

Personal Care Home (PCH) Standards Modified Standards Review Report

Regional Health Authority: Interlake Eastern Regional Health Authority

Facility: Betel - Gimli

Number of Beds: 80

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

Review Date(s): August 6, 2020

Report Date: October 2, 2020

Overview:

Context for Review:

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

Review Activities and Information Sources:

The modified review completed at the PCH included the following activities:

- walk-through of the common areas;
- review of six resident records;
- interviews with five residents, three family members, and four staff members;
- review of operational information and feedback provided by PCH leadership;
- review of resident council meeting minutes for 2018, 2019, and 2020 (to current date); and,
- review of fire drill records for 2018, 2019, and 2020 (to current date).

General Statement of Findings:

There were no critical issues identified during the course of the review and no follow-up reporting is required.

The facility was observed to be clean, odor-free and generally well-maintained. Hallways were clear of clutter, housekeeping and medication carts on the floor were secured, and dirty linen carts were covered. Doors to restricted areas were secured/locked and no hazards were observed in resident accessible areas. Reviewers did, however, observe a number of areas requiring repair, resurfacing or removal including: damaged/loose carpet on lower half of walls in corridors (second floor); flooring which is lifting and temporarily repaired with duct tape (e.g. rooms 219, 222 and 233); and, exposed seam with sharp edges on handrail between rooms 222 and 224. Wooden handrails and wooden tables throughout the facility were noted to be quite worn and will require replacement or refinishing in the near future.

Appropriate screening protocols were practiced at entrances to the facility and staff members observed during the review day were in compliance with PPE and Infection Prevention and Control (IP&C) protocols, including frequent hand sanitizing and cleaning of high touch areas. Hand sanitizer dispensers were plentiful within the PCH and located close to points of care. Efforts were being made to ensure physical distancing in common areas, including dining rooms.

Interactions observed between residents and staff were positive, personable and appropriate. Residents appeared to be well-dressed, well-groomed, and comfortably positioned.

All documentation and records reviewed on-site during the course of the review were generally completed as required.

While interview respondents were satisfied with the overall operation and management of the home, a number of recommendations and suggestions were made for further improvement. These included the following:

- increased staffing (6 respondents);
- more variety in meals (2 respondents);
- group residents with higher cognitive functioning together (i.e. on the same floor);
- smaller sized furniture in resident rooms (dressers take up too much space);
- provide each resident with a copy of the resident council meeting minutes;
- more fire training and fire drills on all shifts including evening, overnight and weekends;
- more opportunities for residents to spend time outdoors;
- a working air conditioner; and,
- a pill crusher (current method generates a lot of noise which startles/upsets residents) ;

Standard 1: Bill of Rights

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

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

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

Findings:

Residents described feeling safe and comfortable in the PCH and felt they were receiving the care they required. Descriptions of staff included use of words/phrases such as: “kind”, “friendly”, “helpful” “doing a “great job”, “doing what they can to help”, and “always ask(ing) me what I need”. All residents felt they were treated with respect always (4 respondents) or most of the time (1 respondent). While two residents felt that staff are usually in a hurry, they attributed this to not having enough staff to take care of everyone’s needs. One resident noted that he/she has particularly “good connections” with the full-time staff members as he sees them on a daily basis. With the exception of a few specific meal items on the menu rotation, residents expressed satisfaction with meal service and appreciated having an alternate meal option available. All reported having access to beverages throughout the day. Three residents noted they had

a fridge in their room where they kept extra snacks and beverages and appreciated the convenience of having these close at hand. Each resident interviewed identified a number of recreational activities they have previously enjoyed in the home but all noted that there have been far fewer activities available since the onset of the pandemic.

The family members interviewed expressed no concerns with respect to the care provided to their loved-one. Staff members were described as respectful, generally accessible, and as making concerted efforts to keep them apprised of any changes in their loved-one's status or needs. Overall, family members indicated their loved ones seemed to enjoy the meals provided at the PCH and there were no concerns identified with respect to the frequency with which beverages are provided throughout the day. Recreation activities were noted to have been significantly impacted by the pandemic and only limited recreational activities were on offer. They were, however, appreciative of the efforts made by staff members to actively invite and encourage residents to participate in all available activities. All family members expressed satisfaction with the management and operation of the home, the amount of COVID-19 related information provided, and their communication and interactions with staff members on a day-to-day basis.

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

Findings:

Residents and family members interviewed identified a variety of means through which they have been able to maintain contact with one-another. These included: phone calls (all residents had a phone in their room), window visits, indoor/outdoor visits, video-chats, and emails.

As reported by staff members interviewed, recreation facilitators have taken on the majority of responsibility for assisting, scheduling and supporting resident and family contacts. Nursing staff and Health Care Aides have, on their part, made efforts to coordinate the scheduling of care activities around scheduled visitation times.

All family members participating in on-site visits at the PCH have been required to complete screening, hand hygiene and maintain physical distancing. Where family members are authorized to escort a resident to an essential appointment, PCH staff have provided education on precautionary measures to be taken to adhere to COVID-19 guidelines and have provided with masks.

Follow-up Required: None

Standard 2: Resident Council

Reference: Personal Care Homes Standards Regulation Sections 5 & 6

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

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

Findings:

Based on a review of resident council meeting minutes for 2018, 2019 and 2020, council meetings have taken place on a regular basis and as required. Four meetings have already taken place in 2020. As per attendance recorded in meeting minutes, participation rates vary with an average of around 15 residents and family members present at each meeting.

As reported by PCH leadership, no meetings have been cancelled during the pandemic and extra steps have been taken to ensure ongoing communication and information sharing with families. This was said to include providing contact information for managers, encouraging family members to contact the recreation department with any concerns and providing monthly recreation calendars.

All residents interviewed were aware of resident council meetings and four of five indicated they regularly attend. Those who regularly attended were satisfied with how staff have responded to and follow-up on concerns, suggestions and complaints raised during meetings.

Family members interviewed were aware of resident council and indicated they had attended at least one meeting prior to the pandemic.

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

Findings:

Resident council meeting minutes included some evidence of follow-up on concerns expressed in previous meetings; reporting on follow-up is a standing agenda item. Reviewers also noted the use of a “Meeting Concern Form” to communicate issues to relevant departments and/or staff members in the PCH. The most common complaint noted in meeting minutes were in relation to menu items.

Follow-up Required: None

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:

As per feedback from PCH leadership, numerous emails and letters have been forwarded to families throughout the pandemic to keep them apprised of new or changing protocols, procedures and restrictions. This included a letter from physicians regarding COVID-19 and related precautions.

Follow-up Required: None

Standard 5: Right to Participate in Care

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

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

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

Findings:

The family members interviewed expressed satisfaction with their level of involvement in care planning discussions via phone calls or in-person discussion with nurses/health care aides and/or at care plan conferences.

Follow-up Required: None

Standard 6: Communication

Reference: Personal Care Homes Standards Regulation, Sections 14

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

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:

All family members interviewed advised they have received regular updates and phone calls from PCH staff whenever a change in their loved-one's care plan is being considered.

Staff members interviewed identified a variety of means through which resident information and care needs is communicated among team members. Examples given included: resident charts and care plans, transfer information, 24-hour report book, in-person reports (which include HCAs), memos, ongoing discussion with team members, and a white-board in the staff room to note changes in care needs/interventions. All respondents felt that the existing communication processes were effective and had not been impacted by the pandemic.

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

Findings:

Family members interviewed expressed satisfaction with the amount of COVID-19 information provided by the facility through emails, letters and in-person at the PCH.

Updated information is posted in the PCH on a COVID board located near the screening tables in the facility and in COVID binders located on each unit. Staff also receive regional memos via email. Related signage is posted throughout the facility and floor markings provide cues/direction to ensure appropriate physical distancing.

PPE, screening and hand hygiene audits are completed regularly to monitor compliance with policies/practices and spot training is provided as necessary. An Infection Prevention and Control checklist is actively used in monitoring. Managers were also meeting with day staff at the screening table seven days a week prior to the commencement of staff shifts.

It was noted that some staff have expressed discomfort with their eye protection and have reported changes to their vision as a result of PPE usage.

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

Findings:

As reported by PCH leadership, staff members have access to supportive counselling through the EAP program and Blue Cross virtual health care program. Efforts are made to ensure all shifts are fully staffed and the ASAP program was temporarily suspended. Staff appreciation meals have been provided to acknowledge added workplace pressures and stresses and promote team morale.

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

Findings:

All staff members interviewed indicated they are comfortable bring forward concerns and ideas to their manager. Discussion was said to be encouraged and management has reportedly been very responsive to any questions or issues raised.

Follow-up Required: None

Standard 7: Integrated Care Plan

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

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

Performance Measure: 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	Note: Integrated Care Plans (ICPs) for six residents were reviewed. 6 of 6 care plans included the information required
7.09	• dressing	6 of 6 care plans included the information required
7.10	• oral care	6 of 6 care plans included the information required
7.11	• skin care	6 of 6 care plans included the information required
7.12	• hair care	6 of 6 care plans included the information required
7.13	• fingernail care	6 of 6 care plans included the information required
7.14	• foot care	6 of 6 care plans included the information required
7.15	• exercise	6 of 6 care plans included the information required
7.16	• mobility	6 of 6 care plans included the information required
7.17	• transferring	6 of 6 care plans included the information required
7.18	• positioning	6 of 6 care plans included the information required

7.19	<ul style="list-style-type: none"> • bladder function 	6 of 6 care plans included the information required
7.20	<ul style="list-style-type: none"> • bowel function 	6 of 6 care plans included the information required
7.21	<ul style="list-style-type: none"> • any required incontinence care product 	6 of 6 care plans included the information required
7.22	<ul style="list-style-type: none"> • cognitive and mental health status 	6 of 6 care plans included the information required
7.23	<ul style="list-style-type: none"> • emotional status, and personality and behavioural characteristics 	6 of 6 care plans included the information required
7.24	<ul style="list-style-type: none"> • available family, social network, friends and/or community supports 	6 of 6 care plans included the information required
7.25.	<ul style="list-style-type: none"> • hearing ability and required aids 	4 of 6 care plans included the information required – two did not reference aids
7.26	<ul style="list-style-type: none"> • visual ability and required aids 	6 of 6 care plans included the information required
7.27	<ul style="list-style-type: none"> • rest periods, bedtime habits, and sleep patterns 	6 of 6 care plans included the information required
7.28	<ul style="list-style-type: none"> • safety and security risks and any measures required to address them 	6 of 6 care plans included the information required
7.29	<ul style="list-style-type: none"> • language and speech, including any loss of speech capability and any alternate communication method used 	6 of 6 care plans included the information required
7.30	<ul style="list-style-type: none"> • rehabilitation needs 	6 of 6 care plans included the information required
7.31	<ul style="list-style-type: none"> • therapeutic recreation requirements 	6 of 6 care plans included the information required
7.32	<ul style="list-style-type: none"> • preferences for participating in recreational activities 	6 of 6 care plans included the information required
7.33	<ul style="list-style-type: none"> • religious and spiritual preferences 	6 of 6 care plans included the information required

7.34	<ul style="list-style-type: none"> • food allergies 	6 of 6 care plans included the information required
7.35	<ul style="list-style-type: none"> • diet orders 	6 of 6 care plans included the information required
7.36	<ul style="list-style-type: none"> • type of assistance required with eating 	6 of 6 care plans included the information required
7.37	<ul style="list-style-type: none"> • whether or not the resident has made a health care directive 	6 of 6 care plans included the information required
7.38	<ul style="list-style-type: none"> • special housekeeping considerations 	6 of 6 care plans included the information required
7.39	<ul style="list-style-type: none"> • other needs identified by the interdisciplinary team. 	6 of 6 care plans included the information required
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	6 of 6 care plans included the information required
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 	6 of 6 records included documentation verifying quarterly interdisciplinary reviews
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. 	4 of 4 records for which this was relevant included annual care plan reviews
Performance Measure: Notable change in incidents of pressure sores and falls among PCHs residents since the onset of COVID-19		
Findings: No impact of COVID-19 on the frequency of pressure sores and falls was reported.		

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 and foot care were initially suspended. Hair dressing had only recently resumed.

Follow-up Required: None

Standard 9: Use of Restraints

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

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

Performance Measure: 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.	<p>Note: 5 of the 6 resident records selected for review included at least one restraint.</p> <p>3 of the 5 records with restraints included written consent forms – the remaining two contained verbal consent that was correctly documented.</p>
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.	As noted in 9.02

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 of 5 records included evidence of an assessment completed by more than one member of the interdisciplinary team. In one record, reviewers noted a recent physician's order for olanzapine. While behaviours/conditions as described in the IPNs supported the use of this medication, a diagnosis should be indicated on the physician's order and/or on the medication review form.
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 of 5 records included the information required
9.06	<ul style="list-style-type: none"> the resident's physical status 	5 of 5 records included the information required
9.07	<ul style="list-style-type: none"> the resident's emotional status 	5 of 5 records included the information required
9.08	<ul style="list-style-type: none"> the resident's mental status 	5 of 5 records included the information required
9.09	<ul style="list-style-type: none"> the resident's nutritional status 	5 of 5 records included the information required
9.10	<ul style="list-style-type: none"> all alternatives tried and exhausted 	5 of 5 records included the information required
9.11	<ul style="list-style-type: none"> review of current medications 	5 of 5 records included the information required
9.12	<ul style="list-style-type: none"> actual and potential benefits to the resident if the restraint is applied 	5 of 5 records included the information required
9.13	<ul style="list-style-type: none"> actual and potential burdens to the resident if the restraint is applied 	5 of 5 records included the information required

9.14	<ul style="list-style-type: none"> any other additional ethical considerations 	5 of 5 records included the information required
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 of 5 records included the information required
9.16	<ul style="list-style-type: none"> the frequency of checks on the resident while the restraint is in use 	5 of 5 records included the information required
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 of 5 records included the information required
9.18	<ul style="list-style-type: none"> the professional designation of the person giving order 	4 of 5 records included the information required – one order did not indicate designation
9.19	<ul style="list-style-type: none"> for a chemical restraint, the time limit for its use (the discontinuation date) 	1 of 1 records for which this was relevant included the information required
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 of 5 records included the information required
9.21	<ul style="list-style-type: none"> the length of time the restraint is to be used for each application 	5 of 5 records included the information required
9.22	<ul style="list-style-type: none"> the frequency of the checks on the resident while the restraint is in use 	5 of 5 records included the information required

9.23	<ul style="list-style-type: none"> when regular removal of restraints is to occur 	4 of 4 records for which this was relevant included the information required
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	5 of 5 records included the information required
Performance Measure: Notable change in the use of restraints since the onset of COVID-19.		
Findings: No increase or decrease in the use of emergency restraints was reported.		

Additional Comments: Restraint care plans which form part of the ICP provided a good level of detail and direction. Basic restraint assessments were generally thorough and complete.

Follow-up Required: None

Standard 10: Medical Services

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

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

Performance Measure: The PCH has continued to ensure that residents have access to physician services/care.
Findings: As reported by PCH leadership, rounds have been completed via telephone unless a physical assessment is required.

Follow-up Required: None

Standard 11: Nursing Services

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

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

<p>Performance Measure: The 3.6 HPRD (hours per resident day) care requirement continues to be met.</p>
<p>Findings: PCH leadership reported that staffing levels have been maintained at a full complement. Staff are offered overtime hours to cover any unfilled shifts and, for nursing staff, the facility has been able to access agency nurses when necessary. Recruiting casual staff was identified as a challenge.</p>
<p>Performance Measure: All staff shifts are filled and there are adequate staff to provide care to residents.</p>
<p>Findings: Three staff members were impacted by the single site directive but all were reported to have smaller positions EFTs. A summer relief position was developed to help fill open shifts. All staff members interviewed indicated that additional staffing is required in the PCH to allow for more one-on-one interaction with residents (pre-COVID and currently). One staff member noted that care requirements have increased significantly over the last years and shortages are most prevalent in nursing and health care aide resourcing. During COVID-19, there has also been increased demands placed on recreation staff to take on additional responsibilities related to visitation with family/friends, significantly reducing opportunities to provide the level of activity required to meet the therapeutic recreations goals of each resident.</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: No concerns were reported by PCH leadership with respect to the availability of equipment and supplies. Staff members interviewed indicated they generally have the equipment and supplies they need but one staff noted that a lack of sufficient air conditioning has made the use of eye protection even more challenging as the heat and humidity on warm days causes visors to fog-up very quickly, making it difficult to see clearly.</p>

Follow-up Required: None

Standard 12: Pharmacy Services

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

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

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

Findings:

All quarterly medication reviews for the resident records examined were completed as required. As reported by PCH leadership, these are being completed over the phone. Medication forms are sent from the pharmacy and forwarded to the physician for review and signature. Pharmacy services have been maintained during COVID-19 and there were no challenges reported with respect to ordering and receiving medication.

Follow-up Required: None

Standard 14: Nutrition and Food Services

Reference: Personal Care Homes Standards Regulation section 28

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

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

Findings:

As observed during the review, efforts were being made to physically distance residents during meal service to the extent possible. Prior to the pandemic, many of the residents on the second floor were transported to the main dining area on the first floor for meals. Presently, residents are remaining on their respective floors for meals.

All dietary staff and others assisting with meal service were observed to be wearing PPE as required and practicing frequent hand sanitizing between contacts with various residents.

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

Findings: During the pandemic, external delivery drivers have not been entering the building. Goods are received outside the delivery entrance and brought in by the PCH's maintenance personnel. All other procurement, storage and handling practices have been maintained.

Follow-up Required: None

Standard 17: Therapeutic Recreation

Reference: Personal Care Home Standards Regulation, Section 31

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

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

Findings:

As reported by PCH leadership, cut backs in programming have occurred as a result of the pandemic as recreation staff have had to shift their focus on facilitating virtual and outdoor visits and currently have no volunteers to assist. Out-of-facility entertainment which previously occurred on a weekly basis was cancelled. Group program size has been reduced to comply with social distancing guidelines and extra time needs to be taken to sanitize surfaces both in between and during some activities, particularly those where residents are sharing supplies/equipment.

Follow-up Required: None

Standard 18: Spiritual and Religious Care

Reference: Personal Care Homes Standards Regulation, Section 32

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

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

Findings:

During the pandemic, recreation staff have been facilitating services in the chapel with church guidance and physical distancing measures in place.

Follow-up Required: None

Standard 20: Disaster Management Program

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

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

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

Findings:

Records reviewed for 2018, 2019 and 2020 (to current date) indicated that either an unplanned alarm, a planned drill, a table-top exercise or alternate fire education activity took place each month. As per the 2015 Suggested Evidence document however, a planned fire drill is to take place at the PCH every month.

Follow-up Required: While no follow-up reporting is required, please ensure that planned fire drills are conducted on a monthly basis. To help ensure that staff on all shifts are familiar with fire procedures, it is further recommended that some drills take place during the evening and weekends.

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: Staff member interviewed identified IP&C as part of the annual education program. Since the pandemic, staff members indicated they have received numerous “reminders” and educational material on proper hand washing, sanitization and PPE procedures. In-service training is currently not offered but staff have access to online training through LMS.</p>
<p>Performance Measure: Compliance with IP&C protocols is regularly monitored/audited.</p>
<p>Findings: Compliance with protocols is monitored by PCH managers on an ongoing basis and regionally through audits.</p>
<p>Performance Measure: Housekeeping procedures and cleaning schedules have been enhanced since the onset of COVID-19.</p>
<p>Findings: As reported by PCH leadership, and observed during the course of the review, housekeeping staff have increased the frequency of cleaning, particularly in high touch and high traffic areas of the facility. There were no concerns with housekeeping observed at the time of the review.</p>
<p>Performance Measure: Appropriate protocols/procedures are in place for the collection and handling of laundry (on and/or offsite).</p>
<p>Findings: Delivery personnel do not enter the building and plastic covers on linen deliveries are removed prior to linen being brought into the facility. All other protocols/procedures relative to laundry have been maintained.</p>

Follow-up Required: None

Standard 24: Staff Education

Reference: Personal Care Homes Standards Regulation, Section 39

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

Performance Measure: Staff education and training continues to be offered on a regular basis.

Findings:

As reported by PCH leadership, during the pandemic, education has been offered primarily in the form of informational material distributed to staff and/or posted throughout the facility as well as through “spot training” provided on PPE and IP&C protocols and procedures. The regional education program has been suspended since the onset of COVID-19. No in-service training has been offered and there has been a delay in orienting staff for the Learning Management System (LMS) 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:

PCH leadership advised that general orientation continues to be held monthly. Uncertified HCA’s are provided with an extra orientation shift.

Follow-up Required: None

Standard 25: Complaints

Reference: Personal Care Homes Standards Regulation, Section 40

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

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

Findings:

As reported by PCH leadership, there has been only a few complaints related to COVID-19 restrictions and protocols. These included a complaint from two families who were upset that non-essential items could not be dropped off at the facility (and instead were purchased by the facility and billed to the residents’ accounts) and complaints from a number of residents who were not able to leave the building on their own to go for walks or shop. All complaints were said to have been addressed and resolved.

Follow-up Required: None