

Personal Care Home (PCH) Standards Modified Standards Review Report

Regional Health Authority: Interlake-Eastern (Regional Health Authority) (RHA)

Facility: Tudor House Personal Care Home

Number of Beds: 76 beds

Review Team: Sabine Bures (Manitoba Health and Seniors Care) (MHSC)

Review Date(s): August 27, 2020

Report Date: January 8, 2021

Overview:

Context for Review:

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

Review Activities and Information Sources:

The modified review included:

- a tour of the common areas of the home, excluding resident rooms;
- a review of three resident health records;
- interviews with three residents, five family members, four staff members and the Clinical Team Manager (CTM);
- a review of the fire drill records for 2018, 2019 and 2020 (to current date); and,
- a review of resident council meeting minutes for 2018, 2019 and 2020 (to current date).

General Statement of Findings:

There were no critical concerns identified during the course of the review.

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

Screening was taking place at the entrance to the building and appropriate personal protective equipment (PPE) was noted throughout the home; essentially masks and eye shields. Efforts to maintain physical distancing were evident in common areas, including the dining room. Good hand hygiene practices were observed among staff and hand sanitizer was available both at point of care and throughout the building. Additional hand sanitizer dispensers had recently been installed.

Four additional dietary staff and two housekeeping staff had been hired to support COVID-19 protocols and practices. A summer student was also hired to assist with the family visitations and to porter the residents to the visitation areas. Additional staff were trained in the safe feeding protocols so they could assist at mealtimes if necessary.

The building appeared to be clean and was odour free. There were new murals on the end walls of the corridors. The resident beds were replaced in 2019. There was new furniture noted in the resident lounges. The home is awaiting the purchase of a new tub and chair lift.

At the time of the review, visitor access was limited to virtual visits, telephone calls, outdoor, indoor and in room visitation.

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

When residents, family members and staff were asked whether they had any recommendations for change or improvement in the home, they offered the following suggestions:

- single resident rooms and bathrooms (i.e. single occupancy rooms only);
- additional staff, nurses and HCAs to support resident centered care;
- improvements to the food service, better presentation, additional fresh fruit and vegetables, more choices;
- more rehabilitation therapy and exercise programs;
- more recreational staff and programming;
- refurbishing of the home; and,
- include a room on site for end of life care.

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:

Based on observations throughout the course of the review day, the resident bill of rights was respected and promoted in the home. There appeared to be good staff interactions with the residents during meal-time and with one to one interactions noted in the hallways and the common areas. The residents appeared to be cared for in a manner that was consistent with the needs identified in the integrated care plan.

The residents indicated they felt safe and comfortable in the home. The residents and families commented that they were treated respectfully and that the staff were kind and caring and were engaged in the well being of the residents. The residents indicated that for the most part, they were getting the care they needed, however less so when the home was short of staff.

Family members described staff as working hard to provide the care needed and that they were appreciative of the work they do. They recognized the home was at times short staffed and felt there was a need for additional nurses, HCAs and recreation staff. When working short staffed, they felt this resulted in staff being more focused on getting all tasks completed as quickly as possible than on spending one-on-one time with residents.

The residents advised that they enjoyed the pre COVID-19 recreational programming. Board games, spending time outside and playing “bingo” were among favorite activities identified. The residents were generally satisfied with the food/beverages provided in the home but felt that there should be more variety and additional fresh fruit and vegetables would be appreciated. No concern were noted with respect to the quantity or frequency with which food and beverage items are served.

The family members interviewed commented about the food, indicating that their loved ones would appreciate less processed food and more fresh produce. Family members spoke positively about the recreational activities offered in the home including the singing, games, puzzles and being out in the courtyard.

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

Findings:

Indoor and outdoor visits were being accommodated at the time of the review with all required infection prevention and control measures in place. All families, friends and designated care givers are screened prior to their visits and must maintain physical distancing and remain in designated areas only.

Residents leaving the home for essential medical appointments are required to wear masks and their temperatures are taken on returning.

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.

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

Findings:

Leadership advised the resident council meetings were cancelled during the period March to June of 2020. The meetings have since been modified to include 10 or fewer residents. A select number of families were provided a virtual invite via a CISCO application to join the meeting while managers and supervisors attended virtually.

There were 10 resident council meetings in 2018, ten meetings in 2019 and (to date) three meetings in 2020.

All three of the residents interviewed were aware of the resident council meetings. Most had attended these meetings and found the discussions helpful and interesting. Four of the five families interviewed were aware of the meetings but only two had attended a meeting in the past.

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

Findings:

The meetings were well attended with 12 or more residents usually attending (pre COVID-19). Based on meeting minutes, efforts are made to respond to concerns raised by residents in a timely manner and follow-up is tracked and reported.

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:

Leadership advised that pre admission interviews were completed on a case by case basis via telephone with the family and the resident if able. The nurse managers would review the current pandemic protocols with the family so they would know what to expect on the day of admission.

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 families advised that they were able to participate in the initial and annual resident care conferences. They also advised they were notified by the nurses of any incidents or to report any medication changes.

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 staff advised that resident care needs were discussed at shift change report, documented in the integrated progress notes, discussed at staff huddles and changes were noted on the integrated care plans and the quarterly reviews.

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

Findings:

Leadership indicated that letters with updated COVID-19 protocols and procedures were mailed to the designated family members. There were frequent e-Tudor News Flashes that provided a brief bulletin to the families that let them know what the residents were doing. The bulletins provided education and information regarding the pandemic protocols and procedures. Updated information was also posted on the Tudor Home facebook page.

Family members interviewed advised that they were kept up to date with COVID-19 information through emails and the newsletter. If they had any questions, they were able to telephone or email the home. Family members were satisfied with the information and updates provided and felt well-informed.

COVID-19 updates were posted on the staff communication board and COVID-19 binders were available on the units. Any policy changes/protocols/practices were being highlighted at shift change report and at the staff huddles. The e-newsletter also provided updated information.

There were Shared Health information posters visible throughout the home. The staff interviewed indicated they were kept up to date with the changes in the COVID-19 protocols through staff meetings, COVID-19 binders, posters, memos, staff huddles and emails. Staff were satisfied with the amount of information shared by leadership and felt that they had the information they required.

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

Findings:

Information on accessing supports has been made available to the staff team and includes the Employee Assistance Program and Blue Cross resources. The home shares information in the e-Newsletter. Additional staff has been scheduled to provide extra coverage and support. There have been numerous wellness events including staff barbecues, pizza days and Chinese food lunches. The managers and supervisors have an open door practice to provide support and coaching.

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

Findings:

The staff members interviewed described managers as very approachable, open and transparent. The staff said they had no hesitation in asking questions. They indicated that members of the management team made a point of checking in with them and there was a strong sense of “team work” in the home.

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	<ul style="list-style-type: none"> • bathing 	<p>There were three care plans reviewed. 3/3 had the bathing information. 2/3 did not have the bath day indicated on the care plan.</p>
7.09	<ul style="list-style-type: none"> • dressing 	<p>3/3 had the required information.</p>

7.10	• oral care	3/3 had the required information.
7.11	• skin care	3/3 had the required information.
7.12	• hair care	3/3 had the required information.
7.13	• fingernail care	3/3 had the required information.
7.14	• foot care	3/3 had the required information.
7.15	• exercise	3/3 had the required information.
7.16	• mobility	3/3 had the required information.
7.17	• transferring	3/3 had the required information.
7.18	• positioning	2/3 had the required information. No reference to positioning on one care plan.
7.19	• bladder function	3/3 had the required information.
7.20	• bowel function	3/3 had the required information.
7.21	• any required incontinence care product	3/3 had the required information.
7.22	• cognitive and mental health status	3/3 had the required information.
7.23	• emotional status, and personality and behavioural characteristics	3/3 had the required information.
7.24	• available family, social network, friends and/or community supports	3/3 had the required information.
7.25.	• hearing ability and required aids	3/3 had the required information for the hearing ability. 1/3 had the required information for the required aids. Aids were not noted on two care plans.

7.26	<ul style="list-style-type: none"> • visual ability and required aids 	3/3 had the required information.
7.27	<ul style="list-style-type: none"> • rest periods, bedtime habits, and sleep patterns 	2/3 had the required information for rest periods. 2/3 had the required information for bedtime habits.
7.28	<ul style="list-style-type: none"> • safety and security risks and any measures required to address them 	3/3 had the required information.
7.29	<ul style="list-style-type: none"> • language and speech, including any loss of speech capability and any alternate communication method used 	3/3 had the required information.
7.30	<ul style="list-style-type: none"> • rehabilitation needs 	2/3 had the required information. This was left blank on one care plan.
7.31	<ul style="list-style-type: none"> • therapeutic recreation requirements 	3/3 had the required information.
7.32	<ul style="list-style-type: none"> • preferences for participating in recreational activities 	3/3 had the required information.
7.33	<ul style="list-style-type: none"> • religious and spiritual preferences 	3/3 had the required information.
7.34	<ul style="list-style-type: none"> • food allergies 	3/3 had the required information.
7.35	<ul style="list-style-type: none"> • diet orders 	3/3 had the required information.
7.36	<ul style="list-style-type: none"> • type of assistance required with eating 	3/3 had the required information.
7.37	<ul style="list-style-type: none"> • whether or not the resident has made a health care directive 	3/3 had the required information.

7.38	<ul style="list-style-type: none"> • special housekeeping considerations 	0/3 had the required information. This criteria applies to any special housekeeping needs that were required.
7.39	<ul style="list-style-type: none"> • other needs identified by the interdisciplinary team. 	3/3 had the required information.
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	3/3 had 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 	3/3 had the required information.
7.42	<ul style="list-style-type: none"> • at least annually by all staff who provide direct care and services to the resident, as well as the resident and his/her representative(s), if possible. 	3/3 had the required information.
Performance Measure: Notable change in incidents of pressure sores and falls among PCHs residents since the onset of COVID-19.		
Findings: The Quality and Risk long term care indicator data remains consistent with the pre COVID-19 numbers.		

<p>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.).</p>
<p>Findings: Hairdressing services were not available until July. The foot care program and occupational therapy services continued to be provided. The pharmacist visits were discontinued. There were no medication room audits completed. Wheelchair services and repairs continued to be provided. The physicians continued to make rounds.</p>

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.

<p>Performance Measure: Documentation of consent and interdisciplinary assessment.</p>		
9.02	<p>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>	<p>There were three health records reviewed. There were seven restraints reviewed, all physical restraints. Two residents each had a tilt chair, lap board and a seatbelt. One resident had a tilt chair only. 7/7 had a written consent.</p>
9.03	<p>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.</p>	<p>1/7 also had a verbal consent.</p>

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.	4/7 had the required information. On one of the assessments that included three restraints, there were two signatures on two different dates, one date in March, the other in August 2020. This was not considered completed by an interdisciplinary team.
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) 	7/7 had the required information.
9.06	<ul style="list-style-type: none"> the resident's physical status 	7/7 had the required information.
9.07	<ul style="list-style-type: none"> the resident's emotional status 	7/7 had the required information.
9.08	<ul style="list-style-type: none"> the resident's mental status 	7/7 had the required information.
9.09	<ul style="list-style-type: none"> the resident's nutritional status 	7/7 had the required information.
9.10	<ul style="list-style-type: none"> all alternatives tried and exhausted 	7/7 had the required information.
9.11	<ul style="list-style-type: none"> review of current medications 	7/7 had the required information.
9.12	<ul style="list-style-type: none"> actual and potential benefits to the resident if the restraint is applied 	7/7 had the required information.

9.13	<ul style="list-style-type: none"> actual and potential burdens to the resident if the restraint is applied 	7/7 had the required information.
9.14	<ul style="list-style-type: none"> any other additional ethical considerations 	7/7 had 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 	7/7 had the required information.
9.16	<ul style="list-style-type: none"> the frequency of checks on the resident while the restraint is in use 	7/7 had the required information.
9.17	<ul style="list-style-type: none"> the signature of the person giving the order (where a chemical restraint is used it must be ordered by a doctor, nurse practitioner or physician assistant) 	7/7 had the required information.
9.18	<ul style="list-style-type: none"> the professional designation of the person giving order 	7/7 had the required information.
9.19	<ul style="list-style-type: none"> for a chemical restraint, the time limit for its use (the discontinuation date) 	N/A
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 	5/7 had the required information. The care plan for one resident only referenced the tilt chair, not the seatbelt or lap board.

9.21	<ul style="list-style-type: none"> the length of time the restraint is to be used for each application 	5/7 had the required information. See comment in 9.20.
9.22	<ul style="list-style-type: none"> the frequency of the checks on the resident while the restraint is in use 	5/7 had the required information. See comment in 9.20.
9.23	<ul style="list-style-type: none"> when regular removal of restraints is to occur 	5/7 had the required information. See comment in 9.20.
9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	0/7 had the required information. On two health records, the day was missing on the dates of some of the quarterly reviews. On two health records there were quarterly reviews missing. On the two health records that had multiple restraints, the reassessments did not include reference to all three physical restraints.
<p>Performance Measure: Notable change in the use of restraints since the onset of COVID-19.</p>		
<p>Findings: There had been no notable changes in the Quality and Risk long term care indicator data since the onset of the pandemic.</p>		

Follow-up Required: Action is required to ensure that all restraint documentation is completed thoroughly and that restraint information is consistently documented across forms (i.e. care plan, consent, basic assessment, quarterly reviews).

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.

<p>Performance Measure: The PCH has continued to ensure that residents have access to physician services/care.</p>
<p>Findings: The physicians have continued to make resident rounds via telephone, conferencing or in person as required.</p>

Follow-up Required: None required.

Standard 11: Nursing Services

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

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

<p>Performance Measure: The 3.6 HPRD (hours per resident day) care requirement continues to be met.</p>
<p>Findings: As per feedback from leadership, the PCH was maintaining hours close to the 3.6 HPRD. Initially, there was a significant increase in staff absenteeism. Several staff members were off for extended periods of time due to COVID-19 testing. The RN hours have decreased due to under-filling RN hours with LPNs. At the time of the review, there were two vacant RN positions.</p>
<p>Performance Measure: All staff shifts are filled and there are adequate staff to provide care to residents.</p>
<p>Findings: Leadership advised that the single site directive has had little impact on the home but staff absenteeism has increasingly created challenges. There has been an increase in overtime and mandating of staff to cover unfilled shifts. The staff interviewed felt that the PCH is short of staff and more nurses and HCAs are required to ensure resident focused care. They commented that residents often have to wait to have their care needs met. While having the designated screeners and recreation staff coordinating the family visitations was said to be helpful, this has resulted in additional workload. Getting the required documentation completed in the course of the workday was said to be increasingly difficult. Family members interviewed identified the need for more staff in the PCH and felt that, while staff were very good to the residents, they are always very busy and are not able to meet all the residents' needs. The residents interviewed, however, felt they were receiving the care they needed.</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: Leadership advised that, while initially it was challenging to ensure the home had enough PPE supplies, they have been able to secure and maintain an adequate inventory of PPE and other supplies/equipment. Staff noted that, initially the home was closely monitoring the usage of PPE, but they have always been able to access what they needed during their shift.</p>

Follow-up Required: None required.

Standard 12: Pharmacy Services

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

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

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

Findings:

Quarterly medication reviews were completed as required for the resident records reviewed. Medication reviews are completed with the pharmacist and physician on the telephone and the nurse on site. The pharmacists have not been on site to complete medication audits. No concerns, however, were reported with respect to ordering or receiving medications.

Follow-up Required: None required.

Standard 14: Nutrition and Food Services

Reference: Personal Care Homes Standards Regulation section 28

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

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

Findings:

Leadership advised that they do the best they can to ensure physical distancing between residents in all common areas, including the dining area.

As observed on the day of the review, dining tables were configured to limit seating to two residents per table. Some tables had also been moved into the hallway areas to maximize the space available to support separation.

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

Findings:

There were no challenges reported relative to the procurement of food or food storage. Deliveries were being unloaded at the back door and brought to the dietary department by maintenance staff. Dietary staff sanitize packaging prior to placing items in storage areas.

Follow-up Required: None required.

Standard 17: Therapeutic Recreation

Reference: Personal Care Home Standards Regulation, Section 31

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

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

Findings:

The recreation department has been significantly impacted through COVID-19. Two of the three staff of the department have been off on extended medical leaves. This left the recreation supervisor to meet the challenges of running the department through the pandemic. Resident and family connections have been the focus. The supervisor has coordinated the visits including Skype and face time virtual visits, and the window, indoor and outdoor visits.

The home was successful in recruiting two part time staff over the summer that offered small group programming on Tuesdays and Thursdays. A summer student was hired as a recreation porter and supporter the screening and resident/family visitations. Supervised visitations were scheduled for four days a week, Monday, Wednesday, Friday and Sundays. All visitors were screened. All infection prevention and control guidelines were followed.

The residents indicated that they enjoy the recreation programs but noted that programming was quite limited at present due to the pandemic. They mentioned bingo starting up again and their enjoyment of board games and being outside. Family members interviewed identified musical programming, games and puzzles, being outside and attending church as examples of activities their loved ones have enjoyed the most. Some noted that, even though their loved one is no longer able to actively participate in activities, they appreciate that recreation staff still encourage/invite them to take part even if only to passively observe or listen.

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:

At the time of the review, no formal religious services were taking place on-site. One of the residents is a Pastor. He offers spiritual support to many of the residents. On occasion, small groups of residents were gathered to listen to his message and to sing hymns.

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:

In the review of the 2018 and 2019 fire drill documentation, there were monthly drills missed.

In 2020, there were drills held in February, June, July and August. There were no drills held in March, April and May due to COVID-19.

Additional Comments: While no follow up reporting is required at this time, 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 shift and on weekends.

Follow-up Required: None required.

Standard 21: Infection Control Program

Reference: Personal Care Homes Standards, Section 36

Expected Outcome: Residents are protected from the spread of infection by an infection control program.

<p>Performance Measure: Education/training on infection prevention and control (IP&C) has been offered to all staff since the onset of COVID-19.</p>
<p>Findings: PCH leadership advised that all Tudor Home staff received education on routine practices via a self learning package. The regional infection prevention and control coordinators also provided a training blitz on hand hygiene education. Staff interviewed indicated there was signage demonstrating the proper donning and doffing of PPE posted throughout the home and live demonstrations on PPE use had been provided. On line education is available to the staff on site and infection prevention and control manuals are available on the units.</p>
<p>Performance Measure: Compliance with IP&C protocols is regularly monitored/audited.</p>
<p>Findings: Leadership advised that the outstanding training lists were sent to the manager/supervisors who encouraged the staff in their departments to complete the education. Confirmation of completion is tracked on the education service database. Managers monitor compliance with hand hygiene and infection prevention and control practices on an ongoing basis and staff members indicated they give one another reminders as necessary.</p>
<p>Performance Measure: Housekeeping procedures and cleaning schedules have been enhanced since the onset of COVID-19.</p>
<p>Findings: The home hired two additional housekeeping staff to support enhanced cleaning in seven days a week.</p>
<p>Performance Measure: Appropriate protocols/procedures are in place for the collection and handling of laundry (on and/or offsite).</p>
<p>Findings: Established infection prevention and control practices for laundry were being maintained. No additional protocols deemed necessary.</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:

All formal in-person education sessions have been cancelled. Nurses were not able to recertify in Basic Life Support and most education since the onset of the pandemic has been focused on infection prevention and control.

Performance Measure: New staff hires (including agency staff) receive a thorough orientation to their position and to the facility on or before commencing their employment.

Findings:

The education coordinator has completed the half day orientation on site with small groups of staff maintaining physical distancing and wearing PPE. New staff are paired with a “buddy” from the same department for on site training. An orientation checklist continues to be used.

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:

Correspondence was sent to the designated family members via email, telephone or the weekly e-newsletter. The weekly e-Tudor News Flashes provided the contact information of the management team as well as the quick link to the formal complaints process.

The home receives most complaints via telephone, email or directly from the residents. Most of the complaints have been in regards to visitor and food restriction protocols. These concerns have usually been resolved by providing information/clarity about public health guidelines in place at a given time.

Residents interviewed said they talk to the nursing staff first whenever they have concerns and were generally satisfied with the effectiveness of this approach. Family members interviewed indicated they had a good understanding of who to contact if they had a concerns and were confident that measures would be taken to resolve any issues.

Follow-up Required: None required.