

MINISTRY OF HEALTH AND LONG TERM CARE 2014 RESIDENT QUALITY INSPECTION – 2015 Wentworth Lodge

RQI Finding	Description	Action
WN #1, VPC # 1– Plan of Care	Written plan of care sets out planned care, goals and clear direction for staff. Although appropriate actions may have been recorded in the progress notes, this also needs to be reflected in the plan of care. Examples included: providing direction to staff regarding music volume, use of adaptive devices, fluids not documented at med pass.	This is the most commonly issued Written Notification across Ontario. Review of care planning with staff and increased audits by Nursing leadership instituted. Ongoing audits are being completed. Review of expectation with staff will continue to occur at ongoing meetings throughout the month.
WN #2, VPC #2 – Communication and Response System	A call bell system is expected to be present and accessible in all areas used by residents, staff and visitors. The Lodge has three areas where this system is not available for the residents: Conference room, Staff Training room and one Resident Home Area (RHA) balcony.	In partnership with Macassa Lodge, a new call bell system (endorsed by the Ministry of Health and Long Term care (MOHLTC)) will be implemented in both homes by June 2016. While installing the new call-bell system, staff will ensure that call bells are available in all the resident accessible areas inside and outside the facility.
WN # 3, VPC# 3 – Personal Assisted Service Device (PASD)	All PASD's must have a documented consent by either the resident or, if the resident is incapable of making this decision, the resident's substitute decision maker (SDM).	PASD assessment form has been updated by the nursing team to reflect the documented consent.
WN # 4, VPC # 4 – Skin and Wound Assessment	Resident exhibiting altered skin integrity should receive a skin assessment by a member of the	Currently registered nursing staff document in progress notes when residents return from hospital for three

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	<p>registered nursing staff upon return from hospital.</p> <p>Staff completed all treatment of wounds as per the treatment plan, but in addition to this, registered nursing staff need to complete a wound assessment on a weekly basis until healed.</p>	<p>days every shift. The MOHLTC has requested that staff conduct this assessment on a specific form. A structured complete head to toe assessment tool will be developed and implemented by January 2016.</p> <p>Review of expectations with registered staff in January 2016 meetings. Nurse leaders will initiate more frequent audits to ensure compliance.</p>
WN # 5, VPC # 5 – Continence care and Bowel management	Residents were provided with a range of continence care products that promoted continued independence whenever possible.	Some residents (by choice) were not using the pull up continent products provided by Wentworth Lodge. All residents have been assessed and have been provided with this product.
WN #6, VPC # 6 - Dining and Snack Service	<p>While assisting resident in eating, proper techniques like safe positioning of the resident is essential.</p> <p>Four residents in tilted wheelchairs were not seated upright while eating their meal.</p> <p>One staff was assisting more than two residents at meal time.</p>	<p>Assessment of feeding techniques for residents using a tilted wheelchair has been completed and appropriate adjustments have been made where required in the care plan. Refresher training has been provided to the staff. Ongoing dining room audits will be completed to ensure compliance with the individual plans.</p> <p>Staff refresher on no more than two residents being assisted at one time has been completed. Ongoing dining room audits will also be completed.</p>
WN # 7, VPC # 7– Restraining by physical devices	Front fastening seatbelt applied to one resident was loose.	Visual checks are now documented by registered staff for all physical restraints on each shift. Additional

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		audits will be performed by the nursing leadership team.
WN # 8, VPC # 8 – Security of drug supply	Medication cart was left unlocked in the dining room area.	<p>All registered nursing staff were re-educated on the safety issues around leaving medication storage area or carts unlocked and unattended.</p> <p>More audits will be performed by nursing leadership team.</p>
WN # 9, VPC # 9 – Infection Prevention and Control Program	<p>One Resident Home Area had communal items in the tub room. (used nail clippers and used unlabelled combs)</p> <p>Although Registered nursing staff assess residents with symptoms of infection on an ongoing basis, there is a requirement to formally document the assessment in the resident's record.</p>	<p>One nail care caddy was purchased in December 2015. Pending results of pilot, five additional nail care caddies will be purchased and implemented in the remaining RHA's by January 2016.</p> <p>Policy will be developed and implemented by February 2016.</p>
WN # 10 – Compliance with Policies	<p>Three residents did not have a continence assessment completed every six months.</p> <p>One resident did not have a skin assessment completed upon return from hospital.</p>	<p>These residents had quarterly assessments completed prior to this one being missed. Audit system will mitigate this from happening moving forward.</p> <p>When residents return from hospital staff assess skin condition and document findings in residents' file for three days on every shift. The MOHLTC wants a structured assessment tool completed. This will be implemented by end of January</p>

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	Head Injury Routine was not completed on two residents and post fall documentation was not completed on one resident on every shift for a minimum of twenty four hours post fall.	2016. Nursing leadership team have reviewed the expectations with staff and will assess regularly through audits.
WN # 11 – Plan of care	Plan of care not based on resident preferences around sleep patterns (two residents)	Care plan for residents updated and reflects sleep preferences. Review of expectation with staff will occur at meetings throughout the month. Ongoing audits are being completed.
WN # 12 - Menu Planning	<p>Not all items offered were available in pureed form.</p> <p>A second portion of pureed item at breakfast was not available.</p>	<p>A second alternate pureed option has always been provided and was available in adjoining dining area. Staff reminded to offer the alternate if requested.</p> <p>An additional pureed item is now available and this is reflected in the menu and policies.</p>