



Health, Seniors and Active Living

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

Regional Health Authority: Winnipeg Regional Health Authority (WRHA)

Facility: River East Personal Care Home

Number of Beds: 120

Review Team: Kathy Kelly, Manitoba Health, Seniors and Active Living (MHSAL); Sabine Bures (MHSAL) and Luana Whitbread (WRHA)

Review Date: January 22, 2019

Report Date: March 7, 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	Recommended
12	Pharmacy Services	None
14	Nutrition and Food Services	Recommended
15	Housekeeping Services	None
16	Laundry Services	None
17	Therapeutic Recreation	None
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 & comfortable space?			2	3			
Do the staff here make sure your needs are met?			2	2		1	
Do the staff here follow up when you raise things with them?				3		21	
Do the staff here treat you with respect?				4		1	
Do the staff here explain things to you?				4		1	
Do you like the food here?			2	2		1	
Do you get enough to drink throughout the day?				4		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			1
• The staff know what they are doing.				4			1
• The place is well run.				5			
• I am encouraged to do as much as possible for myself.				4			1
*Not applicable: question not applicable based on the individual's status **Nil response: question not answered or not asked							

Resident Interviews:

Five residents were interviewed. All residents, except for one, responded to the questions with a “most of the time” or an “always” response. The comments, as part of their responses, included having to wait for staff to assist with ADLs and the food was okay. For one resident, although the resident wouldn't rate the food, they commented that they didn't like most of the food served as it wasn't what they were used to.

The residents felt most of the staff were approachable and knowledgeable in their jobs. One resident did not provide a rating but identified a staff person the resident could talk to and a staff person the resident felt they knew what they were doing.

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?				4			
Does the home provide a safe, clean, comfortable environment?			1	3			
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?			1	3			
Do the staff here explain things to you?			1	3			
Does your loved one like the food here?		1	1	2			
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.				1	3		
• The place is well run.					4		
• My loved one is encouraged to do as much as possible for themselves.					4		
*Not applicable: question not applicable based on the individual's status **Nil response: question not answered or not asked							

Family Interviews:

Four families were interviewed. The ratings from families were positive with “agree/strongly agree” or “always or most of the time”. The one lower rating about food was combination of the resident’s appetite, food texture and food preferences. These didn’t always meld well at mealtimes for this resident. Staff responsiveness to call bells and residents having to wait were the cause of the “most of the time” rating for their loved ones’ needs being met.

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			1	2		
• I have the information and equipment I need to do my job.				2	3		
• I am kept informed of each resident's current care needs and any necessary changes.				2	3		
• I feel supported by other members of my team.				1	4		
• I am encouraged to share my ideas and concerns with managers and supervisors.			1	2	2		
• I receive regular performance appraisals.				2	3		
• I receive training on any new equipment I am required to use.					4		1
• I am informed of any changes to policies or procedures in a timely manner.			1	1	3		
• I receive regular training on infection control practices.				1	4		
• I am familiar with the role of the PPCO and know how to make a report.				2	3		
• I have adequate training on Code Yellow/Code Red/Code White and Code Green.				1	4		
*Not applicable: question not applicable based on the individual's status **Nil response: question not answered or not asked							

Staff Interviews:

Five staff were interviewed and responses are noted in the table above. Staff noted that they are aware of policy changes and other memos but felt there was little time to read and keep informed.

Clinical incidents:	RL6 is in place and utilized. Limited reports were available. It was indicated that the reports were utilized in quality improvement discussions.
----------------------------	---

General Privacy Issues	No issues were noted by reviewers.
-------------------------------	------------------------------------

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) 	Present in several locations throughout the PCH.
1.04	<ul style="list-style-type: none"> in locations that are prominent and easily accessible by residents, families and staff 	

Findings: Bill of rights is accessible to residents, families and staff.

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.	Posted on the main board in the hallway near the entrance.

Findings: Minutes are available for viewing.

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	Changes to care plan are reviewed at shift change and during quarterly care plan reviews.
6.02	• between staff at change of shift	Change of shift observed between the day and evening shift. The report was specific and appeared thorough regarding the residents on the units.
6.03	• when a transfer to another unit or facility is required	Not observed. None of the health records reviewed indicated transfer out.

Findings: Good exchange of information between shifts noted at three different shift changes.

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 completed and recommendations and 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: Care plans appear personalized and specific to the resident and consistent with health records.

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.	The Protection for Persons in Care Act information was located throughout the facility.

Findings: Staff interviewed indicated they received education and knew to whom they should make a report to.

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 for 2018 reviewed. All elements of the audits were completed.
9.35	• are reviewed and analyzed	
9.36	• demonstrate that recommendations for improvement were made, if required, based on the analysis	
9.37	• demonstrate that recommendations were implemented and followed up	

Findings: All appropriate restraint documentation appeared to be present.

Follow up:

- Recommended. It was noted on one chart that Dementia with Behavioural and Psychological Symptoms of Dementia (BPSD) appeared to be the justification for the use of antipsychotic medication. A BPSD diagnosis is too broad and does not indicate the behaviours the medication is trying to target. It is also does not meet the Provincial Restraint Guidelines definitions. This same client has had a history of anxiety/agitation and depression. If these diagnoses are being used as the rationale for the anti-psychotic medication, the diagnoses should be brought forward to the medication administration record (MAR).

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	• secure	There is one main med room was noted to be secure.

Findings:

- Several medication passes were observed on four of the five units. No issues identified by reviewers.
- Review of medication pass audits was consistent with observations.

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.	All units had the approved menus posted.
14.22	There is a permanent record of each resident's likes and dislikes that is readily accessible to dietary, nursing and recreation staff.	Staff were observed asking residents or family members for their choice of options available for the meal and offering the alternate when the resident declined the main choices.
14.23	Resident's likes and dislikes are accommodated to the extent possible.	It was noted that staff noted to be referenced resident dietary information prior to serving.

#	Measure	Review Team Comments
14.24	Residents are served meals in a manner that promotes independent eating.	Staff were noted to provide various levels of assistance where required. Pureed food was not mixed together.
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	All dining rooms were noted to be quiet and conducive to a positive dining experience.
14. 28	• with specific regard to safe feeding practices	
14. 29	• in a way that encourages interaction with the person providing assistance	In the main dining room, clothing protectors appeared to be placed automatically on residents. From the perspective of the reviewer, it did not appear to be an option available to residents. Understanding that staff know the residents fairly well, it did not appear that residents were offered a choice at that particular time.
14.30	Residents are given sufficient time to eat at their own pace.	Safe feeding practices in place. One reviewer noted that the assistance provided by staff person feeding one resident appeared to be very mechanical with little or no interaction between the staff and resident. This was in only one dining room. There were other examples of staff being more engaged with the residents.

Findings:

- Most residents go to the main dining room with the exception of the Charity and Courage units. The main dining room is bright with lots of natural light. It was very quiet and spacious to accommodate wheelchairs and walkers.
- Both dining rooms on the Charity and Courage units have areas of dim lighting. This could negatively impact the resident's enjoyment of their meal. The low lighting may also cause a trip hazard for those who independently ambulate.

Follow-up: None. It is suggested that the facility look at options to improve the lighting in the Charity and Courage dining rooms.

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.	Met
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.	Met

Findings: Rooms and public areas clean. Residents appeared satisfied with the housekeeping services received.

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.	None observed
16.11	Soiled laundry is kept separate from clean linen throughout the facility.	Met

Findings:

- The facility was clean and well maintained.
- There is wear and tear on walls and door frames through out the facility.

- It was also noted that some kitchenette drawers and cupboard require a damp wipe to address the amount of crumbs and dried spills.

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 	Located in both resident rooms and various bulletin boards through out the facility. Located at a good height for residents and families to read in most areas.
17.12	<ul style="list-style-type: none"> • is clear and easy for residents to read 	

Findings:

- Regular audits are completed for programs, resident documentation and resident goals.
- However, it is unclear when a resident does not meet the number of expected interventions from the audits what occurs with that information. For example, if a resident is not meeting the number of activities per month in a specific recreation sphere: Is the resident reassessed for that sphere and the goal changed or the type of activity changed to match the change in the resident? It was not clearly evident if this reassessment occurs. It is expected that as residents change, the type of activities and number of activities from the last assessment may no longer be valid.
- One recreation activity was observed. Of those residents attending the activity, the majority appeared actively engaged in the activity.

Follow-up: None

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 air 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 reviewed. When temperatures did fluctuate out of the acceptable range, adjustments were made to keep the water at resident accessible areas with the required range.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	No issues observed.
19.05	There is an easily accessible call system in all resident washrooms.	
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.	The facility is undergoing fire alarm repairs. Where this might impact resident safety on the resident units, the facility is to be commended for using tape across the frame of door to prevent the residents from exiting the unlocked alarmed door. In an emergency, the tape can be removed for egress.
19.10	Handrails are properly installed and maintained in all corridors.	No issues observed.
19.12	All potentially dangerous substances are labeled and stored in a location not accessible to residents.	
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	

#	Measure	Review Team Comments
Upon inspection/observation all equipment is;		
19.14	• safe for use	No issues observed.
19.15	• safely stored	
19.16	• used in a manner that protects residents	
All exits are:		
19.21	• clearly marked	See comment in 19.08
19.22	• unobstructed	

Findings: A minimal to moderate amount of wear and tear on walls and door frames were noted consistently through out facility. One tub room was noted to be in the middle of wall repairs.

Follow-up: None. It is suggested that the facility examine the possibility to develop a painting schedule to address the wear and tear on walls and door frames.

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: Hand sanitizer is available at point of care. Personal protective equipment is available. Staff indicated that Infection Prevention and Control is part of annual education.

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 	Located in main entrance hallway.
25.03	<ul style="list-style-type: none"> include the position and contact information of the appropriate person (people) 	

Findings: Staff interviewed felt they could approach senior leadership with concerns or suggestions. Families and residents interviewed felt that issues were able to be brought forward and then followed up on by facility senior leadership.

Follow-up: None