

August 30, 2005

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Mr. David Tuer
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Calgary Health Region
10101 Southport Road SW
Calgary AB T2W 3N2

Ms. Shelley Mabbott
Chair
Carewest
1070 McDougall Road NE
Calgary AB T2E 7Z2

Dear Mr. Tuer and Ms. Mabbott:

RE: *Carewest Sarcee, Calgary*
Routine Visit – June 22 and 23, 2005

A routine visit to Carewest Sarcee was conducted by members of the Health Facilities Review Committee in June 2005. A summary of their observations and findings has been attached for your review. The following are **recommendations** for your attention:

Repeat Recommendations:

1. **Ensure that the physiotherapy and occupational therapy programs meet the needs of the residents.**
2. **Ensure that a comprehensive preventative maintenance program is in place and kept up-to-date.**

New Recommendation:

1. **Ensure that medications are signed for immediately upon administration to each resident to comply with the Pharmacy Services Requirements in Long Term Care Facilities, Alberta Health, 1992, Section 3.5, Requirement IX – Drug Administration, Subsection 6, and to comply with legislative requirements under the Nursing Homes Act, Nursing Homes Operation Regulation, Section 11(1)(i)(v) and 11(1)(k).**

Your reply to these recommendations is important to us. We would appreciate your response by **November 30, 2005** indicating what measures you have undertaken to address the recommendations and the results either expected or achieved.

During the course of this visit, the members were pleased that significant positive changes had been made and new initiatives had been implemented since the Committee's last routine visit in

October 2002. These changes are highlighted in the attached summary. The members were especially impressed with the addition of the hospice unit, the very welcoming entrance foyer, the high housekeeping standards, the beautiful courtyard that the residents appeared to enjoy and the many positive comments received from residents on the care received from the nursing staff.

In closing, I wish to thank the residents, family members, visitors, and all staff members who participated in this review.

On behalf of the Health Facilities Review Committee, please accept our appreciation for the provision of quality care to the residents of Carewest Sarcee. The Committee asks that you share this report with all staff members.

Thank you. We look forward to your response.

Sincerely,



for Leonard Mitzel, MLA
Chair

Attachment

c.c. Honourable Iris Evans
Minister of Health and Wellness

Ms. Patty Meade
Deputy Minister, Health and Wellness

Mr. Jack Davis
President and Chief Executive Officer
Calgary Health Region

Ms. Marg Marlin
Interim Executive Director, Carewest

Director, Specialized Assessment/Treatment
Carewest Sarcee

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ROUTINE VISIT - SUMMARY OF FINDINGS

Carewest Sarcee, Calgary

Dates of Visit: June 22 and 23, 2005

PEOPLE INTERVIEWED:

- 62 Residents
- 16 Family Members/Visitors
- 6 Volunteers
- Director, Special Assessment/Treatment
- Registered Nurse, Program Leader, Supportive Pathways
- Client Services Leader, Lifestyle Choices
- Social Worker, Hospice
- Pharmacist
- Education Resource Nurse
- Physical Therapist, Lifestyle Choices
- Physical Therapist
- Recreation Therapist, Supportive Pathways
- Activities Convener
- Coordinator, Volunteer and Pastoral Care Services
- Coordinator, Pastoral Care Services
- Leader, Food Services
- Leader, Infection Prevention and Control
- Maintenance Supervisor
- Team Leader, Environmental Services, Healthcare Support Services
- Client Services Leader, Comprehensive Community Care
- Other Staff Members

INITIATIVES/CHANGES SINCE THE LAST VISIT IN OCTOBER 2002:

Follow-up actions taken on recommendations from the last visit:

- Two of the four recommendations from the last visit have been addressed. The two recommendations that have not been addressed relate to the preventative maintenance program and the physiotherapy and occupational therapy programs. The preventative maintenance program is not currently kept up-to-date (See Section 7.2), and the physiotherapy and occupational therapy programs provided do not appear to be meeting the needs of the residents (See Section 4.1 and 4.2).

Notable changes to the facility/building or equipment since the last visit:

- The roof has been replaced.
- The gift shop has been enlarged.
- The main dining room, chapel, back hallways and Unit 3 nursing station have been painted.
- Air conditioning has been installed in Unit C3 (Comprehensive Community Care) as well as new flooring and safety bars in the washrooms.
- Renovations have been made to Unit 3 to accommodate the Hospice Program.
- A camera security system, new recording device and an upgraded buzzer/intercom and video monitoring system have been installed in the Hospice Unit.
- Renovations were underway at the time of the routine visit including replacement of the flooring in eight resident rooms on Unit 3, as well as the boiler room and public washrooms.

Program changes/improvements since the last visit:

- The back education program has been implemented.

1.0 RESIDENT CARE:

General Comments:

- Visiting members were impressed with the well-maintained building and evidence of good housekeeping standards. Hallways were clutter free and no odour was evident.
- Residents' rooms are large with space for personal furniture and items.
- When visiting members entered the facility they were impressed with the large well-furnished lounge area at the entrance. Residents seemed to enjoy being in this area to watch the comings and goings of visitors.
- Visiting members observed residents taking part in a gospel singing session, bingo, crafts, bus trip, barbecue, and being entertained by a guitarist/singer. Visiting members noted there were a considerable amount of resident activities going on during the two-day visit, and visiting members found it difficult to relate to the comments heard about not enough to do. This was discussed at the wrap-up session with management and staff.

Supportive Pathways Unit:

- The Supportive Pathways Unit is the dementia unit which is located on the second floor. Residents on this unit are in various stages of dementia and live primarily in semi-private rooms in three wings.
- A number of residents were quite cognitive and able to provide visiting members with very positive comments about their care. In general, the residents stated they felt the staff were very caring and responded to their needs in a timely fashion. Comments were received about the need for more resources.
- All residents are dressed in the morning, get up for meals, and then they can go back to their rooms if they wish. Meals are provided in the small dining rooms located at the end of each wing on the unit. Visiting members observed that residents had adequate assistance from staff for meals, and the comments about the food were generally positive.
- Visiting members were advised by staff that given the very heavy workload, residents get basic good care. There is no time for extras like visiting, nail care and other comfort care over and above the basic needs.
- The unit had a family-like atmosphere, where all staff, including housekeeping provided care and assistance to residents. Also, a number of staff indicated that they valued this family-like atmosphere, commented that it was a good place to work and the leadership on the unit was excellent.
- Residents who were able to were participating in activities provided in the activity centre. Residents stated they receive a minimal amount of physical and occupational therapy. Some residents and care providers indicated a desire for more therapy in order to help with maintaining mobility and range of motion. (See Repeat Recommendation # 1)
- Visiting members noted residents had many of the symptoms of people in stages of dementia and Alzheimer's disease, with the number of falls, urinary tract infections, sleeping disorders and depression within acceptable limits. Proper procedures are in place to document and report any incidents or additional treatment required. Doctors are consulted as required should a resident's health or physical condition change.
- The Supportive Pathways philosophy is one of least restraint, including minimal or no use of chemical restraints. Chemical restraints are only used on the order of a doctor.
- Each resident has a care plan that is prepared upon admission, after discussion with the resident (where possible), family members, and doctors. Care plans are updated as the resident's condition changes. An admission conference is normally held about six weeks prior to the resident's admission to Carewest Sarcee.

- Visiting members noted that a number of rooms on the unit have ceiling lifts.
- There are quite a few long-term staff on this unit and a number of staff expressed the view that they simply don't have enough resources to provide anything more than basic care. It was noted that there is a need for more activities for residents on the unit during the evenings and weekends.
- Family members, companions and other caregivers also advised visiting members that given that the residents require a significant level of assistance for basic needs, staff are overworked and need more help.

Lifestyle Choices Unit:

- The main floor of the facility is home to residents with higher cognitive abilities, and visiting members were able to interview and obtain comments from many of the residents. The units on the main floor have very few aggressive residents, but most have chronic medical and physical conditions.
- Comments heard from residents were mostly positive with comments received such as:
 - "Good food."
 - "Clean rooms."
 - "Great staff."
- Some negative comments were also heard, for example:
 - "We would like more activities."
 - "They expect one person to keep us all busy."
 - "We love the volunteers. They are a great help."
- A Resident/Family Council meets monthly with an average of 10 residents and family members attending. Minutes of the meetings are circulated to residents and families.
- A weekly activity calendar is prominently displayed throughout the facility.
- A complaint resolution process is in place with any complaints received going first to the care services leader, then to administration. Visiting members were advised that the majority of complaints are about the length of time it takes for staff to help residents to get up in the mornings and the timing of toileting. Visiting members were advised complaints can usually be solved in meetings between the resident, family member and the registered nurse.
- A Falls Committee reviews all incident reports. Visiting members were advised that the number of falls vary between 11 and 23 per month, with the majority occurring as a result of the residents trying to help themselves. Many of the residents do not realize that their physical actions are limited and try to be as independent as possible.

- A large secure courtyard surrounds two sides of the facility and residents have the freedom to enjoy the outdoors as they wish. The courtyard has many trees, flowerbeds, a gazebo, seating areas and walking paths. Visiting members noted quite a number of residents and families walking or visiting in the many seating areas in place around the yard. Family members and residents commented on how much they enjoy the courtyard and spend considerable time in it during the summer months.
- Many families have donated large flower barrels and/or containers for their family member to plant flowers of their choice. These containers are placed throughout the courtyard and bear the name of the individual resident.
- A greenhouse with seating areas is located off the main dining room and visiting members noted staff and residents having coffee/tea breaks in the area.
- The main dining room has a special section for family members and visitors to use during mealtimes.

Hospice Unit:

- The hospice unit contains 15 beds, including four chronic/palliative care beds.
- A very attractive family room contains two pullout couches for family members' use on a first come, first served basis, and a toy box for children to enjoy.
- A second family room contains a library and television sets.
- A very attractive, comfortable common area is well used by family and friends. A kitchen for patients is kept well stocked, and family and friends use the main dining room and pay for their meals. A small courtyard is attached to the unit.
- One wall contains numerous paintings that have been donated by families. An "Art La Cart" has a selection of artwork and residents are invited to choose what they would like to have displayed in their room.
- The main bathroom contains a blanket warmer which is much appreciated by the residents. The walls are painted with seashore scenes that give residents enjoying a bath the feeling of looking out over the ocean.
- Approximately 25 volunteers assist in this unit with eight new volunteers waiting for palliative care and hospice training, which is scheduled for October 2005. Visiting members were told that there is very little turnover in volunteers. Volunteers provide one-on-one visits, spend time with a dying patient particularly if no family member is available, conduct memorial services, handle the Art La Cart and arrange tea parties for residents and families. A volunteer painted the murals on the bathroom walls. Volunteers must complete a feeding course before they can assist in feeding the residents.

- Staffing consists of two registered nurses and two nursing aides during the day and evening shifts, and one registered nurse and two nursing aides during the night shift.
- All staff and volunteers have received mandatory training, for example, WHMIS, fire safety and disaster plan training.
- An annual Palliative Education day is held for registered nurses and nursing aides. The hospice has received donations with specific requests that the funds are to be used for the education of staff.
- Residents are allowed to keep their own physician or can access the facility's palliative care physician. A palliative care physician is available for consultation when requested.
- No overhead paging is allowed in the unit. Visiting members were impressed with the calm and welcoming atmosphere experienced when entering this unit.
- Family members interviewed expressed great appreciation for the care and attention their loved ones received and stated that it was a phenomenal team of staff on this unit.
- A social worker is dedicated to the unit and assists residents and families with wills, financials matters, prepares family trees if the family wishes, funeral plans, provides supportive counselling for both the resident and family, and assists in obtaining legal help when needed.
- The social worker advised that approximately 50 percent of her time is taken up with bereavement follow-up and supportive counselling. She also provides assistance to residents on other units when requested.
- The social worker, care team members, pastor, dietician and physicians meet twice weekly to review each resident's condition and to discuss what can be done to help the resident and family members.
- The social worker was able to arrange for a family member from Romania to come to Canada to visit his dying mother for 10 days before she died.
- Only adults are admitted to this unit, and in the two years it has been in operation, the youngest resident was 20 and the oldest 96.

2.0 MEDICATION ADMINISTRATION/DISTRIBUTION:

- Medications are supplied from the main pharmacy at the Carewest Dr. Vernon Fanning Centre in one month controlled blister packs. Wardstock of certain drugs are kept on the units and stored in a locked room behind the nursing station.

- The physician and pharmacist review medication orders every 90 days.
- Visiting members noted that each resident's medication administration record contained current resident photo identification.
- Visiting members noted that on some units medications were not being charted immediately upon administration. Some staff were observed to be initialing the medication administration record prior to administering medications to the residents. **(See Recommendation # 1)**
- Chemical restraint is used only on very rare occasions. The pharmacist advised visiting members that she has noticed that residents coming from an acute care facility are usually on night sedation but has them taken off these medications within 14 days.
- Registered nurses and licensed practical nurses administer medications. The pharmacist stated that she would like the licensed practical nurses to have additional education to better understand the various effects of medications, rather than just doing the mechanical work such as handing out the pills.
- The pharmacist advised that she does not have policing ability and can only check the computer records as to how often a drug is being filled or by checking the medication administration record. The pharmacist advised that very few medication errors occur at this facility.
- The pharmacist holds monthly education sessions with the care staff to discuss new drugs/diseases, holds a question and answer period, and has the staff give her a report on what is happening on each of their units.
- The administrator advised visiting members that she would be meeting with pharmacy staff within a week to introduce a very comprehensive pharmacy plan. The national benchmark on standards for long-term care facilities shows that they are severely under funded in pharmacy services and she has been advised that they will be getting additional funding. This will allow an increase in clinical pharmacy levels to 10 hours per week from the present four, and in rehabilitation sites such as Carewest Glenmore Park and Carewest Dr. Vernon Fanning Centre, hours will increase to 40 hours per week. The funding increase will also allow the addition of one trained technician which will expand the technician staff to three. The pharmacist stated she will still be required to check all orders and if there are any questions to get clarification from the physician.

3.0 STAFF:

- Visiting members noted that staff were caring and attentive and had good interaction with residents, and that they were wearing visible name identification.

Good teamwork between various staffing levels was evident. Staff interviewed expressed satisfaction with their working conditions and stated they had good communication with administration.

- Orientation of registered nurses, licensed practical nurses and personal care aides is five days covering all shifts. New staff members work on the buddy system for as long as is required (usually one week). Orientation covers fire procedures, safety, the disaster plan, cardiopulmonary resuscitation, WHMIS, infection control, special needs, abdominal thrust, choking, a lifting techniques program, Supportive Pathways and Lifestyle Choices. Nursing aides must have completed the Personal Care Aide course before being hired.
- Sources of staff education include in-house training, workshops, seminars, lectures, off-site courses, online training, Education Resource Centre for Continuing Care, Mental Health and the Alzheimer's Society. This facility is not set up for telehealth and if it is needed, staff must go to the main Calgary Health Region office.
- A record is kept of attendees for each course via sign-in sheets which are then entered into a computer system for tracking. Courses are held until all staff have taken the courses.
- A program called "Any Body Systems" has been introduced which trains staff to watch for changes in the residents' normal behaviour. A special program is held for staff to handle new admissions and how to get to know the residents' needs. Courses on handling issues and conflict are also held. Courses on charting for licensed practical nurses and nursing aides are held, and a special course on blood pressure monitoring is held for nursing aides.
- An inservice on bullying and how to enhance responsible communication in the workplace between staff, resident and family members is scheduled for this fall. Six sessions are scheduled for staff on dealing with personal issues and on stress reduction.

4.0 REHABILITATION:

4.1 Physiotherapy:

- Visiting members were advised by professional staff, residents, family and friends that the amount of physical therapy is not adequate to meet the needs of the residents. A total of 1.2 FTE is available to provide physiotherapy services to the residents. As well, a nursing aide provides a limited amount of assistance to physiotherapy staff. Visiting members were also advised that there is an issue around providing relief staff for physiotherapy and occupational therapy when the regular staff are sick or on holidays. (See **Repeat Recommendation # 1**)

- Residents in the Lifestyle Choices Unit receive the majority of physical therapy. Physical therapy is directed primarily at maintaining the residents' abilities, with very little directed to rehabilitation. Visiting members were advised that with the staff resources available, it is difficult to meet the basic needs of residents.
- Visiting members were advised that on the Supportive Pathways Unit, a nursing aide provides walking programs and helps residents to attend activities in the afternoon.
- The facility has a well-equipped therapy room that provides a satisfactory environment for physical and occupational therapy. One resident advised visiting members that she would be happy if she were allowed to use some of the muscle strengthening equipment in the therapy room to strengthen her arms so she can maintain her strength to enhance her mobility. She has been advised that the use of this equipment is not allowed unless a therapist is present. This is another indication of the need for more therapy staff.

4.2 Occupational Therapy:

- Visiting members did not meet with the occupational therapist; however, were provided with information by one of the physical therapists.
- Visiting members were advised that the occupational therapist spends most of her time on equipment evaluation, skin and wound care and swallowing assessments. The occupational therapist is basically available at Carewest Sarcee for three days per week from 7:00 a.m. to 3:15 p.m. This does not adequately address the needs of the more than 120 residents at Carewest Sarcee. (See Repeat Recommendation # 1)

4.3 Recreational Therapy:

- Recreation therapy and activities are provided by a part-time recreation therapist and two activity conveners. The facility is moving towards activity conveners becoming more connected to the care team on the units.
- The hours provided by the recreation therapist vary depending on the activities planned. The recreation therapist alternates one week on day shifts and one week on evening shifts. The recreation therapist also works on weekends for special events.
- Visiting members observed a number of activities in the main lounge area, including bingo, entertainers, an outdoor barbecue and marshmallow roast, and crafts.

- Most residents participate in some activities which include fun and fitness every two weeks, reminiscing groups, baking, musical programs, cards, bingo, bus trips, gardening programs, sensory stimulation, and special events (for example, the Calgary Stampede breakfast). Volunteers, care staff, and family members assist residents in these events.
- It should be noted that although visiting members received some comments about the lack of activities in the facility, visiting members observed a number of activities during the two-day routine visit. There may be an issue related to the ability to get residents involved, or the type of activities that residents prefer.
- The activity convener advised visiting members that she is available three days per week at this facility and is responsible for the overall planning of activities for the site. She arranges for entertainment including bands, choral groups, and speakers, and arranges for children from various schools to visit the residents.

5.0 COMMUNITY INVOLVEMENT/COMMUNITY SUPPORT:

5.1 Pastoral Care:

- Pastoral care services are provided in this facility by a pastor who spends 10 hours per week on-site, and is on-call evenings and weekends. Spiritual and religious resources from various faiths are also available to serve the spiritual needs of the residents.
- The pastor advised visiting members that he holds Fun with Faith sessions with residents, leads them in hymn singing, and holds prayer times for residents, families and staff. He provides support to staff and conducts funerals and weddings at outside venues. The pastor conducts personal memorials for residents upon request outside the facility.
- Volunteers from various churches conduct one-on-one visits with the residents.
- The facility has a very nice chapel/spiritual area called the Spiritual Alcove.
- A full gospel service is held every Sunday, Catholic mass every Thursday, with other faiths holding alternate services three times per week. Special services are held at Christmas and Easter and a World Day of Prayer is held the first Friday of March each year.

- Memorial services are provided once per month. There is an on-call list of spiritual resource persons and pastors to provide crisis counselling and interventions.
- A special space has been made available for Muslim residents for prayer and meditation.
- The pastoral and spiritual services provided appear to meet the needs of all the residents, including a chaplain dedicated to the hospice unit.

5.2 Volunteer Support:

- Carewest Sarcee has a very active volunteer program with 142 active volunteers at the time of the visit. This number has remained stable over the past few years.
- Volunteers receive appropriate training and are supported by staff in the facility.
- The facility has a good relationship with local schools, service clubs, including the South Calgary Rotary Club 42-year partnership, as well as the Friends of Seniors and five local churches.
- The facility is working with other Carewest facilities to develop a new volunteer charter, which will emphasize more directed recruitment and more community partnerships. As well, under the new charter, volunteers will be assigned to the units and will not report directly to the volunteer coordinator. This will better align volunteers with the needs of the unit. The volunteer coordinator will continue to be responsible for volunteer recruitment and training. Some concern about this new model has been raised by some volunteers, so it will be important to follow-up on the results of this restructuring at the time of the next routine visit.
- The volunteer coordinator will no longer be responsible for the operation of the gift shop, which will become the responsibility of Ancillary Services and Finance. However, the volunteer coordinator will continue to be responsible for volunteer recruitment for the gift shop.

6.0 DIETARY:

- In May 2005, Carewest prepared a flexible menu so each site could pick food items to fit the residents' tastes. Menus are prepared on a four-week rotation and offer food choices for the residents. Meals are prepared in a central kitchen; however, some items are prepared at the Carewest Dr. Vernon Fanning Centre and then rethermalized before serving.

- All units have a small kitchen which is kept well stocked with milk, cookies, muffins, bread and juice for residents' use.
- Visiting members were advised that some residents like to have their breakfast in bed and they are allowed to do so. Also, some residents who are tired at the end of the day like to have their supper served to them in their room, which is accommodated.
- Due to the water restriction in effect at the time of the routine visit, disposable dishes and cutlery were being used by residents, visitors, family and staff.
- Visiting members noted the kitchen and storage areas were well organized and no food was stored on the floor. Due to the use of disposable dishes, the storage area appeared quite full and cluttered; however, it was anticipated this was a very temporary situation.
- The kitchen rangehood was noted to be clean and grease free. Visiting members were advised the fire suppression system is being checked every six months by a qualified technician.
- The Food Committee holds monthly meetings to discuss food issues, with residents freely expressing their likes and dislikes.

7.0 ENVIRONMENT:

7.1 Infection Control:

- Infection control at Carewest Sarcee falls under the direction of the leader of infection prevention and control, who is responsible for infection control for all Carewest facilities.
- Visiting members were advised that the total resources responsible for infection control include one full-time staff member and one 0.8 FTE registered nurse for all of Carewest's 1,100 residents. Visiting members were advised of the need for additional resources in this area given the increased demands being placed on existing staff due to increased respiratory care, increased dialysis care within Carewest facilities, and the increase in the number of residents at higher risk for infections.
- The facility is part of the Carewest infection control policy and works closely with the Calgary Health Region infection control practitioners.
- Staff receive regular inservices for infection control. The facility appears to be well managed in the area of infection control, with proper waste storage, cleaning, housekeeping, and personal hygiene protocols in place.

- Visible signage is in place to remind residents, visitors and staff about proper infection control procedures. Protocols are in place regarding needle sticks and infectious outbreaks.
- The facility has a very good record of immunization for influenza viruses, with 94 percent of residents and 91 percent of staff being immunized.
- Protocols are in place to deal with antibiotic resistant bacteria/organisms.

7.2 Maintenance:

- The facility appeared to be very well maintained. Visiting members observed that maintenance of resident rooms, common areas, and equipment was done to a very high standard. Given the age of the facility, visiting members were impressed with the high level of maintenance evident in the facility.
- Visiting members were advised of the significant mechanical replacements that will be undertaken this year: replacing boilers, recirculation pumps, and all pipes. New control valves have also been installed.
- Visiting members were advised that an inventory list is being prepared and it is anticipated this will be linked to the purchasing system.
- Maintenance personnel advised that the building itself is well maintained, but only critical equipment repairs are looked after. Maintenance requisition forms are on the computer and staff are being encouraged to use this process rather than making verbal requests.
- The facility is still lacking a comprehensive preventative maintenance system. This was a previous recommendation and visiting members advised management that this is a matter that should be addressed by the facility and Carewest. **(See Repeat Recommendation # 2)**
- Maintenance personnel advised that it is difficult to get parts for the lifts and beds. Staff stated it can take six to eight weeks to get parts.
- Carewest is putting in a File System Pro-Requisition program which will track all repair requests for all sites at the main office. They are presently in the process of collecting the data to be put into a computerized maintenance program.

7.3 Housekeeping and Laundry:

- Housekeeping services are provided by Aramark.

- The facility appeared to be very clean. All areas, including the public areas, resident rooms, and common areas were very neat and clean.
- A regular cleaning schedule is in place, and proper cleaning protocols, including carbolization, are followed on admission and discharge.
- Visiting members observed housekeeping staff to be very conscientious about their work and were also part of the care team, providing assistance to residents when they could.
- Staff receive mandatory inservices and are trained in the handling of hazardous materials.
- All housekeeping rooms were well maintained, with chemicals and cleaning supplies properly stored.
- Residents' clothes and tablecloths are laundered on-site. G & K Services are contracted to launder facility laundry.
- Laundry services appear to adequately serve the needs of the residents.

7.4 Safety/Security:

- The Health and Safety Educator from Carewest trains all key safety and security personnel through hands-on training courses. Different areas throughout the facility are chosen for fire drills which are conducted by the facility's fire marshal. The fire marshal has taken all mandatory courses and has access to the Fire Safety Planning manual.
- The back-up generator is tested monthly and has a full load test done annually.
- Visiting members were advised that portable fire extinguishers are inspected on a monthly basis, and visiting members noted the attached tags had been initialled on a monthly basis.
- Staff are trained in evacuation of residents from a danger area to behind the next smoke door. REACT cards are posted throughout the facility and an emergency procedure binder is located at each nursing station.
- The facility's disaster plan is linked to the regional plan and all staff receive regular inservices on the disaster plans. Carewest Dr. Vernon Fanning Centre and Colonel Belcher Care Centre sites are designated evacuation sites.
- With regard to workplace health and safety protocols, visiting members were advised that the Material Safety Data System is outdated and is presently being updated. Safe Work Practice protocols have been put in place.

8.0 ADDITIONAL PROGRAMS:

Comprehensive Community Care (C3):

- Visiting members were advised this four-year old program is the only program of its kind in the City of Calgary and has a roster of 90 clients. Staff stated 30 to 40 clients per day use the facility two to three times per week. Hours in the program are from 9:30 a.m. to 2:30 p.m.
- The program only provides services for clients from the southwest corner of the city. This ensures minimum travel time and allows the staff to make home visits when required. The criteria for acceptance into the program are clients that are medically unstable and at risk to stay at home.
- Clients come to the centre for social activities, physiotherapy, doctor's appointments, lunch, to have laundry done and to provide respite for caregivers.
- Clients take part in card games, scrabble and socializing with others.
- A quiet room is available for clients who wish to rest.
- Six beds on Unit 3 are considered respite beds for clients requiring short-term treatment.
- The clients must pay \$200.00 per month plus medication costs. In hardship cases, Calgary Health Region will pay for the service.
- Two physicians are assigned to Comprehensive Community Care. The pharmacist, physician and client review medications every quarter.
- Clients are accepted on a trial basis to see if they want to make the commitment to become part of the program. The average length of stay is 21 months with the client in most cases being admitted to a long-term care facility.
- A proposal has been made to Calgary Health Region to add two additional facilities in the city that will provide these kinds of services to clients in the community.
- Clients and family interviewed expressed great appreciation for the services provided.

9.0 RECOMMENDATIONS:

Repeat Recommendations:

1. **Ensure that the physiotherapy and occupational therapy programs meet the needs of the residents.**

2. **Ensure that a comprehensive preventative maintenance program is in place and kept up-to-date.**

New Recommendation:

1. **Ensure that medications are signed for immediately upon administration to each resident to comply with the Pharmacy Services Requirements in Long Term Care Facilities, Alberta Health, 1992, Section 3.5, Requirement IX – Drug Administration, Subsection 6, and to comply with legislative requirements under the Nursing Homes Act, Nursing Homes Operation Regulation, Section 11(1)(i)(v) and 11(1)(k).**