

Personal Care Home (PCH) Standards Unannounced Review (UR) Report

Regional Health Authority: Winnipeg Regional Health Authority (WRHA)

Facility: Golden Links Lodge

Number of Beds: 88

Review Team: Kathy Kelly, Manitoba Health Seniors and Active Living (MHSAL); Barbara GrahamNorth (MHSAL); Joe Puchniak (WRHA)

Review Date: Feb 26, 2019

Report Date: March 22, 2019

Summary of Results

| Standard | Regulation | Follow up |
|-----------------|-----------------------------|------------------|
| 1 | Bill of Rights | None |
| 2 | Resident Council | None |
| 6 | Communication | None |
| 7 | Integrated Care Plan | None |
| 8 | Freedom from Abuse/Neglect | None |
| 9 | Use of Restraints | None |
| 12 | Pharmacy Services | None |
| 14 | Nutrition and Food Services | None |
| 15 | Housekeeping Services | None |
| 16 | Laundry Services | None |
| 17 | Therapeutic Recreation | Recommended |
| 19 | Safety and Security | None |
| 21 | Infection Control Program | None |
| 25 | Complaints | None |

Review Results:

| Resident Experience Interview Questions | Resident Responses by Type of Response | | | | | | |
|---|--|-----------|------------------|--------|-----------------|----------------|--------------|
| | Never | Sometimes | Most of the time | Always | Not applicable* | Nil response** | |
| Do you feel the home provides a safe, clean and comfortable space? | | | 2 | 2 | | | |
| Do the staff here make sure your needs are met? | | | 2 | 2 | | | |
| Do the staff here follow up when you raise things with them? | | | 1 | 2 | | 1 | |
| Do the staff here treat you with respect? | | | 1 | 3 | | | |
| Do the staff here explain things to you? | | | 2 | 2 | | | |
| Do you like the food here? | | | 3 | 1 | | | |
| Do you get enough to drink throughout the day? | | | 1 | 3 | | | |
| <hr/> | | | | | | | |
| Do you agree with these statements (below): | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Not applicable | Nil response |
| • There are staff here who I can talk to. | | | | 1 | 3 | | |
| • The staff know what they are doing. | | | 1 | 2 | 1 | | |
| • The place is well run. | | | | 2 | 2 | | |
| • I am encouraged to do as much as possible for myself. | | | | 1 | 3 | | |
| *Not applicable: question not applicable based on the individual's status | | | | | | | |
| **Nil response: question not answered or not asked | | | | | | | |

Comments:

- Four residents were interviewed. The chart above indicates the four residents interviewed are satisfied with the facility and the care received.

| Family Experience Interview Questions | Family Member Responses by Type of Response | | | | | | |
|---|---|-----------|------------------|--------|-----------------|----------------|--------------|
| | Never | Sometimes | Most of the time | Always | Not applicable* | Nil response** | |
| Do the staff here treat you with respect? | | | 2 | 2 | | | |
| Does the home provide a safe, clean, comfortable environment? | | | 2 | 2 | | | |
| Do the staff here make sure your loved one's needs are met? | | | 2 | 2 | | | |
| Do the staff here follow up when you raise things with them? | | | | 4 | | | |
| Do the staff here explain things to you? | | | 1 | 3 | | | |
| Does your loved one like the food here? | | | 3 | 1 | | | |
| Does your loved one get enough to drink throughout the day? | | | 3 | 1 | | | |
| | | | | | | | |
| Do you agree with these statements (below): | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Not applicable | Nil response |
| • There are staff here who I can talk to. | | | | | 4 | | |
| • The staff know what they are doing. | | | | 2 | 2 | | |
| • The place is well run. | | | | 2 | 2 | | |
| • My loved one is encouraged to do as much as possible for themselves. | | | | 3 | 1 | | |
| *Not applicable: question not applicable based on the individual's status | | | | | | | |
| **Nil response: question not answered or not asked | | | | | | | |

Comments:

- Four family members were interviewed. The chart indicates families interviewed are pleased with the care received by their loved one in the PCH and that the staff on the floor and management are approachable to resolve issues.
- One family member was specifically complimentary of the second floor evening staff.

| Staff Experience Interview | Staff Member Responses by Type of Response | | | | | | |
|---|--|----------|---------|-------|----------------|-----------------|----------------|
| | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Not applicable* | Nil response** |
| To what extent do you agree or disagree with the following: | | | | | | | |
| • I was provided with a good orientation to my current position. | 1 | | | 2 | 5 | | |
| • I have the information and equipment I need to do my job. | | | 1 | 4 | 3 | | |
| • I am kept informed of each resident's current care needs and any necessary changes. | | | | 2 | 5 | 1 | |
| • I feel supported by other members of my team. | | | 1 | 4 | 3 | | |
| • I am encouraged to share my ideas and concerns with managers and supervisors. | | | | 3 | 5 | | |
| • I receive regular performance appraisals. | 1 | | 1 | 2 | 3 | | 1 |
| • I receive training on any new equipment I am required to use. | | | | 2 | 5 | | 1 |
| • I am informed of any changes to policies or procedures in a timely manner. | | | | 3 | 5 | | |
| • I receive regular training on infection control practices. | | | 1 | 2 | 5 | | |
| • I am familiar with the role of the PPCO and know how to make a report. | | | | 4 | 4 | | |
| • I have adequate training on Code Yellow/Code Red/Code White and Code Green. | | | 1 | 3 | 4 | | |
| *Not applicable: question not applicable based on the individual's status **Nil response: question not answered or not asked | | | | | | | |

Comments:

- Eight staff were interviewed. Most staff rated each question in the agree or strongly agree category.
- Although most of the ratings were at the positive end of the scale, there were some additional comments by staff indicating that ongoing open transparent communication with staff may not be as consistent as needed to continue to build trust and a sense of team with all staff.

| | |
|--------------------------------|---|
| Clinical Incidents: | Clinical incidents as reported from RL6 are reviewed within the facilities quality discussions. |
| General Privacy Issues: | No issues noted. |

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 measures

| # | Measure | Review Team Comments |
|-------------------------------|--|----------------------|
| The bill of rights is posted: | | |
| 1.03 | <ul style="list-style-type: none"> in minimum standard CNIB print (Arial font 14 or larger) | Yes |
| 1.04 | <ul style="list-style-type: none"> in locations that are prominent and easily accessible by residents, families and staff | Yes |

Findings: Bill of rights is posted as required.

Follow-up: None

Standard 2: Resident Council

Reference: Personal Care Homes Standards Regulation sections 5 and 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 measures:

| # | Measure | Review Team Comments |
|----|--|----------------------|
| 2. | Resident council minutes are posted as required. | Present |

Findings: Resident council meeting minutes are available for families and residents to read.

Follow-up: None

Standard 6: Communication

Reference: Personal Care Homes Standards Regulation section 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 measures

| # | Measure | Review Team Comments |
|---|---|--|
| There are standardized processes in place, and supporting evidence that processes are consistently followed, to ensure ongoing, accurate and timely communication of each resident's needs including: | | |
| 6.01 | • changes to current care plan | Noted on care plans, the white board in conference room and included during the change of shift report. |
| 6.02 | • between staff at change of shift | Change of shift report process appeared to be comprehensive with relevant, useful information provided to the oncoming shift |
| 6.03 | • when a transfer to another unit or facility is required | Documentation fully completed. |

Findings: Changes to care plans appear to be incorporated when required and communicated in a timely manner.

Follow-up: None

Standard 7: Integrated Care Plan

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

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

Performance measures

| # | Measure | Review Team Comments |
|--|--|--|
| As part of the facility's continuous quality improvement/risk management activities, there is evidence that care plans audits: | | |
| 7.43 | <ul style="list-style-type: none"> occur at least annually | Audits are completed with an action plan for follow up and the follow up documented. |
| 7.44 | <ul style="list-style-type: none"> are reviewed and analyzed | |
| 7.45 | <ul style="list-style-type: none"> demonstrate that recommendations for improvement were made, if required, based on the analysis | |
| 7.46 | <ul style="list-style-type: none"> demonstrate that recommendations were implemented and followed up | |

Findings: Integrated care plans were comprehensive and individualized to be consistent with the care needs as identified in the health record and ADL sheet.

Follow-up: None

Standard 8: Freedom from Abuse/ Neglect

Reference: Personal Care Homes Standards Regulation section 15

Expected outcome: Residents will be safeguarded and free from abuse or neglect.

Performance measures

| # | Measure | Review Team Comments |
|------|--|----------------------|
| 8.06 | The Protection for Persons in Care Act information is posted in locations that are prominent and easily accessible by residents, families and staff. | Posted. |

Findings: Criteria met.

Follow-up: None

Standard 9: Use of Restraints

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

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

Performance measures

| # | Measure | Review Team Comments |
|--|--|---|
| General Observation | Are there any inappropriate restraints in use? | None observed. |
| As part of the facility's continuous quality improvement/risk management activities, there is evidence that audits of the use of restraints: | | |
| 9.34 | • occur at least annually | Audits are completed with action plan for follow up and the follow up documented. |
| 9.35 | • are reviewed and analyzed | |
| 9.36 | • demonstrate that recommendations for improvement were made, if required, based on the analysis | |

| # | Measure | Review Team Comments |
|------|---|----------------------|
| 9.37 | <ul style="list-style-type: none"> demonstrate that recommendations were implemented and followed up | |

Findings: Restraint documentation appeared complete.

Follow up: None

Standard 12: Pharmacy Services

Reference: Personal Care Homes Standards Regulation sections 24, 25 and 26

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

Performance measures

| # | Measure | Review Team Comments |
|---|--|----------------------|
| There are designated medication storage areas that are: | | |
| 12.10 | <ul style="list-style-type: none"> secure | Yes |

Findings:

- Several med passes were observed. No issues noted.
- Just before meal times or when there were no activities occurring, residents were lined up in the in lounge either waiting to go to meals or to receive medication. There was a television on but very few engaged in viewing the television particularly on the second floor.

Follow-up: None

Standard 14: Nutrition and Food Services

Reference: Personal Care Homes Standards Regulation section 28

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

Performance measures

| # | Measure | Review Team Comments |
|--|--|---|
| 14.20 | Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial font. | Yes |
| There is a master menu that is: | | |
| 14.22 | There is a permanent record of each resident's likes and dislikes that is readily accessible to dietary, nursing and recreation staff. | This information is available. |
| 14.23 | Resident's likes and dislikes are accommodated to the extent possible. | No issues noted. Choices of meal and tea or coffee was offered. |
| 14.24 | Residents are served meals in a manner that promotes independent eating. | |
| 14.25 | Meals are presented in a courteous manner. | |
| 14.26 | Positioning and assistance with eating is individualized as needed. | |
| Assistance with eating is provided, when required: | | |
| 14.27 | • in a manner that promotes dignity | Safe practices in place. Residents did not appear rushed. |
| 14.28 | • with specific regard to safe feeding practices | |
| 14.29 | • in a way that encourages interaction with the person providing assistance | |
| 14.30 | Residents are given sufficient time to eat at their own pace. | |

Findings: Meal service appeared to be a pleasant experience for residents.

Follow-up: None

Standard 15: Housekeeping Services

Reference: Personal Care Homes Standards Regulation Section 29

Expected outcome: The residents' environment is safe, clean and comfortable and is consistent with resident care needs.

Performance measures

| # | Measure | Review Team Comments |
|-------|--|----------------------|
| 15.01 | The facility is clean and odour free. | Yes |
| 15.03 | There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident use. | Present |
| 15.04 | Upon inspection all shared equipment is found to be clean. | Yes |

Findings:

- Overall the facility is providing a clean and safe environment.
- A number of corners in doorways had an build-up of debris. High cleaning may be mid-cycle because some high areas and vents were dusty. The stairways (not accessible to residents) and some flooring in hallways had many areas with dried spills and dirt.
- Audits were provided. These were generally room audits not public areas or hallways were not provided. These may be done on a different cycle and not recently completed at the time of the review.

Follow-up: None

Standard 16: Laundry Services

Reference: Personal Care Homes Standards Regulation section 30

Expected outcome: Residents have a supply of clean clothing and linens to meet their care and comfort needs.

Performance measures

| # | Measure | Review Team Comments |
|-------|--|----------------------|
| 16.10 | Soiled laundry is not placed on the floor of any unit nor in the laundry area. | No issues noted. |
| 16.11 | Soiled laundry is kept separate from clean linen throughout the facility. | |

Findings: No issues noted.

Follow-up: None

Standard 17: Therapeutic Recreation

Reference: Personal Care Home Standards Regulation Section 31

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

Performance measures

| # | Measure | Review Team Comments |
|--|---|----------------------|
| Information about recreation programs: | | |
| 17.11 | <ul style="list-style-type: none"> is posted in prominent, resident-accessible locations throughout the home | Present |
| 17.12 | <ul style="list-style-type: none"> is clear and easy for residents to read | Yes |

Findings:

- Recreation care plans did not appear to be kept with the integrated care plan. These are part of the health record, as stated in Standard 7 – Integrated Care Plan, and need to be maintained with the health record. These requirements for Standard 7 can be met, if the two documents are kept together. All staff benefit from access to recreation assessments and care plan.

Follow-up recommended: That recreation and administration review the issues noted in the findings to ensure that Recreation documentation is included in the health record or with the care plan where it can be utilized by all staff.

Standard 19: Safety and Security

Reference: Personal Care Homes Standards Regulation sections 33 and 34

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

Performance measures

| # | Measure | Review Team Comments |
|-------|--|---|
| 19.01 | The temperature in residential areas is a minimum of 22°C. | Ambient temperature appeared comfortable. |
| 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. | Water temperature logs indicated that water at resident accessible location is within the required range. |
| 19.05 | There is an easily accessible call system in all resident washrooms. | No issues noted. |
| 19.06 | There is a call system in all bathing facilities that is easily accessible from all areas around the tub. | |
| 19.07 | All open stairwells are safeguarded in a manner which prevents resident access. | |
| 19.08 | All outside doors and stairwell doors accessible to residents are equipped with an alarm or locking device | |

| | | |
|---|---|---|
| | approved by the fire authority under the Manitoba Fire Code. | |
| 19.10 | Handrails are properly installed and maintained in all corridors. | |
| 19.12 | All potentially dangerous substances are labeled and stored in a location not accessible to residents. | None found on tour. Improvements noted on the second floor on the security of utility rooms with the addition of keyless entry locks. |
| 19.13 | Combustible materials are stored separately and safely in a container that does not support combustion. | |
| Upon inspection/observation all equipment is; | | |
| 19.14 | • safe for use | No issues noted. |
| 19.15 | • safely stored | |
| 19.16 | • used in a manner that protects residents | |
| All exits are: | | |
| 19.21 | • clearly marked | No issues noted. |
| 19.22 | • unobstructed | |

Findings: No issues noted.

Follow-up: None

Standard 21: Infection Control Program

Reference: Personal Care Homes Standards Regulation section 36

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

Findings: Appropriate hand hygiene observed during med passes and observations with other staff. Personal protective equipment available.

Follow-up: None

Standard 25: Complaints

Reference: Personal Care Homes Standards Regulation section 40

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

Performance measures

| # | Measure | Review Team Comments |
|--|---|----------------------|
| Directions related to complaint processes: | | |
| 25.02 | <ul style="list-style-type: none"> are posted in a prominent location in the home | Present |
| 25.03 | <ul style="list-style-type: none"> include the position and contact information of the appropriate person (people) | Present |

Findings: Complaints and follow up are documented.

Follow-up: None