

# Accreditation Report Qmentum® Long-Term Care Program

# **Shoreham Village**

Report Issued: 02/11/2023

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## **About Accreditation Canada**

Accreditation Canada (AC) is a global, not-for-profit organization with a vision of safer care and a healthier world. Together with our affiliate, Health Standards Organization (HSO), our people-centred programs and services have been setting the bar for quality across the health ecosystem for more than 60 years, and we continue to grow in our reach and impact. HSO develops standards, assessment programs and quality improvement solutions that have been adopted in over 12,000 locations across five continents. It is the only Standards Development Organization dedicated to health and social services. AC empowers and enables organizations to meet national and global standards with innovative programs that are customized to local needs. Our assessment programs and services support the delivery of safe, high-quality care across the health ecosystem.

# **About the Accreditation Report**

The Organization identified in this Accreditation Report is participating in Accreditation Canada's Qmentum® Long-Term Care accreditation program.

As part of this program, the Organization participated in continuous quality improvement activities and assessments, including an on-site survey from 02/10/2023 to 05/10/2023.

Information from the cycle assessments, as well as other data obtained from the Organization, was used to produce this Report. Accreditation Canada is reliant on the correctness and accuracy of the information provided by the Organization to plan and conduct the on-site assessment and produce this Report. It is the Organization's responsibility to promptly disclose any and all incidents to Accreditation Canada that could impact its accreditation decision for the Organization.

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Accreditation Report: Qmentum® Long-Term Care Program

## **Executive Summary**

#### About the Organization

Shoreham Village is a non-profit long-term care home governed by a volunteer board of directors in the village of Chester, Nova Scotia. The Shoreham Village Senior Citizen Association was established by a group of local citizens in 1974, and in 1975, Shoreham Village was constructed. It began as a long-term care centre but gradually transformed into the vibrant village it is today, collaborating with a Health Centre and offering retirement independent living apartments. This on-site survey by Accreditation Canada is Shoreham Village's first.

In 2016, the home entered a management agreement with Northwood to oversee and operate Shoreham Village. Northwood provides support for infrastructure services, client relations, human resources, financial services, staffing resources, health and safety, and quality. The home is situated on fourteen acres of beautifully landscaped and wooded grounds, creating a wonderful living environment for the residents who call Shoreham Village home. It currently houses 89 residents across five different units and offers one respite accommodation for the community.

The home ensures a secure environment for residents with dementia and includes a palliative care room known as "The Rita Covey Palliative Care Room," which supports privacy for end-of-life care. While the Shoreham Foundation and Auxiliary have begun to wind down their activities, they remain committed to supporting Shoreham Village in the future.

Shoreham Village provides 24-hour care to level 2 residents, funded by the provincial Department of Seniors and Long-Term Care. Their philosophy of person-centred care embraces resident individualism and choice, placing the resident at the centre of a collaborative interprofessional team that supports the residents' strengths, capabilities, needs, values, and culture. Staff work together with their residents, families, and each other to ensure a happy home. Shoreham Village employs approximately 160 employees. Occupational therapy, physiotherapy, and medical coverage by part-time nurse practitioners are provided on-site.

Shoreham Village has built strong community relationships, which has led to a dedicated volunteer team. The home has a wheelchair bus to take their residents out into their community, maintaining a connection that is so important. Their Variety Store is a volunteer-run program appreciated by many.

Shoreham Village's vision is to be "a leader in excellence and innovation in long-term care." Their mission is "to provide a high-quality living experience for those who call Shoreham home." Shoreham's core values include integrity, which means being honest, ethical, respectful, open, and transparent; quality, ensuring a high-quality, safe, and caring environment within their resources; teamwork, embracing diversity and fostering innovation and creativity through teamwork, collaboration, and partnerships; and joy and fun, creating a comfortable, enjoyable environment where residents and their families are the focus, and staff and volunteers are recognized and valued.

Shoreham Village's 2021–2026 Strategic Plan outlines three strategic directions:

People: "Everything we do is for the care and comfort of our residents, instilling confidence in their family members who trust us, and ensuring the well-being of our staff and volunteers."

Places: "Our tag line is 'A Campus for Living.' Our campus is shared by our partners who deliver affordable housing services to our community and Health Centre. The Campus is a home for residents of our long-term care facility as well as our apartment tenants, a workplace for our employees and volunteers, and a resource hub for the community. To fulfill this mandate, we will collaborate closely with our partners to design and maintain our buildings, grounds, and services, to achieve the highest standards and maximum value for those who live, work, and meet here." Performance: "Shoreham Village strives for excellence in all we do and will continue to build its reputation as a leader in the Continuing Care sector."

Shoreham Village has documented priorities for each strategic direction, outlining specific initiatives and desired outcomes. Under the strategic direction "People," the priorities include enhancing their long-term care services, becoming a recruitment magnet, and establishing themselves as an employer of choice.

Within the strategic direction "Places," the primary priority is capital redevelopment. Land has already been secured through the Shoreham Village Association, and the design for the new home has received approval from the Department of Seniors and Long-Term Care.

The strategic direction "Performance" encompasses three key priorities: achieving accreditation status, reviewing the accountability framework of the management agreement model, and fostering the development of strategic alliances and advocacy.

#### **Surveyor Overview of Team Observations**

The entire team at Shoreham Village is commended for their resilience and commitment to both their residents and each other, as they have all been impacted by the natural disasters in Nova Scotia over the past year. This marks Shoreham Village's first Accreditation survey, and they are applauded for the work they have done and the quality, safe care they provide to their residents and staff.

The Shoreham Village Board of Directors is highly committed to the home's purpose, with both a resident and a family member actively serving as board members. When Shoreham Village entered a management contract with Northwood, it was a unique arrangement within the sector. Consequently, the government is currently reviewing the benefits and impact that such an agreement has realized for these organizations.

Northwood Corporate Leaders and the Shoreham Leadership team are very visible in the halls of the home on a regular basis. According to Northwood and Shoreham staff, this relationship has improved Shoreham's operations, and they mutually benefited from each other. They conduct status meetings every morning. Many individuals have expressed that all members of the leadership team are very approachable and open to making improvements. Their primary focus is on quality, safety, and person-centred care. The staff arise happy, considering Shoreham Village their home, and they genuinely care for their residents, often working overtime shifts to ensure their well-being.

Shoreham Village's main priority is providing a comfortable physical space for their residents. They have initiated numerous upgrades and renovation projects over the past year while they maintain their 50+ year-old home while awaiting the completion of their new home. Currently, Shoreham is experiencing water quality issues, and they are using bottled water, even though water tests indicate it is safe; this is because the water's colour is not conducive for drinking. Assessments are underway regarding their wells, with plans for drilling a new one. Food preparation, as well as laundering of all linen and resident clothing, is conducted on-site at Shoreham. The home boasts several beautiful outdoor spaces for residents and their visitors.

The resident and family focus group today had five participants, including residents and family members. They complimented Shoreham Village and gave it an overall rating of 9 or 10. The home's residents mostly appreciate that they receive real-time information and are kept up to date on any changes, outbreaks, or upcoming events.

In terms of charting and ongoing resident care, one family member shared their experience of not received a call for two days following their mother's fall. This is an area where input from residents and families would be valuable in determining the most effective process for their specific situation. Typically, different homes have multiple processes to guide them.

The team receives feedback from residents and families through various channels, including the Family Safety survey, the Resident Safety survey, and Resident Satisfaction surveys. Additionally, a Resident and Family Council convenes quarterly to discuss options, planning, policy review, and concerns. Moreover, a Residents Council meets on a monthly basis.

Residents express their satisfaction with the food choices and the quality of meals. They also have access to a dietician. However, they point out occasional delays in late-night meals, which they attribute to insufficient staff during evenings and nights. Furthermore, they voice concerns regarding both resident and staff safety and the timely fulfillment of residents' needs.

The residents and their families have expressed the need for staff to be trained in recognizing the special needs of the residents. If additional staff is required, it should be considered. There are numerous activities planned throughout the week, with many options available on weekends. Residents and their families have mentioned that there are plenty of things to do at the home. Currently, there are 142 volunteers actively involved with the residents. The residents also greatly appreciate the students who visit or work there.

The safety of the residents is a top priority, as evidenced by the team's focus on fall prevention strategies, suicide risk assessment, pressure ulcer assessment, skin and wound care, as well as the use of two client identifiers to ensure they have the correct resident.

Residents are encouraged to stay mobile, while safety measures are in place to support them. These measures may include the use of walkers, secure outside doors, minimal clutter, diversion doors, and alarms, among others. Residents and family are also given the option for the resident to live with a certain level of risk in order to maintain their mobility.

Residents believe that any changes to their medications should be discussed with them and their family. Residents with reduced hearing find it challenging to comprehend certain staff members due to accents or their soft-spoken manner. They suggest involving another staff member to ensure the resident understands the request.

The group is highly satisfied with IPAC leadership around hand washing and auditing, cleaning of surfaces and spaces like their rooms, the laundry, and the attention to putting residents on precautions if needed. They also express a strong desire to have access to the Influenza Vaccine for Adults 65+.

It was a very pleasant, interactive, proactive, and delightful group to engage with.

During the survey, a virtual community focus group was held with partners from AWARE-NS, Chester Playhouse, Nova Scotia Health, and the Health Association of Nova Scotia. All representatives expressed that Shoreham Village is exceptionally welcoming and committed to enhancing its environment for the safety of both residents and staff. It is abundantly clear that Shoreham's primary goal is to ensure the well-being of its staff, with a dedicated full-time position for Infection Prevention and Control (IPAC) and Occupational Health and Safety (OHS). Transportation challenges were discussed, highlighting the difficulty of taking residents offsite to reconnect with the community, especially given that most residents use wheelchairs.

They also mentioned that the Resident Care Manager had completed a wound champion course, emphasizing the importance of staff education within the home. Community partners found the partnership with Northwood to be beneficial, offering support for policies, procedures, and valuable resources to Shoreham. They all acknowledged the challenges the team faces in the current environment but commended their resilience. Everyone agreed that Shoreham provides excellent care and actively addresses recommendations put forward.

These partners also stated the presence of great recreation and spiritual programs. They encouraged the home to invite community partners to participate in events hosted at the home. Dr. Hughes, an Infectious Diseases Physician, recently toured Shoreham Village and remarked, "This home prioritizes quality!"

#### Key Opportunities and Areas of Excellence

#### Areas of Excellence

Shoreham Village is commended for successfully completing its first Accreditation Canada Survey. There are several areas of excellence in this home that can be shared. Numerous quality and safety renovations have been carried out throughout the home, enhancing the well-being of both residents and staff, and improving the overall environment. The management agreement between Northwood and Shoreham Village has been thoroughly evaluated, revealing numerous successes in this partnership. The increased resources dedicated to supporting the home, along with the provision of expertise and assistance, are of top-notch quality.

Additionally, many creative recruitment strategies have been employed to bolster staffing levels. These range from a car-share program to leasing accommodations for new hires and even conducting recruitment missions in other countries. It's worth noting the remarkable resilience and commitment of the staff, not only during the pandemic but also in the face of various natural disasters. Shoreham Village has also cultivated strong community partnerships and relationships that greatly support and enrich the lives of their residents.

#### Opportunities

Shoreham Village is currently in the process of securing a new home to be built on the existing campus because the current building does not meet the needs of the residents, in addition to facing numerous infrastructure challenges. Shoreham is also grappling with a staff shortage that affects everyone, so diligent efforts are underway to address recruitment.

Northwood is collaborating with Shoreham Village to streamline the various policies and procedures across both organizations. As the new normal in long-term care emerges, the home is encouraged to continue its person-centred journey and further involves its residents and families in decision-making. It is vital to seek their input and feedback regarding the various quality improvements. Furthermore, there is an opportunity to explore the use of caring language within their person-centred philosophy.

## **Program Overview**

The Qmentum<sup>®</sup> Long-Term Care (LTC) program was adapted using Accreditation Canada's Qmentum <sup>®</sup> program and has been customized to meet the care needs and core values of LTC homes, with the purpose of guiding continuous quality improvement. The program is founded on the principles of people-centred care and co-designed with insights and guidance from a diverse group of LTC stakeholders.

Qmentum<sup>®</sup> LTC is an accreditation program that guides and supports the organization's continuous quality improvement journey to deliver safe, high-quality, and reliable care to residents. Key features of the program include the continuous accreditation cycle; an updated assessment tool organized by chapter; four comprehensive assessment methods; two survey instruments <sup>1</sup> (Governance Functioning Tool [GFT]), and the Workforce Survey on Well-being, Quality and Safety [WSWQS]); and a secure, cloud-based Digital platform that will support the completion of these activities.

<sup>1</sup> Survey instrument results and associated feedback are not included in this report.

The continuous accreditation cycle comprises four phases that spread accreditation activities over four years. Each phase includes specific assessment methods and survey instruments that must be completed to advance from one phase to the next. As the organization progresses through each phase of the cycle a Quality Improvement Action Plan (QIAP) will need to be developed and updated to identify actionable areas for continued improvement. The purpose of the QIAP is to continuously "study" and "act" on the results from the assessment methods and survey instruments, to identify and action areas of improvement and to promote the organization's continuous quality improvement journey.

The assessment tool which supports all assessment methods (self-assessment, virtual assessment, attestation, and on-site assessment), is organized into thematic chapters, as per below. To promote alignment with the assessment tool, assessment results and surveyor findings are organized by chapter, within this report. Additional report contents include a comprehensive executive summary, the organization's accreditation decision, locations assessed during the on-site assessment, required organizational practices results and conclusively a Quality Improvement Overview.

Chapter 1: Governance and Leadership

Chapter 2: Delivery of Care Models

Chapter 3: Emergency Disaster Management

- **Chapter 4: Infection Prevention and Control**
- **Chapter 5: Medication Management**
- Chapter 6: Residents' Care Experience

## **Accreditation Decision**

Shoreham Village's accreditation decision is:

# Accredited with Exemplary Standing

The organization has exceeded the fundamental requirements of the accreditation program.

#### Locations Assessed in Accreditation Cycle

This organization has 1 location. A hundred percent of locations will complete both virtual <sup>2</sup> and attestation <sup>3</sup> assessments, if applicable to the organization.

<sup>2</sup> Virtual assessment may not apply to the organization based on transition timing and progress within the organization's accreditation cycle.

3 Attestation assessment may not apply to the organization based on transition timing and progress within the organization's current accreditation cycle.

The following table provides a summary of locations 4 assessed during the organization's onsite assessment.

4 Location sampling was applied to multi-site single-service and multi-location multi-service organizations.

#### Table 1. Locations Assessed During On-Site Assessment

Site	On-Site
Shoreham Village Home for Special Care	1

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## **Required Organizational Practices**

Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk. ROPs contain multiple criteria, which are called Tests for Compliance (TFC). Accreditation Decision Committee (ADC) guidelines require 80% and above of the ROP's TFC to be met.

Table 2. Sum	mary of the	<b>Organization's ROPs</b>
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Chapter	ROP	# TFC Met	% TFC Met
Governance and Leadership	Accountability for Quality of Care	6/6	100.0%
Governance and Leadership	Workplace Violence Prevention	8 / 8	100.0%
Governance and Leadership	Patient (Resident) Safety Plan	4 / 4	100.0%
Governance and Leadership	Patient (Resident) Safety Education and Training	1 / 1	100.0%
Governance and Leadership	Patient (Resident) Safety Incident Management	7/7	100.0%
Governance and Leadership	Patient (Resident) Safety Incident Disclosure	6 / 6	100.0%
Infection Prevention and Control	Hand Hygiene Education	1/1	100.0%
Infection Prevention and Control	Hand Hygiene Compliance	3/3	100.0%
Infection Prevention and Control	Infection Rates	3/3	100.0%
Medication Management	The 'Do Not Use' List of Abbreviations	6 / 6	100.0%
Medication Management	High-alert Medications	6 / 6	100.0%
Medication Management	Heparin Safety	4 / 4	100.0%
Medication Management	Narcotics Safety	3/3	100.0%

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Chapter	ROP	# TFC Met	% TFC Met
Medication Management	Medication Reconciliation at Care Transitions	4 / 4	100.0%
Residents' Care Experience	Falls Prevention	6/6	100.0%
Residents' Care Experience	Skin and Wound Care	8 / 8	100.0%
Residents' Care Experience	Pressure Ulcer Prevention	5/5	100.0%
Residents' Care Experience	Suicide Prevention	5/5	100.0%
Residents' Care Experience	Client Identification	1/1	100.0%
Residents' Care Experience	Information Transfer at Care Transitions	5 / 5	100.0%
Residents' Care Experience	Infusion Pump Safety	0/0	0.0%

## **Assessment Results by Chapter**

### **Governance and Leadership**

Chapter 1 assesses governance and leadership across LTC homes. Governance and Leadership criteria apply to governing body (boards and committees) and leadership teams. Themes covered in this chapter include strategy and operational plans, roles and responsibilities of governance and leadership, organizational policies and procedures, decision support systems, integrated quality management, and risk management.

#### Chapter Rating: 98.4% Met Criteria

1.6% of criteria were unmet. For further details please review Table 3 below.

#### Assessment Results

The governance structure of the Shoreham Village Senior Citizen Association is overseen by a volunteer Board of Directors, in conjunction with a management contract with the Northwood. Northwood's corporate resources offer valuable support and expertise across various domains, including human relations, education, finance, infrastructure, and care services, with local leadership members present onsite. It's worth noting that the President and CEO of Northwood also serves as the CEO for Shoreham Village. Leaders at Shoreham Village emphasize that their partnership with Northwood is based on collaborative efforts.

Furthermore, the corporate office staff from Northwood regularly visit Shoreham Village, actively participating in safety rounds and status meetings. In case of any urgent concerns arising at the home, such as an outbreak or a significant safety incident, the appropriate individual is promptly.

The President and CEO of Northwood is consistently kept informed. In return, staff members affirm that the leaders are readily available and respond promptly when called upon. Financial management and reporting are handled by Northwood's Finance team at their corporate office. Shoreham Village residents and staff have endured the impact of several natural disasters, including floods, hurricanes, wildfires, and the ongoing pandemic.

The 2021–2026 Strategic Plan is a dynamic document that the Board of Directors reviews annually to ensure they make progress and meeting the needs of the community. Shoreham Village leaders and staff maintain their focus on the three strategic directions and their corresponding priorities. Input was gathered from residents, families, and staff through various surveys and meetings. The annual community reports are well-prepared, informative, and disseminated through various methods.

Shoreham Village Board of Directors currently consists of seven highly committed members who take great pride in their responsibilities. The board convenes every other month, and the recruitment of new board members is overseen by their nominating committee, which selects individuals based on the knowledge and expertise needed at the board table. Board members serve three-year terms and can continue for up to nine years in total. Among the current board members, there is one resident and one family member who provide valuable perspective. In addition, a resident council representative attends board meetings twice a year.

The board has mentioned that the CEO keeps them informed about any concerns or risk issues and is highly efficient in responding promptly to inquiries. The CEO communicates extremely well, with well-structured board reports and the coordination of board education as a regular part of the agenda. Quality and safety are central topics of discussion during board meetings. Unfortunately, both the Shoreham Foundation and Auxiliary are scaling down their functions but will continue to support the home.

Shoreham Village has hosted student COOP placements and implemented a student volunteer program in collaboration with a local school. Many volunteers have returned to the home since the onset of COVID-19.

Shoreham Village is responsible for reporting performance measures to its Board of Directors. Each manager plays a crucial role in ensuring the quality of services provided across the home. Quality indicators are designed to align with the strategic directions and can be incorporated at any point during the year. In the future, the system will also begin tracking interRAI indicators, enabling us to compare our performance with other provinces. Several indicators are collected for both external and internal reporting and accountability, including but not limited to falls, responsive behaviours, medication errors, infection rates, and the number of volunteers. These indicators are shared throughout the organization using informatics. The quality of our performance, encompassing both qualitative and quantitative results, is outlined in the management contract for evaluation purposes. Shoreham Village deserves commendation for their quality improvement initiatives, such as the dining room renovations and the new front entrance, both of which prioritize resident safety.

To gather resident and family input, Shoreham Village has several mechanisms in place, such as Resident and Family Councils, resident and family surveys, a website, a leadership open-door policy, complaint reporting and tracking, comments and concerns submitted through a suggestion box, resident and family input on menu planning, and care conferences. Residents and families are genuine partners in the care provided by this organization. Person-centred care is a central component of the organization's mission, vision, and values. The concepts of person-centred care and education are introduced during an employee's orientation. The home is encouraged to maintain a focus on person-centred care.

Independent financial audits for the organization are conducted, and financial reporting to the Board of Directors and the CEO occurs every other month, with the reports being provided by Northwood's Chief Financial Officer (CFO). Over the past few years, many capital projects have been completed to enhance the operations and environment for the residents and staff. Due to the aging infrastructure and the prevalence of semi-private resident bedrooms, Shoreham Village has initiated the government approval process for constructing their new home in the future. This new home will be built on land as part of the Shoreham campus.

Shoreham Village is actively engaged with many individuals who have developed relationships with the home and its staff. Additionally, many staff members volunteer in the community. Shoreham Village can be seen as a community within a community. All research projects and proposals are supported by the Northwood Research Advisory Council.

AWARE-NS recently conducted a risk assessment that resulted in a few recommendations. Procedures and education related to safe work practices have been improved, and quality improvements have been implemented for the PA system. The Risk Committee is currently analyzing trends. Shoreham Village currently maintains a safety record above the industry rate for their sector. The active Joint Health and Safety Committee addresses any concerns raised by staff, including safety when working alone. The Behavioural Support Team provides assistance to the home in addressing concerns related to responsive behaviours. AWARE-NS recently completed Code White training with the staff. Policies, processes, and education are in place to addressing workplace violence prevention, and the staff is well-informed about the work done in this area.

Shoreham Village boasts a comprehensive ethical framework, with members actively participating on the Northwood Ethics Committee. The Corporate Office offers invaluable support and assists in formulating action plans to address ethical concerns within the team. The home dedicates a week to ethics education through the online platform "The Hub," contributing to the enhancement of ethical awareness among staff and within the home.

To facilitate effective communication, the home employs a variety of methods for sharing updates from Shoreham Village. These include newsletters, community reports, posts on Facebook, and The Hub, as well as utilizing the PointClickCare (PCC) family module for online and printed copies in the home. Residents and families can access information on bulletin boards dedicated to resident and family information, along with council meeting minutes.

Shoreham Village deserves commendation for its diligent efforts in promoting diversity, equity, inclusivity, and a sense of belonging. This workforce includes representatives from eight different countries, demonstrating their commitment to diversity. The home provides annual diversity education and adheres to a culturally safe palliative care approach. Additionally, the Shoreham Village leadership team has undergone intercultural training to further support these initiatives.

#### Table 3. Unmet Criteria for Governance and Leadership

Criteria No.	Criteria Text	Criteria Type
1.2.19	The organization engages with residents, families and/or caregivers to develop and implement a strategy to prevent the abuse of residents.	HIGH

## **Delivery of Care Models**

Chapter 2 assesses the delivery of safe and reliable care models that meet the needs of LTC homes and is reliant on the effective team-level implementation of the organization's model of service delivery and the policies and practices that support it. The common elements of excellence in service delivery include strong team leadership, competent and collaborative teams, up-to-date information systems and virtual health services to support service delivery and decisions, regular monitoring and evaluation of processes and outcomes, and an overarching culture of safety and continuous quality improvement.

#### Chapter Rating: 91.3% Met Criteria

8.7% of criteria were unmet. For further details please review Table 4 below.

#### **Assessment Results**

The home was built in 1975, so it faces numerous space and infrastructure challenges. It has undergone several renovation projects and updates as Shoreham Village awaits their new home. The home is bright, and the main entrance leads to a newly renovated dining room and an inviting large common area. The site complies with all code regulations. The building provides a home-like, accessible environment with space for community engagement and resident interactions. Beautiful courtyards are available for residents and families to use, and the new entrance is a secure, safe space.

The entire leadership team focuses on a positive approach that supports a strong culture of care for each other. The home is very family-oriented, acknowledging the staff's personal life affects their ability to focus and be present for their residents. Staff are highly valued, and there are numerous recognition programs, including letters for good attendance from their manager, BBQs, long-service awards, Continuing Care Month in October, Wellness Week, and more. New social spaces have enhanced the person-centred care philosophy through resident connections. The mental health and wellness of the staff are a priority.

There is a robust, comprehensive staff development and education program, supported by Northwood. Annual staff training attendance is tracked individually at the site, along with orientation. Staff can complete their education through an app on their phone or in The Hub. The home will soon roll out the AVANTI platform, supported by Northwood, to centralize the education tracking process and personal files. Mentors are assigned to new staff when they are hired. A health clearance assessment is conducted for all prospective staff to determine if the home can meet individual requirements if appropriate. The organization is commended for its recent work in standardizing many processes and its future streamlining of all policies and procedures. Performance appraisals are supposed to be completed every year, although this is not consistently done, and the home is encouraged to continue to improve this process. Human resource files are securely kept for all staff on-site. As the AVANTI program is implemented, staff files will be online, eliminating the need for paper files. Shoreham Village is supported by Northwood's Corporate Director of People Services, who is responsible for recruitment and all HR roles, along with her team. Staffing remains a significant challenge for this home, and many agency staff are being utilized. Recruitment campaigns, such as "Join us on the Shore," have been carried out. The Corporate Director of People Services has recently returned from participating in the Premier's Recruitment Mission. The home offers a car-share program to assist with staff transportation. Housing is a major concern in their community, so the home has explored creative options to support staff recruitment outside of the area by leasing rooms for staff accommodation. There are regular meetings to discuss staffing concerns and processes. The HR team supports the home in discipline matters, health and safety, as well as performance items.

The home is encouraged to explore tracking various HR indicators, such as the number of resignations, terminations, hires, WorkSafe injuries, and others. This HR service is appreciated and offers great assistance to the Shoreham team. The Shoreham Village team has representatives on the Northwood Diversity, Equity, and Inclusiveness (DEI) committee within the home. Staff feel that they would benefit from their own DEI committee at Shoreham, as the community is vastly different from Northwood's communities.

Virtual Health Services are formalized when necessary, following Northwood policies and procedures. Consent is provided for virtual health services, which occur on the secure Teams platform. Secured iPads for FaceTime are used when necessary for consulting on wound care.

Shoreham Village has effective resident and family councils where participants are informed of quality improvement processes and are engaged to provide input and make decisions regarding certain policies and procedures. Residents and families participate in several education topics, such as fire procedures and hand hygiene. The resident handbook includes educational topics, which are available on the home's website, and family members can scan a QR code to access all the information. Managers are requested by council members to attend when a specific topic is needed. The organization is encouraged to explore how residents and families may participate in staff interviews in the future.

#### Table 4. Unmet Criteria for Delivery of Care Models

Criteria No.	Criteria Text	Criteria Type
2.1.7	Team member performance is regularly evaluated and documented in an objective, interactive, and constructive way.	HIGH
2.1.17	There is a process to monitor and evaluate record-keeping practices, designed with input from residents, families and/or caregivers, and the information is used to make improvements.	HIGH

## **Emergency and Disaster Management**

Chapter 3 assesses emergency, disaster and outbreak planning and management for the LTC home. An emergency is a situation or an impending situation that constitutes a danger of major proportions that could result in serious harm to persons or substantial damage to property, and that is caused by the forces of nature, a disease (including epidemics), or other health risk, an accident, or an act whether intentional or otherwise. Themes covered in this chapter include up to date disaster, emergency and outbreak preparedness plans, appropriate training provided to the workforce and residents, engaging with community partners, and communication plans (internal and external). Assessment of emergency and disaster management criteria apply to the organization including its leadership, personnel, and support care teams, and is inclusive of residents, families and/or caregivers.

#### Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 5 below.

#### **Assessment Results**

Shoreham Village Fire, Emergency, and Disaster manuals are very detailed, well-organized, and easy to navigate, along with the emergency policies and procedures. The home has staffing contingency plans in place to manage disasters. During the global pandemic, the home experienced outbreaks among their residents and staff, which necessitated the use of agency staff. Emergencies and disasters pose a real threat, as evidenced by recent flooding, wildfires, and hurricanes in the Chester area and Nova Scotia. Their staffing plan's resiliency has been tested and performed well, allowing services to continue for residents. The fire manual includes a detailed table listing external resources and contact information. After each disaster, Shoreham Village conducts debriefings and makes improvements to their plans. Quality improvement initiatives that followed the home's disasters experiences include an updated PA system, supervisors carrying cellphones, and the implementation of two-way radios in most areas to enhance communications within the home. The home also meets with regional EMO representatives to ensure preparedness for possible disasters.

The management agreement with Northwood organization permits the home to draw on their assistance and resources for decisions related to disasters relocation, backup systems, supplies, transportation options, and destination in emergencies or disasters. This partnership has been of significant benefit to Shoreham Village. Additionally, the home has a partnership with the Health Center on the Shoreham campus, which provides a key for potential evacuations. Shoreham Village also plays a supportive role to other organizations in their community and surrounding areas. They share education calendars with Northwood, allowing Shoreham staff to attend sessions. Emergency education topics are available on The Hub platform for staff, and attendance is recorded in the system. Emergency and disaster education is included in orientation of new staff. The staff recall list is tested annually and reviewed quarterly to remain current. There is a documented Business Continuity Plan addressing operational recovery and continuity of services during disasters or labour disruptions, which is reviewed annually. In May 2023, the Fire Marshall inspection was completed with no recommendations.

Shoreham staff in housekeeping and nutritional services are trained in lifts and transfers, as well as assisting residents with their meals, enabling them to support care staff during times of need.

Residents and families are educated on their roles during disasters/emergencies, and the resident/family handbook contains written information on what to do during fire drills on-site. New admission orientation includes emergency education, as well as discussion during resident and family council meetings. It is suggested that the organization invite their local volunteer fire department to come on site and demonstrate how to discharge old fire extinguishers as an education session for staff and residents.

A schedule for testing all universal codes in the coming year has recently developed. The home received training on Code White from AWARE-NS, especially due to several residents with complex behaviours. Fire drills are conducted monthly on different shifts, allowing all shift to be tested. Staff attendance is recorded, along with debriefing notes and recommendations. The night shift performs paper drills. Risk management plans and assessments are carried out, along with a resident safety plan.

The home is commended for their creative triage approach for residents in the event of an evaluation. Each resident has a red zippered bag high up on a shelf above their bedroom door, containing a blanket and a name tag with their information and a current photo.

The new PointClickCare family and resident module allows the home to send voicemails to communicate important information. Notes are transcribed into the resident record. The platform audits who received the message and who did not, ensuring current contact information is maintained. Important messages for the staff are communicated through The Hub.

#### Table 5. Unmet Criteria for Emergency Disaster Management

There are no unmet criteria for this section.

## **Infection Prevention and Control**

Chapter 4 covers organizational safety practices for LTC homes related to infection prevention and control (IPC). The purpose of this chapter is to ensure those both working and receiving services from the organization stay safe and healthy by preventing, mitigating risk, and controlling the transmission of pathogens and/or infections. Themes presented include having a team with relevant IPC subject matter expertise, maintaining updated documentation (policies and procedures), implementing standardized practices (e.g., hand hygiene, PPE, environmental cleaning and disinfection, medical device and equipment cleaning, supply chain management, outbreak management), continuous learning activities, and continuous quality improvement to support organizations in achieving their IPC aims. This section applies to the organization including its leadership, personnel, and support care teams.

#### Chapter Rating: 96.9% Met Criteria

3.1% of criteria were unmet. For further details please review Table 6 below.

#### Assessment Results

The Pharmacy and Therapeutics Committee and The Infection Prevention and Control (IPAC) Committee have been combined at Shoreham Village. They constitute a dedicated, knowledgeable, and resilient team. Staff orientation and onboarding encompasses all aspects of personal protective equipment, mask-wearing, as well as mandatory training and education, which are required by the end of March annually through the HUB. Staff members find accessing the mandatory education via the HUB to be easy and highly beneficial.

Regular audits—including hand hygiene compliance, masking compliance, and vaccine uptake—are conducted on a quarterly basis. The most recent hand hygiene audit and the masking compliance audit both achieved a 98% compliance rate. The staff deserves commendation for maintaining such a high level of compliance. It is mandatory for staff to complete the primary series for COVID-19 vaccines. However, staff compliance with COVID-19 and flu vaccines is currently low. In contrast, residents exhibit high compliance. The home is encouraged to collaborate with staff to increase vaccine uptake.

In the event of an outbreak, staff members communicate information to residents' designated caregivers and staff via Mass Communication using The Resident and Family Module within PointClickCare. This allows them to utilize various platforms, including text, phone, and voicemail, saving time and enabling monitoring of information receipt and access.

Cleaning services conduct audits on the care units, following a daily checklist outlining scheduled and completed cleaning tasks. During the summer, agency staff was used to support the regular cleaning staff.

The team takes pride in the Risk Management Oversight Committee, which reviews all risks, including IPAC. They emphasize their multidisciplinary and proactive approach, seeking feedback from the residents, families, and staff.

The team faces challenges related to the infrastructure, particularly the limitation of having one dirty utility room and one clean utility room. They are concerned that some residents have to share rooms.

An IPAC module will become available to staff through PointClickCare, but presently, it is only available at Northwood.

While they have an autoclave for steam cleaning equipment used for foot care, new CSA standards will necessitate the use of class 5 strips and the purchase of additional equipment to meet the standard.

The team has access to a bedpan and urinal sanitizer, along with a preventative maintenance program with proper documentation. Some pieces of equipment require external preventative maintenance.

On-site sterilization is not conducted, but cleaning procedures are established when required, such as for O2 concentrators. A policy is being developed to outline the cleaning process and filter replacement.

Single-use items are readily available.

Laundry services are provided on-site, with a half-wall separation between dirty and clean items. The team is encouraged to provide input on strengthening this separation in the new facility being planned.

Dirty and clean laundry are transported properly using designated bins and covers.

The kitchen is equipped with dishwashers.

#### Table 6. Unmet Criteria for Infection Prevention and Control

Criteria No.	Criteria Text	Criteria Type
4.1.28	Point of use cleaning of a device or equipment is performed as part of the decontamination process and occurs immediately after use and prior to decontamination in an Medical Device Reprocessing (MDR) department and following manufacturers' instructions.	HIGH

### **Medication Management**

Chapter 5 covers organizational safety practices for LTC homes related to medication management. Themes covered in this chapter include a collaborative approach to medication management, up-to-date policies and procedures, the assignment of responsibilities in relation to prescribing, storing, preparing, and administering medications. Medication reconciliation is also addressed. This section applies to the organization, including its leadership, personnel, and support care teams.

#### Chapter Rating: 98.7% Met Criteria

1.3% of criteria were unmet. For further details please review Table 7 below.

#### **Assessment Results**

The Pharmacy and Therapeutics Committee and The Infection Prevention and Control (IPAC) Committee have merged at Shoreham Village, forming a dedicated, knowledgeable, and resilient team comprising nurses, pharmacists, nurse practitioners, and leaders.

Medication reconciliation is performed upon residents' admission or readmission from the hospital. This process involves three medication reconciliation checks, well-defined procedures, and rigorous oversight pharmacists. The team has demonstrated inclusivity in their audits, making necessary improvements and providing education. Their goal is to further enhance compliance, as evident in their ongoing improvements.

The home has established policies concerning self-administration of medications and the use of sample medications, although no sample medications are currently in use. Residents have designated areas in their rooms eye drops, aero chambers, nasal sprays, and personal use items.

While IV infusions are not administered on-site, VON is contracted to provide this service and furnishes their own equipment when needed. Medication carts are not utilized in the dining rooms to ensure a more pleasant dining experience for residents.

The ISMP project is implemented at the home, and though progress has slowed, the team remains committed to getting it back on track. This initiative allows them to benchmark their performance against similar organizations.

While feedback is received from various sources, the team is encouraged to include a resident and a family member on the committee, a consideration they have embraced. This addition provides a unique and valuable perspective for policy review and decision-making.

#### Table 7. Unmet Criteria for Medication Management

Criteria No.	Criteria Text	Criteria Type
5.1.13	Medication storage areas are regularly cleaned and organized.	HIGH

## **Residents' Care Experience**

Chapter 6 focuses on criteria related to the care experience of a resident in a LTC home. The themes covered in this chapter include building a competent team to provide care and services based on HSO's people-centred care principles and delivering safe and reliable care that meets the needs of residents and how they define their quality of life. The chapter emphasizes the importance of residents and caregivers as active participants in the care and services provided. Individualized care plans are informed by resident needs and goals, shared decision making, and self-management and are based on ethical principles of respect, dignity, confidentiality, trust, and informed consent.

#### Chapter Rating: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 8 below.

#### Assessment Results

The multidisciplinary care team comprises nurse practitioners (NPs), pharmacists, registered nurses (RNs), licensed practical nurses (LPNs), continuing care assistants (CCAs), Long-Term Care assistants, a medical director, a resident advisor, and volunteers. They function as a cohesive and knowledgeable team, demonstrating loyalty to one another, as well as to the residents and families they serve. Their commitment lies in providing safe, high-quality, resident-centred care.

The team offers a comprehensive orientation program and ongoing mandatory education, accessible through the Hub.

Staff members feel valued and appreciated by their colleagues, leaders, residents, and their families. The home organizes celebratory events to recognize the staff, such as years of service recognition, barbecues, incentives, and provided lunches, among others.

Resident assessments are conducted quarterly, and the home has recently implemented interRAI, a widely used assessment tool across the country. They have an interRAI coordinator to support their implementation.

Infusion pumps are not available on-site. If intravenous medication is required, VON is contracted to provide the service and bring their own equipment.

Dialysis is not available on-site, so residents would need to go elsewhere for this service. However, this possibility is considered on an individual basis, depending on the resident's needs.

There are currently no feeding tubes in use, but the team can accommodate this if the need arises, following the purchase of recommended pumps and staff education. The team has an educator they can access for ongoing and new education.

The team has introduced new and additional resources for the delivery of resident care, following their integration with Northwood.

A resident on the board keeps everyone informed, and the residents at the home appreciate this as it provides real-time information for the most part. However, one family member shared an instance where they were not notified for two days following their mother's fall. This situation highlights the need for input from residents and families to determine the best process for such cases, as different homes often have more than one process.

The team receive feedback from residents and families through various surveys, including the Family Safety survey, the Resident Safety survey, and Resident Satisfaction surveys. Additionally, there is a Resident and Family Council that convenes quarterly to address options, planning, policy review, and concerns. Furthermore, a Residents Council holds monthly meetings.

Residents have expressed their satisfaction with the food choices and quality. They also have access to a dietician. However, they've raised concerns about occasional delays in night lunches due to insufficient evening and nighttime staffing.

The home is particularly concerned about resident and staff safety, and meeting the special needs of some residents in a timely manner. They've emphasized the need for staff training to recognize these special needs, and they've suggested considering additional staff if required.

Some residents with reduced hearing find it challenging to understand certain staff members due to accents or their soft-spoken manner. They recommend assigning another staff member to ensure the residents understand requests.

The community plans numerous activities throughout the week, with several offered on weekends and evenings, which residents and families greatly appreciate. The diverse range of activities is especially appealing as there is something for everyone.

Currently, there are 142 volunteers actively engaged with the residents.

The safety of residents is a top priority, as demonstrated through the team's attention to the falls prevention strategy, suicide risk assessment, pressure ulcer assessment, skin and wound care, and the use of two client identifiers to ensure that the correct resident is being addressed.

To ensure resident and staff safety, there are lifts available for residents, and staff receive education on managing behaviours. This includes nonviolent crisis intervention training, the Gentle Persuasion Approach, and verbal interventions.

Residents are supported in maintaining mobility while having safety features in place, which may involve the use of a walker, secure doors to the outside, a clutter-free environment, diversion doors throughout the home, and alarms, to name a few.

Communication has been greatly improved. In case of an outbreak, the staff disseminates information to the residents' designated caregivers and staff through Mass Communication, using The Resident and Family Module within PointClickCare. This allows them to utilize various platforms, including text, phone, voicemail. It not only saves time for the staff but also enables them to monitor the recipient's reception and access to the information.

#### Table 8. Unmet Criteria for Resident's Care Experience

There are no unmet criteria for this section.

## **Quality Improvement Overview**

The Quality Improvement Action Plan (QIAP) for 2021–2026 aligns with the strategic plan directions, the Operational Plan, and the Quality Dimensions framework of Accreditation Canada. It encompasses numerous active projects that outline objectives, inputs, activities, outputs, outcomes, initial performance, targets, timeframes, and responsibilities for each goal.

Several collaborative forums exist to plan, implement, and evaluate operational, quality, and safety initiatives. The Quality Improvement and Resident Safety plans are operationalized and are aligned with the organization's mission, vision, and values.

These include a leadership and communication team, the Pharmacy and Therapeutic Steering Committee, the Infection Control Committee, the Education Steering Committee, the Joint Occupational Health and Safety Committee, the Behavioural Support Steering Committee, the Wound Care Team, the Palliative Care Resource Team, the Ethics Committee, the Lifts and Transfers Committee, the Diversity, Equity and Inclusion Committee, and the Risk Oversight Committee.

Shoreham Village has been completed and is implementing several quality initiatives. These include music therapy, Drumfit, Chester Playhouse partnership, OmiVista MobiiPlus technology, and the Chef's program in response to the results of their resident experience survey conducted in 2022. Among other initiatives is the implementation of interRAI, aimed at involving families and residents more in the resident's care.

The Risk Management Oversight Committee is responsible for collaborating with the team to identify, review, and address risk issues, as well as initiating plans for follow-up and issue resolution. The ultimate goal is to establish and maintain a healthy and safe environment for residents, families, visitors, and volunteers.

Additionally, a resident care scorecard is shared and reported to all stakeholders quarterly, allowing for a comparison between one quarter and the next.

Shoreham Village prides itself on being people-centred. There are many examples of this, including the solicitation of feedback from residents and families through various channels such as the annual Residents Safety survey, Family Safety survey, Resident Satisfaction survey, the incident follow-up process, Residents and Family Council, Residents Council, and various other meetings and audits. This feedback is highly valued and taken into considerations in the development of policies, communications, and other critical decisions.

The organization is encouraged to adopt a more formal approach to involve residents, families, and frontline staff in gathering their feedback and recommendations. Areas that would benefit from this approach include the Integrated Pharmacy and Therapeutic Committee, Infection Prevention and Control Committee, and the Human Capital Committee for defining roles and responsibilities of staff, staff education and training requirements, as well as forums for obtaining feedback regarding resident abuse and how to manage such situation.

The residents shared that they feel they have a voice and, more importantly, that they are heard. They also, mentioned that they know how to file a complaint and whom to contact. The residents informed me that their Rights and Responsibilities are always taken into account and can be found in the Resident's Handbook.

The residents and their families shared that Shoreham Village is a great place to live and that they make an effort to ensure residents are always considered in everything they do.