Public Health guidelines. The clinical nurse manager and the educator have worked together to provide the staff with the required information. Education has been provided in small group settings, one on one education and the on-line learning program. Staff have received information via emails, team huddles and the COVID-19 binders on the units

<p>Performance Measure: Compliance with IP&C protocols is regularly monitored/audited.</p>
<p>Findings: Audits were completed for monitoring compliance, including hand hygiene audits as well as checking in with the staff that they have the information and equipment to complete their tasks safely. Staff indicated they feel informed regarding the Shared Health updates and information.</p>
<p>Performance Measure: Housekeeping procedures and cleaning schedules have been enhanced since the onset of COVID-19.</p>
<p>Findings: The housecleaning cleaning schedules have been enhanced with additional cleaning, including the high touch areas being cleaned more often throughout the day.</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: Personal laundry is done on site. The linens are laundered by a regional laundry service. The carts are delivered to the receiving door and wiped down. No regional laundry staff enter the building.</p>

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:

There has been staff education provided by the educator and the clinical nurse manager. There have been small class sessions, one on one education and orientation. Most of the recent training has been related to COVID-19. Ongoing annual and new education has been available through the on line education program.

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:

There has been a number of new staff hired. They sign a single site declaration. The general orientation has been provided in small groups or one on one as required.

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 has not been an increase in complaints. There have been many questions in regards to the provincial updates, essential appointments for the residents and visiting the residents. There have been a number of emails to the residents' families to keep them up-to-date on the information from Shared Health. The residents indicated that they know who to speak to if they have questions or concerns.

Follow-up Required: None required.