Accreditation Report

Qmentum® Long-Term Care Program

Manoir Beaconsfield

Report Issued: 29/02/2024

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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 28/01/2024 to 31/01/2024.

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.

Confidentiality

Executive Summary

About the Organization

Manoir Beaconsfield is a private long-term care facility (CHSLD privé) located in the mature neighbourhood of Beaconsfield, in Montreal's West Island. Just steps away from Lac Saint Louis and Beaurepaire Village, the Manoir offers its residents personalized daily assistance, nursing care and support. It is a place where loved ones, staff, friends, and volunteers come together as a community, all with the same goal, to enrich the lives of the residents.

Manoir Beaconsfield currently accommodates 23 seniors with rooms on its three floors with common areas, dining and recreational rooms on the main floor. The residents have physical difficulties and or cognitive deficits and require daily assistance and nursing care amounting to a minimum of three hours of care per day. Its occupancy rate for 2022-23 was 97%. They have an excellent reputation and benefit from 'word of mouth' marketing. Registered nurses, licensed practical nurses, cooks, and recreational staff are among the 32 staff employed at the home. Allied health professionals such as nutritionists and physiotherapists are available to meet the specific care needs for given resident.

Manoir Beaconsfield is a place where the leadership, employees, families, and volunteers work together to enact their mission of providing safe, quality care and services in a home-like environment driven by the needs and preferences of the residents. The values driving care delivery are respect, dignity, compassion, safety, feeling of home and collaboration. They strive to realize their vision to be the residence of choice for the West Island Community.

The Manoir, like all other private CHSLDs in Quebec, is targeted to become 'privé conventionné' by 2025 as mandated by the Ministère de la Santé et des Services Sociaux (MSSS). The objective is to standardize the quality of care and services in CHSLDs. Private CHLSDs are entering contracts with the MSSS and will be required to offer their services to any client requiring long-term care services, not just private residents. The process of standardization began in 2022, with the MSSS subsidizing private CHSLDs to close the gap between private and public sector salaries for non-management positions. Employees of Manoir Beaconsfield have benefitted from this ministry initiative.

Surveyor Overview of Team Observations

The leadership team at Manoir Beaconsfield promotes a safety-first culture for its residents and staff. This culture is the driving force in all decision-making. Leadership, as reported by the staff, \"walks the talk.\" Staff state that their leaders listen, are attentive to resident and staff needs, and are responsive. In turn, the resilience, commitment and caring of the staff at the Manoir throughout the pandemic is commended by the leadership team. There is a strong association between the home and the Centre intégré Universitaire de santé et de services sociaux de l'Ouest-de-l'Île-de-Montréal (CIUSSS ODIM), and other private CHSLDs. The linkage with the CIUSSS ODIM allowed the home to keep abreast of the latest infection control practices during the pandemic, and this exchange on infection control and other practices continues to this day. Two representatives from the CIUSSS ODIM are members of Manoir Beaconsfield's Comité de vigilance et de la qualité des services.

Staff satisfaction is very high within the home, as evidenced by the results of their Worklife Pulse Survey. The positive work-life atmosphere is evident as one walks through the facility; the staff are smiling, assisting, and exchanging with residents and families. The leadership works diligently and effectively minimizes overtime and double shifts. The result of the Canadian Patient Safety Culture shows evidence that there is a general feeling upheld by the staff of an existing 'no blame culture' when reporting an incident or error.

Manoir Beaconsfield is known for its quality of care and services, as validated by residents and families. Family members interviewed during the assessment all spoke very highly about the openness of the leadership team and were appreciative of their quick responses to any questions or concerns brought to their attention. Being a small organization with a very present leadership team allows staff to witness and ensure the quality and safety of services provided. The home employs a robust quality management program. Furthermore, incident reports are quickly identified, and action plans are created to prevent reoccurrence.

Community partners contacted spoke highly of the leadership team and of their openness to receiving feedback and general responsiveness. The community partners discussed the quality of care rendered, and they never heard complaints about the home from residents or families they have interacted with. The community partners who send student volunteers or who volunteer themselves at the home refer to the 'family atmosphere' present at the Manoir and how it stands out among other CHSLD's.

Key Opportunities and Areas of Excellence

Areas in which Manoir Beaconsfield excels include:
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- The welcoming family environment as ascertained by residents and staff.
- The leadership team who leads by example.
- The comprehensive quality improvement plan.
- The focus on residents and staff safety.
- Staff access to training focusing on safety and care of dementia residents.
- Effective emergency disaster management planning and an engaged Emergency Measures Committee members and Chair.
- The great pride of the staff at providing a comprehensive infection prevention and control (IPAC) program.
- The excellent hand hygiene program
- The home's partnerships with Infection Prevention and Control (IPAC) external resources.
- The great partnership between the Manoir and the attending physician and local pharmacy.
- The effective communication among registered nursing staff.
- The facilitation of a zero-blame reporting culture on medication incident reporting.
- The compassionate, caring, and dedicated staff working in a family atmosphere.
- The open-door policy offered to staff and residents and families by the owners.
- The zero-restraint program.
- Key opportunities for improvement in which Manoir Beaconsfield may wish to invest include:
- Ensuring that the results of their quality improvement plan and initiatives is shared with all relevant stakeholders.
- Documenting all recommended actions resulting from the analysis of the safety incidents. including those that were rejected or delayed.
- Considering conducting comprehensive chart audits.
- Continuing to foster a culture of working in partnership with residents and families.
- Reviewing all mandatory annual training sessions and capturing compliance.
- Conducting drills on all emergency codes and evaluating the effectiveness of the plans based on the outcomes of the exercises.
- Developing an interdisciplinary IPAC committee.
- Investing in safety engineered devices.
- Installing hand sanitizer dispenser in each resident room.
- Considering phasing-in an electronic information system to replace the existing paper system and medication administration records.
- Investigating the provision of a 24/7 on call physician and pharmacist coverage.
- Implementing annual care reviews with residents, families, and interdisciplinary team.
- Maximizing the full potential of the User Committee.

Program Overview

The Qmentum® Long-Term Care (LTC) program was adapted using Accreditation Canada's Qmentum ® 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® 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 [1] (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.

[1] 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

Manoir Beaconsfield'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 [2] and attestation [3] assessments, if applicable to the organization.

[2] 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 on-site 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
Manoir Beaconsfield	✔

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. Summary of the Organization's ROPs

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	0 / 0	0.0%
Medication Management	Narcotics Safety	1 / 1	100.0%

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: 96.6% Met Criteria

3.4% of criteria were unmet. For further details please review Table 3 below.

Assessment Results

Given the relatively small size of the organization and the leadership style, resident, family, and staff input and feedback is often sought out and welcomed. The organization also has an active ‘Users' Committee’ which meets regularly.

Client satisfaction surveys are conducted annually, with results above 4.8/5 for the last four years.

Safety, quality, and resident experience drive resource allocation. Numerous indicators monitoring safety, quality of care rendered and the resident experience is tracked. There is a strong focus not only on ensuring resident safety but also on staff safety. Each resident incident report is reviewed, and action plans are implemented to prevent reoccurrence. In addition, quarterly and annual data on incidents is brought to the Comité de vigilance et de la qualité des services for review and discussion.

There is a comprehensive strategic plan, 2019-2024, upon which the annual operational plan is developed. The organization is encouraged to link indicators to the objectives set in the operational plan to monitor their achievement more easily.

One of the positive outcomes of the pandemic is that partnerships with the CIUSSS and other private CHSLDs strengthened, allowing for exchange of practices and thus facilitating effective care delivery.

There is a resident safety incident management system in place. The organization is encouraged to document all recommended actions resulting from the analysis of the safety incidents, including those that were rejected or delayed.

Table 3. Unmet Criteria for Governance and Leadership

Criteria No.	Criteria Text	Criteria Type
1.2.14	Policies and processes for selecting and negotiating contracted services are developed and implemented.	NORMAL
1.2.22	The results of the organization's quality improvement activities are communicated broadly, as appropriate.	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: 94.4% Met Criteria

5.6% of criteria were unmet. For further details please review Table 4 below.

Assessment Results

Manoir Beaconsfield has 21 single bedded rooms and one room with double occupancy. Not all rooms have a dedicated bathroom but assigned on admission or when such a room becomes available, with the resident's consent to being moved, to those who are mobile and able to use the bathroom. For some rooms, the doors are not wide enough to accommodate the portable lift, and room assignment considers this. Management is in the process of evaluating the feasibility of installing ceiling lifts where needed.

The hallways are relatively narrow; however, the team ensures they are not cluttered, ensuring the safety of the residents when mobilizing.

The staff we met spoke highly of the leadership, report access to continuing education and training, having had recent performance reviews and being recognized by the leadership. Regarding training, at least one annual employee training activity always focuses on safety. Common training themes include proper body mechanics, communicating/caring for residents with dementia, palliative care, managing or preventing violence, fire safety, mistreatment, and managing challenging/reactive behaviors in dementia care, and cultural sensitivity. Additionally, training is provided via online resources. The two primary sources of online training at the home include L'ENA (the MSSS platform used for self-directed, online training) and Teepa Snow Positive Approach to Care Training, which offers many dementia-related training courses. The Manoir has trained a trainer to deliver the Virtual Dementia Tour to staff and interested family members. Lastly, the home offers staff, depending on their responsibilities, the opportunity to attend relevant external seminars and conferences. Manoir Beaconsfield is encouraged to determine mandatory annual training sessions and record staff attendance. Recognition programs include management-to-employee recognition and peer-to-peer recognition, resulting in a gift certificate.

Chart audits were completed with the evaluation limited to noting compliance to not using dangerous abbreviations, symbols, and dose designation. The overall record-keeping is reviewed at such times, but there is no documentation as to compliance with expected record-keeping practices. The organization is encouraged to objectively evaluate compliance with expected documentation.

It is recommended that a policy be developed on the use of electronic communications and technologies.

Table 4. Unmet Criteria for Delivery of Care Models

Criteria No.	Criteria Text	Criteria Type
2.1.18	Policies on the use of electronic communications and technologies are developed and followed, with input from residents, families and/or caregivers.	NORMAL

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

Manoir Beaconsfield has a disaster and emergency preparedness plan which was validated and revised based on the COVID experience. As well, it has policies and procedures for the different emergency codes.

There is an Emergency Measure Committee comprised of staff members. The home has the support of varied stakeholders, the MSSS, the fire department, and CIUSSS ODIM to effectively manage any emergency.

Fire and evacuation drills have been conducted. The organization is encouraged to conduct drills on the other emergency codes and to evaluate the effectiveness of its emergency and disaster planning based on these exercises.

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 organization takes great pride in providing a comprehensive Infection Prevention and Control program (IPAC).

Hand hygiene audits are performed every month for all shifts and all departments. Results are compiled and shared with staff and volunteers. Annual hand hygiene audits are performed for all visitors and results are shared with them.

The home’s living environments are clean and kept in good order.

The Manoir has established partnerships with various stakeholders to provide the most effective IPAC program. Stakeholders include Ecolab, Centre intégré universitaire de santé et de services sociaux (CIUSSS) de l’ouest de Montréal and the nearest Centre local des services communautaires. These partners provide orientation training sessions and refresher courses to the staff. CIUSSS also provides vaccination to the residents and expertise to the IPAC leader.

The home keeps track of the infection rates and reviews them regularly.

The home works with the Users Committee to improve the IPAC program. Pertinent information is shared with visitors at the front lobby. Newsletters are sent to all family members via email distribution.

The leadership and staff promote the immunization program to their residents and staff members.

The organization keeps a large inventory of personal protective equipment.

The Director of Care is currently responsible for the entire IPAC program. Because all services have an essential part to play in the success of the program, the Home is encouraged to develop a multidisciplinary IPAC committee.

As a suggestion, hand hygiene results could be presented via graphic representations which would more easily demonstrate the progress being made.

The home is encouraged to consider the usage of safety-engineered devices like syringes with retractable needles for the safety of the resident and the Nurses.

The Manoir has 21 private rooms and one semi-private room. Not all rooms have a dedicated bathroom which creates some challenging situations for infection prevention and control.

The organization has installed hand sanitizer distributors in the corridors. As a best practice, a hand sanitizer distributor installed in each room would help the staff to disinfect their hands before leaving each room.

Table 6. Unmet Criteria for Infection Prevention and Control

Criteria No.	Criteria Text	Criteria Type
4.1.11	Safety engineered devices for sharps are used.	NORMAL

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: 100.0% Met Criteria

0.0% of criteria were unmet. For further details please review Table 7 below.

Assessment Results

Manoir Beaconsfield has established a strong partnership with the attending physician and the local pharmacy to provide the required medications to its residents.

The home does not use any high-risk medications, does not keep any high concentration or large quantity of narcotics and does not use cytotoxic medications which greatly reduce the risk of serious medication errors.

Medication reconciliation is performed by the attending physician, the Director of Care, and the pharmacist with input from the resident / family member.

The home has very few medication errors and each incident is analyzed and reviewed. An action plan is developed to prevent the reoccurrence of similar incidents.

The attending physician visits the home every other week. The physician is on-call during the days and evenings. When the attending physician is on vacation, she will assign another physician to visit the home. There is no formal agreement in place for the back-up physician. The home is encouraged to develop an agreement with this physician. The home is also encouraged to provide 24/7 on-call physician and pharmacist services.

Manoir Beaconsfield is recognized for having great communication among the registered nurses regarding medication management.

The home has had successes at reducing the amount of medications prescribed to the residents when possible including antipsychotics.

The home is commended for promoting a zero-blame reporting culture which encourages staff to report all medication incidents which translates into fewer medication errors in the long run.

The Manoir is encouraged to develop a documented medication passing audit and a medication storage audit, which helps reduce the risk of medication errors and provides more support to the registered staff.

The organization is encouraged to enrich its documentation regarding the medication reconciliation requirement. Dedicated forms are available to ensure that all parties involved in the Best Possible Medication History (BPMH) documentation are listed in the signed document.

As a suggestion, the home is encouraged to consider digital medication administration records and digital resident records. There are several software applications available which would reduce the amount of duplication in record keeping. In addition, the digital records would be more accessible to the attending physician and the pharmacist which would help them to better respond to on-call situations.

Table 7. Unmet Criteria for Medication Management

There are no unmet criteria for this section.

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: 98.4% Met Criteria

1.6% of criteria were unmet. For further details please review Table 8 below.

Assessment Results

Building a competent team:

Manoir Beaconsfield provides to the staff members training on preventing, addressing and reporting abuse and neglect of residents, preventing and managing responsive behaviours, the use of minimal restraints, safe mobility and transfer, how to work respectfully with residents, family and/or caregiver with diverse cultural backgrounds, religious beliefs and care need and on how to identify palliative and end-of life care needs.

The home is recognized for training its volunteers on preventing, addressing and reporting abuse and neglect of residents.

The organization is encouraged to determine what training needs to be repeated annually and track compliance by staff member via a roster.

People Centred Care:

The home produces and sends out a monthly activity calendar and a seasonal newsletter to family members to keep them informed of any new development in the organization.

The Manoir shares and promotes the Residents' rights and responsibilities.

The home representative meets with the User Committee quarterly. The committee members review the quality plan and provide suggestions to the home for quality improvement initiatives. For example, one such suggestion resulted in the creation of name badges for the staff members with large print to make it easier for the residents and visitors to read their names.

The staff communicates regularly with the resident/family members regarding any concern or change in the resident's plan of care.

The home is recognized for providing translation and interpretation services for residents with the assistance of their multi-ethnic workforce.

The organization is acknowledged for organizing a care conference one month after the admission of the resident when family members can discuss any issues with home representatives.

The home is commended for succeeding in implementing a zero-restraint program.

The home is commended for involving the User Committee in reviewing the annual client satisfaction survey.

Manoir Beaconsfield is encouraged to organize an annual care conference for each resident where family members will review the plan of care and discus any concerns or suggestions for the resident.

Delivering safe and reliable care:

Manoir Beaconsfield works with the West Island Palliative Care Centre to provide palliative care training for their staff.

Upon admission, the home will quickly perform a fall prevention and injury risk assessment, a skin and wound care assessment, a pressure ulcer assessment, and a risk of suicide assessment.

The home has identified that the fall prevention program was one of their priorities for delivering safe and reliable care. Various initiatives have been developed over the years to reduce the risk of falls and the severity of the incidents. The home uses external resources like the Registered Nurses' Association of Ontario (RNAO)’s best practices, and walking and exercise programs to reduce the occurrence of falls.

The organization has a zero restraints policy which reduced the number of incidents related to restraints.

The home reviews the plan of care of a resident when there is a sudden change in their health status or when they return from hospital with a change in medication, for example.

Manoir Beaconsfield does not use any infusion pumps.

The home has a comprehensive information package ready to be sent to the hospitals or other healthcare organizations to ensure that all pertinent information is shared with them for the safety of the resident.

It was noted that staff members consider that the safety of the residents is their top priority.

A pleasurable dining experience is offered to the residents. Residents and family members mentioned that the Home provides excellent quality meals.

Table 8. Unmet Criteria for Resident’s Care Experience

Criteria No.	Criteria Text	Criteria Type
6.2.10	The team obtains and documents informed consent from residents, families, and/or caregivers before providing services.	NORMAL

Quality Improvement Overview

Manoir Beaconsfield has a strong sense of responsibility toward its residents and employees to provide a safe home and viable workplace where quality care is provided, and risks are identified, assessed, and mitigated when possible. As a result, continuous quality improvement is a priority, emphasizing a blame-free environment regarding client and staff safety issues. The quality improvement plan was developed with input from the Comité de vigilance et de la qualité des services and the Comité des usagers.

It is suggested that, in the future, the quality improvement plan be developed in partnership with the relevant stakeholders. The plan focuses on realizing objectives related to the quality dimensions and tracking relevant indicators at set frequencies. Indicators, as well as targets, are identified for some but not all the objectives. The organization is encouraged to determine indicators and set targets for all objectives based on benchmarks or monitoring their trends over time. The results are shared with members of the Comité de vigilance et de la qualité des services, the Comité des usagers, and staff. The organization is encouraged to share the results of the quality improvement plan with relevant stakeholders.

Furthermore, the home is encouraged to present the objectives and related indicators in a one-page format that can be readily assessed as to how effectively the organization is achieving its objectives over time. Given the Manor's focus on having a safe home and viable workplace, the plan tracks related indicators such as the number of incidents by type and severity, number of patients on restraints and employee departure, number of double shifts and percentage of overtime. The senior leadership is responsible for overseeing and monitoring the realization of the objectives noted in the quality improvement action plan by reviewing the indicators and acting accordingly, which they have shown to do as validated with residents, families, and staff.