

# THE CORPORATION OF THE CITY OF KAWARTHA LAKES

## Health & Social Services Department MEMORANDUM

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**TO:** Victoria Manor Committee of Management  
**FROM:** Pamela Kulas, Administrator  
**DATE:** April 24, 2017  
**RE:** *Resident Quality Inspection Report – Ministry of Health*

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A Ministry of Health Inspection was conducted the Resident Quality Inspection on February 21 to 24, 27-28 and March 1-3, 2017. During the inspection the following inspection protocols were used: Accommodation Services – Maintenance; Continence Care and Bowel Management; Dignity, Choice and Privacy; Dining Observation; Falls Prevention; Family Council; Hospitalization and Change in Condition; Medication; Minimizing of Restraining; Nutrition and Hydration; Personal Support Services; Prevention of Abuse, Neglect and Retaliation; Reporting and Complaints; Resident's Council; Responsive Behaviours; Safe and Secure Home; Skin and Wound Care; Sufficient Staffing.

During the course of the inspection the home received 10 Written Notices and 6 Voluntary Plans of Correction.

Glossary of Findings: In order of severity from lowest to highest

<b>Finding Type</b>	<b>Short Form</b>	<b>Interpretation</b>
Written Notice	WN	Evidence that not all information was found readily available as per the regulation
Voluntary Plan of Correction	VPC	It is recommended that a plan of action be put in place to ensure sustained follow up
Compliance Order	CO	The inspection found the regulation had not been followed
Directors Referral	DR	Sustained non compliance is found and the Director of the Performance, Compliance and Inspection Branch (MOHLTC) will review the Home's record
Work and Activity Order	WAO	Ministry staff will be on site regularly to ensure safe operations of the Home

To summarize findings:

1. **Care plans need to be up to date and staff are required to follow care plans at all times.**
  - i. Corrective Actions:
    - i. Process in place to ensure care plans are reviewed and updated
    - ii. Staff received education on the importance of following care plans
    - iii. Staff are required to sign a tracking sheet confirming the review of a care plan once updated
    - iv. Auditing of care plans in place
2. **Reporting of abuse and neglect, suspected or actual needs to occur immediately and investigated.**
  - i. Corrective Actions:
    - i. Education provided to staff on reporting requirements
    - ii. All staff acknowledged receipt of the policies on abuse and neglect
    - iii. All staff received abuse and neglect education
3. **Call bell response time.**
  - i. Corrective Actions:
    - i. Education provided to all staff on call bell response
    - ii. Call bell volume adjusted to ring at maximum volume at all times
    - iii. Portable telephone system being installed in 2017
4. **Residents who require a restraint must be assessed, monitored and care plan must be updated.**
  - i. Audits for all residents using restraints complete
  - ii. Care plans of those residents identified have been updated
  - iii. Education provided to Registered staff on alternatives to restraints
  - iv. Restraint lead has been assigned
5. **Staffing plans for nursing and personal support must be in place and evaluated annually.**
  - i. Corrective Actions:
    - i. Staffing plans have been evaluated
    - ii. Staffing contingency plans have been updated
    - iii. Staffing compliment reports will be reviewed with additional supports put into place when required
6. **Hand hygiene audits need to be completed.**
  - i. Corrective Actions;
    - i. Hand hygiene audit app will be purchased
    - ii. Hand hygiene audits will be scheduled and completed as per schedule
    - iii. Completion of hand hygiene audits will be monitored

7. **A copy of written complaints shall be sent to the Ministry of Health.**
  - i. Corrective Actions:
    - i. Leadership team and Registered staff will be educated on complaint policies and procedures
    - ii. All emails received from family members will be forwarded to the Administrator for review and follow up
    - iii. Trending of complaints will be reviewed at quarterly Leadership and Quality meetings with action plans developed as required
8. **Residents who require a PASD must be assessed, monitored and care plan must be updated.**
  - i. Audits for all residents using PASD will be completed
  - ii. Care plans of those residents identified will be updated
  - iii. Education provided to Registered staff
9. **Verbal and written complaints shall be investigated and resolved within 10 business days.**
  - i. Corrective Actions:
    - i. Leadership team and Registered staff will be educated on complaint policies and procedures
    - ii. Complaint record form will be implemented
    - iii. Complaints will be logged and tracked



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