

October 27, 2005

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

Dr. Barrie I. Strafford
President and Chief Executive Officer
The Brenda Strafford Foundation Ltd.
4628 Montgomery Boulevard NW
Calgary AB T3B 0K7

Dear Mr. Tuer and Dr. Strafford:

RE: Wentworth Court, Calgary
Routine Visit – September 27 and 28, 2005

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

Repeat Recommendation:

1. **Ensure that medications are signed for at the time of 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).**

New Recommendations:

1. **Review the role and responsibilities of the resident attendants and ensure that they have sufficient time to provide direct resident care, including appropriate medication administration practices, and evaluate whether they have sufficient time to maintain acceptable levels of housekeeping.**
2. **For the safety and well-being of the residents, proceed with the planned replacement of the carpeting with a smooth-surface flooring, to ensure that residents are able to move about easily, and that staff are able to keep floors clean and maintain good infection control standards.**
3. **Continue to actively pursue retaining pastoral care staff to meet the religious and spiritual needs of residents in the dementia unit.**

Your reply to these recommendations is important to us. We would appreciate your response by **January 31, 2006** indicating what measures you have undertaken to address the recommendations and the results either expected or achieved.

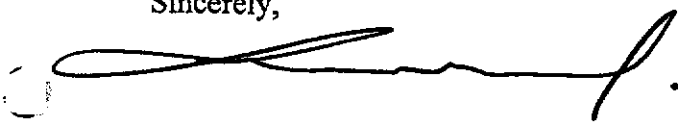
During the course of this visit, the members were pleased that significant positive changes had been made and new initiatives had been implemented since the Committee's last routine visit in October 2002. These changes are highlighted in the attached summary. The members were especially impressed with the sincere and caring attitude of all 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 Wentworth Court. The Committee asks that you share this report with all staff members.

Thank you. We look forward to your response.

Sincerely,



Leonard Mitzel, MLA
Chair

Attachment

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

Ms. Paddy Meade
Deputy Minister, Health and Wellness

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

Manager
Wentworth Court

ALBERTA HEALTH FACILITIES REVIEW COMMITTEE

ROUTINE VISIT - SUMMARY OF FINDINGS

Wentworth Court, Calgary

Dates of Visit: September 27 and 28, 2005

PEOPLE INTERVIEWED:

- 44 Residents
- 21 Family Members/Visitors
- President and Chief Executive Officer, The Brenda Strafford Foundation Ltd.
- Manager
- Director of Care
- Medical Director
- Registered Nurse, Main Floor
- Licensed Practical Nurse, Main Floor
- Licensed Practical Nurse, Trafalgar Unit
- Resident Attendant, Trafalgar Unit
- Pharmacist
- Director of Staff Development
- Assistant, Staff Development
- Physiotherapist
- Activity Director
- Recreation Therapist, Trafalgar Unit
- Manager of Food Services
- Maintenance Supervisor
- Housekeeping/Laundry Supervisor
- Other Staff Members

INITIATIVES/CHANGES SINCE THE LAST VISIT IN DECEMBER 2002:

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

- Visiting members observed that not all resident attendants were signing for medications immediately upon administration to each resident. (See Repeat Recommendation # 1)
- Resident photographs have been placed on the medication blue boxes.

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

- A stationary bike has been purchased for the physiotherapy department.

- Additional mechanical lifts and four portable ceiling lifts have been purchased.
- A patio area at the front of the facility, and an outdoor area off the Trafalgar unit have been created. Patio furniture and park benches have been placed in these areas.
- The tub rooms have been redecorated.
- New mechanisms have been installed on Trafalgar unit fire doors to prevent release until Stage 2 alarm mode.

Notable program changes/improvements since the last visit:

- The Collaborative Care Model, pain management assessment tools, transferring and lifting program, behaviour mapping and new interdisciplinary quality improvement initiatives have been implemented.
- Modified work programs and staff incident packages have been developed. Staff satisfaction surveys and a quarterly staff focus group that reviews and addresses employee issues and concerns have been initiated.
- New staff education initiatives such as Best Friends, Supportive Pathways, preceptorship and the Wellness Model have been introduced.

1.0 RESIDENT CARE:

- Visiting members observed that the rooms in this facility are all large private rooms with space for the resident's own furniture, pictures and belongings. All rooms are equipped with a small fridge, kitchen cupboards with a sink, space for a microwave, individual air conditioning units, a ceiling fan, an individual thermostat, windows that open, and a private bathroom with a wheelchair accessible shower.
- Eight of the rooms have their own balconies, which residents stated they really enjoy during nice weather.
- The main floor has several lounge areas, a large dining room, and the main kitchen. The hallways were noted to be clutter free and the facility was odour free.
- The Trafalgar unit on the lower floor houses 26 residents with dementia. The unit has its own dining area, lounge space and a kitchen area. Food from the main kitchen is delivered in insulated carts to this unit via an elevator. A resident cat roams freely through this unit. A large secure courtyard is available for residents' enjoyment.
- Visiting members observed two breakfasts and lunches and noted staff being very helpful, courteous and cheerful while serving the residents their meals and assisting in

the feeding of those requiring help. Second helpings were being offered to residents who requested additional food.

- Resident attendants are assigned to provide care for six to seven residents each. Comments from residents were generally very positive about the care they receive and the food served, although a few negative comments were heard about the length of time it sometimes takes for call bells to be answered. The negative comments mostly centered around the fact that the residents felt that more staff are needed, particularly in the mornings, as the resident attendants not only help them get up and dressed, they do personal care, take them to breakfast and provide them with their medications, but they are also required to make the beds and do general housekeeping of their rooms, including cleaning the bathroom. (Also see additional comments in Section 7.3 of this report). (See Recommendation # 1)
- Several residents stated they would like more physiotherapy to maintain their mobility.
- Visiting members noted that there was considerable staining of the carpeting in the common area of the Trafalgar unit. This area is next to the unit dining room and it includes a piano, fireplace, sofas and easy chairs, and access to the outdoor courtyard. The common area is used extensively during the day to accommodate the recreation programs, group activities and other social events. The facility's active hydration program calls for beverages to be served to the residents immediately following various games and exercises. The numerous resulting spillages are looked after as soon as the room becomes vacant; however, maintenance staff can no longer remove many of the stains. Visiting members also observed a number of resident rooms and hallways where repeated spillages and other accidents have left permanent stains on the carpeting.
- Visiting members were also advised by family members and staff that wheelchairs and lifts are used extensively in this unit, and the carpeting makes it difficult and on occasion unsafe for residents moving around the unit. A family member from out of the country who visits regularly stated that "Wentworth Court is 99 percent fantastic from the residents attendants to management," and went on to say "carpets just don't make sense in long-term care, and the eventual spills, leaks and odours can be upsetting." The facility has already removed the carpeting from a number of resident rooms on both units and visiting members were told by the chief executive officer of The Brenda Strafford Foundation Ltd. that plans are in place to replace the carpeting in the common areas with a more appropriate floor covering. (See Recommendation # 2)
- A Family Council for the Trafalgar unit meets bi-monthly, and the Resident Council for the main unit meets monthly. Minutes are kept and circulated, and there is also a monthly newsletter for Wentworth Court.

- Each nursing station has a supply of a department and resident Problem Solving Form, which provides the opportunity to submit complaints/problems relative to any aspect of the operation of the facility, and there is a follow-up procedure in place to resolve issues. Visiting members also observed Protection for Persons in Care posters and brochures available in the facility.

2.0 MEDICATION ADMINISTRATION/DISTRIBUTION:

- Visiting members were told by the contract pharmacist that she visits the facility every Wednesday to meet with residents, nursing staff and the medical director to discuss specific issues. The pharmacist attends the admission care conference, usually held within six weeks of a new admission, and the annual care conference for each resident. The pharmacist and a physician review medication orders at least every 90 days.
- Unit doses of medications are enclosed in strip packs that provide the name of the resident, the time of day to be taken, and a brief colour/shape description of each medication. Each resident is assigned two blue medication boxes with the resident's photo on the top. Each week, a full blue box is delivered to the unit charge nurse and the empty box is taken back to the pharmacy. The registered nurse checks the strip packages against the medication orders in the medication administration record. On the main unit, every resident room has a locked cabinet where the medication box is stored together with the working copy of the medication administration record. The resident attendant assigned to that resident checks the information on the strip package, administers the medications and updates the medication administration sheet and the medication administration record book. Visiting members observed that the medication blue boxes for the Trafalgar residents are all kept in a locked cabinet in the unit's dining room kitchen.
- Visiting members observed that during the meal service, there were four resident attendants in the dining room kitchen, all preparing to administer medications to their assigned residents. Some were removing the strip packages from the blue box for all five or six of their residents at the same time and placing all of the strip packages on the medication administration record on the counter. The working area was very limited and congested with each of the resident attendants going back and forth to the dining room giving medications. Some were charting after each resident had taken their medications and others were charting for all of their residents at once. There was limited time available for this process to be done correctly and consistently as the resident attendants were also attempting to feed residents requiring full or partial feeding assistance. This overall medication administration procedure in a high traffic area and confined workspace appeared to leave much room for error. Medications must be signed for immediately upon administration to each resident, to comply with current legislation. (See Repeat Recommendation # 1)

- The pharmacist advised visiting members that there is limited use of chemical restraints at this facility. If they are used, it is usually for residents in the dementia unit. Chemical restraints are only administered upon a physician's order. There is a regional Anti-psychotic/Behaviour Mapping program in place.
- A Pharmacy/Therapeutic Advisory Committee meets quarterly and includes the medical director, pharmacy manager, the facility's pharmacist and the director of care.
- The pharmacist regularly reviews the medication administration record discrepancy sheets that are prepared by nursing staff to record changes in medications such as stop orders, discontinued medications or other pertinent alterations to the resident's medication profile. The pharmacist is also given copies of pharmacy related incident reports, which are then investigated and reported on through the Pharmacy/Therapeutic Advisory Committee.

3.0 STAFF:

- Visiting members were impressed with the teamwork evident amongst staff. Registered nurses were observed making beds, maintenance staff were portering residents, and in general, all staff were pitching in to do whatever needed to be done.
- Resident attendants who were interviewed stated they find it difficult to do all the personal care, medication administration, portering and the housekeeping of the residents' rooms in a timely manner, and at times felt very rushed trying to get everyone up in the mornings in a timely fashion. (See Recommendation # 1)
- Visiting members were informed that during the day shift, there are two resident attendants for every 16 residents, and one licensed practical nurse and one registered nurse for each floor. Many residents require two-person care, which is difficult to provide with only two resident attendants for every 16 residents.
- There is a specific quality improvement program in place that tracks and reports monthly on nursing issues such as wound care, bed sensors, care conferences, and medication box audits.
- The director of staff development told visiting members that registered nurses and licensed practical nurses receive at least seven days of orientation, and resident attendants receive at least four days. Orientation sessions for all staff include two days of general orientation on issues such as fire and emergency procedures, infection control, WHMIS, management of choking, and annual re-certification of cardiopulmonary resuscitation. Special training is also provided for all staff in the areas of prevention and management of aggression and dementia.

- All of the resident attendants are required to have completed the Personal Care Aide program and are given a three-hour classroom theory session on medications, including pictures of various medications and training on administering and charting medications. They are then shadowed by a registered nurse for a minimum of three shifts to complete their competency test. Visiting members were told that they must go through a refresher workshop after six months. The pharmacist advised members that she was aware of this training program but had not actually sat through and observed a session.
- There are numerous staff education and training programs offered to all staff on topics such as Supportive Pathways, emergency management, the Protection for Persons in Care program, confidentiality, needs assessment, Philosophy of Caring, the Wellness Model, and the Collaborative Care Model. All education/training programs are tracked as to attendance and completion.
- A computer room has been set up for staff to train on the use of the computer as it relates to their job. Visiting members were told that all support staff are encouraged to take appropriate courses to upgrade their skills.

4.0 REHABILITATION:

4.1 Physiotherapy:

- Visiting members were advised that one physiotherapist works 25 hours per week, and takes care of both the physiotherapy and occupational therapy requirements of the residents. On average, the physiotherapist sees 15 residents a day, including five private residents in the enhanced care unit of the facility.
- The physiotherapist advised that she had to cut programs for the residents from two sessions per week to only one per week due to lack of time, but hopes in the future to be able to go back to offering two weekly sessions.
- Due to time limitations, one-on-one therapy is normally done only when a resident returns from an acute care facility. The therapy usually lasts for two to three weeks, after which the resident goes into group therapy sessions.
- The walking program is limited due to lack of assistance, as some of the residents require help to walk.
- The physiotherapist advised that she does not feel all residents are receiving the physiotherapy they require, as it is impossible for her to see all 73 residents, plus the five private residents during the week.

- The physiotherapist stated she sees all residents upon admission to conduct an assessment, then only treats the most urgent based on this assessment, and will conduct a follow-up assessment when needed. The physiotherapist relies on the registered nurse to advise her of any change in a resident's condition or if a problem develops that requires her attention.
- The physiotherapist stated many of the residents can do individual exercises on their own once she sets up a program for them.
- The rehabilitation department has adequate space and is well equipped. The physiotherapist showed visiting members a set of portable bike pedals that can be easily moved from room to room for resident use.
- As noted, resident/family interviews disclosed some dissatisfaction with the level of therapy made available, and visiting members share this concern. In order for many of the residents to at least maintain a reasonable level of mobility, some additional therapy resources should be considered, especially because the physiotherapist spends more than half her time providing occupational therapy services. (See Recommendation # 3)

4.2 Occupational Therapy:

- The physiotherapist advised that approximately 65 percent of her time is spent on occupational therapy needs. She sees between 35 and 40 residents per week and all these sessions are one-on-one as they involve positioning, wheelchair requirements, stockings and pressure relief measures.
- The physiotherapist does the initial wheelchair assessment and if any specialized wheelchairs are required, the resident goes to the Carewest Dr. Vernon Fanning Centre Seating Clinic. It takes one month to six weeks from the time of the first referral to the seating clinic to the first appointment, then it takes another six weeks for the chair to arrive from Alberta Aids to Daily Living.
- The therapist also does minor repairs to the equipment, but the vendors do major repairs.

4.3 Recreational Therapy:

- The recreational therapy department is staffed by three full-time recreation therapists and one full-time recreation therapy assistant, with one of the full-time therapists dedicated to the dementia unit. The dementia unit has one volunteer to assist with recreational activities.

- Approximately 75 percent of the residents participate in group activities with the balance receiving one-on-one activities such as pet visits, hand massages and storybook tapes.
- The facility has its own 16-passenger bus, which is used to take residents shopping and out for lunch.
- Separate activity schedules are prepared for each floor to better meet the needs of the residents, based on their abilities. Activities include Fun and Fitness, badminton, movies, basketball, baking, arts and crafts, current events, card bingo, travelling library, bingo, tea times, nail care, exercises, armchair travel, birthday parties, patio walks and ice cream socials.
- Activities are provided during the day, evenings and weekends on the main floor, and during the day on the dementia unit. Pet therapy is provided for one hour two evenings a month for residents on the dementia unit.
- Visiting members observed residents taking part in various activities during the routine visit and noted very few residents remained in their rooms during the day.
- Residents run the tuck shop for one hour every Tuesday and Thursday.
- Visiting members noted during the routine visit that some recreational activities were cancelled due to one recreation therapist calling in sick. A discussion was held with the manager as to what back up is in place for sick leave or vacation times. Visiting members were informed that most vacations are taken during the summer months, at which time Summer Temporary Employment Program (STEP) students are employed to ensure the recreational activities are continued.
- All residents and families interviewed expressed satisfaction with the quality and quantity of recreation activities offered.

5.0 COMMUNITY INVOLVEMENT/COMMUNITY SUPPORT:

5.1 Pastoral Care:

- Pastoral care services include visits and multi-faith worship services with the United Church, Presbyterian, Anglican and Roman Catholic churches providing services on a rotating basis.
- Memorial services are only held at the request of families.

- Some residents attend community services at their church of choice in the company of family members or volunteers.
- Visiting members were advised that church services are very well attended on the first floor, but no pastoral service is presently available for residents on the dementia unit. Efforts are currently being undertaken to fill this vacancy. (See Recommendation # 4)

5.2 Volunteer Support:

- Visiting members were advised that approximately 65 volunteers are active at this facility and provide invaluable assistance in all areas of recreational therapy, particularly during one-on-one visits, shopping trips, pet visits and the walking program. The volunteer coordinator advised they are great people, very committed and helpful, and many are long-time volunteers.
- Volunteers are recruited from local schools, churches and service groups. Volunteers from the Girl Guides, Boy Scouts and Rotary Club are very active.
- Fifth Avenue Jewellery and a store specializing in a clothing line for seniors put on displays of their merchandise for the enjoyment of the residents.
- A Grandparent Program involving 25 children is very popular with the residents.
- All volunteers receive mandatory training, sign an Oath of Confidentiality and must pass a police check.

6.0 DIETARY:

- The facility has a clinical dietician who carries out initial assessments to determine residents' likes/dislikes, swallowing abilities and meal consistency requirements.
- The Wentworth Court kitchen supplies meals for all of the long-term care residents using standardized recipes. The menu is prepared on a five-week rotation, which is seasonally adjusted. Dietary staff are responsible for setting up the dining rooms and portioning out the meals to the resident attendants according to the residents' dietary sheets.
- Visiting members observed the meal service and noted that the majority of the residents enjoyed their food, and there were few negative comments regarding food services heard while interviewing residents and family members. Food appeared appetizing and alternate choices and second helpings were available.

- Temperature audits were observed being taken at meal service time in the main dining room. Bulk service meals were transported to the lower floor Trafalgar unit by insulated carts for transfer into the steam table located on that unit where temperature audits were again taken.
- The majority of residents eat in the dining rooms and visiting members observed friendly interaction between residents and staff with no one being rushed through their meal. In the Trafalgar unit, there were approximately 10 to 12 residents requiring some or full feeding assistance.
- Snacks, including fresh fruit, baked goods and beverages are offered three times a day. Visiting members noted there is an excellent hydration program in place. Staff encourage the consumption of water and other liquids, particularly following an activity. All staff assist in the distribution of the appropriate beverages.
- There is a regular cleaning schedule in place for the kitchen area. The kitchen appeared to be clean, organized and well equipped. The food storage areas including coolers, freezers and dry food storage were neat and well organized with only a recent delivery of dry food products sitting on the floor. Prepared food items were appropriately covered, and chemical products were safely stored.
- The rangehood was observed to be clean, and the kitchen fire suppression system had been inspected within the last six months.

7.0 ENVIRONMENT:

7.1 Infection Control:

- Visiting members were advised the facility has an infection control policy that is linked to the regional program. All staff receive instructions and training on how to help prevent and control infection. The facility now has two handwashing protocols in place, one using Microsan hand soap and paper towels and an alcohol-based hand cleanser.
- Visiting members did not observe a particular odour problem; however, some family members commented that on occasion there have been spillages from incontinence products in some resident rooms and in the hallway or common areas in the dementia unit. On both the main and Trafalgar units, some of the carpeting has or very soon will be replaced with a linoleum type flooring, and visiting members were told by senior staff that plans are in place to replace the carpet flooring in the common area of the Trafalgar unit. From an infection control standpoint, for manoeuvrability of wheelchairs and other equipment, and for better visual appearance, visiting members support this replacement plan. (See Recommendation # 2)

- The facility's incident reporting policy deals with needle stick injuries and maintenance staff are responsible for removing the medical waste sharps from the nursing stations and storing them in a secure area until they are picked up for disposal.
- Visiting members were told that there are no current issues with antibiotic resistant bacteria/organisms and the regional outbreak manual sets out protocols for controlling this issue.
- A monthly summary report tracks infection control statistics, indicating general infections rates, specific urinary tract and respiratory infections and other categories, and the action taken to control these.
- Visiting members were told that 100 percent of residents and 98 percent of staff were immunized for influenza viruses during last year's immunization program.

7.2 Maintenance:

- A non-computerized preventive maintenance program is in place, and is up-to-date. Each floor has a repair request book that is checked each morning and repairs are attended to immediately.
- The facility is designated as non-smoking; however, an outside patio area off the staff lounge is available for staff.
- The facility has its own generator, which is tested monthly. During a recent power outage, the generator was found to be more than adequate to keep the facility fully operational.
- Maintenance staff consists of two full-time employees who work in the facility seven days a week.
- Maintenance staff also do the housekeeping of the common areas such as the dining rooms, hallways and lounges.
- Due to the soiled carpet on the lower floor, management are looking at replacing the carpet with laminated flooring. Visiting members noted a few of the residents having difficulty manoeuvring their wheelchairs and walkers from the dining area onto the carpeted hallway. (See Recommendation # 2)
- Visiting members were impressed with the well-maintained and attractive building.

7.3 Housekeeping and Laundry:

- Housekeeping and laundry staff consists of two full-time, two part-time and one casual employee.
- All staff have taken the mandatory training on handling of hazardous materials, including WHMIS, and have also received training from the product salespeople.
- The housekeeping duties are shared between the resident attendants who do the general cleaning of the residents' rooms, maintenance staff, who do the common areas, and housekeeping staff who do the tub rooms and deep cleaning of resident rooms upon resident discharges.
- Several of the residents interviewed advised that due to the resident attendants always being so busy, they make their own beds and do the dusting. One resident advised that she was having her family purchase a small vacuum so she could also do the vacuuming of the floor. Some family members stated that they are not satisfied with the daily cleaning of their loved one's room and have in fact seen the same Kleenex tissue left on the floor for several days. (See Recommendation # 1)
- Visiting members were advised that quite often clothing has been returned to the wrong resident and they are trying to work out a system to have all clothing labelled upon admission.
- Laundry staff deliver the clothing carts to the units and the resident attendants then deliver the clothing to the individual rooms. It is felt that some of the clothing returned to the wrong room could be due to the number of new resident attendants at the facility.

7.4 Safety/Security:

- The maintenance supervisor is the fire marshal who is a certified Fire Prevention Bureau member.
- The fire, safety and disaster plans are linked with the regional plans and monthly inservices and training sessions are held on these plans. A fire suppression training session was held in the facility's yard where staff had to put out an actual fire.
- The monthly inservices include tabletop exercises, and they are scheduled so that all staff can attend.

- The Calgary Fire Department also attends the facility on a monthly basis to conduct fire drills. One month is for staff on the day shift and the next month is for staff on the evening shift.
- During the routine visit, a fire drill was held and visiting members observed the staff's response. It was noted that additional training for some of the staff would be required.

8.0 ADDITIONAL PROGRAMS:

- Visiting members were told that the facility is currently recruiting a full-time social worker that would be shared with Bow View Manor, and this position would be available for counselling as well as resident/family consultations regarding community programs. These issues are currently covered by the clinical coordinator and director of care at admission conferences. The Kirby Centre Outreach Program is also utilized.
- The regional mental health consult team provides very good on-call services and the Mental Health Outreach worker assigned to Wentworth Court makes regular visits to deal with referrals and assessments and has access to a geriatric psychiatrist for consultation.

9.0 RECOMMENDATIONS:

Repeat Recommendation:

1. **Ensure that medications are signed for at the time of 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).**

New Recommendations:

1. **Review the role and responsibilities of the resident attendants and ensure that they have sufficient time to provide direct resident care, including appropriate medication administration practices, and evaluate whether they have sufficient time to maintain acceptable levels of housekeeping.**
2. **For the safety and well-being of the residents, proceed with the planned replacement of the carpeting with a smooth-surface flooring, to ensure that residents are able to move about easily, and that staff are able to keep floors clean and maintain good infection control standards.**

3. **For the well-being of the residents, review physiotherapy and occupational therapy staffing levels and consider increasing staff hours to ensure there are sufficient resources in place to provide the necessary rehabilitation services to the residents.**
4. **Continue to actively pursue retaining pastoral care staff to meet the religious and spiritual needs of residents in the dementia unit.**