

## **Personal Care Home (PCH) Standards Modified Standards Review Report**

Regional Health Authority: Winnipeg Regional Health Authority

Facility: Misericordia Place

Number of Beds: 100 beds

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

Review Date(s): August 5, 2020

Report Date: October 7, 2020

## **Overview:**

### **Context for Review:**

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

### **Review Activities and Information Sources:**

The modified review was held on August 5, 2020 and consisted of:

- A walk through tour of the common areas and units, excluding the resident rooms.
- A review of six health records.
- Interviews were held with five family members, six residents, six staff members and the Director of Care.
- A review of the fire drill records, 2018, 2019 and current year to date.
- The Resident Council Meeting minutes for 2018, 2019 and current year to date.

The tour was to observe cleanliness and the general state of maintenance of the building. Overall, the home was found to be clean and well maintained. It was decorated nicely with a chapel, recreation and common areas, even an Irish pub! There were beautiful gardens with pots along a walk way where residents and families were able to 'adopt a pot'. The home planted the flowers for them. There were areas of the building, as well as in the beautiful courtyards, that were set up for the window visits, as well as for indoor and outdoor visiting with families and friends. The home was able to hire a Health Care Aide as a porter to support the family visitations.

The residents appeared to be well groomed, appropriately dressed and those in wheelchairs were well positioned. Observations in the dining room demonstrated that the residents were provided with the required assistance. Choices of the beverages were offered. Each of the units had their own dining areas. The home participates in the Regional Food Distribution system with toast and coffee being made on the units. Social distancing was maintained for the most part. The medication pass was observed with no concerns noted. There were good interactions noted between the nurse and the resident during the medication administration.

Some of the furnishings and curtains were showing some age and these items were on the home's wish list for replacement. The home is hoping to be able to do some updating to the front entrance area. Painting some of the resident areas would provide a nice refresh.

Staff were observed to be following the infection control practices with the appropriate personal protective equipment (PPE). Good hand hygiene was observed.

All of the appropriate postings were present: The resident Bill of Rights, Protection for Persons in Care posters, dietary menus, Resident Council minutes, recreation calendars and the pamphlets identifying the complaints/concerns process. Quality boards were noted on each unit.

Screening of all people entering the home was completed on the bridge between the home and the hospital. Hand sanitizer was noted throughout the building and at point of care.

In the review of the six health records, there was minimal documentation noted about the impact of COVID-19 on the residents. Follow up of clinical issues was well done.

Residents, families and staff were asked if they could change anything about the personal care home, what would they change. Their responses are in the context of the timing of the review. Responses are as follows:

- More staffing, especially Health Care Aides and recreation staff. Physiotherapy was also mentioned. This was quantified with statements such as the staff are running off their feet, there are long delays of staff answering the call light, residents are bored and lonely and need more to do. Only two Health Care Aides on evenings is not enough. There needs to be more time to talk and visit with the residents. More musical entertainment would be appreciated.
- Smaller portions of food, would like a bar-b-que meal, and more fresh fruit and vegetables added to the menu.
- They would prefer the physician not visit them in the dining room.
- Bigger name tags for the staff.
- Lost clothing and processes on how to go about finding it.
- Enhanced communication.
- Strong sense of teamwork and working together. The staff are very helpful.

### **General Statement of Findings:**

There were no significant concerns noted during the course of the review. There were some suggestions made in some of the standards, however there is no status update required.

### **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:**

The residents interviewed reported feeling comfortable and safe in the home. They stated that staff look after them very well and are available to answer their questions and provide them with any information that they require. The residents feel respected. The residents feel that the staff are very busy as they sometimes have to wait to have their call light answered or to go to the bathroom. Some of the residents voiced concerns with the lack of variety of the food and would prefer more fresh fruit and vegetables. Some of the residents voiced concerns about the food having deteriorated over the past number of months and that it does not taste very good. Breakfast was noted to be the best meal.

The routine of the regular organized recreational activities is missed by the residents since COVID-19. Most residents interviewed say they like to attend all activities that are available for them. They commented that they like music, movies and bingo! There has been musicians that played outdoors for the residents' entertainment.

The family members interviewed reported that the staff are friendly and demonstrate respect and compassion for the residents. They advised that they feel that the residents are well looked after and that the staff in all departments care about their well-being. Some of the families commented on the need for more nursing and recreation staff to provide quality care to the residents. The families feel the residents that can comment on the food, are not very happy with it. There were comments made on the need to update and refresh some of the areas of the building including curtains, painting and furnishings.

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

**Findings:**

Families reported that they are able to visit the residents on the telephone, with window visits, and indoor and outdoor visits. A number of families commented that the staff have been very good about calling the families with updates about the residents.

There was one resident that went out on a resident leave. The family was well prepared and communication was maintained with them. Medication and equipment was in place. The resident was out for eight days and was isolated for 14 days on the return to the home.

Family members are able to take their family member for walks in the community.

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:**

There were five Resident Council Meetings held in 2018, five meetings held in 2019 and three meetings held so far in 2020. The Family Experience Survey of October 2019 was noted in the minutes with good, very good and excellent being the majority of comments made. There were family information nights held that were well attended. Of the residents and families interviewed, half of the participants were aware of the Resident Council meetings.

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

**Findings:**

The Resident Council minutes included information shared on audits, Spiritual Care, Recreation updates, discussions about furniture and curtains for the home, the Wifi and a review of the Resident Bill of Rights. There was little information recorded providing an opportunity for the residents to participate by bringing up questions or concerns.

**Additional Comments:** It is recommended that an open forum for residents to bring up items, comments and concerns could be included in the agenda and documented in the minutes.

**Follow-up Required:** Recommended.

**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:**

An orientation package is provided for the resident and family on admission to the home. Much of the information was provided on the telephone prior to the admission date. The social worker meets the families in the vestibule on the day of admission. One family

member is able to be on the unit and assist with the resident transitioning into the home. The home sends a video of the environment in place of the tour due to COVID-19.

The initial care conference for the resident and their families are completed on the telephone. This has worked well and the home has received positive feedback on this approach to maintain a connection with the family.

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 annual care conferences have continued with the families participating via telephone. The feedback from the family interviews indicated that all appreciated the ability to participate in the annual care conferences. The families also noted that they were provided with updates from the nurses and were notified if any incidents had occurred.

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 indicated that they have all the required information in order to address the residents' care needs. The nurses keep all staff informed of the changes in care needs as they arise. This is done by shift handover report, the communication book, team huddles,

care conferences and documentation in the interdisciplinary progress notes, integrated care plan and activities of daily living form reviews. The process has basically remained the same as prior to 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:**

The leadership team had a system of reviewing the pandemic guidelines and updates that they would summarize and include the information in a memo. They would also discuss the updates at the unit huddles and information was included in the COVID-19 binders on the units. On an ongoing basis, they continued to provide education and conduct audits for compliance.

The leadership communicated to the families via phone calls, letters and the web site. There were information posters and bulletins in the home and once they were able to see families, they were able to remind them about the protocols and the restrictions. The information was shared with the residents at Resident Council meetings and in small group discussions on an ongoing basis.

Families interviewed indicated that they were well informed about the COVID-19 protocols in place at the home. They felt the information shared was well organized and helpful to them. The staff were well informed and able to answer the questions of the residents and families.

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

**Findings:**

There has been Staff Support groups offered for staff to discuss the increased stress of COVID-19 and the additional workload. A quiet room was set up in the Chapel for staff for prayer or meditation. Education and information on strategies for excess stress were provided to the staff. Spiritual Health staff and the managers have checked in with the staff in all units and departments to inquire on their individual well being. The Misericordia Health Foundation provided a free lunch to all staff to thank and acknowledge the work done in the pandemic.

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

**Findings:**

Staff indicated that they are supported by their managers and are encouraged to ask questions, share ideas and express any concerns they may have. The managers are regularly checking in with the staff to see how they are doing.

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.

<b>Performance Measure:</b> The active integrated care plan contains detailed and current information on all aspects of each resident's care needs, to ensure all appropriate and proper care is provided, including information on and requirements for:		
7.08	• bathing	There were 6 health records and care planned reviewed. 6/6 had the required information.
7.09	• dressing	6/6 had the required information.
7.10	• oral care	6/6 had the required information.
7.11	• skin care	6/6 had the required information.
7.12	• hair care	6/6 had the required information.
7.13	• fingernail care	6/6 had the required information.
7.14	• foot care	6/6 had the required information.
7.15	• exercise	6/6 had the required information.
7.16	• mobility	6/6 had the required information.
7.17	• transferring	6/6 had the required information.
7.18	• positioning	6/6 had the required information.
7.19	• bladder function	6/6 had the required information.
7.20	• bowel function	6/6 had the required information.
7.21	• any required incontinence care product	6/6 had the required information.
7.22	• cognitive and mental health status	6/6 had the required information.
7.23	• emotional status, and personality and behavioural characteristics	6/6 had the required information.



7.24	<ul style="list-style-type: none"> <li>• available family, social network, friends and/or community supports</li> </ul>	6/6 had the required information.
7.25.	<ul style="list-style-type: none"> <li>• hearing ability and required aids</li> </ul>	6/6 had required information for hearing ability, 5/6 had information for the aids
7.26	<ul style="list-style-type: none"> <li>• visual ability and required aids</li> </ul>	4/6 had required information for vision ability, 6/6 had for the vision aids.
7.27	<ul style="list-style-type: none"> <li>• rest periods, bedtime habits, and sleep patterns</li> </ul>	6/6 had the required information.
7.28	<ul style="list-style-type: none"> <li>• safety and security risks and any measures required to address them</li> </ul>	6/6 had the required information.
7.29	<ul style="list-style-type: none"> <li>• language and speech, including any loss of speech capability and any alternate communication method used</li> </ul>	6/6 had required information for language, 5/6 had the information on speech capability
7.30	<ul style="list-style-type: none"> <li>• rehabilitation needs</li> </ul>	5/6 had the required information. This was absent on one care plan.
7.31	<ul style="list-style-type: none"> <li>• therapeutic recreation requirements</li> </ul>	6/6 had the required information.
7.32	<ul style="list-style-type: none"> <li>• preferences for participating in recreational activities</li> </ul>	6/6 had the required information.
7.33	<ul style="list-style-type: none"> <li>• religious and spiritual preferences</li> </ul>	4/6 had the required information. This was absent on 2 care plans.
7.34	<ul style="list-style-type: none"> <li>• food allergies</li> </ul>	6/6 had the required information.
7.35	<ul style="list-style-type: none"> <li>• diet orders</li> </ul>	6/6 had the required information.
7.36	<ul style="list-style-type: none"> <li>• type of assistance required with eating</li> </ul>	6/6 had the required information.
7.37	<ul style="list-style-type: none"> <li>• whether or not the resident has made a health care directive</li> </ul>	6/6 had the required information.

7.38	<ul style="list-style-type: none"> <li>special housekeeping considerations</li> </ul>	6/6 had the required information.
7.39	<ul style="list-style-type: none"> <li>other needs identified by the interdisciplinary team.</li> </ul>	6/6 had the required information.
7.40	The integrated care plan outlines care goals and interventions that will be taken to achieve those care goals.	6/6 had the required information.
<b>Performance Measure:</b> There is evidence that the integrated care plan is reviewed:		
7.41	<ul style="list-style-type: none"> <li>at least once every three months by the interdisciplinary team</li> </ul>	6/6 had the required information.
7.42	<ul style="list-style-type: none"> <li>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.</li> </ul>	4/6 had the required information. This was not applicable on two health records as the residents had been admitted within the last year.
<b>Performance Measure:</b> Notable change in incidents of pressure sores and falls among PCHs residents since the onset of COVID-19		
<b>Findings:</b> A slight increase was noted in the last reporting quarter for pressure sores and falls. This will be monitored and education will be reinforced.		
<b>Performance Measure:</b> Impact of COVID-19 on accessibility of programming and services to address care plan elements (i.e. foot care, hair care, dental, etc.)		
<b>Findings:</b> The foot care nurse was maintained as per the Shared Health guidelines. Hair dressing services were suspended for two and a half months. The physiotherapy services provided by a private source were discontinued. The physiotherapist employed at the home has filled the gap for urgent cases. The volunteer program and pet therapy was discontinued. Entertainment from outside sources was allowed only if able to perform outside. Some concerts were live streamed for the residents.		

**Additional Comments:**

It is recommended that all participants of the integrated care plan review sign their names and indicate their designation or the department that they work in. This will clearly document the participation and the interdisciplinary process.

It is recommended that the process for organizing the archiving of the health records be reviewed. It is suggested that the archived charts be organized by the sections in the same manner as the current health record.

Follow-up Required: Recommended.

**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.

<b>Performance Measure:</b> 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.	Four of the health records reviewed had restraints. 3/4 had the required information for a written consent.
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.	4/4 had the required information for the verbal consent. Three of the four had both a verbal and written consent completed.
9.04	There is documented evidence that a comprehensive assessment of the resident is	4/4 had the required information.

	completed by an interdisciplinary team, prior to application (or reapplication) of any restraint.	
<b>Performance Measure:</b> The assessment includes documentation of each of the following:		
9.05	<ul style="list-style-type: none"> <li>description of the resident's behaviour and the environment in which it occurs (including time of day)</li> </ul>	3/4 had the required information. This was blank on one of the assessments.
9.06	<ul style="list-style-type: none"> <li>the resident's physical status</li> </ul>	4/4 had the required information.
9.07	<ul style="list-style-type: none"> <li>the resident's emotional status</li> </ul>	4/4 had the required information.
9.08	<ul style="list-style-type: none"> <li>the resident's mental status</li> </ul>	4/4 had the required information.
9.09	<ul style="list-style-type: none"> <li>the resident's nutritional status</li> </ul>	3/4 had the required information. It was left blank on one assessment.
9.10	<ul style="list-style-type: none"> <li>all alternatives tried and exhausted</li> </ul>	4/4 had the required information.
9.11	<ul style="list-style-type: none"> <li>review of current medications</li> </ul>	4/4 had the required information.
9.12	<ul style="list-style-type: none"> <li>actual and potential benefits to the resident if the restraint is applied</li> </ul>	4/4 had the required information.
9.13	<ul style="list-style-type: none"> <li>actual and potential burdens to the resident if the restraint is applied</li> </ul>	4/4 had the required information.
9.14	<ul style="list-style-type: none"> <li>any other additional ethical considerations</li> </ul>	4/4 had the required information.

<b>Performance Measure:</b> There is a written order for the restraint in the resident's health record that indicates:		
9.15	<ul style="list-style-type: none"> <li>the kind of restraint to be used</li> </ul>	4/4 had the required information.
9.16	<ul style="list-style-type: none"> <li>the frequency of checks on the resident while the restraint is in use</li> </ul>	4/4 had the required information.
9.17	<ul style="list-style-type: none"> <li>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)</li> </ul>	4/4 had the required information.
9.18	<ul style="list-style-type: none"> <li>the professional designation of the person giving order</li> </ul>	3/4 had the required information. This was blank on one of the assessment forms.
9.19	<ul style="list-style-type: none"> <li>for a chemical restraint, the time limit for its use (the discontinuation date)</li> </ul>	N/A as all four restraints were physical restraints.
<b>Performance Measure:</b> 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"> <li>the type of restraint and method of application</li> </ul>	4/4 had the required information.
9.21	<ul style="list-style-type: none"> <li>the length of time the restraint is to be used for each application</li> </ul>	3/4 had the required information. This was not noted on one of the care plans.
9.22	<ul style="list-style-type: none"> <li>the frequency of the checks on the resident while the restraint is in use</li> </ul>	3/4 had the required information. There was inconsistencies on one record as the care plan did not match the information on the restraint assessment record.
9.23	<ul style="list-style-type: none"> <li>when regular removal of restraints is to occur</li> </ul>	3/4 had the required information. This was not noted on one of the care plans.

9.24	There is documented evidence that the continued use of any restraint is reviewed at least once every three months.	4/4 had the required information.
<b>Performance Measure:</b> Notable change in the use of restraints since the onset of COVID-19.		
<b>Findings:</b> There has not been any notable changes in the use of restraints during COVID-19.		

Additional Comments: It is recommended that a regular audit of the restraint documentation including the assessment and the integrated care plan be completed to ensure that all applicable criteria are completed on the restraint assessment documentation and consistently applied to the integrated care plan.

Follow-up Required: Recommended.

### **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.

<b>Performance Measure:</b> The PCH has continued to ensure that residents have access to physician services/care.
<b>Findings:</b> The physicians have been attending at the home one week at a time on a rotating basis. They will resume their regular schedule in August. The physicians have been available by telephone.

Follow-up Required: None required.

**Standard 11: Nursing Services**

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

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

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

**Findings:**

The number of vacancies and mandating of staff has remained approximately the same. It is the short shifts of four hours that are harder to replace as staff had often combined this with another position at another site. Since COVID-19, there has been an increase in hours of overtime, income replacement and staff hours required for resident transportation. The single site directive has reduced their number of available casual staff and the staff to cover the short shifts.

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

**Findings:**

Staff interviewed feel that there is a need for additional staff especially for HCA's and recreation staff. They found management to be supportive however, even when full staff, there is not enough time to get everything done for the residents. The recreation staff have been deployed to facilitate the family visitation which sometimes leaves units without anyone to do one on one or small group recreation activities.

The residents were very happy with the staff and felt that they are kind and very caring. The residents feel that the staff are very busy and that they were frequently understaffed. They often have to wait for them to answer the call lights.

The families were overall very happy with the home, management and the staff, however they feel that the staff are very busy and there is little time for anything other than the essential care of the residents. They commented on the value of a homey atmosphere and the addition of more staff would facilitate and support the care needs of the elderly population.

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

**Findings:**

The inventory of equipment and supplies has been maintained since the onset of COVID-19 as they were able to follow the same ordering process and were able to identify the volume of PPE required. The cleaning process was changed for the eye protection and the process for the storage of masks when not in use.

All staff interviewed believed they had the resources and equipment to do their jobs safely and appropriately.

Follow-up Required: None required.

### **Standard 12: Pharmacy Services**

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

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

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

**Findings:**

The quarterly medication reviews have been completed regularly with the pharmacist, the physician or nurse practitioner and nurse participating via teleconference call.

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:**

The dietary aides wear appropriate PPE, goggles and masks when delivering meal carts or ward stock to the units. Left over snacks are collected and returned for disposal to prevent chance of any cross contamination. Resident preferences are faxed to the dietary department. Social distancing is maintained in the department with increased cleaning and hand hygiene practiced.

The home utilizes the Regional Food Distribution program. Coffee and toast is made on the units. Social distancing of the residents at meal service is maintained as much as possible.



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

**Findings:**

There have been issues with adequate supplies of pre-packaged items, for example, pop, pudding, jello that resulted in shortages and menu substitutions were made. The supplier leaves the orders in the receiving area and the dietary aides transport the supplies to the storage area. There has been no impact on the storing of supplies or food handling during COVID-19.

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:**

Initially the recreation staff were deployed to facilitate the virtual visits between the residents and families as the home was closed to all visitors. The recreation staff supported the residents with an increased number of one to one interventions, connecting with the residents and assessing their well being with the impact of COVID-19. The newly admitted residents who required 14 days of isolation were also a priority. The entire team of Recreation, Spiritual Health, Social Worker and the management team worked together to provide support to the residents. All external recreational program providers were cancelled including the church services. The recreation staff continued to provide modified programming by decreasing group sizes, maintaining the residents on their specific unit and increasing hand hygiene and social distancing. Any equipment used for programming was thoroughly cleaned between residents' usage. The residents were challenged by the staff wearing PPE as it impaired the communication between the staff and the residents. They reportedly could not see the staff members' facial expressions and it was sometimes difficult for them to hear or understand what was being said.

The residents indicated that they enjoy participating in the programs that interest them. They are missing the activities that occurred pre-COVID-19 but understand why the changes have taken place. They particularly enjoy church services, musical programs and bingo. The families interviewed indicated that the residents enjoy the programs whether as a participant or an observer.

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:**

Spiritual Health staff led small group programs adhering to social distancing on each unit on a weekly basis. On Sundays, Catholic Mass would be set up on the televisions and interested residents could gather adhering to social distancing practices. The Spiritual Health practitioner also assisted residents of other faiths to access their available services. A weekly Hymn Sing was also made available to the residents. Once indoor visiting was allowed, a priest was invited and led a Mass without distributing Communion.

The Spiritual Health practitioners provided one on one support to any residents who were in need or those that requested support. Residents at end of life care and their families were provided spiritual care on a daily basis or as requested. Families were allowed to visit and the priest was able to visit as requested.

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 2018 and 2019, fire drills were held monthly with a minimum of three drills being held each month. In 2020, fire drills were held monthly January through to March. Fire drills were not held in April, May and June due to COVID-19. The fire drill process resumed in July.

Additional Comments: While no follow-up is required at this time, please ensure that planned fire drills continue to be conducted on a monthly basis. It is further suggested that fire drills are also conducted on evenings, night shift and on weekends. In the future, the gap in the fire drills noted for 2020 may have an impact on the results of the regular Standards Reviews.

Follow-up Required: None required.

### **Standard 21: Infection Control Program**

**Reference:** Personal Care Homes Standards, Section 36

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

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

**Findings:**

Staff indicated that they have had training on appropriate use and the donning and doffing of PPE. Hand hygiene education has been done. Education has been provided for staff on how to self screen for COVID-19. The staff had education on the isolation requirements regarding signage and the equipment carts. There is a COVID-19 binder on the units in the conference rooms.

There were 130 staff who participated in infection prevention and control education sessions in April and May. This included information as noted above as well as disinfecting the eye-wear protection, the COVID zones and the correct swabbing process.

**Performance Measure:** Compliance with IP&C protocols is regularly monitored/audited.

**Findings:**

Hand hygiene audits were completed on two of the three units. The Shared Health PPE audit form was used during all education sessions as a critical skills checklist and in informal settings to assess compliance. PPE audits were completed in July and will be ongoing. “Just in time” teaching takes place during the audits to support the staff that may have fallen short of compliance.

**Performance Measure:** Housekeeping procedures and cleaning schedules have been enhanced since the onset of COVID-19.

**Findings:**

The cleaning of hand rails and other high touch areas has been increased to twice a day, up from a weekly process. The cleaning schedules have been reviewed and enhanced to ensure that the daily, weekly, monthly and annual cleaning tasks are completed. Additional cleaning is being done in the kitchen, dining areas and the elevators.

<p><b>Performance Measure:</b> Appropriate protocols/procedures are in place for the collection and handling of laundry (on and/or offsite).</p>
<p><b>Findings:</b>            Families are able to launder clothing for their resident, and clothes are delivered back to the home in wipeable containers. Central laundry is used for the rest of the laundry. The staff from central laundry do not go into the home. There are minimal interactions between the staff.</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.

<p><b>Performance Measure:</b> Staff education and training continues to be offered on a regular basis.</p>
<p><b>Findings:</b>            The leadership team indicated that due to COVID-19, staff education was provided in small group formats on the units. Education facilitators provided the education numerous times on a variety of shifts. All participants maintained social distancing and wore appropriate PPE. There was also on line learning education available to staff. The home is currently working on educating all staff on LMS so they are able to access the on line learning which is a preferred learning portal for the WRHA. Webinars are available in the small group format.             The staff indicated that there is ongoing education provided on all equipment and in particular, the infection control protocols due to the pandemic. The staff appeared to be very informed regarding the appropriate practices in the usage of equipment and infection control practices.</p>

**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:**

Leadership advised that the newly hired staff continue to have the general orientation and the unit or departmental orientation as was done prior to the pandemic. Social distancing with appropriate PPE as required was maintained. Individual hand outs were provided to each new staff member. Modifications to the presentations was completed based on the feedback from the participants.

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:**

Leadership advised that there were no formal complaints lodged from January to July in 2020. The complaints are addressed by the nursing staff and then referred to the resident care manager (RCM) if resolution is not achieved. The RCM may refer to the Director of Quality Patient Safety if additional support is deemed essential. All complaints are logged if received directly from the resident or families, from Manitoba Health or from the WRHA client relations.

Family members indicated that they can always talk to the nurses if they have questions or concerns and that they are very good at getting back to them and finding solutions that meet their needs.

Follow-up Required: None required.