Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministère de la Santé et des Soins de longue durée

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
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Report Date(s) / Date(s) du apport	Inspection No / No de l'inspection	Log # / Registre no	Type of Inspection / Genre d'inspection
Nov 10, 2015	2015_260521_0050	029450-15	Resident Quality Inspection

Licensee/Titulaire de permis

The Corporations of the City of Stratford, The County of Perth and The Town of St. Mary's
643 West Gore Street STRATFORD ON N5A 1L4

Long-Term Care Home/Foyer de soins de longue durée

SPRUCE LODGE HOME FOR THE AGED
643 WEST GORE STREET STRATFORD ON N5A 1L4

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

REBECCA DEWITTE (521), NATALIE MORONEY (610), RHONDA KUKOLY (213)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Resident Quality Inspection inspection.

This inspection was conducted on the following date(s): November 2,3,4,5 and 6, 2015

This inspection was completed concurrently with complaints #025534-15 and #029198-15.

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Resident Care, the Clinical Resource Nurse, two Registered Nurses, two Registered Practical Nurses, five Personal Support Workers, the RAI Coordinator, the Dietary Supervisor, the Maintenance Manager, 40 plus Residents and three Family members.

During the course of the inspection, the inspectors(s) conducted a tour of the resident areas and common areas, observed residents and the care provided to them and observed meal service.
Medication administration and storage were observed and the clinical records for identified residents were reviewed. The inspectors reviewed records, policies and procedures, as well as minutes of meetings pertaining to the inspection.

The following Inspection Protocols were used during this inspection:
Continence Care and Bowel Management
Dining Observation
Falls Prevention
Family Council
Infection Prevention and Control
Medication
Minimizing of Restraining
Pain
Personal Support Services
Prevention of Abuse, Neglect and Retaliation
Residents' Council
Safe and Secure Home

During the course of this inspection, Non-Compliances were issued.

2 WN(s)
1 VPC(s)
0 CO(s)
0 DR(s)
0 WAO(s)

NON-COMPLIANCE / NON - RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (a requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA). The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 76. Training

Specifically failed to comply with the following:

s. 76. (4) Every licensee shall ensure that the persons who have received training under subsection (2) receive retraining in the areas mentioned in that subsection at times or at intervals provided for in the regulations. 2007, c. 8, s. 76. (4).

Findings/Faits saillants :

1. The licensee has failed to ensure that all staff received retraining annually related to the home's policy to promote zero tolerance of abuse and neglect of residents, the duty to make mandatory reports under section 24 and whistle-blowing protections.

Staff interview with the Clinical Resource Nurse on November 6, 2015 revealed that the home's prevention of abuse and neglect, mandatory reporting and whistle blowing education was and is completed online by staff and it is called "FCS Violence in the Workplace". The Clinical Resource Nurse confirmed that there were approximately 225 staff in the home.

A review of the home's record of "FCS Violence in the Workplace" revealed 57 per cent of staff had completed this education in 2014 and 23 per cent had completed the education by November, 2015.
An identified Personal Support Worker was not in the report as having completed this education in 2014 or 2015.

The Clinical Resource Nurse confirmed in an interview on November 6, 2015 that an staff member had not completed the required mandatory education "FCS Violence in the Workplace" in 2014 or 2015. The Clinical Resource Nurse confirmed that 128/225 staff in 2014 and 51/225 staff in 2015 completed this education. The interview confirmed the expectation that all staff were to complete the online education annually regarding the prevention of abuse and neglect, mandatory reporting and whistle blowing. [s. 76. (4)]

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that all staff received retraining annually relating to the home's policy to promote zero tolerance of abuse and neglect of residents, the duty to make mandatory reports under section 24 and whistle-blowing protections, to be implemented voluntarily.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 51. Continence care and bowel management

Specifically failed to comply with the following:

s. 51. (2) Every licensee of a long-term care home shall ensure that,
(a) each resident who is incontinent receives an assessment that includes identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and that where the condition or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence; O. Reg. 79/10, s. 51 (2).

Findings/Faits saillants :

1. The licensee has failed to ensure that the resident who was incontinent received an assessment that included identification of causal factors, patterns, type of incontinence and potential to restore function with specific interventions, and was conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence where the condition or circumstances of the resident require.

A review of a Resident Assessment Instrument Minimum Data Set (RAI MDS) assessment, showed that a Resident was occasionally incontinent of bowel and frequently incontinent of bladder. The previous RAI MDS assessment showed that the resident was continent of bowel and frequently incontinent of bladder.

Further review of Point Click Care (PCC) documentation showed that a Resident's last continence assessment was completed over a year ago.

The homes policy index RCM 2-2-1 Continence Care and Bowel Management states:

“Each resident who is incontinent receives an assessment that includes identifications of casual factors, patterns, type of incontinence and potential to restore function with specific interventions, and what where the conditions or circumstances of the resident require, an assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for assessment of incontinence".

"Procedure - Registered staff will complete a continence assessment on admission if the resident is incontinent. The need for assessment will be reviewed annually and / or when there is any change to a resident continence level”.

The Clinical Resource Nurse confirmed that it was the home's expectation that an assessment should have been completed when the resident's continence level changed as per the homes policy. [s. 51. (2) (a)]

Issued on this 12th day of November, 2015

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Original report signed by the inspector.