

Lee Manor



Grey County Operations Report to Committee of Management Open Session

Submission Date: January 14, 2020

Information for the months of: October 1st – December 14th, 2019

Endorsed by Council January 23, 2020 per Resolution CC20-20

Quality

Publicly reported indicators/Survey Results

Q2 2019 (July-September 2019)

Indicates Better than Ontario Average
Indicates Worse than Ontario Average

Indicator	Ontario Average	Lee Manor			
		Q3 Oct-Dec/18	Q4 Jan-Mar/19	Q1 Apr-Jun/19	Q2 Jul- Sept/19
Improved or remained independent in mid-loss ADL	29.0%	36.40%	36.90%	34.1%	35.3%
Worsened ADL	32.4%	36.8%	41.1%	40.8%	37.5%
Worsened behavioural symptoms	12.5%	13.9%	12.4%	10.4%	9.9%
Worsened mood from symptoms of depression	22.4%	30.9%	27.9%	24.3%	20.2%
Taken antipsychotics without a diagnosis of psychosis	18.7%	20.5%	19.8%	19.8%	17.8%
Has fallen	16.4%	12.3%	12%	11.4%	11.9%
Worsened stage 2 to 4 pressure ulcer	2.5%	1%	1.3%	2.0%	2.4%
New stage 2 to 4 pressure ulcer	2.1%	0.8%	0.9%	1.6%	1.8%
Daily physical restraints	3.8%	3.4%	2.4%	1.7%	1.6%
Worsened bladder continence	17.5%	19.6%	18.3%	19.0%	17.1%
Has pain	5.7%	1.9%	2.5%	3.3%	3.5%
Worsened pain	9.6%	10.1%	9%	8.6%	9.1%

The 2nd quarter data was recently released by the Canadian Institute for Health Information (CIHI). Lee Manor continues to make improvements in several areas and remains above the provincial average in one area. Improvements are reflective of ongoing focused initiatives and data accuracy.

Quality improvement programs continue for worsened mood from symptoms of depression, taken antipsychotics without a diagnosis of psychosis and wound care/pressure ulcers.

Ministry of Long-Term Care (MOLTC) Compliance Orders /Inspection Findings Summary

A Ministry of Long-Term Care Inspector was on site at Lee Manor for three days September 9th, 10th and 11th, 2019. The purpose of the visit was to conduct a Critical Incident Systems inspection. The report was received on September 25th, 2019. There were three areas of non-compliance from this inspection.

- Compliance Order and Voluntary Compliance Plan– Plan of Care: The Licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.
 - Corrective Actions - compliance due date November 15th, 2019
 - Review of all resident plans of care with appropriate adjustments made.
 - Education of staff and audits to ensure staff compliance with plan of care.

- Compliance Order- Policies, etc. to be followed and records: The Licensee failed to comply policy ensuring that any resident who meets the requirement for the initiation of head injury routine according to policy be followed.
 - Corrective Actions: compliance due date December 6th, 2019
 - Review of policies and procedure related to head injury routine.
 - Revision of head injury routine in accordance with best practices.
 - Education of staff and audits to ensure staff are following policy.

- Compliance Order- Falls Prevention and Management Program: The Licensee failed to ensure that when a resident has fallen, the resident is assessed and that where the condition or circumstances of the resident require, a post-fall assessment is conducted using a clinically appropriate assessment instrument that is specifically designed for fall.
 - Corrective Actions: compliance due date December 20th, 2019
 - Review of the Falls Prevention and Management Program.
 - Revision of the program in accordance with best practices.
 - Education of staff and audits to ensure staff are following policy.

As Well, a Ministry of Long-Term Care Inspector was on site at Lee Manor for three days October 28th-30th, 2019. The purpose of the visit was to conduct a Critical Incident Systems inspection. The report was received on November 6th, 2019. There were two areas of non-compliance from this inspection.

- Written notification- Plan of Care: The Licensee shall ensure that the care set out in the plan of care is provided to the resident as specified in the plan.
 - Corrective Actions:
 - Review of resident plans of care with appropriate adjustments made.
 - Audits to ensure staff compliance with plan of care.
- Written notification- Policies, etc. to be followed and records: The Licensee failed to comply policy related to Controlled Substances and Narcotic Counts.
 - Corrective Actions:
 - Review of policy with Registered Staff.
 - Audits to ensure Registered staff are following policy.

[Public Copy Ministry of Health and LTC Report September 9 -11 2019](#)

[Public Copy Ministry of Health and LTC Report October 28-30 2019](#)

People

There were eight students from Georgian College Personal Support Worker program and sixteen Practical Nurse completing their placements at Lee Manor during this reporting period. As well, there was one student placement from Owen Sound District Secondary School, as part of the co-op program.

Projects, Location Events and Other

The fall season was very eventful at Lee Manor. Several projects were completed during this period and residents enjoyed numerous fun occasions and seasonal festivities.

- The newest outdoor space has been completed and is a lovely new addition to the home. Residents thoroughly enjoyed watching the project develop and the space transform. We have intentions to give the new area a name with a contest in the spring.
- On October 21st residents took advantage of the on-site polling station to cast their vote in the federal election. Leading up to this date, local candidates scheduled meet and greet opportunities which gave residents the chance to address issues important to them before election day. Residents asked some tough questions of the candidates and felt the visits were very helpful in making their voting decision.
- Country bus rides were also a highlight for residents in October. The scenic routes and beautiful shades of fall had them talking about their travels with great enthusiasm and satisfaction.

- The month of October closed with some Spooktacular events to celebrate Halloween. Events included preparing treat bags for a parade of trick-or-treaters, pumpkin decorating, crafts and of course, a party!
- Back by popular demand, Lee Manor partnered with Home and Community Support Services to provide accessible transportation for residents to take in the festival of lights. Although the night was chilly and wet, nothing could dampen our Christmas spirit. The light displays were clearly enjoyed as residents awed over the sights, everyone seemed to have a favourite of their very own.
- Also, back by popularity was the residents desire to bring in the holidays with a special Christmas event with family and friends. As a result, invitations were mailed out to invite guests to our “Jingle Mingles”. The parties featured holiday treats, a visit and photo opportunity with Santa, along with live entertainment. Participants were very complimentary to the recreation staff who created a wonderful family holiday experience.
- As the holiday season approached, Lee Manor was the recipient of many kind gestures extended by schools, organizations and service groups. Whether it was caroling, visiting, sharing a gift or donation, every act of kindness was truly appreciated. We are so grateful for the support of our community.
- Residents and family members were invited to complete our annual survey to measure their level of satisfaction with our care and services. We are eager to hear the results in the new year from the third-party consulting firm – Align. They managed the survey process to ensure participants had the freedom to comment openly and anonymously. Results will be used to drive our strategic plan and quality improvement in 2020.

Long Term Care

Occupancy

2019 Occupancy Data	Reporting Period	Year to Date
Occupancy	99.2%	98.93%
Move-Ins	11	54
Discharges	8	53

Stakeholders (i.e. Ministry of Labour, Public Health, Fire)

Ministry of Labour inspection on October 29th, 2019. No areas of non-compliance related to Infection, Prevention and Control program.

Public Health Kitchen inspection on November 29th, 2019. No areas of non-compliance

Annual Fire inspection December 5th, 2019. Four areas of non-compliance, all area have been corrected.

Environmental (i.e. Emergency Preparedness, Occupational Health and Safety)

Lee Manor is currently in an Enteric Outbreak all measures are in place as per the direction of Public Health.

Code Red (fire) was practiced monthly on all three shifts.

Code Green (evacuation) was practiced and observed by the Fire Inspector during the Annual Fire Inspection on December 5th, 2019.

Written Complaints Summary

Type of Compliant	Summary	Outcome (s)
Written	Resident complaint related to care and environment.	Investigation completed and written response sent.

Compliments/ Colour It Story

The home and staff continue to receive numerous verbal/written compliments and gestures of thanks in appreciation of the excellent care and service provided.

Resident/Family Council Updates

Resident Council meetings were held on October 3rd, November 7th and December 5th.

Residents were particularly interested in sharing their ideas for recreation and social events including ideas about Halloween, Remembrance Day and Christmas. Their feedback was shared with the recreation staff who were able to accommodate their requests.

The Family Council met on October 23rd and for the final meeting of the year on December 3rd. Members are very complimentary of the home and offered an additional suggestion to enhance the visitor experience. They noted that parking can be challenging at certain periods throughout the day for visitors coming to the home. In response, Lee Manor has added 2 additional “visitor only” designated spaces. They also expressed interest in meeting the newly appointed Director of LTC, an invitation has been extended to join a meeting in the New Year.