



Government of Newfoundland and Labrador
Department of Health and Community Services

Provincial Protective Community Residence (PCR) Operational Standards

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TABLE OF CONTENTS

	Page
INTRODUCTION AND OVERVIEW	4
SECTION 1 – GOVERNANCE	
Standard 1 – Statement of Philosophy of Individual-Centered Care for Protective Community Residences	8
Standard 2 – Policy and Procedure Statements Defining Delivery of Individual Care and Support Services	9
Standard 3 – Continuous Quality Improvement	10
Standard 4 – Ethical Standards	11
SECTION 2 – HUMAN RESOURCES	
Standard 1 – Staffing	12
Standard 2 – Access to Staff and Services	13
Standard 3 – Volunteers	15
SECTION 3 – CARE SERVICES: ADMISSION AND DISCHARGE	
Standard 1 – Admission	16
Standard 2 – Respite Care Services	18
Standard 3 – Health Care Directives	19
Standard 4 – Discharge from the PCR	20
Standard 5 – Request for Autopsy	21
SECTION 4 – CARE ACCESS AND DELIVERY	
Standard 1 – Care and Support Plan	22
Standard 2 – Nursing Service	23
Standard 3 – Medical Services	24
Standard 4 – Dental Care	25
Standard 5 – Foot Care	26
Standard 6 – Medications	27
Standard 7 – Core Staffing	29
Standard 8 – Clinical Nutrition, Occupational Therapy, Physiotherapy and Pastoral Care	32
Standard 9 – Care of the Dying Individual	35
Standard 10 – Palliative Care	36
Standard 11 – Resuscitation in PCRs	37

SECTION 5 – EMPOWERING THE INDIVIDUAL

Standard 1 – Individual’s Rights	38
Standard 2 – Individual’s Responsibilities	41
Standard 3 – Dignity, Respect and Privacy	43
Standard 4 – Independence and Choice	44
Standard 5 – Individual’s Personal Furniture and Belongings	45
Standard 6 – Individual’s Finances	46
Standard 7 – Consent for Health Care Intervention	48
Standard 8 – Individual’s Personal Development	49
Standard 9 – Health Promotion	50
Standard 10 – Ethnicity, Cultural Expression and Beliefs	52
Standard 11 – Individual and Family Councils	53
Standard 12 – Complaints and Compliments	54

SECTION 6 – INDIVIDUAL SUPPORT SERVICES

Standard 1 – Food Service	55
Standard 2 – Transportation	57
Standard 3 – Laundry Services	58
Standard 4 – Housekeeping Services	59
Standard 5 – Contracted Services	61
Standard 6 – Optional Services (chiropractic, massage, aromatherapy, etc.)	62

SECTION 7 – ENVIRONMENT

Standard 1 – Facilities Management	63
Standard 2 – Maintenance Services	65
Standard 3 – Safety and Security	66
Standard 4 – Emergency Preparedness	68
Standard 5 – Infection Control	70

SECTION 8 – PERSONAL SAFETY AND SECURITY

Standard 1 – Aggressive Behaviour	72
Standard 2 – Prevention of Elopement	73
Standard 3 – Zero Tolerance of Individual’s Abuse	74

INTRODUCTION AND OVERVIEW

Protective Community Residences (PCRs) are specially designed homes that are operated and monitored by a Regional Health Authority. The goal of the program is to provide specialized care and accommodations for individuals with **mild to moderate dementia**. Individuals with mild to moderate dementia who demonstrate wandering behaviors traditionally have been cared for in protective care environments in a long term care facility once their needs exceed their capacity to remain at home with or without community supports. This new model of dementia care results in these individuals being accepted into a more appropriate community environment in keeping with their assessed care needs. A financial subsidy, based on a financial assessment process to determine eligibility is provided to an individual by the Regional Health Authority.

Description of the Protective Community Residences (PCRs)

The PCR provides an appropriate living environment supported with trained staff and best practices designed to meet the unique needs of those individuals with dementia. The residences are equipped with safety features specific to the needs of persons with dementia in a home-like environment. Safety features of the PCRs include a sprinkler system.

Program Objectives

1. To provide a safe and home-like environment for individuals that offers cues necessary for orientation and enable the individual to function to the fullest potential.
2. To develop individualized plans of care and support that are tailored to meet the needs of the individuals.
3. To include the family, substitute decision-maker and /or significant other and the individual where possible in developing a plan of care and support.
4. To have staff skilled in caring for the cognitively impaired individual through communication skills, approach, assessment, understanding, and knowledge of caring for persons with dementia.
5. To have specific recreational, social and leisure programs geared to cognitive functioning ability.

Philosophy of Care

The philosophy supports a psychosocial model of care and support which focuses on quality of life and finding purpose in daily activities rather than on physiologic rehabilitation and “cure”. It incorporates the belief that cognitively impaired clients function best in a smaller, home-like unstructured environment with individuals with similar needs. The focus is on the individual, their needs and their normal living experiences while providing 24-hour supervision.

Key Features of the Protective Community Residences

- A psychosocial model of care emphasizing choice and promoting the use of functional abilities through purposeful activities and social interactions.
- Staff, standards, legislation, and staffing requirements support creating a holistic individual centred approach to care.

- Safe and secure home-like accommodations for 8-12 individuals.
- Private bedrooms.
- Shared spaces.
- Access to a secure outside area.
- A smoke free environment.

Care Coordination and Services

Clinical coordination and integration provides uninterrupted and coordinated service across programs and levels of care over time. The PCR has a dedicated resource that specializes in the care and management of dementia in a case coordinator role. The coordinator facilitates a team-based, consistent approach to care, as well as coordination of care, smooth transition for the individual and family through the admission process; and provides ongoing physical, and psychosocial support. The coordinator establishes links to other professionals as identified by the assessed individual's needs. This role provides leadership and professional monitoring of unregulated staff and their performance.

A special care worker called a Resident Care Companion (RCC) provides supervision and assistance during the day for up to 7 individuals with activities of daily living and personal care and is responsible for the day-to-day operations such as meal preparation, housekeeping, and laundering within the PCR. During the night one resident care companion will provide supervision for the 12 individuals. The RCC is a multi-skilled worker who has training in housekeeping, meal preparation, leisure and personal care skills.

Recreation guidance and leadership will be provided at the PCRs by a Recreation Specialist. Recreational and leisure programming will be supported by the Resident Care Companion. Recreation provides a therapeutic value to individuals with dementia. Programming must include meaningful, age appropriate activities that maximize strengths and interests.

Ongoing clinical social work programming will be supported with a Social Worker. This position will ensure individuals and families are provided with clinical support for admission adjustment issues, behaviors and clinical concerns; and social work will also participate in the care and support planning process with other team members.

Therapeutic rehabilitative and restorative services that are designed and based on the assessed needs of the individuals are required. Access to professional services such as occupational and physiotherapy will be via referral process. These consulting disciplines, where possible, will visit the bungalows to provide the service or where possible, the individuals will visit the health professionals at his/her office.

Individuals must be provided with care and services which enable them to maintain optimal well-being and quality of life. This is best achieved through individual-centred care and support. This will support team discussions involving the individual and/or their family on admission and as required. The care provision will be coordinated by the Care Coordinator and there may be need for other disciplines providing service to attend scheduled discussions in order to facilitate in the planning for supportive care.

Assessment and Placement

Individuals are accepted for admission to PCRs based on assessment of needs and the care and services they require and the PCR's ability to meet these needs based on staffing and physical requirements. Prior to approval, each applicant will have the Continuing Care Adult Assessment Tool completed and other assessment tools as needed. Approval for admission is determined by the Single Entry Assessment and Placement process.

Admission Criteria

Individuals admitted must meet established criteria to ensure there is a good fit between the individual and this care model. The admission criteria are as follows:

Cognition

- Must have a diagnosis of dementia and demonstrate mild to moderate cognitive impairment based on assessment using accepted, standardized instrument.
- Must be able to communicate basic needs and understand staff direction

Behavioral

- Does not demonstrate unpredictable, violent, sexually aggressive or disruptive behaviors
- Must not be a danger to themselves or others
- Must have a demonstrated need for protective supervision such as wandering and/or exit seeking behavior

Functional

- The ability to ambulate independently but may include use of assistive devices, such as canes and walkers
- Must be independently capable of transferring on and off the toilet (includes use of adaptive devices)
- Must be independently capable of feeding (including adaptive feeding equipment)
- May require some assistance or cuing with dressing, toileting, grooming and bathing

Medical

- Must be medically stable
- Must not have co-morbidities that require frequent medical intervention

Standards of Care

The Standards of Care in this document represent the expectation for care and service. The unique and complex needs of all individuals, and the knowledge, values and skills needed to deliver a quality service are acknowledged through these standards. Ongoing assessment will occur by the care coordinator and other key service providers as necessary. It is inherent that the family and/or significant other(s) are involved throughout the process and the lines of communication are kept open.

Discharge Criteria

When an individual requires a different level of care and support that is not available at the protective community residences, a plan will be implemented. Based on results of the individual's assessment and discussions with PCR staff, family and regional single entry and placement committee, the individual will be discharged from the PCR to a setting based on their assessed care and supportive requirements.

The Government of Newfoundland and Labrador is committed to offering individuals of PCRs a high quality of holistic, individual-centered care within a home like environment. Individual-centred care, based on a social model of care, offers a safe environment providing for the individuals' spiritual, social, intellectual, cultural and physical needs. Individual-centred care is a quality of life approach to caregiving. Every effort is made to foster independence and freedom of choice. The social care model underpinning individual-centred care recognizes individuality, and individuals' rights to make choices, thereby, allowing them to enjoy independence, privacy, and a suitable lifestyle.

Operational standards contained in this document represent Government's expectations for the Protective Community Residences. The operational standards are designed to ensure the delivery of safe, quality care and support for individuals with mild to moderate dementia. The individuals' right to be treated with dignity and respect is fundamental to the elements of each standard, its outcome, and performance measures. Being treated with dignity and respect includes the right to privacy, independence, freedom of choice, and the opportunity to exercise personal responsibility in achieving well-being to the fullest extent of ones capabilities.

These standards provide a mechanism for internal (monitoring) and external review, (accreditation) and must be implemented to reflect the requirements and expectations of the Province. Compliance to these operational standards will be monitored by the Regional Health Authorities to ensure that the residences operate within established criteria and are committed to continuous quality improvement.

It is recognized that as the individual's care, program and service requirements change, the development of new and revised standards will be necessary to respond to changes in the individual needs of the population served. The standards will be reviewed and revised as necessary to incorporate new ideas that will support a standard that best meets the care, program and service needs of individuals with mild to moderate dementia. These standards are subject to Departmental review and may be changed at the discretion of the Department.

The individual will always signify the individual/family/significant other in this document.

SECTION 1 GOVERNANCE

Standard 1 - Statement Of Philosophy Of Individual-Centred Care For Protective Community Residences

Protective Community Residences set optimal standards of care and support to maintain and enhance the individual's quality of life, with appropriate support services, and to ensure that individual goals and objectives are identified and addressed. The program promotes the dignity and worth of all individuals; and provides for their physical, emotional, social, spiritual and intellectual needs through a care coordinated and team approach in a home environment.

OUTCOME The individual directs his/her own care and support to achieve personal goals for quality of life. The individual's holistic needs are provided with respect and dignity by a caring staff. The model supports and fosters an environment of independence.

PERFORMANCE MEASURES

1.1 Protective Community Residences:

- 1) support the provision of holistic, individual centred care by complying with the legislation, standards, staffing requirements, labour and professional services agreements and other instruments applicable and conducive to optimal operations;
- 2) continually assess need, plan, design and implement programs and services to meet the current and future needs of the individuals served to achieve the best possible outcome;
- 3) establish processes for monitoring the quality of individual centred-care, including mechanisms for monitoring individual and family satisfaction;
- 4) ensure that protocols are in place to address individual and/or family complaints inclusive of an appeals process;
- 5) ensure that protocols are in place to address ethical and legal issues.

1.2 Protective Community Residences governance policies, procedures and practices are monitored and evaluated as part of the overall continuous quality improvement plan of the Regional Health Authority. The RHA will establish processes for monitoring and auditing its performance as a whole, in the delivery of individual centred care.

SECTION 1 GOVERNANCE

Standard 2 - Policy and Procedure Statements Defining Delivery Of Individual Care And Support Services

Each program and service delivery component within the PCR Program has written descriptions of the services they provide. Descriptions include the organizational structures used to facilitate efficient and effective delivery of its services to the individual.

OUTCOME The individual receives continuous care and attention, provided by the program and service components.

PERFORMANCE MEASURES

- 2.1 Each discipline and service department has documented procedures outlining their responsibilities in delivering care and services to the individual by care providers.
- 2.2 To ensure compliance with policies and procedures, each provider of care has systems in place to monitor and audit the quality of care and service delivered to the individual.

SECTION 1 GOVERNANCE

Standard 3 – Continuous Quality Improvement

Effective, continuous quality improvement plans are in place, which include mechanisms to obtain the individual's input.

OUTCOME Each PCR is operated in the best interests of the individual. The continuous quality improvement plans reflect evidence of individual input, evaluation of outcomes, indicators and work processes; and include staff involvement.

PERFORMANCE MEASURES

- 3.1 The continuous quality improvement plans are clearly stated and easily understood. They include annual goals and objectives, indicators being monitored, individual's feedback mechanisms and are accessible to all staff.
- 3.2 Plans are reviewed annually, reflecting actions taken and evaluation of outcomes.
- 3.3 Standards, policies and procedures are reviewed annually or as required, in relation to changing government, industry, service or other regulatory changes. Feedback from individual surveys and other forms of feedback are used, including focus groups and individual/family discussions.
- 3.4 Opinions and other input are solicited from individuals, their family members, the community - if applicable; and from staff in the PCRs, to update and ensure continuous quality improvements in the delivery of individual-centred care.
- 3.5 Recommendations accepted for changes and improvements are actioned within specifically stated time frames.

SECTION 1 GOVERNANCE

Standard 4 - Ethical Standards

Staff of the PCR program deliver services and make decisions in accordance with the RHA values and code of ethics or other recognized codes of ethics.

OUTCOME The values of the Regional Health Authority (RHA) shape the objectives and define acceptable behaviour for staff working in PCRs, as well as acceptable relationships with families and community partners.

PERFORMANCE MEASURES

- 4.1 The RHA has a common set of values and educates staff, service providers, individuals and volunteers about these values.
- 4.2 The RHA's values are reflected in decision making and how services are delivered.
- 4.3 PCR staff works with other community stakeholders to establish common values across programs and across the community.
- 4.4 The RHA develops, regularly reviews and updates policies on ethical issues.
- 4.5 Staff, service providers, students and volunteers are aware of ethical issues surrounding services and the PCR's policies and processes available to support ethical decision making.

SECTION 2 HUMAN RESOURCES

Standard 1 - Staffing

The staffing numbers and skill mix of the PCR are appropriate to individuals' assessed needs.

OUTCOME The individual's needs are met by the appropriate numbers and skill mix of staff.

PERFORMANCE MEASURES

- 1.1 There are written policies and procedures in place to ensure hiring of qualified staff, licensure verification as required, providing orientation, detailed job descriptions, and performance evaluation.
- 1.2 Staffing mix will be in accordance with the Department of Health and Community Service guidelines for hours of care.
- 1.3 There is a record of staff rotation, indicating which staff is on duty, in numbers and capacity, during each 24 hour period. These records must be kept for a seven-year period.
- 1.4 Staffing assignments take into consideration individuals' need for continuity and stability of care provided.
- 1.5 Staff will receive orientation and in-service education regarding the philosophy of individual-centred care and the care of persons with dementia. They are aware of the goals and objectives, the need to treat individuals with respect and dignity; and to provide them with support to maximize their rights and independence to the full extent of their capabilities.
- 1.6 The individual may contribute to evaluation of staff by completing questionnaires, and/or through individual/family councils.
- 1.7 Staff providing individual care are expected to be committed to continuous learning, and to demonstrate this commitment through participation in learning opportunities.
- 1.8 Staffing is monitored and evaluated as part of the continuous quality improvement plan of the RHA.

SECTION 2 HUMAN RESOURCES

Standard 2 - Access to Staff and Services

The individual receives a comprehensive range of core services designed to meet his/her holistic needs in a home-like environment.

OUTCOME The individual receives support and care that maximize functional independence. Services may include nursing, medical, pharmaceutical, clinical nutrition, physiotherapy, occupational therapy, social work, therapeutic recreation, and pastoral care. Services are designed to meet the individual's physical, emotional, social, spiritual and intellectual needs. The individual experiences an atmosphere of caring in an enabling environment.

PERFORMANCE MEASURES

- 2.1 The individual's care is provided through monitored programs and services by a team of health care providers in accordance with the individual's plan of support and care.
- 2.2 The individual is provided with safe, nutritious, quality foods to meet his/her nutritional, cultural and social needs, and any therapeutic dietary requirements.
- 2.3 The individual has clean, comfortable, safe accommodations **that are regularly inspected and surveyed by qualified provincial government** and internal inspectors to ensure the facility's compliance with applicable provincial legislation.
- 2.4 Pharmacy services are provided, monitored and audited, including documented methods of procurement, storage, disposal, administration, and record keeping.
- 2.5 The individual is provided with a range of activities to meet his/her assessed recreational and individually expressed personal interests.
- 2.6 Where services cannot be provided on site, arrangements are made for the individual to access external specialist services, for example, psychology services, speech language pathology, auditory and dental care, designed to meet his/her assessed needs.
- 2.7 Pastoral care services are available, based on the identification of spiritual needs and preferences of the individual.
- 2.8 Volunteer services are encouraged and integrated into the individual's lifestyle within the residences.
- 2.9 Palliative care services as appropriate in the care environment are provided with respect and dignity to individuals and their families. Should the palliative care needs exceed that which is available at the residences, an alternate environment will be explored such as a palliative care unit or a long term care facility which addresses the individual's needs for a higher level of care.

2.10 Access to staff and services is monitored and evaluated through the continuous quality improvement program.

SECTION 2 HUMAN RESOURCES

Standard 3 - Volunteers

An organized volunteer service is established to complement the individual's care and services in accordance with the policies established by RHA.

OUTCOME The individual has opportunities for interactions with members of different ages from the community who participate with them in a range of activities and events.

PERFORMANCE MEASURES

- 3.1 There are written policies and procedures for the volunteer program.
- 3.2 A designated staff person has overall responsibility for the volunteer program.
- 3.3 Volunteers are required to provide a Certificate of Good Conduct and sign an Oath of Confidentiality.
- 3.4 Volunteers receive orientation and a job description.
- 3.5 The care planning team has input in planning how volunteers can be involved to benefit the individual.
- 3.6 Volunteers are aware of reporting relationships to the staff, and the extent and type of required reporting at the end of each volunteer session or shift.
- 3.7 There is a policy in place to evaluate volunteers and deal with unsatisfactory conduct.
- 3.8 The volunteer service is monitored and evaluated as part of the continuous quality improvement plan

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 1 - Admission

Prior to placement the individual is assessed through the Regional Single Entry System. Placement is based on the PCR's ability to respond to the individual's assessed needs and preferences.

OUTCOME The individual is appropriately admitted and discharged according to his/her needs and preferences where possible, as determined by pre-admission assessments.

PERFORMANCE MEASURES

There are written policies and procedures to guide a individual's admission and/ discharge

- 1.1 There are mechanisms in place to acknowledge stress related to admission and discharge to and from the PCRs. Processes are in place to identify potential negative impacts and reduce stress for the individual.
- 1.2 There are mechanisms in place within the Regional Health Authority to determine if the PCR has sufficient resources and service levels to respond to the assessed needs and preferences of the referred applicant, before accepting the person into the PCR.
- 1.3 The individuals and/or substitute decision maker are provided with an orientation to the facility which includes written information about the following:
 - 1) individual rights and responsibilities;
 - 2) individual/family councils;
 - 3) individual safety and security;
 - 4) description of programs, services and activities
 - 5) description of access to other health care programs and services including: how to obtain Regional Health Authority information, raise concerns and/or complaints, make recommendations for changes, etc., and
 - 6) emergency, fire/life safety and evacuation procedures,
- 1.4 The individual and/or substitute decision maker signs an agreement which outlines the expectations of both parties regarding provision and acceptance of services.
- 1.5 The individual participates in the development of his/her integrated care and support plan, which is initiated on admission.
- 1.6 The individual's integrated care plan is based on their holistic care needs, as determined by the assessment processes of the interdisciplinary care team.

1.7 Admission, assessment and discharge policies and procedures are monitored and evaluated by the continuous quality improvement plan.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 2 - Respite Care Services

A respite care program may be provided for a defined period of time to persons who normally live in the community and who may be dependent on others. Applications will be processed through the Single Entry System.

OUTCOME Persons requiring respite care have access to the PCR's programs and services. Their families and/or volunteer caregivers experience an interval of rest and relief from the responsibility of caring for a dependent person.

PERFORMANCE MEASURES

- 2.1 There are written policies and procedures governing respite care services in accordance with provincial guidelines.
- 2.2 A discharge plan and respite contract must be in place before a respite admission occurs.
- 2.3 The individual receives a comprehensive assessment of their functional abilities and care requirements prior to acceptance into respite.
- 2.4 As temporary individuals of a facility, persons receiving respite care have access to its programs and services.
- 2.5 A team plan is developed for each individual receiving respite care services.
- 2.6 The person's family and/or legal or other representatives are involved in the development of the care and support plan.
- 2.7 Written medication orders are received by the PCR pharmacy provider prior to admission for respite and prescriptions are filled upon admission for respite
- 2.8 Respite care services are monitored and evaluated by the continuous quality improvement plan.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 3 - Health Care Directives

The RHA facilitates the provision of supportive care to the individual who has not completed an Advance Health Care Directive.

OUTCOME Substitute decision makers are offered the opportunity to participate in developing health care directives for their loved ones.

PERFORMANCE MEASURES

- 3.1 There are policies and procedures in place governing health care directives for the cognitively impaired individual who had not made an Advance Health Care Directive, (AHCD).
- 3.2 If, upon admission to a PCR, a cognitively impaired individual is without an AHCD, his/her alternative (substitute) decision maker is identified, in accordance with Section 10 of the Advance Health Care Directive Legislation, (1995).
- 3.3 The individual's health care record contains a copy of the individual's substitute decision maker's wishes regarding level of intervention (LOI) in the event of a terminal illness or life threatening situation and the AHCD will accompany the individual to other health facilities.
- 3.4 A copy of the level of intervention form (LOI) is signed and witnessed and is included on the individual's care plan.
- 3.5 The individual's health care directives are reviewed at least annually.
- 3.6 The substitute decision maker is aware that he/she can amend the individual's care directives at any time.
- 3.7 The policies and procedures regarding the provision of health care directives for the cognitively unwell individual are monitored and evaluated by the continuous quality improvement plan.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 4 - Discharge from the PCR

It may be determined, in consultation with the individual, and/or substitute decision maker, that alternative settings and services may serve the individual's needs much better than remaining in the PCR.

OUTCOME The individual, family and/or legal representative receives help and support in planning to relocate to an alternative environment. This is coordinated through the RHA single entry process.

PERFORMANCE MEASURES

- 4.1 There are policies and procedures in place to facilitate admission to an alternate setting when this is a goal of the individual's integrated care plan.
- 4.2 If it is the wish of a individual or guardian to discharge, appropriate placement options will be identified.
- 4.3 If an individual's family and/or legal representative are not involved in the discharge planning, the facility makes every effort to contact them 24 hours prior to discharge.
- 4.4 Prior to discharge, the individual's care needs are assessed and documented by the interdisciplinary care team.
- 4.5 When a individual or guardian initiates discharge against the advise of the interdisciplinary team, a discharge summary is completed by the interdisciplinary care team and his/her attending physician, prior to discharge. It includes documentation of the individual's current status, care requirements, and any counselling provided to the individual and/or representative. This is part of the individual's permanent record.
- 4.6 The care coordinator, as well as the resident care companions liaise with regional single entry placement staff (they are the same) to assist in identifying appropriate placement services for the individual, as discharge is being planned.
- 4.7 Following discharge, a member of the interdisciplinary team contacts the former individual or referral organization to monitor the results of the transition.
- 4.8 A continuous quality improvement plan monitors and evaluates all discharges.

SECTION 3 CARE SERVICES: ADMISSION AND DISCHARGE

Standard 5 - Request For Autopsy

There is an established procedure regarding response to requests for autopsies.

OUTCOME The RHA's role is clear in responding to requests for autopsies.

PERFORMANCE MEASURES

- 5.1 There are written policies and procedures in place for requesting an autopsy.
- 5.2 In the event of a individual's unexplained death, or in the event that the death is the result of an accident, suicide or homicide, an autopsy is required. The care coordinator ensures the RHA immediately makes a report to a medical examiner or an investigator, in accordance with Section 6. (1) of the Fatalities Investigation Act.
- 5.3 The family may make a request for an autopsy to the care coordinator.
- 5.4 A consent to autopsy form is signed by a member of the deceased individual's family or by his/her legal representative.
- 5.5 An autopsy is performed in a hospital accredited for that purpose.
- 5.6 A continuous quality improvement plan monitors and evaluates procedures in place regarding responses to autopsy requests.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 1 – Care and Support Plan

The individual's care and support plan is completed, with his or her participation, by the PCR's team members.

OUTCOME The Care Team assesses on an ongoing basis the individual's needs and goals, and establishes a care and support plan to address all aspects of the individual's needs and goals.

PERFORMANCE MEASURES

- 1.1 The individual's care and support plan is initiated upon admission, and is further refined through the following processes.
 - 1) Admission assessments by members of the care and support team.
 - 2) Care and support team meetings with participation of the individual and/or family occur upon admission and as required.
- 1.2 The individual and/or substitute decision maker are involved in the development of the integrated care and support plan. The plan documents his/her personal choice in decisions affecting activities, treatments and other programs and services impacting upon him/her.
- 1.3 The individual's care and support/services plan is developed, with team participation, based upon the assessment of specific care requirements, planned solutions to identified problems, their implementation, and evaluation of the individual's responses to the interventions.
- 1.4 The care and support/services plan is accessible to every member of the team, the individual and family members.
- 1.5 There is evidence that the care and support/services plan is reviewed and updated, at least quarterly, or more frequently, as the individual's care needs change.
- 1.6 The care and support plan will reflect a behaviour focus plan and the interventions, provided for each aspect of documented care required.
- 1.7 The overall management and coordination of the individual's care and support plan is the responsibility of the care coordinator.
- 1.8 The integrated care and support plan is part of the individual's permanent health record.
- 1.9 The individuals' care and support plan is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 2 - Nursing Service

The individual has access to nursing care, working with him/her within the interdisciplinary team approach, which assesses, plans, implements, supervises, coordinates and evaluates his/her holistic care. The nursing care team shall include the registered nurse (may be an advanced practice role), the licensed practical nurse, and the resident care attendant.

OUTCOME

The individual's health care needs are met to the extent possible, in support of his/her holistic well-being.

PERFORMANCE MEASURES

- 2.1 There are written policies and procedures for each nursing care activity provided to the individual, for example, foot care, mouth care, skin care.
- 2.2 The nursing service is directed by a care coordinator (RN/LPN) who is competent and experienced in gerontology, and the management of dementia.
- 2.3 All nursing care provided to the individual is under the direction and responsibility of a care coordinator.
- 2.4 The quality of nursing care provided to individuals by the nursing department is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 3 - Medical Services

An individual's primary care needs are assessed by his/her medical practitioner. A Nurse Practitioner may provide primary care in collaboration with a medical practitioner.

OUTCOME A individual's medical needs are met to the fullest extent possible.

PERFORMANCE MEASURES

- 3.1 The individual's medical care is provided within guidelines of the facility's written policies and procedures governing the delivery of medical services.
- 3.2 The individual's medical history and progress is reviewed at time of admission, and reviewed on an ongoing basis thereafter.
- 3.3 The individual's drug regime is reviewed quarterly. Upon admission and any transfer point, medication reconciliation
- 3.4 An episode of acute illness experienced by a individual is documented and appropriate treatment initiated, which may include transfer to acute care facility.
- 3.5 The individual's medical services are monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 4 - Dental Care

The individual receives dental care and related oral hygiene.

OUTCOME The individual has access to appropriate dental care, dental hygienist's services and daily mouth care.

PERFORMANCE MEASURES

- 4.1 There are written policies and procedures governing the provision of individuals' dental care and related services.
- 4.2 The individual bears the cost for dental and hygienist services received, unless assessment of their financial circumstances indicates otherwise. If unable to bear the cost, the individual is assisted to access any government financial assistance available for dental and related care.
- 4.3 The provision of dental care and related oral hygiene is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 5 - Foot Care

The individual has access to foot care services.

OUTCOME The individual has optimal freedom from foot discomfort, pain and/or chronic and/or infectious disease.

PERFORMANCE MEASURES

- 5.1 There are written policies and procedures for the provision of foot care.
- 5.2 If the individual is unable to bear the cost for foot care services provided by a foot care nurse, podiatrist or a chiropodist, he/she is assisted to access any government financial assistance available for that care.
- 5.3 Assessment of the individual's foot care needs is a part of his/her initial assessment, and becomes part of the individual's care plan.
- 5.4 The individual's foot care needs are reassessed at least every week, or more often if required.
- 5.5 An individual who requires advanced nursing foot care has that care provided by a health professional, qualified in advanced skills in foot care. There may be a cost for associated with this service.
- 5.6 An individual who requires referral to a foot care provider, such as a podiatrist or chiropodist, is assisted by facility staff to access that care.
- 5.7 The individual's foot care program is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 6 - Medications

Medication administration is a generic term that is used to indicate a range of activities related to medications including: reminding, assisting, administering and safe storage. Decisions related to whether the individual or the resident care companion is capable of and responsible for ensuring that medication is appropriately given is done on an individualized basis.

Medication Reminding – This occurs when the resident care companion helps the individual to remember that they need to take their medication(s). The RHA supports medication self administration at the PCR and encourages the individual to become familiar with their medications and times for administration.

Medication Assistance – The individual recognizes the need to take medication(s) and consents to assistance by the resident care companion with the medication regime.

Medication Administration – The individual does not recognize the need for taking medication(s) and is given the medication by the resident care companion.

The care coordinator (licensed practical nurse, registered nurse, advanced practice nurse, nurse practitioner, etc) has the overall responsibility to ensure the individual receives the appropriate medication that is reminded, assisted or administered by the resident care companion. The care coordinator oversees the monitoring of the effectiveness of the medications provided to each individual in the PCR and coordinates the appropriateness of the medications with other health professionals, including the physician and the pharmacist. The RHA will determine the type of medication system they will use within the PCR.

There are written policies and procedures within the RHA governing the administration of medications including dispensation, safe administration, reallocation, disposal, storage and security of drugs.

OUTCOME The use of medication is safe, efficient and effective and provides for the maximal quality of life.

PERFORMANCE MEASURES

6.1 Individuals in the PCRs who are assessed as being competent to self-administer medications, are encouraged and supported to do so. All individual's medications are stored in a safe, centrally located area in the PCR.

6.2 All medications are prescribed by physician or nurse practitioner as appropriate and authorized by Newfoundland legislation relevant to the specific profession.

- 6.3 Resident care companions must report all issues of concern related to medications to the care coordinator. Medication errors must be reported to the care coordinator immediately and be recorded on the monthly status report.
- 6.4 The RHA ensures a qualified pharmacist provides directions and is accountable for pharmacy services, including maintenance of each individual's drug profile and quarterly review of the facility's drug storage practices.
- 6.5 Prescription drugs are dispensed only by a qualified pharmacist.
- 6.6 There is a process in place to ensure the identification of a resident before medication is administered, for example, availability of two identifiers to ensure the right person
- 6.7 Emergency after-hours medication prescribing and dispensing services are available to individuals in the PCR.
- 6.8 Medications requiring refrigeration are kept in a refrigerator designated for medications storage only.
- 6.9 The individual's drug profile, reviewed quarterly, is part of his/her care and support plan.
- 6.10 Receipt, administration and disposal of narcotic/controlled drugs are recorded in a controlled drugs register by the care coordinator.
- 6.11 Narcotic/controlled drugs are maintained in a separate locked cupboard or other secure place according to legislation to be accessed only by the care coordinator.
- 6.12 There is a written policy regarding removal of medication from the facility by the individual.
- 6.13 There is evidence that all staff in the PCRs are provided with information about drug actions, interactions, drug/nutrient interactions, adverse effects, contra indications; and that they document and communicate this information to relevant care and support team members. Adverse drug reactions are investigated, documented and reported.
- 6.14 In the event of an unexplained death, the resident's medications are retained up to 5 days at the home in a secure location until the investigation is concluded.
- 6.15 Medication usage and the pharmacy program is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 7 – Core Staffing

PCRs operate in a manner that is responsive to the needs of the individuals living in this setting. Staff are available to ensure that the individuals receive quality, timely care and provide a safe response in the event of an emergency.

OUTCOME Individuals access the care and services that they require in a timely manner.

PERFORMANCE MEASURES

- 7.1 The home shall be staffed with a minimal staffing ratio during the day of two (2) resident care companions (RCC) for 7-12 individuals and during the night, one (1) RCC for 1-12 individuals on nights. The staff are available to provide supervision and assistance to individuals to meet anticipated needs, taking into account the level of functionality of each individual.
- 7.2 There is sufficient staff available at all times to provide for safe evacuation or assistance in a crisis or emergency, taking into account the level of functionality of the individuals,.
- 7.3 Individual care is provided by knowledgeable staff in accordance with the individuals' wishes and preference, to the extent possible.
- 7.4 Individuals/families have an opportunity to provide input to time and type of care provided.
- 7.5 Families may be permitted to provide or pay for additional support to increase the hours of care in exceptional circumstances.

Care and Support Team: The care and support team are a 'core' team comprised of the case coordinator, the resident care companion(s), the social worker, the attending physician, and the recreation therapist/worker.

Care Coordinator: The care coordinator is a licensed practical nurse, a registered nurse, or an advanced practice nurse (nurse practitioner, clinical coordinator, etc) and has the overall responsibility to ensure the resident receives the appropriate care and support based on their ongoing assessed needs.

Social Worker

There is provision for social work services to assess and monitor an individual's psychosocial needs, counselling and related services.

OUTCOME The individual has access to social work services and receives assistance in acquiring and maintaining psychosocial supports.

PERFORMANCE MEASURES

- 7.6 There are written policies and procedures for the provision of social work services to the individuals.
- 7.7 Social work services are provided by registered social workers, governed by their provincial regulatory body.
- 7.8 Each individual has access to social work services.
- 7.9 The social worker is a member of the care and support team and has input into the development and maintenance of the individual's care and support plan.
- 7.10 Staff, with assistance by the social worker, ensure liaison with community services that are available to help provide and maintain links between the individual and the community.
- 7.11 Social work services participate in a range of individuals' group activities, to encourage and support participation in, individual and/or family councils, support groups, community inclusion activities, etc.
- 7.12 The social work services are monitored and evaluated as part of the continuous quality improvement plan.

Therapeutic Recreation Services

There is provision for therapeutic recreation services to enable the individual to develop and use leisure activities in ways that enhance quality of life.

OUTCOME Therapeutic recreation programs respond to the individual's assessed needs and preferences.

PERFORMANCE MEASURES

- 7.13 There are written policies and directives governing the planning, delivery and evaluation of therapeutic recreation programs and services.
- 7.14 There is a recreation therapy service in place, with work directed by a qualified recreation therapist/specialist.
- 7.15 The therapeutic recreation staff are members of the care and support team and have input into the development and maintenance of the individual's care and support plan.
- 7.16 The individual's recreation and leisure needs are identified, as part of the assessment process, and incorporated into the integrated care plan.
- 7.17 There is a record of individual attendance/participation in recreational activities.

- 7.18 The individual has access to a variety of recreational therapy services, programs and interventions.
- 7.19 The individual is made aware of current and future recreation therapy activities.
- 7.20 As appropriate, the individual's family and friends are invited to participate in therapeutic recreational activities.
- 7.21 The individual/family has the opportunity to participate in the planning and evaluation of therapeutic recreation activities.
- 7.22 The therapeutic recreation services are monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 8 – Clinical Nutrition, Occupational Therapy, Physiotherapy and Pastoral Care Services

These are provided to the individual on a referred basis. The professional(s) may come to the PCR to provide the services or the individual may access this service at the acute care centre or in the community.

Occupational Therapy Services

There is provision for occupational therapy services.

OUTCOME The individual is enabled to continue to participate in and/or perform daily occupations of self-care, productivity and leisure.

PERFORMANCE MEASURES

- 8.1 There are written policies and procedures governing the delivery of the occupational therapy service.
- 8.2 The occupational therapy service is provided by licensed professionals, governed by the profession's provincial regulatory body.
- 8.3 The occupational therapist as a referred member of the care and support team, contributes to the development, implementation and evaluation of the individual's care and support plan.
- 8.4 A referral for occupational therapy may be made by the individual, family members/significant other or other caregivers.
- 8.5 The occupational therapy service is monitored and evaluated in accordance with the continuous quality improvement plan.

Physiotherapy Service

There is provision for physiotherapy service.

OUTCOME The individual is enabled to continue and/or increase his/her functional capacities in all aspects of daily living, to the extent of his/her abilities.

PERFORMANCE MEASURES

- 8.6 There are written policies and procedures governing the delivery of physiotherapy service.
- 8.7 Services are provided by licensed professionals governed by the profession's provincial regulatory body.

- 8.8 The physiotherapist is a referred member of the care and support team and contributes to the development, implementation and evaluation of the individual's care and support plan.
- 8.9 A referral for physiotherapy may be made by the individual, family members/significant other or other caregivers.
- 8.10 The physiotherapist may assign components of the individual's care and support plan to physiotherapy workers in accordance with provincial guidelines.
- 8.11 Safe, appropriate space and equipment are available for the provision of physiotherapy.
- 8.12 The physiotherapy service is monitored and evaluated in accordance with the continuous quality improvement plan.

Clinical Nutrition Service

There is provision for clinical nutrition services.

OUTCOME The individual receives clinical nutrition intervention consistent with his/her identified medical and nutritional needs.

PERFORMANCE MEASURES

- 8.13 There are written policies and procedures governing the delivery of clinical nutrition services.
- 8.14 The individual's dietary needs, based on a nutritional assessment and preferences, are included in his/her care and support plan.
- 8.15 Services are provided by registered dietitians, licensed by the profession's provincial regulatory body.
- 8.16 Menu development based on Canada's Food Guide is led by the Registered Dietitian
- 8.17 The clinical dietitian is a referred member of the individual's care and support team and contributes to the development, implementation and evaluation of the individual's care and support plan.
- 8.18 A referral for a clinical nutrition service may be made by the individual, family members, significant other or any other member of the care and support team.
- 8.19 Clinical nutrition services are monitored and evaluated in accordance with the continuous quality improvement plan.

Pastoral Care

The individual has access to pastoral care services through the RHA to respond to his/her religious and spiritual needs.

OUTCOME The individual may practice his/her individual religious beliefs and spiritual customs in accordance with his/her preferences and abilities.

PERFORMANCE MEASURES

- 8.20 There are written policies and procedures, reviewed at least annually, regarding the provision of pastoral care.
- 8.21 The individual has access to religious/spiritual advisors of his/her choice.
- 8.22 The RHA has a pastoral care committee, led by an individual who coordinates the pastoral care program.
- 8.23 Where appropriate, representatives of pastoral care and community clergy participate in the care and support team for an individual.
- 8.24 The pastoral care program is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 9 - Care of the Dying Individual

The PCR provides for the holistic care needs of the individual throughout the dying process and following death.

OUTCOME The individual is cared for with dignity and respect.

PERFORMANCE MEASURES

- 9.1 There are policies and procedures in place in response to dying and death.
- 9.2 Care is provided in an environment that promotes dignity and lends support to the dying individual, and to the family.
- 9.3 The individual is provided with opportunities and supports to discuss any aspect of the dying process.
- 9.4 Pain assessment, management and relief are provided as required.
- 9.5 The body of the deceased individual is handled with dignity, with time allowed for friends and family to pay their respects.
- 9.6 There are supports for the other individuals, the deceased individual's family and staff, including counselling, in memoriam services or other appropriate responses.
- 9.7 Policies and procedures for the care of the dying individual and the deceased are monitored and evaluated by the continuous quality care plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 10 - Palliative Care

Palliative care services are provided at the PCR if it is appropriate and possible to do so with support of family/significant other(s).

OUTCOME The individual who is dying will receive care and comfort to the fullest extent possible at the PCR.

PERFORMANCE MEASURES

- 10.1 There are policies and procedures in place to provide direction for the provision of palliative care to a individual who is terminally ill.
- 10.2 The policies and procedures are reviewed annually to reflect the inclusion of current practices in palliative care.
- 10.3 The individual's care and support team members participate in the management of the individual's care and support plan.
- 10.4 The individual or substitute decision maker is involved in decisions regarding the type of care and interventions provided.
- 10.5 The written record of the level of interventions to be received by the individual, in accordance with his/her Advance Health Care Directives, is included in the individual's record.
- 10.6 The individual receives interventions to promote optimal comfort including the appropriate assessment and management of pain by a Registered Nurse.
- 10.7 The individual, family and/or significant other receive assistance in accessing counselling and bereavement support, according to their needs and preferences.
- 10.8 Assistance is provided to the individual to access religious and spiritual resources, according to his/her needs and preferences.
- 10.9 Policies and procedures directing the delivery of palliative care are monitored and evaluated by the continuous quality improvement plan.

SECTION 4 CARE ACCESS AND DELIVERY

Standard 11 - Resuscitation in PCRs

Individuals have access to basic cardiac life support (BCLS).

OUTCOME BCLS responses will be available to all individuals.

PERFORMANCE MEASURES:

- 11.1 There are written policies and procedures governing resuscitation.
- 11.2 BCLS will be provided by staff at the home.
- 11.3 Individuals and families are orientated to the RHA policy on basic life support.
- 11.4 Basic BCLS will be administered unless otherwise documented, until emergency medical services arrive.
- 11.5 A policy and procedure on resuscitation is monitored and evaluated as a part of the continuous quality improvement plan.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 1 - Individual's Rights

The individual has rights and privileges which support and promote his/her physical, emotional, social, spiritual and intellectual well-being.

OUTCOME The individual experiences personal rights, privileges and basic freedoms, in accordance with the current Bill of Rights of Persons Requiring Long Term Care, Newfoundland Human Rights Association.

PERFORMANCE MEASURES

- 1.1 The administration ensures that, when receiving orientation to the PCR, all new individuals and family members receive written information about the Individuals Bill of Rights, reflecting but not limited to the following.
- 1) To be treated with dignity, kindness, respect, courtesy and consideration in personal relationships with staff and other individuals.
 - 2) To be provided with a safe, clean and healthy environment including comfortable accommodations, furnishings, equipment and services in compliance with the Province's legislation.
 - 3) To receive appropriate care and services within the mandate and capability of the PCR.
 - 4) To receive care, services and support to be as independent as possible.
 - 5) To know who is providing direct care giving and to have choice where possible in the gender of the caregiver.
 - 6) To be afforded privacy in treatment and in caring for personal needs.
 - 7) To have care and treatment explained in words that are easy to understand in order to make informed decisions and obtain an independent medical opinion, if so desired.
 - 8) To refuse medical treatment except where without such treatment the safety of others cannot be assured by any other means within available resources.
 - 9) To be free from chemical and/or physical restraints—we would not have people restrained in the PCR environment, if they require ongoing restraint it is likely that they are a different level
 - 10) To be fully informed about the procedures and consequences of receiving and/or refusing restraints. No restraints

- 11) To receive the provincial monthly comfort allowance and receive a confidential accounting of financial transactions.
- 12) To have all personal, financial and medical information kept in confidence.
- 13) To receive mail unopened, unless otherwise indicated.
- 14) To participate in making decisions which affect daily life.
- 15) To develop friendships and enjoy meaningful relationships without hindrance or embarrassment.
- 16) To meet their sexual needs with privacy, respect and dignity regardless of their sexual orientation.
- 17) To receive visitors at reasonable hours without prior notice.
- 18) To leave the facility for reasonable periods in order to spend time with family or friends without jeopardizing his or her individual placement.
- 19) To have access to programs that reflect individual physical, spiritual, social, emotional and recreational needs.
- 20) To have opportunities to participate in community activities.
- 21) To practice and have one's religious and cultural preferences respected.
- 22) To be free from unwanted or uninvited persuasion regarding religious beliefs, etc.
- 23) To openly express any concern without fear of repercussion.
- 24) To have clearly written information about how to make a complaint.
- 25) To have access to the outdoors.
- 26) To display personal possessions, pictures and furnishing in keeping with space and safety regulations.
- 27) To designate a person to be informed of any transfer or emergency hospitalization.
- 28) To be free from any actions that would be deemed to be abuse in any form.
- 29) To receive palliative care in a location suitable??
- 30) To seek advocacy and or legal services through a process identified by the facility.

- 31) To vote and to be provided with the appropriate assistance as required.
- 32) To participate as a member of individuals' organizations and the facility's committees, where appropriate.
- 33) To participate in or refuse to participate in research or clinical trials, and to have access to the results of such participation.
- 34) To be provided with access to supplies and choice of alternate products.
- 35) To be provided with access to personal pets.
- 36) To be provided with access to a telephone.
- 37) To live in a smoke free environment
- 38) To be enabled to self-discharge where appropriate.
- 39) As part of the continuous quality improvement plan, there is monitoring and evaluation to include input from individuals, their families and/or other representatives, to determine the level of awareness and resulting practices with respect to the honouring of individuals' rights and privileges.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 2 - Individual's Responsibilities

The RHA encourages and promotes the philosophy that the individual/family/significant other accepts responsibility to maximize his/her quality of life. In standard and all standards in this manual, the individual will always mean individual/family/significant other.

OUTCOME The individual is aware of his/her responsibility to achieve and maintain a quality of life in keeping with his/her individual capabilities.

PERFORMANCE MEASURES

- 2.1 The RHA has written policies and procedures outlining the expectations of the individual's acceptance of responsibility for personal well-being, to the extent of his/her individual abilities.
- 2.2 The individual is provided with written information about the policy, that they accept personal responsibility for their actions and participates in accepting and/or declining the care and services being provided.
- 2.3 The individual participates in their care as much as possible to enable maximal functioning. This results in achieving a quality of life in keeping with their abilities and lifestyle. The individual/family/significant other is responsible for:
 - 1) seeking out information when he/she does not understand care and treatment being offered;
 - 2) using only those services that are required for health and well-being;
 - 3) communicating to the care and support team any planned deviation from the care and support plan;
 - 4) communicating Advance Health Care directives and any other care and support directives;
 - 5) informing the care and support team of preferences regarding their death and to make funeral arrangements.
- 2.4 Individuals are encouraged to show concern, interest in, tolerance and understanding of others, to include but not limited to the following:
 - 1) conducting any intimate behaviour in privacy; and refraining from imposing unwanted attentions on others;
 - 2) treating other individuals, staff and volunteers respectfully and courteously;

- 3) respecting the privacy, rights and freedoms of others;
 - 4) respecting the religious, cultural preference and sexual orientation of others;
 - 5) participating in making decisions which affect daily life in the facility;
 - 6) observing the PCR's no smoking regulations as smoke free environment;
 - 7) fully participating in fire and life-safety disaster drills;
 - 8) keeping the PCR clean and free from litter;
 - 9) following the procedures for initiating complaints;
- 2.5 The individual is responsible for informing a member(s) of the PCR's care and support team of the following;
- 1) whether responsibility for their personal clothing and laundering is accepted by family or responsible others;
 - 2) planned absences from the facility;
 - 3) making private arrangements to access medical or specialist services;
 - 4) budgeting their own funds and paying accounts on a timely basis;
 - 5) providing accurate financial and medical information;
 - 6) observed suspicious/abusive/illegal behaviours of or by others.
 - 7) whether taking herbal, botanical, homeopathic and/or other natural health products or supplements.
- 2.6 The individual contributes to the operation of the facility through involvement in the individual council and/or other available opportunities if so desired.
- 2.7 The policies and procedures regarding individuals' responsibilities are monitored and evaluated by the continuous quality improvement plan.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 3 - Dignity, Respect and Privacy

The individual is treated with dignity and respect and is provided with the necessary privacy to maintain personal well-being.

OUTCOME The individual acknowledges that he/she is treated with dignity and respect and their privacy is protected.

PERFORMANCE MEASURES

3.1 The individual can expect:

- 1) to be greeted and referred to by the name by which he/she is accustomed or wishes to be addressed;
- 2) to be recognized for life accomplishments, and supported in his/her continuing role and contribution to family, friends and society;
- 3) to be provided with personal privacy and privacy of possessions;
- 4) to communicate in privacy by telephone, mail or e-mail with any person;
- 5) to require staff to knock prior to entering bedrooms, bathrooms and other personal space and be able to lock their door, if desired and appropriate;
- 6) that his/her family/significant others are treated with respect and dignity; and that he/she is afforded privacy as required during visits with loved ones.

3.2 The continuous quality improvement plan monitors and evaluates input from individuals and individual/family councils to assess satisfaction levels with respect to their experience of dignity, respect and privacy.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 4 - Independence and Choice

The individual is enabled to achieve and maintain a level of independence compatible with personal wishes and abilities.

OUTCOME The individual exercises freedom of choice and independence to the full extent of his/her capabilities.

PERFORMANCE MEASURES

4.1 The Individual:

- 1) maintains control of personal finances, except in circumstances where the individual requests or requires the services of a trustee;
- 2) is free to make choices with respect to all aspects of daily living; choices in such an arrangement are also somewhat limited
- 3) can, within reasonable hours and appropriate supervision, leave and return to the PCR as desired;
- 4) participates in determining a sleep time routine;
- 5) has access to all individual common areas at any time of the day or night;
- 6) is free to increase or decrease lighting levels in bedrooms to suit their personal comfort levels for light requirement;
- 7) is free from excessive noise levels; and
- 8) is free to voluntarily discharge from the PCR at any time. In this instance, all appropriate consultation and documentation have occurred with the care and support team and the individual.

4.2 Staff will accommodate and facilitate the individual's choice to access services and appointments, outside of the facility, in the general community if the individual so chooses.

4.3 The extent to which an individual is enabled to exercise his/her right to independence and personal choice is monitored and evaluated by the continuous quality improvement plan.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 5 - Individual's Personal Furniture and Belongings

The RHA accommodates the individual's use of personal furniture and belongings, to the extent that available space, maintenance of accessible working areas and observance of fire and other safety requirements permits.

OUTCOME An individual's sense of well-being and personal comfort is heightened through availability, control and use of personal items retained as links to and mementos of their life.

PERFORMANCE MEASURES

- 5.1 The RHA provides clear, written information and guidelines to the individual and his/her family regarding the use of personal furniture and other personal items in the individual's bedroom.
- 5.2 There is a process to resolve any dispute between staff and the individual's right to use of personal furniture and belongings.
- 5.3 The individual's property is respected and protected.
- 5.4 In the event of death or transfer to another care environment, provisions will be made for the individual's belongings to be removed.
- 5.5 In the event the individual no longer requires his/her personal furniture or other items, his/her legal representative takes possession of those items and removes them from the PCR as soon as possible.
- 5.6 The policies and procedures regarding the individual bringing furniture and personal items into the facility are monitored and evaluated by the RHA's continuous quality care plan.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 6 - Individual's Finances

The RHA enables the individual to control of their finances except where they clearly indicate they do not wish to or they are not able to do so.

OUTCOME The individual manages and controls their financial affairs to the extent of their capabilities.

PERFORMANCE MEASURES

- 6.1 There are written policies and procedures to protect the individual's financial interests.
- 6.2 An individual/family/significant other, who is capable of managing personal financial affairs will be enabled and supported to do so by the RHA.
- 6.3 Trust accounts are established and maintained by the RHA for the individual who requests directly for that service. The RHA will insure the following:
 - 1) there are legal and auditing services in place involving trust account transactions;
 - 2) interest accrued on an individual's trust account is deposited to his/her account;
 - 3) a protocol is in place to facilitate an individual's ease of access to his/her trust accounts and valuables held in safe-keeping;
 - 4) on an annual basis, a detailed statement of the individual's trust account must be provided to the individual or legal guardian;
 - 5) there must be written agreements with respect to who has legal access to withdraw funds on behalf of the individual.
- 6.4 The RHA provides for the security and safe-keeping of money and valuables on behalf of the individual, when requested by the individual to do so.
- 6.5 Records are maintained and receipts provided to the individual or his/her legal representative for valuables placed for safe-keeping.
- 6.6 Assessment of an individual's competency to manage finances is in compliance with all relevant provincial legislation, for example, the Mentally Incompetent Persons Estates Act, the Judicature Act, and the Department of Health and Community Services Trust Account Guidelines.
- 6.7 If required, an individual is encouraged and assisted to seek his/her own legal assistance/counsel, as needed; for example, with regard to Legal Estate Guardian,

Guardianship of the Person, Power of Attorney, Trusteeship, Intestate Succession Act, Letters of Administration, and Letters of Probate.

- 6.8 If an individual is assessed as incompetent and there is no one willing to accept responsibility as legal trustee or guardian, there is a process in place to obtain legal responsibility for that individual and/or his/her assets.
- 6.9 The individual's financial file, maintained by the RHA, has verified proof of any transfer of the individual's estate or decision-making rights to another person or authority.
- 6.10 The policies and procedures pertaining to the management of an individual's finances and related issues are monitored and evaluated as part of the continuous quality improvement plan.

Financial Assessments and/or Subsidy Allocation

Financial assessments, subsidies, transactions and individual's personal finances are handled and recorded in accordance with provincial standards.

OUTCOME All financial matters are documented and due diligence is paid to ensure responsible financial management according to the standards with respect to all matters concerning individuals.

PERFORMANCE MEASURES

- 6.11 A financial assessment is completed for a potential or current individual to determine eligibility for a subsidy.
- 6.12 The individual is provided with the full personal allowance monthly.
- 6.13 Annual assessments are completed to determine ongoing eligibility for subsidies and individuals and/or designate are advised of any change in financial eligibility and subsidies.
- 6.14 Records are maintained and documentation pertaining to individual's financial transactions and receipts are issued to all individuals for monthly board payments.

Trust Accounts

Trust accounts, providing secure services for individuals' financial assets, are established and maintained.

OUTCOME Trust accounts provide a secure option for individuals to have easy access to their funds.

PERFORMANCE MEASURES

- 6.15 A trust account agreement is initiated and administrated in accordance with normal trust account procedures.
- 6.16 Trust accounts are reconciled on a quarterly basis.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 7 - Consent for Health Care Intervention

The individual is aware of and involved in his/her care, including invasive procedures and treatment referrals, by being fully informed about expected outcomes of either acceptance or rejection of such care. The individual has the right to accept or reject any health care interventions.

OUTCOME The individual exercises control over his/her health care interventions.

PERFORMANCE MEASURES

- 7.1 There are policies and procedures in place to ensure that the individual is aware of the right to accept or refuse the provision of authorized health care interventions and related treatments.
- 7.2 The individual's care and support plan contains information regarding prescribed and/or recommended health care interventions.
- 7.3 The individual's care and support plan, as well as his/her health record, contains written, witnessed evidence of the individual's or legal representative's decision to accept or refuse health care interventions, and acknowledged awareness of the consequences of that decision.
- 7.4 The continuous quality improvement plan monitors and evaluates policies and procedures in place to aid and support a individual's right to provide or withhold consent for health care interventions.
- 7.5 If the individual is unable to understand the purpose of the consent form, it is signed as outlined in "It's Your Decision – How to Make An Advance Health Care Directive": *Advance Health Care Directives Act*.
- 7.6 If the individual has no legal representative or next-of-kin, the consent form is signed by the facility's administrator (as provided for in Section 9.(1)(b) of *the Advance Health Care Directives Act*, Ch A-4.1; 1995).

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 8 - Individual's Personal Development

There is provision for an individual's intellectual stimulation, and for opportunities to pursue interests to support individual growth.

OUTCOME The individual pursues his/her personal growth and development needs.

PERFORMANCE MEASURES

- 8.1 The individual's assessment, upon admission, includes a determination for any personal growth and development needs.
- 8.2 The individual, where practical and feasible, participates in staff orientation and in-service training/education sessions, as a contributor and/or resource person.
- 8.3 The individual is assisted to take part in programs and activities appropriate to his/her cognitive status, interests and preferences, in the facility and in the community.
- 8.4 The individual has access to information-based materials such as newspapers, magazines, books, radio, television and internet.
- 8.5 The individual takes part in learning opportunities of his/her choice, within the home and and/or the community, where feasibility and safety permit.
- 8.6 The individual's satisfaction with his/her opportunities for personal growth and development is monitored and evaluated by the RHA's continuous quality improvement plan.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 9 - Health Promotion

The individual is encouraged to participate in healthy lifestyle activities, which support opportunities for personal, active involvement, socialization, stimulation and optimal physical independence.

OUTCOME The individual experiences a greater degree of holistic well-being through regular participation in physical, mental and social activities.

PERFORMANCE MEASURES

- 9.1 There are written policies and procedures to support the RHA's philosophy of fostering health promotion as a goal for all individuals.
- 9.2 The care and support team promotes the incorporation of active involvement, socialization and stimulation in the development of each individual's care and support plan.
- 9.3 There is facility-wide promotion of the philosophy of optimal individual independence and healthy well-being.
- 9.4 The individual's family members are provided with information about the potential benefits resulting from being involved in activities to support a greater level of independence and well-being.
- 9.5 The appropriate team members provide health promotion measures which include, but are not limited to the following:
 - 1) promotion of independence in activities of daily living and instrumental activities of daily living such as including physical activity, eating, bathing and tasks, for example, related to shopping and management of personal finances;
 - 2) arranging for services, to be provided at predetermined times, including visual, dental, hearing examinations and foot care;
 - 3) management of chronic illnesses;
 - 4) nutrition, in accordance with Canada's Food Guide, and/or therapeutic dietary requirements in the appropriate texture required;
 - 5) early recognition and treatment of acute illnesses or injuries;
 - 6) monitoring the individual's medications to reduce the incidence of drug adverse reactions and interactions; and to heighten awareness of medication interactions and reactions;

- 7) appropriate interdisciplinary referral when required;
 - 8) provision of immunization clinics, for example, influenza prevention;
 - 9) encouraging health promotion measures and supports including, but not limited to, smoking cessation, diabetes education and falls prevention.
 - 10) providing linkages and access to community events and activities as appropriate for the individual.
- 9.6 The health promotion program is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 10 - Ethnicity, Cultural Expression and Beliefs

Services and requirements of an individual of ethnic background are provided with respect and dignity in accordance with his/her ethnic customs and cultural preferences.

OUTCOME The individual is provided with services in accordance with his/her ethnic and cultural expressions and beliefs.

PERFORMANCE MEASURES

- 10.1 There are written policies and procedures governing the provision of services to **an** individual as a part of his/her preferences or dictates of one's ethnic and cultural background.
- 10.2 Each individual receives support to maintain desired cultural customs, observances, practices and affiliations.
- 10.3 Each individual is supported in maintaining desired linkages with his/her cultural community.
- 10.4 Resources are obtained to aid a non-English-speaking individual to communicate with others, and to assist staff to communicate with that individual.
- 10.5 Ethnicity, cultural expression and beliefs are monitored and evaluated as part of the continuous quality improvement plan.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 11 - Individual and Family Councils

Individuals and their families/significant others are assisted in forming and maintaining an organized structure, to be a forum and serve as their liaison with the RHA's administration and board.

OUTCOME Individuals have formalized opportunities to exchange ideas and opinions; and to discuss issues and concerns with the administration and board of the RHA.

PERFORMANCE MEASURES

- 11.1 There are written policies and procedures governing the RHA's recognition of and support for individual/family councils.
- 11.2 The individual and/or family councils are formally constituted groups of individuals and/or their families, with a written constitution, by-laws and an elected president and executive.
- 11.3 Individual/family councils have autonomy over their affairs.
- 11.4 There are clear reporting mechanisms and lines of communication to the RHA administration and board of directors.
- 11.5 The RHA's support for individual/family councils is monitored and evaluated by the continuous quality improvement plan.

SECTION 5 EMPOWERING THE INDIVIDUAL

Standard 12 – Complaints and Compliments

There is a process in place to ensure that there is a simple, clear and accessible procedure for complaints.

OUTCOME Individuals, their families and staff are aware of the process to lodge a complaint and are confident that their complaints will be heard, seriously considered and receive appropriate action, and will not impact on their care/service. Individuals are able to express compliments.

PERFORMANCE STANDARDS

- 12.1 There are written policies and procedures, available to the individual outlining how complaints are to be presented, to whom, and how they will be addressed.
- 12.2 A complaints procedure is provided in writing to the individual on admission, and whenever required thereafter.
- 12.3 There is a specified time frame, determined by the RHA, in which the complainant can expect to receive a response.
- 12.4 A record of all complaints and compliments received, and the action taken to address the complaint, is maintained.
- 12.5 The complaints and compliment procedure is monitored and evaluated as part of the continuous quality improvement plan.

SECTION 6 INDIVIDUAL SUPPORT SERVICES

Standard 1 - Food Service

There is a high-quality food service to meet the individual's nutritional needs.

OUTCOME The individual is provided with an organized, dietetic service which responds to his/her dietary requirements and enhances the quality of his/her life.

PERFORMANCE MEASURES

- 1.1 There are written policies and procedures to govern the provision of the individual's food service.
- 1.2 The food service is directed in consultation with a competent and experienced professional in food service management for individuals in a care environment. The menu is chosen by discussion with the individuals living in the home based on their likes, preferences and healthy menu options as outlined according to the Canada Food Guide.
- 1.3 The menu includes one fully cooked meal and options for alternate snacks as appropriate and depending on the assessed needs of the individuals in the PCR. The menu will include therapeutic meal requirements, such as diabetic, high fibre and texture modification.
- 1.4 Meal times are established in consultation with individuals and are flexible to meet the needs of persons with dementia
- 1.5 The individual of a different ethnic background and culture has his/her meals prepared to meet his/her customary or cultural needs and traditions.
- 1.6 In response to individuals' preferences, wild game appearing on the menu is served only when care and caution are taken to ensure it is purchased from licensed sellers or a government-approved source. The purchase, storage and service of wild game are provided in accordance with the conditions of a Wild Meat Service License, obtained from the appropriate government department.
- 1.7 Refrigeration and storage of food is in compliance with the appropriate Government Services regulations.
- 1.8 Correct sanitation and food handling procedures are implemented by staff; and monitored and evaluated.
- 1.9 All individuals are offered the following:
 - 1) a minimum of three meals daily;
 - 2) meals that are nutritious, flavourful and appetizing;

- 3) beverages with meals, between meals and at bedtimes, unless contraindicated for individual's nutritional needs on his/her integrated care plan;
 - 4) snacks in mid-afternoon and at bedtime, unless contraindicated for individual's nutritional needs on his/her integrated care plan;
 - 5) information around safe food practices.
- 1.10 A supervised, socially enjoyable dining atmosphere is available in a clean, comfortable dining area.
- 1.11 Each individual is encouraged to eat as independently as possible in an unhurried manner. When assistance is required, it is provided in a non-rushed, amiable, supportive manner.
- 1.12 Food service is monitored and evaluated by the continuous quality improvement plan.

SECTION 6 INDIVIDUAL SUPPORT SERVICES

Standard 2 - Transportation

The individual has access to transportation services.

OUTCOME The individual is provided with safe, reliable and comfortable transportation.

PERFORMANCE MEASURES

- 2.1 There are written policies and procedures governing the provision of individual transportation services.
- 2.2 Vehicles hired or operated by the RHA and used to transport an individual are licensed and insured.
- 2.3 The RHA vehicles, used to transport an individual, are maintained in accordance with safety levels required by provincial government licensing and insurance requirements.
- 2.4. The individual being transported will be provided with an escort, if this is a need identified in his/her care plan and no family member is available.
- 2.5 The individual transportation policies and procedures are monitored and evaluated by the continuous quality improvement plan.

SECTION 6 INDIVIDUAL SUPPORT SERVICES

Standard 3 - Laundry Services

Laundry services at the PCR are designed to promote participation and inclusion by the individual and to meet the individual's personal clothing and linen needs.

OUTCOME The individual participates in ensuring they have a continuous supply of clean clothing and linens.

PERFORMANCE MEASURES

- 3.1 There are written policies and procedures for the individual's personal laundry requirements.
- 3.2 Individuals are encouraged, empowered, supported and supervised as required, to do their own personal laundry.
- 3.3 An individual's clothing must be labelled in a manner that respects his/her dignity. It is the RHA's responsibility to arrange the labelling.
- 3.4 There is a system in place to keep separate at all times the clean and soiled clothing and linens.
- 3.5 Individuals have access, if they choose, to a mending and dry-cleaning service on a fee-for-service basis.
- 3.6 Closet or storage space is available in the individual's room to store clothing.
- 3.7 There is a system in place to track an individual's lost and/or misplaced clothing.
- 3.8 There is a supply of clean linen in good repair, and free of stains to meet individual's needs.
- 3.9 The individual receives clean towels and face cloths, sufficient to meet his/her needs.
- 3.10 The laundry service is monitored and evaluated by the continuous quality improvement plan.

SECTION 6 INDIVIDUAL SUPPORT SERVICES

Standard 4 - Housekeeping Services

Housekeeping services are in place to provide a clean, well-maintained environment for individuals, staff and visitors.

OUTCOME The environment is clean, comfortable, home-like and responsive to the individual's needs. In the PCR, individuals are also encouraged, empowered, supported and supervised to keep the home tidy, clean and well-maintained.

PERFORMANCE MEASURES

- 4.1 The RHA has written policies and procedures to guide the provision of housekeeping services.
- 4.2 Housekeeping services in each home are directed by an appropriately qualified person
- 4.3 Cleaning schedules and frequencies are established.
- 4.4 Individual care areas and equipment being cleaned include:
 - 1) each individual's bedroom including floors, furnishings, wall areas and contact surfaces, for example, grab bars, bed rails, door knobs, handrails;
 - 2) the individual's personal furniture and personal effects, for example, picture frames, mementos;
 - 3) communal areas including dining room, lounge and activity areas including floors, furnishing and wall areas;
 - 4) washrooms and bathing facilities including floors, toilets, sinks, tubs, showers and other bathing apparatus such as whirlpool units and washbasins; and contact surfaces such as grab bars, handrails, door knobs;
 - 5) whirlpool units includes disinfecting recirculation lines, jet and turbines on a daily basis or more frequently as indicated by policy or type of individual condition, for example, skin breakdown;
 - 6) commodes and mobility devices tubs, and shower chairs will be cleaned with a germicidal cleaner between each individual's use;
- 4.5 Other areas of the facility being cleaned include:
 - 1) laundry room, storage room, kitchen, entrances, corridors; dining rooms, living room, offices, etc.

- 4.6 Action is taken to identify and eliminate offensive odours including removal of garbage on a regular basis and as required.
- 4.7 Each individual has a mattress and pillows which are in good condition, stain and odour-free.
- 4.8 When in use, cleaning materials are in the custody of appropriate staff at all times.
- 4.9 Hazardous cleaning materials are labelled as such with WHMIS labels; and when not in use are stored in safe areas with locking devices.
- 4.10 Housekeeping services are monitored and evaluated by the continuous quality improvement plan.

SECTION 6 INDIVIDUAL SUPPORT SERVICES

Standard 5 - Contracted Services

The RHA may provide some additional services to the individual at the PCR through contractual agreements.

OUTCOME The individual receives those services in accordance with the contractual agreements.

PERFORMANCE MEASURES

- 5.1 There are policies and procedures in place regarding contracted services available to the individual from agencies offering such services.
- 5.2 Each agency offering services to the individual has a formal contract in place, negotiated and signed setting out mutual expectations, rights and responsibilities.
- 5.3 Each contract is reviewed annually by the facility's administrator or designate and it is documented that the service provider has appropriate certification.
- 5.4 Contractual services may include, but are not limited, to the following;
- hairdressing/barbering; pharmacy services; and/or professional services, as required.
- 5.5 If applicable, the individual is informed of the procedures to access contractual services, including:
 - 1) possible risks inherent in the acceptance of a service;
 - 2) the costs to purchase the contractual service available; and
 - 3) if any financial help is available, if required.
- 5.6 Unlicensed service providers involved in direct interventions with individuals (eg., massage therapy) will receive orientation from the PCR regarding the special needs of individuals.
- 5.7 Any equipment being used by the contract agency in providing a service to the individual will have the Canadian Standards Assessment, (CSA), seal of approval, or otherwise be deemed safe, to the satisfaction of the Occupational Health and Safety Committee.
- 5.8 Any proposed change in the price of service charged to the individual is not made unless authorized.
- 5.9 The policies and procedures for contracted services for the individual's personal use are monitored and evaluated by its continuous quality improvement plan.
- 5.10 Compliance with relevant legislation governing the type of service to be offered is ensured.

SECTION 6 INDIVIDUAL SUPPORT SERVICES

Standard 6 - Optional Services (chiropractic, massage, aromatherapy, etc.)

The individual has access to optional services not normally offered by the facility.

OUTCOME The individual has access to a range of optional services.

PERFORMANCE MEASURES

- 6.1 When requested, the individual is given assistance to access optional services (i.e. alternative therapies such as acupuncture, chiropractic and massage), and;
- 1) advised that acceptance of service is at their own risk;
 - 2) assistance is given to determine the cost to purchase the service and the individual assumes the cost; and
 - 3) advised of any financial help available.

SECTION 7 ENVIRONMENT

Standard 1 - Facilities Management

The RHA provides a safe, comfortable, clean, well-maintained environment for individuals, staff and visitors. Facilities management services addressed by this standard include waste management, pest control, water supply, water temperature, air temperature and quality.

OUTCOME Individuals, families, staff and visitors experience a safe, clean, pleasant and home-like environment.

PERFORMANCE MEASURES

- 1.1 Written policies and procedures are in place to guide the provision of facilities management services.
- 1.2 Direction of facilities management services is provided by an appropriately qualified person.
- 1.3. There is a waste management program, including but not limited to the following;
 - 1) wet and dry garbage disposal is accomplished in accordance with municipal and provincial guidelines;
 - 2) biological waste and dangerous waste products are disposed of in accordance with municipal and provincial legislation;
 - 3) waste storage units located within or adjacent to the facility to keep out insects, rodents, bugs and must be easily accessible for any waste collection vehicles;
 - 4) all waste storage units are cleaned weekly or more often, as required;
 - 5) recycling of appropriate materials is strongly encouraged.
- 1.4 There is a pest control program, to include the following;
 - 1) pest control is provided under the direction of a licensed pest control service;
 - 2) records are maintained to outline frequency and kinds of pest control services provided.
 - 3) measures are taken to protect individuals from exposure to hazardous materials.
- 1.5 The individual has access to a supply of water at all times, which is odour-free, pure and colourless and meets relevant government requirements for water.

- 1.6 The individual has access to safe water temperatures in the process of bathing and/or toileting:
- 1) water temperature is set at a maximum of 49 degrees Celsius for serving bathtubs, showers and basins;
 - 2) temperature setting devices for that purpose are inaccessible to individuals;
 - 3) water temperature is not less than 40 degrees Celsius for individuals' bathing, showers and washroom basins;
 - 4) water temperatures are monitored where individuals are likely to be using hot water;
 - 5) corrective action is taken immediately when hot water temperatures, where likely to be in use by individuals, are detected to exceed 49 degrees Celsius.
- 1.7 Individuals, families, staff and visitors experience comfortable air temperatures and healthy air quality:
- 1) temperatures are maintained at a minimum of 22 degrees Celsius;
 - 2) the PCR is a smoke free environment;
 - 3) air quality is tested as required, for freshness levels and contaminants, by qualified personnel;
 - 4) air conditioning and air exchange systems are serviced annually by qualified personnel;
 - 5) heating equipment is serviced annually by qualified personnel; and chimneys inspected, and cleaned if necessary;
 - 6) There is an appropriate exhaust system in place in kitchen areas to remove odours.
- 1.8 These services are monitored and evaluated by the continuous quality improvement plan.

SECTION 7 ENVIRONMENT

Standard 2 - Maintenance Services

Maintenance services are designed to maintain facilities, their furnishings and equipment in a clean, safe and comfortable environment.

OUTCOME Individuals live in clean, safe, comfortable and pleasant surroundings, including communal settings shared by their families and staff.

PERFORMANCE MEASURES

- 2.1 There are written policies and procedures governing maintenance services.
- 2.2 Maintenance services are directed by an appropriately qualified person.
- 2.3 Maintenance schedules are developed, followed and the work documented for the following:
 - 1) preventative maintenance review and repair/replacement, as required, to the facility's equipment and furnishings and scheduled replacements;
 - 2) routine repairs and furniture/equipment maintenance, as required;
 - 3) daily inspections of heating and other environmental control systems.
- 2.4 Emergency maintenance services are available on a 24 hour basis.
- 2.5 Flooring throughout the facility is comprised of non-slip materials, and maintained free of cracks, breaks and open seams.
- 2.6 All furnishings are maintained in a state of good repair and safe to use.
- 2.7 The surfaces of toilets and bathing fixtures are smooth and free of cracks.
- 2.8 Faucets routinely used by individuals are clearly marked hot and cold, and easy to grasp.
- 2.9 The exterior walkways and outside areas are kept in good repair and free of debris.
- 2.10 Outside furniture is maintained in good repair and safe for individual use.
- 2.11 Facility entrances, exits, and walkways are kept clear and unobstructed.
- 2.12 Maintenance services are monitored and evaluated by the continuous quality improvement plan.

SECTION 7 ENVIRONMENT

Standard 3 - Safety and Security

The PCR is safe and secure for individuals, families, staff and visitors within and on the grounds of the PCR.

OUTCOME Individuals, families, staff and visitors experience a safe and secure environment.

PERFORMANCE MEASURES

- 3.1 Written policies and procedures are in place to maintain safety and security for individual, families, staff and visitors.
- 3.2 Direction of the individual safety and security services is provided by a qualified person.
- 3.3 The PCR is fully equipped with fire alarm and sprinkler systems in accordance with provincial life safety legislation and the requirements of the Office of the Provincial Fire Commissioner.
- 3.4 Scheduled inspections of fire-fighting equipment, sprinklers and fire detection systems are performed and recorded.
- 3.5 Emergency power units are located throughout the facility in accordance with provincial life safety codes.
- 3.6 There is an individual identification system in place which includes a photograph of the individual which is recognizable to staff.
- 3.7 Evacuation plans are posted for the attention of individuals, families, staff and visitors.
- 3.8 Fire drills are performed in accordance with the RHA's fire and safety committee's directives.
- 3.9 All electrical appliances, including those for personal use by individuals, are Canadian Standards Approved (CSA) and checked by maintenance staff prior to use.
- 3.10 Individuals, families, staff and visitors are aware of the PCR's smoke free policies.
- 3.11 Secure, non-slip grab bars are on both sides of hallways/corridors and in individuals' washrooms and bathing areas, as appropriate.
- 3.12 Flooring is non-skid, non-glare. Scatter mats are not permitted.
- 3.13 Potentially dangerous substances are labelled and stored in locations inaccessible to individuals.
- 3.14 Exits are clearly marked and remain unobstructed at all times.

- 3.15 Combustible materials are safely stored.
- 3.16 The safety and security policies and procedures are monitored and evaluated by the continuous quality improvement plan.
- 3.17 The safety and security of individuals is monitored and evaluated through the continuous quality improvement plan.

Standard 4 - Emergency Preparedness

There is an emergency preparedness plan.

OUTCOME The facility is prepared to provide care to the individuals in the event of an emergency.

PERFORMANCE MEASURES

- 4.1 The RHA has a clearly written emergency preparedness plan which provides direction and outlines procedures to be followed in responding to internal and external threats to a facility. These include bomb or other threats of violence, flood and other consequences of severe weather, failure of heat, water or electrical supply or community-wide disasters. Included also are procedures to be followed in searching for missing individuals.
- 4.2 A designated, qualified person has responsibility for the maintenance, review and updating of the plan.
- 4.3 The plan is developed in accordance with guidelines provided by the Office of Fire and Emergency Services NL and local municipal/provincial emergency planning groups and/or authorities.
- 4.4 The emergency preparedness plan, including the fire safety plan, is reviewed annually.
- 4.5 Staff receive scheduled education, training/information sessions, and participate in planned exercises for implementation of the emergency response and fire safety plans to protect and care for the individuals, which includes but is not limited to the following:
 - 1) roles and functions of staff;
 - 2) procedures to be followed in evacuating and relocating individuals to a safe, temporary location as identified in the emergency plan;
 - 3) training in how to properly move individuals in an emergency;
 - 4) contingency arrangements to provide food and other essential supplies, communication systems, transportation, and utilities for individual care and management;
 - 5) the plan is developed in concert with local/provincial emergency planning groups and/or authorities;
 - 6) the internal, and external, community/government chains of command in emergency response situations;
 - 7) awareness of the location of the written emergency preparedness plan and fire safety plan.
 - 8) the national code system (red, orange, etc.)

- 4.6 Individuals, families and volunteers are provided with opportunities to become familiar with the emergency preparedness plan and the fire safety plan.
- 4.7 Fire drills take place on a monthly basis, or within other time frames designated by the bungalow.
- 4.8 The outcome of each fire drill and/or alarm is documented and evaluated, and appropriate action taken.
- 4.9 A current listing of emergency contact telephone numbers is posted at each telephone in a PCR.
- 4.10 The emergency preparedness plan is tested annually, and outcome documented, evaluated and revised as required.
- 4.11 The emergency preparedness and the fire safety plans are monitored and evaluated by the continuous quality improvement plan.

SECTION 7 ENVIRONMENT

Standard 5 - Infection Control

There is an organized program of infection control.

OUTCOME There is a process in place to minimize infections.

PERFORMANCE MEASURES

- 5.1 There are written policies and procedures in place to guide the infection control program.
- 5.2 The infection control program is coordinated by an interdisciplinary team, chaired by a designated, qualified person with educational background and/or experience in infection control.
- 5.3 A designated infection control person is responsible for the surveillance and outbreak management activities of the infection control program at each site within the RHA.
- 5.4 There are written policies and procedures to minimize or eliminate the transmission of infectious diseases.
- 5.5 There is a contingency plan for the outbreak of infectious diseases, outlining staff responsibilities and reporting requirements to the Department of Health and Community Services.
- 5.6 Policies regarding infection prevention must include pre-admission, pre-employment and routine health screening of individuals and staff.
- 5.7 Staff are provided with in-service training, and education on a scheduled basis, regarding safe practices to avoid contact with and the spread of infectious diseases.
- 5.8 Individuals, families and visitors are provided with written information about the prevention and spread of infectious diseases.
- 5.9 Staff, families and visitors are encouraged to follow sanitation practices, outlined in writing.
- 5.10 Staff providing direct individual care have access to hand-washing facilities and supplies in kitchens, laundry and individual care areas.
- 5.11 Individuals are encouraged to use sanitary precautions in personal care and in contact with others known to be infectious.
- 5.12 All individuals and staff have free access to the influenza vaccine and pneumococcal vaccine, as appropriate and are strongly encouraged to avail of this immunization annually.

- 5.13 The facility reserves the right to restrict visitation if necessary.
- 5.14 Individuals are required to have a chest x-ray within one year prior to admission to the facility.
- 5.15 The infection control program is monitored and evaluated by the continuous quality improvement plan

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 1 - Aggressive Behaviour

Individuals may sometimes display aggressive behaviours that are disruptive and can negatively affect the individual's safety and comfort, as well as other individuals and staff. A PCR must provide appropriate care for individuals who exhibit aggressive behaviours and must have policies in place to manage the individual's aggressive behaviours.

OUTCOME An individual exhibiting aggressive, disruptive behaviour receives appropriate care and assistance in an effort to manage such behaviour.

PERFORMANCE MEASURES

- 1.1 There are written policies and procedures to provide for the care of the individual who exhibits aggressive behaviour.
- 1.2 The care and support team participates in the development of a care and support plan to address the needs of a individual who exhibits aggressive behaviour.
- 1.3 The individual who is competent to make care decisions and who exhibits aggressive behaviour is involved in developing a care plan to address such behaviour.
- 1.4 Staff must be made aware of what contributes to and stimulates individual aggressive behaviours. They must also be aware of the prevention and management strategies which may be applied in dealing with aggressive behaviours. This information must be provided through job orientation, in-service training and other educational programs.
- 1.5 Each incident of aggression involving assault upon anyone shall be recorded in the individual's record and an occurrence report must be completed. Families/significant other(s) of an individual will be notified where deemed appropriate and in accordance to disclosure policies.
- 1.6 There is ongoing assessment and appropriate documentation of behaviour patterns by the care and support team.
- 1.7 Referral may be made to a behaviour management specialist (BMS) if it is appropriate to do so.
- 1.8 When all internal measures have been exhausted in caring for an individual who exhibits aggressive behaviour, the family/significant other must be consulted to begin planning for an alternate care option if this is the only solution.
- 1.9 The policies and procedures for responding to individuals exhibiting aggressive behaviour are monitored and evaluated by the continuous quality improvement plan.

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 2 – Prevention of Elopement

The protection and safety of all of individuals who are assessed at risk of elopement is provided. A secure environment is evidenced inside and outside of the home by the presence of locked doors, alarms on door and a fenced and gated outdoor area.

OUTCOME The individual is provided with protective measures to facilitate his/her wandering in a safe environment.

PERFORMANCE MEASURES

- 2.1 There are written policies and procedures outlining protective measures for individuals assessed at risk to wander or elope.
- 2.2 All staff person provides supervision and surveillance for all individuals at the home with particular diligence for those individuals at risk of elopement.
- 2.3 Documented protocols exist for all staff to follow in the event that an individual goes missing.
- 2.4 Once an individual is determined to be missing from the PCR environment, procedures are in place to alert the police and family members/significant other(s), immediately and without delay.
- 2.5 The occurrence is documented and an occurrence report is completed.
- 2.6 The policies and procedures related to elopement of an individual from the PCRs are monitored and evaluated by the continuous quality improvement plan.

* A service to register person's who wander, due to dementia, is provided by the Alzheimer Society of Canada, accessed at local chapters of the Alzheimer Society of Newfoundland and Labrador.

SECTION 8 PERSONAL SAFETY AND SECURITY

Standard 3 - Zero Tolerance Of Individual Abuse

There is zero tolerance to any form of individual abuse. There are four types of individual abuse – physical, emotional, financial and neglect:

Physical Abuse: includes but is not limited to: wilful direct infliction of physical pain or injury from slapping, pushing, punching, beating, twisting, shaking, burning, force feeding and rough handling, sexual assault or molestation, forced confinement in a room, bed or chair.

Emotional Abuse: includes but is not limited to: verbal assault, humiliation, threatening, intimidating, insulting, isolating, ignoring, denying participation in discussion with his/her own life, treating a individual disrespectfully, etc.

Financial Abuse: includes but is not limited to: forcing a person to sell property, stealing an individual's money, pension cheques or possessions, fraud, forgery and extortion, wrongful use of power of authority.

Neglect: includes but is not limited to: withholding food and/or health services, deliberating failing to meet a dependent's individual needs.

OUTCOME The individual will be free from abuse.

PERFORMANCE MEASURES

- 3.1 There are written policies and procedures regarding individual abuse and neglect.
- 3.2 There is a designated person responsible for receipt, investigation, follow-up, reporting and recording outcomes of all reported incidents of individual abuse.
- 3.3 Individuals, their families and/or legal representatives, staff, volunteers and visitors are provided with the following:
 - 1) copies of the policies and procedures regarding its zero tolerance of individual abuse;
 - 2) written definitions of the kinds of abuse;
 - 3) clearly written protocol outlining how to report incidents of or suspicions about individual abuse.
- 3.4 A confirmed incident of individual abuse is referenced in the individual's health record and an occurrence report is completed.
- 3.5 The policies and procedures regarding zero tolerance of individual abuse are monitored and evaluated in continuous quality improvement plan.