

Personal Care Home Standards Review

Follow Up Tool

Regional Health Authority: Interlake-Eastern RHA
Facility: Tudor House Personal Care Home
Number of Beds: 76

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Review Date (yyyy/mm/dd): 2017/10/11
Report Date (yyyy/mm/dd):: 2017/12/05

Tour Findings:

Facility was clean and odour free. No concerns noted on the tour.

Additional Considerations:

The changes to regulating the hot water at resident accessible locations appears to have made a different.

Standard 7: Integrated Care Plan

Reference: *Personal Care Homes Standards Regulation, Section 11, 12, 13 & 14*

Initial care plan

Within 24 hours of admission, the operator shall ensure that the following basic care requirements for the resident are documented:

- a) medication, treatment and diet orders;
- b) the type of assistance required for activities of daily living; and
- c) any safety or security risks.

Integrated Care Plan

Within eight weeks after admission, the operator shall ensure that each member of the interdisciplinary team assesses the resident's needs and that a written integrated care plan is developed to address the resident's care needs.

The integrated care plan must include the following information:

- a) the type of assistance required with bathing, dressing, mouth and denture care, skin care, hair and nail care, foot care, eating, exercise, mobility, transferring, positioning, being lifted, and bladder and bowel function, including any incontinence care product required;
- b) mental and emotional status, including personality and behavioural characteristics;
- c) available social network of family and friends, and community supports;
- d) hearing and visual abilities and required aids;
- e) rest periods and bedtime habits, including sleep patterns;

- f) safety and security risks and any measures required to address them;
- g) language and speech, including any loss of speech capability and any alternate communication method used;
- h) rehabilitation needs;
- i) preference for participating in recreational activities;
- j) religious and spiritual preference;
- k) treatments;
- l) food preferences and diet orders;
- m) any special housekeeping considerations for the resident’s personal belongings;
- n) whether the resident has made a health care directive; and
- o) any other need identified by a member of the interdisciplinary team.

Where appropriate, the integrated care plan must also state care goals and interventions that may be taken to achieve these care goals.

Review of the integrated care plan

As often as necessary to meet the resident’s needs, but at least once every three months, the operator shall ensure that appropriate interdisciplinary team members review the integrated care plan and amend it, if required.

The operator shall ensure that each team member reviews each integrated care plan annually and that any amendments required to meet the resident’s needs are made.

Staff to be made aware of current plan

The operator shall ensure that the staff who provide direct care and services to the resident are aware of the resident’s current care plan. If the method of communicating the plan includes preparing a summary for staff to refer to, the operator shall ensure that the summary accurately reflects the current plan.

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

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.05	<ul style="list-style-type: none"> • Safety and security risks, and; 	Not Met	Two of five applicable records contained the required information.	Met	Three Integrated Care Plans (ICPs) were reviewed.

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.09	• Dressing;	Partially Met	Four of six ICPs contained the required information.	Met	
7.15	• Exercise;	Partially Met	Four of six ICPs contained the required information.	Met	
7.18	• Positioning;	Not Met	Three of six ICPs contained the required information.	Partially Met	Two of three ICPS contained the required information.
7.19	• Bladder function;	Partially Met	Four of six ICPs contained the required information.	Partially Met	
7.20	• Bowel function;	Partially Met	Four of six ICPs contained the required information.	Partially Met	
7.21	• Any required incontinence care product;	Not Met	Three of six ICPs contained the required information.	Partially Met	
7.25.	• Hearing ability and required aides;	Not Met	Three six ICPs contained the required information. 3/6	Partially Met	
7.26	• Visual ability and required aides;	Partially Met	Four of six ICPs contained the required information.	Not Met	One of three ICPs contained the required information.
7.29	• Language and speech, including any loss of speech capability and any alternate communication method used;	Partially Met	Four of six ICPs contained the required information.	Met	
7.30	• Rehabilitation needs;	Not Met	Three of six ICPs contained the required information.	Not Met	One of three ICPs contained the required information.
7.32	• Preferences for participating in recreational activities;	Not Met	The ICP did not clearly identify that the choices listed, which appeared to be based on the calendar options available, were the preference of the resident to attend. It is understood that on any given day a resident may or may choose to attend their preferences, if offered.	Met	
7.38	• Special housekeeping considerations, and;	Partially Met	2 ICP were missing the special housekeeping care plan	Met	
7.39	• Other needs identified by the interdisciplinary team.	Partially Met		Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
7.44	<ul style="list-style-type: none"> Are reviewed & analyzed; 	Not Met	More work is needed in this area to record the utilization of the information from the audits	Not Met	ICP audit forms were incomplete. i.e. a number of sections left blank including those referring to analysis, follow-up, recommendations, date of completion and name of person completing.
7.45	<ul style="list-style-type: none"> Result in recommendations for improvement being made as required, based on the audit analysis, and; 	Not Met		Not Met	
7.46	<ul style="list-style-type: none"> Result in recommendations being implemented and followed up. 	Not Met		Not Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> Bolded measures (7.01, 7.07, 7.41 & 7.42) are pass/fail performance measures. If any one is not met, the standard is not met. If all are met, the other measures are considered before assigning a rating to the standard. Of the 42 other measures: <ul style="list-style-type: none"> If ≥ 34 measures are met, standard is met. If ≥ 25 and < 34 measures are met, standard is partially met. If < 25 measures are met, standard is not met. 					

Comments: Some progress evident but additional work required to meet standard.

Standard 9: Use of Restraints

Reference: *Personal Care Homes Standards, Section 16, 17 & 18* and Manitoba Provincial Ministerial Guidelines for the Safe Use of Restraints in Personal Care Homes

Written restraint policy

The operator shall establish a written least restraint policy in accordance with guidelines approved by the Minister. A statement describing the PCH Policy on restraints shall be included in the resident handbook given to the resident and/or their substitute decision-maker on or before admission to the facility.

The Minister maintains that all persons receiving care in PCHs in Manitoba can expect to live in an environment with minimal use of restraint. Where care factors require limitation(s) to a resident's liberty, this guideline mandates the inter-disciplinary process of:



- assessment;
- informed consent;
- decision making;
- care planning;
- proper application;
- regular monitoring and removal;
- reassessments completed minimally every 3 months, and;
- discontinuance of the restraint as soon as possible.

Restraint may be used only if risk of serious harm

Except in accordance with this section and section 18, no operator shall permit a restraint to be used to restrain a resident without the consent of the resident or his or her legal representative.

If a resident's behaviour may result in serious bodily harm to himself or herself, or to another person, the operator shall

- a) Do an interdisciplinary assessment to determine the underlying cause of the behaviour; and
- b) Explore positive methods of preventing the harm.

If positive methods of preventing harm have been explored and determined to be ineffective by an interdisciplinary team assessment, then a physician, physician assistant, a nurse practitioner (RN-EP or RN-NP), a registered nurse (RN), a registered psychiatric nurse (RPN) or a licensed practical nurse (LPN) may order a restraint to be used, except in the case of medication (chemical restraint) which must be ordered by a physician, nurse practitioner or physician assistant.

Requirements for use of physical restraints

Every physical restraint must meet the following requirements:

- a) Be the minimum physical restraint necessary to prevent serious bodily harm;
- b) Be designed and used so as to
 - i. Not cause physical injury
 - ii. Cause the least possible discomfort
 - iii. Permit staff to release the resident quickly; and
- c) Be examined as often as required by the restraint policy referred to in section 16.

Requirements for use of chemical restraints

When a psychotropic medication is being used in the absence of a diagnosis of a mental illness, it is to be considered a chemical restraint. Also any medication given for the specific and sole purpose of inhibiting a behaviour or movement (e.g. pacing, wandering, restlessness, agitation, aggression or uncooperative behaviour) and is not required to treat the resident's medical or psychiatric symptom is considered a chemical restraint. If the medications are used specifically to restrain a resident, the minimal dose should be used and the resident assessed and closely monitored to ensure his/her safety.

Documentation in Resident Health Record

If any restraint is used, the operator shall ensure that the following information is recorded in the resident's health record:

- a) A description of the interdisciplinary assessment done to determine the potential for serious bodily harm to the resident or another person;
- b) A description of the alternatives to restraint that were tried and that were determined to be ineffective by the interdisciplinary team, signed by the person who directed the restraint to be used;
- c) The specific type of restraint to be used and the frequency of checks on the resident while the restraint is in place;
- d) Each time the resident and the restraint is checked while it is in place;
- e) The time and date when use of the restraint is discontinued and the reason why.

Restraint Review and Discontinuance

The operator shall ensure that the use of each and every restraint is regularly reviewed. At a minimum, reviews must occur every three months, whenever there is a significant change in the resident's condition, and whenever the resident's care plan is reviewed.

The operator shall ensure that the use of any restraint is discontinued as soon as the reason for its use no longer exists.

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 Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
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.	Partially Met	Three of four applicable consent contained the required documentation.	Not Met	All three of the resident records reviewed included restraints. Of the three health records, two had no initial assessment for the restraints. Reassessments were not consistent for all restraints.
9.04	There is documented evidence that a comprehensive assessment of the resident is completed by an interdisciplinary team, prior to	Partially Met	Three of five restraint assessment documentation forms met the requirement. One restraint was not identify as such and and one restraint	Not Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
	application (or reapplication) of any restraint.		assessment form had one signature on the document.		
9.06	• The resident's physical status;	Partially Met	Three of five restraint assessment documentation forms met the requirement.	Not Met	
9.09	• The resident's nutritional status;	Partially Met	Three of five restraint assessment documentation forms met the requirement.	Not Met	
9.10	• All alternatives tried and exhausted;	Not Met	Two of five restraint assessment documentation forms met the requirement.	Not Met	
9.11	• Review of current medications;	Partially Met	Three of five restraint assessment documentation forms met the requirement.	Not Met	
9.13	• Actual and potential burdens to the resident if the restraint is applied, and;	Partially Met	Three of five restraint assessment documentation forms met the requirement.	Not Met	
9.14	• Any other additional ethical considerations.	Not Met	not present on form or narrative	Not Met	
9.17	• 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);	Partially Met	Three of five restraint assessment documentation forms met the requirement.	Not Met	
9.18	• The professional designation of the person giving the order, and;	Partially Met	Three of five restraint assessment documentation forms met the requirement.	Not Met	
9.19	• For a chemical restraint, the time limit for its use (the discontinuation date).	Not Met	The one chemical restraint did not have the required documentation.	Not Applicable	
9.22	• The frequency of the checks on the resident while the restraint is in use, and;	Partially Met	Three of five restraint assessment documentation forms met the requirement.	Not Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
9.34	• Occur at least annually;	Not Met	No audits in evidence	Not Met	No evidence of audits in 2017.
9.35	• Are reviewed/analyzed;	Not Met		Not Met	
9.36	• Result in recommendations for improvement being made, as required, based on the audit analysis, and;	Not Met		Not Met	
9.37	• Result in recommendations being implemented and followed up.	Not Met		Not Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • Bolded measures (9.01 & 9.04) are pass/fail performance measures. If any one of these measures is not met, the standard is not met. If they are all met, the other measures are considered before assigning a rating to the standard. • Of the 35 other measures: <ul style="list-style-type: none"> ○ If ≥ 28 measures are met, standard is met. ○ If ≥ 21 and < 28 measures are met, standard is partially met. ○ If < 21 measures are met, standard is not met. 					

Comments:

Additional work required to meet standard. A review of process may be required with nursing staff who are required to complete the restraint assessments and reassessments.

Standard 17: Therapeutic Recreation

Reference: *Personal Care Home Standards Regulation, Section 31*

The operator shall ensure that:

- a) Recreational programming, for both individuals and groups, are available to meet residents' physical, emotional, cultural and social needs;
- b) Recreational programming is available to residents who are unable to leave their rooms;
- c) Recreational programming is available during some evenings and weekends;
- d) Recreational areas with suitable equipment and materials to enhance residents' quality of life are available to residents, and;
- e) Information about the current recreational programs available is posted in large print in a prominent and easily accessible location in the personal care home.

Subject to safety requirements and the privacy rights of other residents, the operator shall ensure that residents are assisted to participate in the recreational programs referred to in subsection (1).

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

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
17.01	<ul style="list-style-type: none"> • A recreation assessment that identifies the resident's individual therapeutic recreation needs; 	Not Met	The current use of the LCM provides the number of recommended interventions per month. The assessments lack specificity to the resident. The assessment should determine not only identify how past and current interests fit the what is offered currently by the PCH but also may expand the breadth of what is offered by the PCH or facilitated by the PCH (one to one or assistance to residence for choice in their room or quiet room) or is self-directed.	Partially Met	Two of three resident records included a recreation assessment.
17.02	<ul style="list-style-type: none"> • Recreation staff participation in each resident's quarterly interdisciplinary care plan review; 	Not Met	The section of the form was either blank and the recreation staff sent regrets or if attended provided a verbal report; and did	Met	

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
			not complete the recreation section on the form.		
17.03	<ul style="list-style-type: none"> Recreation staff participation in the annual interdisciplinary care conference, and; 	Not Met		Met	Based on policy (no annual conferences were due for the three resident records reviewed).
17.05	<ul style="list-style-type: none"> That is based on the resident's assessed recreation needs; 	Not Met	The individual recreation plan was not consistent with the LCM based on number of requirements or on what the resident is attending as in reported in the quarterly care plan meeting summaries.	Partially Met	Two of the three records reviewed included an assessment of recreation needs.
17.13	<ul style="list-style-type: none"> Are conducted at least every three months; 	Not Met	Calendar audits have been implemented for 2016 which are very good. However there are other types of audits that can also be implemented e.g. program audits, attendance audits and surveys.	Not Met	Completion of quarterly audits not evident.
17.14	<ul style="list-style-type: none"> Are reviewed, analyzed and reported; 	Not Met		Not Met	
17.15	<ul style="list-style-type: none"> Recommendations are made from the audit analysis, as required, and; 	Not Met		Not Met	
17.16	<ul style="list-style-type: none"> Recommendations are implemented and followed up. 	Not Met		Not Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> There are no pass/fail performance measures. Of the 16 measures: <ul style="list-style-type: none"> If ≥ 13 measures are met, standard is met. If ≥ 10 and < 13 measures are met, standard is partially met. If < 10 measures are met, standard is not met. 					

Comments: Further reporting required to meet standard.

Standard 19: Safety and Security

Reference: *Personal Care Homes Standards Regulation, Sections 33 & 34*

Temperature

The operator shall take reasonable steps to ensure that the temperature in residential areas of the personal care home is kept at a minimum of 22 degrees Celsius.

Safety and Security

The operator shall ensure that the environment of the personal care home is maintained so as to minimize safety and security risks to residents and to protect them from potentially hazardous substances, conditions and equipment.

Without limiting the generality of the above subsection, the operator shall ensure that:

- a) nurse call systems are installed and maintained in proper working order within resident rooms, resident washrooms, and bathing facilities;
- b) open stairwells are safeguarded in a manner which prevents resident access;
- c) all outside doors and doors to stairwells accessible to residents are equipped with an alarm or a locking device approved by the fire authority under the *Manitoba Fire Code*;
- d) windows cannot be used to exit the personal care home;
- e) handrails are properly installed and maintained in all corridors, and grab bars are properly installed and maintained in all bathrooms and bathing facilities;
- f) all potentially dangerous substances are labelled and stored in a location that is not accessible to residents;
- g) all equipment is safe and it is used, stored and maintained in a manner which protects residents;
- h) domestic hot water temperature in resident care areas is not less than 43 and not more than 48 degrees Celsius (C) ;
- i) the personal care home is kept clean and combustible materials are stored separately and safely;
- j) exits are clearly marked and kept unobstructed at all times;
- k) facility grounds and exterior furniture are safe for resident use;
- l) and a system is in place whereby all residents who may wander are identified and all staff are informed.

To ensure compliance with this section, the operator shall establish an ongoing safety and accident prevention program that includes the following:

- a) maintenance programs for resident safety devices, ventilation, heating, electrical equipment and all other equipment used by staff and residents;
- b) protocols relating to hazardous areas; and
- c) a policy governing electrical appliances to be used or kept by residents in their rooms.

Expected Outcome: Residents are provided a safe, secure, and comfortable environment, consistent with their care needs.

Performance Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
19.02	Domestic hot water, at all water sources that are accessible to residents, is not less than 43°C and not more than 48°C.	Not Met	10 of 14 water temperatures taken at resident accessible location were under 43C. Those temperatures that were within the range were at the low end of the scale and the water ran for a long time to reach that temperature.	Met	Fifteen of 18 water temperature readings were within the required range.

Scoring methodology:

- The bolded measure (19.02) is a pass fail measure. If it is not met, the standard is not met. If it is met, the other measures are considered before assigning an overall rating to the standard
- Where smoking is permitted, of the 24 other measures:
 - If ≥19 measures are met, standard is met.
 - If ≥14 and <19 measures are met, standard is partially met.
 - If <14 measures are met, standard is not met.
- Where smoking is not permitted, of the 23 other applicable measures:
 - If ≥18 measures are met, standard is met.
 - If ≥14 and <18 measures are met, standard is partially met.
 - If <14 measures are met, standard is not met.

Comments: Performance measure is met. Standard met. No further reporting is required.

Standard 24: Staff Education

Reference: *Personal Care Homes Standards Regulation, Section 39*

The operator shall provide an organized orientation and in-service education program for all staff of the personal care home.

The operator shall ensure that each new employee signs an acknowledgement of the information received in the orientation.

The operator shall ensure that the orientation and in-service education programs are evaluated at least annually and revised as necessary to ensure that they are current and meet the learning needs of the staff.

The operator shall make available health related resources, including books, journals and audio-visual materials, to staff and volunteers at the personal care home.

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 Measures

#	Measure	Facility Rating	Comments	Review Team Rating	Comments
24.33	• Annual evaluation of all education programs;	Not Met	Started in 2015. Process will continue year over year to meet measures 24.33 - 24.36.	Met	
24.34	• Review and analysis of the program evaluations;	Not Met		Met	
24.35	• Recommendations for improvement resulting from the analysis, as required, and;	Not Met		Met	
24.36	• Implementation and follow-up of those recommendations.	Not Met		Met	
<p>Scoring methodology:</p> <ul style="list-style-type: none"> • The bolded measures (24.01, 24.14, 24.20) are pass/fail performance measures. If any one is not met, the standard is not met. If they are met, the other measures are considered before assigning a rating to the standard. • Of the 33 other measures: <ul style="list-style-type: none"> ○ If ≥26 measures are met, standard is met. ○ If ≥20 and <26 measures are met, standard is partially met. ○ If < 20 measures are met, standard is not met. 					

Comments: All performance measures are met.