

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

Regional Health Authority: Winnipeg Regional Health Authority

Facility: The Saul and Claribel Simkin Centre

Number of Beds: 200 beds

Review Team:

- I.D. # LCB089 – Manitoba Health
- I.D. # LCB342 – Manitoba Health
- I.D. # LCB500 - Manitoba Health
- I.D. #WRHA1497 – Winnipeg Regional Health Authority (WRHA)
- I.D. #WRHA 6944 - WRHA

Review Date: May 26, 2022

Report Date: July 5, 2022

Summary of Results:

Standard	Regulation	Follow-Up
1	Bill of Rights	None
2	Resident Council	Required
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	None
15	Housekeeping Services	Recommended
16	Laundry Services	None
17	Therapeutic Recreation	None
19	Safety and Security	Required/Recommended
21	Infection Control Program	None
22	Person in Charge	None
25	Complaints	None

Resident Experience

Resident Experience Questions	Resident Responses by Type of Response					
	Always	Usually	Neutral	Rarely	Never	No Comment
1. Do you find this home to be clean and comfortable?	5	5				
2. Do you feel safe in this home?	9	1				
3. Do the staff here provide you with the kind of care you need?	5	4	1			
4. Do the staff here take the time to talk to you and answer your questions?	4	5	1			
5. Are you treated respectfully by the people who work here?	7	2	1			
6. Are you encouraged to do as much as possible for yourself?	4	5	1			
7. Do you like the food here?	1	2	6	1		
8. Are you offered enough to drink between meals and in the evening?	7	2	1			
9. Do you enjoy the recreational activities here?	1	4	1	1		3
10. Do you feel the facility has done a good job in protecting you from COVID-19?	8	2				
<p>If you could change three things about this home, what would you change? (All responses are included below):</p> <ul style="list-style-type: none"> • Four of the ten residents interviewed identified food and the menu as something they would change such as: more resident preferences, variety in menu, food familiar to this generation, better food and more diverse menu that reflects the diverse population. • More staff was also mentioned, particularly the Health Care aides (HCAs). The staff work very hard especially during COVID. • Staff do the best they can and agency staff are not our staff. • More supervision for the some HCAs as they need more support to do their work. • More activities. • More friendlier staff. • Heat in the mornings. Mornings can be chilly. • Be able to stay in bed longer. 						

- Would be like to stay up later, going to bed to early.
- More visitors. Be able to go out.
- Environment is loud on the units.
- More freedom and relaxing of COVID rules. Many comments re: COVID restrictions and protocols, isolation requirements and not being able to go out for a walk in the neighborhood.

Additional Comments:

- Ten residents were interviewed and in addition to providing a ranking to the questions, they could choose to provide additional comments. Some comments echoed the previous question as well the following comments:
- Virtual visits with family are really good.
- Medical care received during COVID was very good. The doctor is very good about checking up on issues.
- Leadership on unit and administration have been very receptive to any concerns.
- I think they are doing a good job of taking care of us. It was my choice to come live here.
- Generally, comments were positive about staff and care for the resident but other comments indicated staff are not always as respectful as expected; staff do more than is necessary for the resident and not let the residents do what tasks the resident is able to do; not as responsive to call bells as expected and staff not adhering to personal protective equipment requirements.
- One resident identified bullying by staff.

Family Feedback

Family Experience Questions	Family Member Responses by Type of Response					
	Always	Usually	Neutral	Rarely	Never	No Comment
1. Do you feel that the staff provide your loved one with the kind of care they need?	10	7				
2. Does your loved one enjoy the food here?	5	10	1		1	
3. Does your loved one get enough to drink throughout the day?	4	8	2	2		1
4. Is your loved one encouraged to do as much as possible for themselves?	7	7				3
5. Does your loved one enjoy the recreational activities offered in the home?	4	6	2	1		4

6. Is the home clean and well maintained?	12	4	1			
7. Are you satisfied with how the facility has responded to any concerns/issues you have identified?	14	2	1			
8. Do the staff take the time to talk to you and answer your questions?	15	1		1		
9. Do the staff at the home treat you respectfully?	15	1	1			
10. Are you given opportunities to participate in decisions about your loved one's care?	12	3		1		1
11. Do you feel the facility has/is taking the necessary steps to protect your loved one from COVID-19?	14	3				
<p>If you could change three things about this home, what would you change? (all responses are included below):</p> <ul style="list-style-type: none"> • Listen, support and honor your staff as often as possible, the staff are outstanding. • More comfortable mattresses. • When safe and possible, open up atrium and sitting areas. • Not having access to enter and leave "primary care givers." • Better communication with the doctor, I have never met or spoken to him. 						

Additional Comments:

- "Care is excellent!"
- Our family is "extremely" pleased the truly amazing care our residents is receiving at the Simkin Centre. We trust the care, and are all blessed. Some things cannot be constantly monitored: e.g. falls, bowel movements, urine accidents. But our resident is well looked after.
- The following statements are from my Mom, when asked what do you feel about her unit. "Everything is so clean", "I feel safe", "very well trained", "I enjoy the activities", "the food is good", "caring and kind", "you're funny", "I love their smiling eyes", "staff are good natured", "patient", "fast response", "loving" and "I feel cared for". I feel so blessed and comforted that my Mom is at Simkin. The communication is outstanding! The nurses and doctors and entire team treat my Mom like their own. Her above comments tell our story. I am so impressed with the safety protocols, meal delivery, personal protective equipment supplies, housekeeping and medical care. Simkin was our first choice at paneling and it still is our first choice after six months.
- Some patients need more fluids so they should be encouraged to drink more.
- I am grateful to all staff. COVID has been awful but staff have been heroic.

Staff Feedback

Staff Experience Questions	Staff Responses by Type of Response					
	Always	Usually	Neutral	Rarely	Never	No Comment
1. Are you provided with the resources and equipment you need to do your job?	16	5	3			
2. Do you receive all the information you need about each resident's care needs?	11	10	2			1
3. Do you feel supported by other members of your work team?	9	8	3	3		1
4. Do you feel there is adequate staffing in your department to complete all work required?	2	3	10	6	2	1
5. Do your coworkers communicate openly and effectively with each other?	6	10	5	3		
6. Does your manager/supervisor encourage you to share your ideas and concerns?	12	5	6			1
7. Do you receive training on any new equipment or product you are required to use?	13	5	3	1		2
8. Are you informed of any changes to policies or procedures in a timely manner?	9	9	5	1		
9. Do you feel that the infection prevention and control practices are applied consistently and appropriately in the facility?	15	5	4			
10. Do you feel you have been adequately prepared to deal with emergency situations (e.g. code red, code white, code green, etc.)?	14	7	3			
11. Do you feel the facility has done a good job of following the Infection Prevention and Control guidelines during COVID 19?	16	8				
If you could change three things about this home, what would you change? (all responses are included below): <ul style="list-style-type: none"> • Eleven of twenty four staff who responded identified increasing staffing as something they would change. This includes housekeeping; nursing and HCAs on evenings at nights; Allied Health: specifically spiritual care and recreation • Have a Special Care Unit that is adequately staffed. 						

- Being able to sing.
- Healthy residents mingling in common areas again.
- Increased designated break spaces for social distancing.
- Allowing other ideas to be heard. Stop isolation requirements.
- Be treated equal.
- Better supervisor of part-time staff.
- Better/more creative ways to communicate and enforce COVID 19 protocols for visitors and caregivers from community. Staff are the police “putting added stress to the job.”
- More training for new staff.

Additional Comments:

- Twenty four staff completed the staff questionnaire. In addition to providing a rating to each question, opportunity for additional comments was provided. These comments are as follows:
 - It has been 5 years since our contract was renewed. I am considered an essential worker but they can't give me a cost of living raise.
 - Simkin Centre has a strong sense of teamwork. Management builds strength in their team by assigning responsibilities and training for the job they are trained to do. When things are not going well, nursing management has an open door policy to take forward any issues, concerns and frustrations. Problem solving is key at Simkin. We meet as a team and work quickly to problem solve, educate, train or adapt to the situation in front of us. The slogan Simkin strong / Simkin cares. It has built morale with all departments.
 - I am quite happy with management. They do try and provide what we need.
 - PCH's need more funding to hire more staff to increase the resident's quality of life and to decrease staff burn out, both physically and mentally. The pandemic has proved that we need to do better for PCHs, now more than ever.
 - An amazing facility! I couldn't imagine working anywhere else. The care at the home is second to none!
 - I have worked her at Simkin for over 25 years. And have always enjoyed it for the opportunity of having a full time job and doing something that helps others.
 - There are always things that can be improved BUT overall, Simkin is a good facility to work at. Recreation is a priority and has a healthy budget.
 - Barely functioning on my department due to lack of staffing. People are stressed out and overworked. Almost always have to expect to work short and extra hours. Long time casuals and part timers don't like to pick up hours because work environment is not enjoyable or feel it's worth it.
 - We need additional staffing for housekeeping and we need increase for our wages.

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); 	Posted in multiple locations.
1.04	<ul style="list-style-type: none"> in locations that are prominent and easily accessible by residents, families and staff; 	
1.06	<ul style="list-style-type: none"> residents are sheltered, fed, dressed, groomed and cared for in a manner consistent with their needs. 	<p>Residents interviewed as well as those residents whose health records and integrated care plans were reviewed appeared to be clean, dressed, comfortably seated.</p> <p>Pass-by observations of other residents in various locations, residents were noted to be well-groomed, appropriately dressed and appeared comfortably seated with staff appearing to be attentive to residents needs.</p>

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.	Most recent minutes posted.

Findings: After hearing from residents and reviewing the Resident Council minutes, three Resident Councils were held in 2020, one in 2021 and one in May 2022. The facility leaderships has confirmed that after many months, Recreation has restarted the Resident Council in May 2022. The facility found organizing the Council challenging during COVID. Several options were discussed with the facility and the expectation that Resident Council continues to occur.

Follow-up: Required: Provide a schedule for the remaining 2022 year of Resident Council and any minutes for the meetings completed.

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:		
6.02	• between staff at change of shift.	Shift reports observed on two units. Health care aides complete rounds at shift change. Nurses also provide a verbal report in incoming staff. Appeared complete and comprehensive.
6.05 6.06	The method of communicating the integrated care plan to direct care staff ensures privacy of the resident.	Activity of Daily Living (ADL) and medication administration records were noted to be private.

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: Measures 7.08 – 7.46

Findings: Ten integrated care plans (ICPs) were reviewed. The ICP is an integral part of the health record that provides direction to care providers based on clinical assessments of the various disciplines which contribute to the ICP. The ICPs were noted to be comprehensive and outlined the specific care needs and required interventions of the residents.

Each resident's health care record and ICP that was reviewed was also discussed with a care provider and the resident was observed to ensure the written care plan of the resident was implemented. In each case, observations of the resident and discussions with the care provider indicate that this particular staff person was familiar with the care needs of the resident and were in alignment with the written care plan.

Documentation of quarterly reviews of ICPs indicate these reviews occur on time.

Audits for ICPs reviewed. Audits were completed, analyzed and have the appropriate follow-up.

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 in multiple locations.

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: Measures 9.02 – 9.33

Findings: The ten health records reviewed were residents with documented restraints. Documentation was well done across all measures with the exception of measure 9.16 frequency of checks in the order on restraint assessment documentation form.

Follow-up: Recommendation: Review with staff the need to complete the order for the restraint.

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.	Medication rooms and storage carts were noted to be secure.

Findings: Medication administration passes were observed on five units. No issues observed.

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
14.15	At least three meals or equivalent are offered to each resident, each day, at reasonable intervals.	Breakfast is between 8:15 - 9:15 am; 12 noon and approximately 5:00 pm.
Between meal fluids and nourishments are offered to every resident:		
14.16	between breakfast and lunch (minimally fluids must be offered);	Nourishments offered mid-morning.
14.17	between lunch and supper; and,	Nourishments offered mid-afternoon.
14.18	not less than two hours after the evening meal.	Nourishments offered in the evening.
14.20	Menu choices are posted daily for the residents to view, at an appropriate height and displayed using minimally size 14 Arial font.	Daily and monthly menus posted on all units.
14.23	Resident's likes and dislikes are accommodated to the extent possible.	Preferences are available to kitchen staff.
14.24	Residents are served meals in a manner that promotes independent eating.	Staff provided set-up, cuing and encouragement to allow independence.
14.25	Meals are presented in a courteous manner.	Meals were presented to residents courteously. If the resident didn't like the choice for day, an alternate was offered.
14.26	Positioning and assistance with eating is individualized as needed.	No issues noted.

#	Measure	Review Team Comments
Assistance with eating is provided, when required:		
14.27	• in a manner that promotes dignity;	Safe feeding practices in place. Staff engaged with residents when assisting with feeding.
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.	Sufficient time provided. Residents were not rushed during the observed meal.

Findings: Beverages were pre-poured and then served to residents when they sat at the tables. Hot beverages were served at meal time. Best practice would be serve residents immediately upon arrival in the dining room without pre-pouring many minutes ahead of the meal service.

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.	Facility was noted to clean and odour free.
15.03	There is documented evidence that the tub and bathing equipment cleaning process is completed after each resident's use.	Depending on the unit, this documentation was in the tub room, at the Nurses desk or in the conference room. And depending on the unit, the documentation was not up to date.

#	Measure	Review Team Comments
15.04	Upon inspection all shared equipment is found to be clean.	Foot plates on some sit-stand lifts were noted to be dirty on some units.

Follow-up: Recommendation: Review with staff the expectation the tub cleaning logs must be accurate and current.

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.	

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; 	Daily and monthly calendars posted in various locations including residents rooms.
17.12	<ul style="list-style-type: none"> is clear and easy for residents to read. 	

Findings: Recreation programs were observed on several units which consisted of both one-to-one and small group activities. Residents appeared to be engaged and enjoying the various group activities.

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.	No issues noted.
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.	Twenty-five of the 37 (67.6 %) water temperatures taken at resident accessible locations were within range. Even those temperatures within range were between 46C and 48C. This provides little flexibility in the system if there is a surge of hot water.
19.03	There is documented evidence of frequent monitoring (minimally once per week) of domestic hot water temperatures at locations accessible to residents.	One temperature is taken at resident accessible locations daily. Summaries include mediation if temperature are outside the required range.

#	Measure	Review Team Comments
19.04	There is an easily accessible call system in all resident rooms.	Call bells present and working.
19.05	There is an easily accessible call system in all resident washrooms.	Call bells present and working.
19.06	There is a call system in all bathing facilities that is easily accessible from all areas around the tub.	No issues observed.
19.07	All open stairwells are safeguarded in a manner which prevents resident access.	Stairwells are secured.
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.	Doors are equipped as required.
19.10	Handrails are properly installed and maintained in all corridors.	No issues observed.
19.11	Grab bars are properly installed and maintained in all bathrooms and bathing facilities.	No issues observed.
19.12	All potentially dangerous substances are labelled and stored in a location not accessible to residents.	No issues with the exception of Weinberg 1 tub room which was open with chemicals stored on floor and Weinberg 3 having a potentially dangerous unlabeled germicide under the dinette sink.
19.13	Combustible materials are stored separately and safely in a container that does not support combustion.	No major issues. One resident room was noted to have 3 – 4 aerosol combustibles (hair spray, air freshener, etc.) in at least two resident rooms on Simkin 2.
There is documented evidence for all equipment, including building systems, that demonstrates completion of:		

#	Measure	Review Team Comments
19.17	• as needed repairs;	The building is well maintained. As needed repairs are communicated to the appropriate department. Minor wear and tear noted on walls on units and tub rooms.
19.18	• preventative maintenance.	
All exits are:		
19.21	• clearly marked;	No issues noted.
19.22	• unobstructed.	

Follow-up: Required: Reporting on water temperatures will be required.

Recommended: Families should be encouraged to purchase non-aerosol and keep the potentially combustible aerosols to a minimum.

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.

Performance Measures:

#	Measure	Review Team Comments
As part of the facility's continuous quality improvement/risk management activities, there is a quality improvement process for infection control practices that includes:		

#	Measure	Review Team Comments
21.13	<ul style="list-style-type: none"> random audits of staff compliance with infection control practices (at least annually); 	Several audits reviewed. Appropriate documentation in place for analysis, recommendations and follow-up.
21.14	<ul style="list-style-type: none"> review and analysis of the audit results; 	
21.15	<ul style="list-style-type: none"> development of improvement strategies where deficits are found; and, 	
21.16	<ul style="list-style-type: none"> implementation and follow-up of improvement strategies. 	

Findings: Infection Prevention & Control Protocols (IP & C): All staff observed wearing masks and frequent handwashing observed. Signage present. Supplies present including hand sanitizer in hallways and common areas. Cleaning of high touch areas noted. IP&C supplies available.

Follow-up: None

Standard 22: Person in Charge of Day-to-Day Operation

Reference: Personal Care Homes Standards Regulation section 37

Expected Outcome: The personal care home is operated in an effective and efficient manner.

Performance Measures:

#	Measure	Review Team Comments
22.04	There is a plan for the management of human resources to adequately meet the facility's current and future needs (i.e. recruitment, retention, succession planning, and attendance management).	There are a couple of vacancies in nursing, dietary and health care aide positions for which the facility is actively recruiting.

Follow-up: None

Standard 25: Complaints

Reference: Personal Care Homes Standards Regulation section 401

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; 	The complaints information is located on a main family board on the main floor across from the front entrance. Staff indicated that families follow the process as outlined.
25.03	<ul style="list-style-type: none"> include the position and contact information of the appropriate person (people); 	
25.10	There is evidence that complaints are responded to in a timely manner.	Evidence indicated complaints were addressed in a timely manner.

Follow-up: None