Introduction

As at March 31, 2014, the regional health authorities (RHAs) administered 41 facilities with 2,788 long-term care beds available. Of these 41 facilities, 25 are publicly-operated long-term care facilities which provide residential care and accommodations to 2,390 long-term care residents who have high care needs and require on-site services. The remaining 398 long-term care residents are cared for in 15 publicly-operated acute-care facilities (i.e. health care centres and hospitals) and one private facility.

The *Regional Health Authorities Act (the Act)* outlines the responsibilities of the Department of Health and Community Services (the Department) and RHAs. The *Act* states that the Minister may determine standards for the provision of health and community services by an RHA. In November 2005, the Department developed the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador (the Standards). The Standards state that nutritional services provided by long-term care facilities should be designed to provide safe, nutritious and quality meals to meet the nutritional, therapeutic and social needs of residents.

Objectives

The objectives of our review were to determine whether the:

1. Department and RHAs have established operational standards, policies and procedures which provide for the planning, delivery and monitoring of food services provided to residents;

2. RHAs adequately plan and allocate resources for providing safe and nourishing meals to residents;

3. RHAs provide safe and nourishing meals to residents; and

4. Department and RHAs monitor and report on food services provided to residents of long-term care facilities.

Scope

Our review covered the fiscal year ended March 31, 2014 and the ten-month period ended January 31, 2015. Our review included an examination of Department and RHA policies and procedures, statistical and financial information, meal plans, resident assessments, health inspection reports, occurrence reports, and other relevant documents, and included interviews with Department and RHA officials.

Our review included long-term care facilities operated by the Eastern and Western RHAs and included site visits to a sample of five long-term care facilities. Our review also included a review of health records for 55 residents.

We completed our review in February 2015.
Use of Expert

Our review used the services of a registered dietitian to review menu plans from each facility visited and to provide general advice.

Conclusions

Objective 1

The Department has developed Operational Standards for Long Term Care Facilities in Newfoundland and Labrador (the Standards) and RHAs have established policies and procedures which provide for the planning, delivery and monitoring of food services provided to residents, however, the Standards have not been periodically reviewed to ensure the Dietitians of Canada’s “Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes” have been incorporated. In addition, RHA policies and procedures were not always consistent with the Standards established by the Department or consistent between the RHAs reviewed.

Objective 2

The two RHAs we reviewed had established policies and procedures for providing safe and nourishing meals to residents, however, regular assessments of residents for determining dietary needs were not always performed and meal plans were not always prepared in accordance with Canada’s Food Guide or in accordance with a resident’s dietary assessments.

Objective 3

For the five long-term care facilities we examined, the two RHAs generally provided safe and nourishing meals to residents, however, we identified issues with food safety, the provision of meals to residents, and the supervision of residents while eating.

Objective 4

The Department and RHAs had processes in place to monitor and report on food services provided to residents of long-term care facilities. However, for the RHAs and long-term care facilities in our sample, issues were identified in the RHAs’ quality improvement processes related to process audits, complaints reporting and occurrence reporting. In addition, the Department and RHAs did not establish performance indicator benchmarks.
Findings

Operational Standards, Policies and Procedures

Departmental Operational Standards

1. The Department did not conduct a formal review of the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador every two years, as required, to ensure the Standards reflect best practices or current processes. As a result, RHAs have established policies and procedures to reflect current practice without guidance from the Department. This has resulted in inconsistent policies and procedures between the two RHAs reviewed and with the Standards.

2. The Operational Standards for Long Term Care Facilities in Newfoundland and Labrador did not always reflect best practices as identified in the Dietitians of Canada’s “Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes”. The Standards also lacked detail in certain areas which could lead to different interpretations by RHAs and inconsistencies in policies and procedures set by RHAs.

RHA Policy and Procedures

3. For the two RHAs examined, policies and procedures on food and nutrition services were not always in accordance with the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador.

Planning of Safe and Nourishing Meals

Assessment of Residents

4. For the sample of resident files we reviewed, admission checklists were not always completed, were not always completed in full or were not always on file.

5. For the sample of resident files we reviewed, resident care plans were not always completed or reviewed quarterly as required.

6. For the sample of resident files we reviewed, a Resident Assessment Instrument-Minimum Data set 2.0 assessment tool which is used to gather information on a resident’s strengths, needs and preferences was not always completed upon admission or reviewed quarterly as required.

7. For the sample of resident files we reviewed, interdisciplinary team conferences, which are held between the resident’s health care team, the resident and their family to assess the needs of the resident, were not always held or not always held within the required timeframe.

8. The Eastern RHA did not have a formal policy on feeding assessments which can be used to assess a resident’s feeding capabilities and whether a referral to a dietitian or a therapist was necessary to address any feeding issues.
9. For the sample of resident files we reviewed at the Western RHA’s long-term care facilities we visited, eight of the 25 residents did not always have quarterly feeding screens done and two of these eight residents did not have initial feeding screens completed upon admission. As a result, residents with feeding issues may not have been identified and followed up on.

10. For the two RHAs we reviewed, the RHAs had inconsistent policies for assessing and following up on unplanned resident weight changes.

11. For the sample of resident files we reviewed, residents were not always weighed upon admission or monthly in accordance with the respective RHAs’ policy. As a result, unplanned changes in a resident’s weight outside of established thresholds would not be identified in a timely manner.

12. Two of the five long-term care facilities we reviewed did not have a system in place to readily identify residents that had unplanned weight changes outside of established thresholds to ensure timely and adequate follow-up was initiated.

13. For the sample of resident files we reviewed, assessments by a registered dietitian were not always completed as required by the Standards or RHA policy.

14. The St. John’s Long-term Care facility was not always assessing residents on a quarterly basis for the risk of pressure ulcers as required by RHA policy.

*Menus and Meal Plans*

15. For two long-term care facilities we reviewed, master menus were not always reviewed and revised annually by a registered dietitian as required.

16. For four long-term care facilities we reviewed, master menus did not provide residents with the recommended daily food servings for each of the four food groups established by Canada’s Food Guide.

17. Insufficient information was available to perform an analysis on the master menu of the Glenbrook Lodge.

18. For four long-term care facilities we reviewed, the master menus did not always provide sufficient detail of the meals provided or did not always record what was actually being served to residents.

19. The RHAs reviewed did not have consistent processes and systems in place to ensure resident meal plans were provided in accordance with Canada’s Food Guide, that dietary changes were tracked, that texture and other major diet changes (excluding preferences) made by nursing staff were reviewed and approved by a registered dietitian, and that meal tickets were provided with the meal to ensure meals were provided in accordance to the resident’s dietary profile.
Provision of Safe and Nourishing Meals

Provision of a Safe and Clean Environment

20. For the five long-term care facilities we examined, kitchen and dining areas were observed to be clean and regular inspections were performed, however, our facility visits identified food safety issues related to food safety training, food temperatures, maintenance and cleaning schedules, food storage and food preparation.

21. For the five long-term care facilities examined, RHAs had hygienic practices in place but did not always perform hand hygiene training and audits in the kitchen to ensure the safety of food provided to residents.

Provision of Meals

22. The facilities we reviewed did not always have processes in place to ensure residents were being provided and consuming meals in accordance with their meal plans.

23. The St. John’s Long-term Care facility did not provide meals to residents on a healthy heart diet in accordance with all the requirements of Eastern RHA’s established diet standard.

24. For the sample of 52 residents, 28 were not always provided meals in accordance with their prescribed meal plans.

25. Although RHAs had policies and procedures for providing meals at the appropriate texture and temperature, our review of five long-term facilities identified issues where meals were not always provided at the proper texture and at the correct temperature and processes were not always present to ensure the texture and temperatures of meals were in accordance with RHA policy.

26. For the long-term care facilities examined, residents were not always supervised while eating in accordance with the Standards or RHA policy or a supervision policy was not documented.

27. For the long-term care facilities examined, nursing staff responsible for supervising residents while eating did not always receive annual training in foreign body obstruction.

Monitoring of Nutritional Services

Continuous Quality Improvement

28. The Standards did not specifically require audits to be performed as part of a RHAs’ continuous quality improvement, and without direction from the Department, the two RHAs established different requirements for audits which resulted in audits being conducted inconsistently.
Complaints and Occurrences

29. Only the St. John’s Long-term Care facility reported receiving complaints, however, Eastern RHA staff indicated that complaints were either reported verbally or through emails, but an official complaint form was not completed or tracked as required. As a result, we could not determine the true extent of complaints and whether the facility was responding to these complaints in accordance with RHA policy.

30. The long-term care facilities examined were not always addressing reported occurrences within the timeframes outlined in the RHAs’ policy.

Financial and Statistical Data

31. The Department has not established benchmarks and variance thresholds for each performance indicator for the Province, for each RHA or for each long-term care facility. Without benchmarks or variance thresholds being established for each performance indicator, it is not possible for the Department or RHAs to compare actual results to expected results and determine which variances should be investigated.

32. The RHAs did not establish benchmarks and variance thresholds to be used for comparing actual to expected results of all performance indicators related to food services and nutrition services that were reviewed.

Recommendations

1. The Department should conduct a formal review of the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador as required.

2. The Eastern RHA and Western RHA should develop food and nutrition services policies and procedures consistent with the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and consider working with the other RHAs and the Department to establish policies and procedures that are consistent across the Province.

3. The Eastern RHA and Western RHA should ensure resident assessments are completed as required in order to maintain a current dietary profile for each resident.

4. The Eastern RHA and Western RHA should ensure the nutritional contents of the master menus comply with Canada’s Food Guide, and that master menus are regularly assessed by a registered dietitian.

5. The Eastern RHA and Western RHA should ensure a resident’s meal plan is established in accordance with the resident’s dietary assessment and that texture and other major diet changes (excluding preferences) are reviewed and approved by a registered dietitian as required by the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador.
6. The Eastern RHA and Western RHA should ensure food safety, food temperatures, food storage, food preparation and maintenance and cleaning schedules are monitored and in accordance with the *Food Premises Regulations*, the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and RHA policy.

7. The Eastern RHA and Western RHA should provide meals to residents in accordance with their prescribed meal plans and at the appropriate temperature.

8. The Eastern RHA and Western RHA should ensure residents are appropriately supervised during meals in accordance with the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and applicable RHA policies.

9. The Eastern RHA and Western RHA should improve their quality improvement processes by ensuring that process audits, complaints reporting and occurrences reporting are conducted in accordance with applicable RHA policies and such policies are consistent across the Province.

10. The Department and the RHAs should establish benchmarks for performance indicators, review and monitor actual financial and statistical data, including performance indicators, against these benchmarks and follow up significant variances.
The objectives of our review were to determine whether the:

1. Department of Health and Community Services (the Department) and Regional Health Authorities (RHAs) have established operational standards, policies and procedures which provide for the planning, delivery and monitoring of food services provided to residents;

2. RHAs adequately plan and allocate resources for providing safe and nourishing meals to residents;

3. RHAs provide safe and nourishing meals to residents; and

4. Department and RHAs monitor and report on food services provided to residents of long-term care facilities.

Scope

Our review covered the fiscal year ended March 31, 2014 and the ten-month period ended January 31, 2015. Our review included an examination of Department and RHA policies and procedures, statistical and financial information, meal plans, resident assessments, health inspection reports, occurrence reports, and other relevant documents, and included interviews with Department and RHA officials.

Our review included long-term care facilities operated by the Eastern and Western RHAs and included site visits to a sample of five long-term care facilities. Our review also included a review of health records for 55 residents. Table 1 outlines the long-term care facilities and the number of residents included in our sample at each facility included in our review.

Table 1

Nutrition in Long-term Care Facilities
Sample of Long-term Care Facilities and Residents
January 2015

<table>
<thead>
<tr>
<th>Long-term Care Facilities</th>
<th>Location</th>
<th>Number of Residents</th>
<th>Resident Files Sampled</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. John’s Long-term Care (Note 1)</td>
<td>St. John’s</td>
<td>405</td>
<td>15</td>
</tr>
<tr>
<td>Salvation Army Glenbrook Lodge</td>
<td>St. John’s</td>
<td>104</td>
<td>10</td>
</tr>
<tr>
<td>Dr. Albert O’Mahony Memorial Manor</td>
<td>Clarenville</td>
<td>44</td>
<td>5</td>
</tr>
<tr>
<td>Eastern RHA Total</td>
<td></td>
<td>553</td>
<td>30</td>
</tr>
<tr>
<td>Corner Brook Long-term Care Home</td>
<td>Corner Brook</td>
<td>236</td>
<td>15</td>
</tr>
<tr>
<td>Bay St. George Long-term Care Centre</td>
<td>Stephenville Crossing</td>
<td>114</td>
<td>10</td>
</tr>
<tr>
<td>Western RHA Total</td>
<td></td>
<td>350</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>903</td>
<td>55</td>
</tr>
</tbody>
</table>

Note 1: Excludes 25 residents transferred from the Mental Health Program
We completed our review in February 2015.

Use of Expert

Our review used the services of a registered dietitian to review menu plans from each facility visited and to provide general advice.
Nutrition in Long-term Care Facilities

Background

As at March 31, 2014, the RHAs administered 41 facilities with 2,788 long-term care beds available. Of these 41 facilities, 25 are publicly-operated long-term care facilities which provide residential care and accommodations to 2,390 long-term care residents who have high care needs and require on-site services. The remaining 398 long-term care residents are cared for in 15 publicly-operated acute-care facilities (i.e. health care centres and hospitals) and one private facility.

The Regional Health Authorities Act (the Act) outlines the responsibilities of the Department and RHAs. The Act states that the Minister may determine standards for the provision of health and community services by an RHA.

Nutrition in long-term care facilities has a significant impact on quality of life and is essential to the health of the resident of a long-term care facility. Proper nutritious food provided to residents can assist in better control over diseases related to the heart, blood pressure, stroke, dementia, and blood sugar levels, maintain adequate vision, and result in better recovery and healing.

Table 2 outlines the food service expenditures in long-term care facilities for the years ended March 31, 2013 and 2014 and the number of facilities and residents in each RHA as at March 31, 2014.

Table 2

<table>
<thead>
<tr>
<th>Regional Health Authority</th>
<th>Number of Long-term Care Facilities</th>
<th>Number of Residents</th>
<th>Expenditures</th>
</tr>
</thead>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2013</td>
</tr>
<tr>
<td>Eastern</td>
<td>15</td>
<td>1,525</td>
<td>$24,130,679</td>
</tr>
<tr>
<td>Central</td>
<td>6</td>
<td>418</td>
<td>5,948,897</td>
</tr>
<tr>
<td>Western</td>
<td>2</td>
<td>350</td>
<td>5,164,487</td>
</tr>
<tr>
<td>Labrador-Grenfell</td>
<td>2</td>
<td>97</td>
<td>1,298,566</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
<td><strong>2,390</strong></td>
<td><strong>$36,542,629</strong></td>
</tr>
</tbody>
</table>

Source: Department of Health and Community Services
1. Operational Standards, Policies and Procedures

Objective

To determine whether the Department and RHAs have established operational standards, policies and procedures which provide for the planning, delivery and monitoring of food services provided to residents.

Conclusion

The Department has developed Operational Standards for Long Term Care Facilities in Newfoundland and Labrador (the Standards) and RHAs have established policies and procedures which provide for the planning, delivery and monitoring of food services provided to residents, however, the Standards have not been periodically reviewed to ensure the Dietitians of Canada’s “Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes” have been incorporated. In addition, RHA policies and procedures were not always consistent with the Standards established by the Department or consistent between the RHAs reviewed.

Our review considered whether:

- The Department had established operational standards for the planning, delivery and monitoring of nutrition and food services in accordance with best practices; and

- RHAs had established policies and procedures that were in accordance with operational standards developed by the Department.

1A. Departmental Operational Standards

Introduction

In November 2005, the Department developed the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador (the Standards). The Standards state that nutritional services provided by long-term care facilities should be designed to provide safe, nutritious and quality meals to meet the nutritional, therapeutic and social needs of residents. If provided properly, a resident will:

- receive the clinical nutrition intervention consistent with the residents’ identified medical and nutritional needs; and

- be provided with an organized, dietetic service which responds to the residents’ dietary requirements and enhances the quality of the residents’ life.
Review of Standards

The Introduction to the Standards states that “the standards will be reviewed and revised if necessary to incorporate new ideas that will support a standard that best meets the care, program and service needs of residents. This review may involve the participation of long-term care stakeholders and will occur every two years. These standards are subject to Departmental review and may be changed at the discretion of the Department.”

The Standards were not reviewed every two years as required and have not been reviewed since being implemented in 2005. We found that RHAs have established policies and procedures which were based upon current practice and without guidance from the Department. This has resulted in inconsistent policies and procedures between the RHAs and with the Standards. For example:

- RHAs have policies on occurrence reporting for occurrences and have been using a clinical safety reporting system for documenting occurrences since 2012, however, the Standards did not provide any guidance or performance measures on occurrence reporting. As a result, the two RHAs reviewed had established different timeframes for finalizing the investigation of an occurrence.

- RHAs indicated that master menus, which are required to be accessible by residents, have not been posted as required by the Standards. The five long-term care facilities that we visited indicated that posting the full master menu, which covers three to four weeks, was confusing to residents and served little purpose. The two RHAs we reviewed, required that only the current day of the master menu be posted.

- RHAs have policies and procedures on food safety during preparation to ensure cooking temperatures are in accordance with the Food Premises Regulations, however, the Standards did not make reference to these temperature requirements.

Finding

1. The Department did not conduct a formal review of the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador every two years, as required, to ensure the Standards reflect best practices or current processes. As a result, RHAs have established policies and procedures to reflect current practice without guidance from the Department. This has resulted in inconsistent policies and procedures between the two RHAs reviewed and with the Standards.
Best Practices

We reviewed the Standards, as they related to food services and nutrition services, to determine whether they were in accordance with best practices used within the health care industry. We compared the Standards with the Dietitians of Canada’s “Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes” (Dietitians of Canada Best Practices) which was published in 2007 and revised in April 2013. The Department indicated that although the document is recognized as a guiding document for best practices in long-term care, it had not adopted it for implementation in the Province’s long-term care facilities. Our review identified the following issues:

- The Standards lacked sufficient detail when compared to the Dietitians of Canada Best Practices. For example, the Dietitians of Canada Best Practices provided detailed information on the minimum processes involved in nutritional assessments and reassessments and the development of standardized recipes, whereas the Standards provided general performance measures for these items. This lack of detail may result in inconsistent policies being developed by RHAs.

- The Standards were not always consistent with best practices provided in the Dietitians of Canada Best Practices. For example, best practices indicated that:
  
  - menus should cover a three to four week cycle period whereas the Standards indicated a minimum of six weeks;
  - a registered dietitian should review and approve the menu, however, the Standards did not require this; and
  - dietary needs should be assessed in accordance with both Canada’s Food Guide and the Dietary References Intakes documents, however, the Standards only referenced Canada’s Food Guide.

Finding

2. The Operational Standards for Long Term Care Facilities in Newfoundland and Labrador did not always reflect best practices as identified in the Dietitians of Canada’s “Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes”. The Standards also lacked detail in certain areas which could lead to different interpretations by RHAs and inconsistencies in policies and procedures set by RHAs.
1B. RHA Policy and Procedures

Introduction

RHAs are responsible for developing and implementing policies and procedures that ensure food and nutritional services are provided in accordance with the Standards. We examined the policies and procedures for the Eastern and Western RHAs for compliance with the Standards on such items as clinical nutrition, food services, integrated care plans, complaints, and continuous quality improvement.

Compliance with Operational Standards

Our review of the two RHAs identified that policies and procedures were not always in place or in accordance with the Standards. For example:

Eastern RHA

- The Standards require that clinical nutrition services are to be provided by a registered dietitian within eight weeks of admission, however, RHA policy states that nursing staff are required to evaluate residents upon admission and the services of a registered dietitian are only needed upon referral made by the resident, family members or another member of the interdisciplinary team.
- There were no policies or procedures governing the delivery of clinical nutrition services by registered dietitians.
- Eleven of the 15 long-term care facilities provided food services to residents through externally contracted food service companies. The remaining four long-term care facilities provided food services to residents using RHA employed staff. The Eastern RHA did not have food services policies and procedures to ensure consistency between the four long-term care facilities. Consequently, there were either no food services policies or procedures or there were only site-specific policies and procedures at these four long-term care facilities.
- There was no policy governing the supervision of residents in dining areas during meals by nursing staff.

Western RHA

- RHA policy requires that an interdisciplinary conference be held with the resident within 10 weeks of admission, however, the Standards state eight weeks.
- RHA policy requires management to acknowledge the receipt of a complaint to a complainant within five days, however, the Standards require two days.
- There was no policy requiring the provision of afternoon snacks. RHA staff indicated that floor stock is available upon a resident’s request.
If RHAs are not establishing policies and procedures in accordance with the Standards, it could create an environment where the Standards are not being followed or inconsistent practices are being implemented.

**Finding**

3. For the two RHAs examined, policies and procedures on food and nutrition services were not always in accordance with the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador.
2. Planning of Safe and Nourishing Meals

**Objective**

To determine whether RHAs adequately plan and allocate resources for providing safe and nourishing meals to residents.

**Conclusion**

The two RHAs we reviewed had established policies and procedures for providing safe and nourishing meals to residents, however, regular assessments of residents for determining dietary needs were not always performed and meal plans were not always prepared in accordance with Canada’s Food Guide or in accordance with a resident’s dietary assessments.

Our review considered whether:

- Each resident’s dietary needs and requirements were assessed quarterly and documented in the residents’ care plan; and
- Meal plans were developed in accordance with nutritional standards (i.e. Canada’s Food Guide) and individual nutritional assessments.

2A. Assessment of Residents

**Introduction**

Residents are assessed upon admission to a long-term care facility and periodically reassessed to determine their dietary needs. An interdisciplinary team involved in a resident’s care may include a social worker, registered dietitian, nurse, physician, occupational therapist, speech language pathologist, recreational therapist and resident care coordinator/manager that are responsible for the assessment of residents. Assessments related to the dietary needs involve resident care plan reviews, assessments tools, interdisciplinary team conferences and weight assessments.

**Admission Checklists**

An admission checklist is prepared for each resident to ensure a resident is assessed completely upon admission. Of the 55 residents’ files we reviewed, 27 residents were admitted after April 1, 2013, the beginning of our review period. We examined these 27 files to determine if an admission checklist was completed. We identified the following:

**Eastern RHA**

St. John’s Long-term Care facility
- Admission checklists were completed for all eight residents reviewed.
Glenbrook Lodge
- We could not review the admission checklists for four residents because the checklists were not retained after completion.

Dr. Albert O’Mahony Memorial Manor
- For the three resident files we reviewed, admission checklists were not completed because checklists were not required to be completed for residents transferred from another facility.

Western RHA
Corner Brook Long-term Care Home, we reviewed seven admission checklists and found:
- Three admission checklists were completed;
- Three admission checklists were not completed in full; and
- One admission checklist was not on file.

Bay St. George Long-term Care Centre
- Three of five admission checklists reviewed were not completed in full.

Finding
4. For the sample of resident files we reviewed, admission checklists were not always completed, were not always completed in full or were not always on file.

Resident Care Plans
Once a resident is admitted, a resident care plan is initiated within 24 hours and completed once an interdisciplinary team conference is held within eight weeks. The resident care plan addresses all aspects of a resident’s needs and goals, including food and dietary. The Standards require that resident care plans be reviewed and updated at least quarterly. Our review identified that resident care plans were not always completed and quarterly reviews were not always documented as required:

Eastern RHA
St. John’s Long-term Care facility
- 45 of 54 required quarterly reviews for the nine residents reviewed were not completed; and
- Three residents who were admitted between July and September 2014 did not have their plans completed as of January 30, 2015.

Glenbrook Lodge
- 10 of 14 required quarterly reviews for the two residents reviewed were not completed.

Dr. Albert O’Mahony Memorial Manor
- One of the 14 required quarterly reviews for one resident reviewed was not completed; and
- One of the 14 required quarterly reviews for one resident reviewed was completed late by two months.
Western RHA

Corner Brook Long-term Care Home
• 48 of 77 required quarterly reviews for the 13 residents reviewed were not completed.

Bay St. George Long-term Care Centre
• 13 of 34 required quarterly reviews for the five residents reviewed were not completed.

Finding
5. For the sample of resident files we reviewed, resident care plans were not always completed or reviewed quarterly as required.

MDS Assessments

RHAs use a computerized assessment tool known as the Resident Assessment Instrument-Minimum Data set 2.0 (MDS) which is used to gather information on a resident’s strengths, needs and preferences which are subsequently integrated into the resident care plan. The MDS assessment is to be completed on admission and on a quarterly basis by the interdisciplinary team. We found that MDS assessments were not always completed as required:

Eastern RHA

St. John’s Long-term Care facility
• Three quarterly assessments for three residents reviewed were drafted but not completed; and
• One quarterly assessment was not completed for one of the 15 resident files we reviewed.

Glenbrook Lodge
• The facility did not have access to the electronic MDS assessment tool until November 2014, therefore MDS assessments were not conducted until then. In February 2012, Eastern RHA policy indicated that access to the MDS assessment tool for all long-term care facilities would be phased in over time, however, it was almost three years before Glenbrook Lodge received access.

Dr. Albert O’Mahony Memorial Manor
• All quarterly assessments were completed for the five resident files we reviewed.

Western RHA

Corner Brook Long-term Care Home
• Two quarterly assessments were not completed for two of the 15 resident files reviewed; and
• 17 quarterly assessments were late from one to two months related to 10 of 15 resident files we reviewed.
Bay St. George Long-term Care Centre
- Three quarterly assessments were late by one month for three of the ten resident files reviewed.

**Finding**

6. For the sample of resident files we reviewed, a Resident Assessment Instrument-Minimum Data set 2.0 assessment tool which is used to gather information on a resident’s strengths, needs and preferences was not always completed upon admission or reviewed quarterly as required.

**Interdisciplinary Team Conferences**

The Standards require an interdisciplinary team conference to be held between the team and the resident and their family within eight weeks of a resident’s admission and, thereafter, as required. Of the 55 residents we reviewed, 27 residents were admitted after April 1, 2013, the beginning of our review period. We examined these 27 resident files to determine if an interdisciplinary team conference was held within eight weeks of admission.

Our review identified that interdisciplinary team conferences were either not always held or not always held within the required timeframe as follows:

**Eastern RHA**

St. John’s Long-term Care facility
- Two conferences were held within the eight week timeframe; and
- Six conferences were held from one week to 20 weeks beyond the eight week timeframe.

Glenbrook Lodge
- Two conferences were held within the eight week timeframe; and
- Two conferences were held from one week to six weeks beyond the eight week timeframe.

Dr. Albert O’Mahony Memorial Manor
- Three conferences were held from six weeks to 26 weeks beyond the eight week timeframe.

**Western RHA**

Corner Brook Long-term Care Home
- Six conferences were held from four weeks to 39 weeks beyond the eight week timeframe; and
- One conference had not been held for one resident admitted on May 7, 2014.
Bay St. George Long-term Care Centre

- Two conferences were held from five weeks to 15 weeks beyond the eight week timeframe; and
- Three conferences were not yet due.

The Western RHA also required annual interdisciplinary team conferences to be held, however, 11 of the 14 resident files that we examined did not have an annual conference in 2014. None of the eight residents that we reviewed at the Corner Brook Long-term Care Home had an annual conference held during 2014 and three of the six residents that we reviewed at the Bay St. George Long-term Care Centre did not have an annual conference held during 2014.

Finding

7. For the sample of resident files we reviewed, interdisciplinary team conferences, which are held between the resident’s health care team, the resident and their family to assess the needs of the resident, were not always held or not always held within the required timeframe.

Feeding Assessments

The Western RHA uses an assessment tool known as a feeding screen to assess a resident’s feeding and whether a referral to a dietitian or a therapist is necessary to address any feeding issues. The required feeding screens are to be performed within 24 hours of admission and quarterly thereafter (annually prior to March 31, 2014) by a registered nurse.

The Eastern RHA did not have a formal policy on feeding screens and indicated that residents were assessed informally and referrals were made where necessary.

Our review identified the following issues:

Eight of the 25 resident files we reviewed at the Western RHA did not have feeding screens done within 24 hours of admission and/or quarterly. Specifically:

Corner Brook Long-term Care Home

- One resident did not have an initial feeding screen completed until 16 days after admission and did not have one of four quarterly feeding screens completed.

Bay St. George Long-term Care Centre

- Seven residents did not have 10 of 20 quarterly feeding screens completed and one of the seven residents did not have an initial feeding screen done upon admission.
**Findings**

8. The Eastern RHA did not have a formal policy on feeding assessments which can be used to assess a resident’s feeding capabilities and whether a referral to a dietitian or a therapist was necessary to address any feeding issues.

9. For the sample of resident files we reviewed at the Western RHA’s long-term care facilities we visited, eight of the 25 residents did not always have quarterly feeding screens done and two of these eight residents did not have initial feeding screens completed upon admission. As a result, residents with feeding issues may not have been identified and followed up on.

**Weight Assessments**

Residents are required to be weighed upon admission and then weighed monthly. If a resident experiences an unplanned weight change outside certain thresholds, a referral to a dietitian is made for a follow-up review.

The two RHAs reviewed had inconsistent policies on weight assessments. The Eastern RHA required a referral be made to a registered dietitian if there was an unplanned weight change of 5% in one month, while the Western RHA’s policy required a referral to a registered dietitian if there was an unplanned weight change of 5% in one month, 7.5% over three months or 10% over six months or if a resident’s weight dropped below 40 kilograms.

From our sample of 55 resident files, 14 residents were not weighed in accordance with the respective RHAs’ policy as follows:

**Eastern RHA**

- St. John’s Long-term Care facility
  - Three residents were not weighed upon admission; and
  - Three residents were not weighed monthly after admission, with gaps ranging from two months to five months.

- Glenbrook Lodge
  - One resident was not weighed for two consecutive months in 2013.

**Western RHA**

- Corner Brook Long-term Care Home
  - Two residents were not weighed upon admission; and
  - Seven residents were not weighed monthly after admission, with gaps ranging from two months to four months. Two of these residents were not weighed monthly during periods of significant weight loss.
The Corner Brook Long-term Care Home and the Bay St. George Long-term Care Centre did not have a system in place to readily identify residents that had unplanned weight changes outside of established thresholds to assist nursing staff and registered dietitians in monitoring the weight of residents in accordance with policy.

### Findings

10. For the two RHAs we reviewed, the RHAs had inconsistent policies for assessing and following up on unplanned resident weight changes.

11. For the sample of resident files we reviewed, residents were not always weighed upon admission or monthly in accordance with the respective RHAs’ policy. As a result, unplanned changes in a resident’s weight outside of established thresholds would not be identified in a timely manner.

12. Two of the five long-term care facilities we reviewed did not have a system in place to readily identify residents that had unplanned weight changes outside of established thresholds to ensure timely and adequate follow-up was initiated.

### Assessments by Registered Dietitians

The Standards require that a registered dietitian be a member of the interdisciplinary team and therefore required to assess the dietary needs of each resident based on a nutritional assessment and preferences within eight weeks upon admission. The registered dietitian is also required to assess residents upon requests and referrals made by the resident, family members or another member of the interdisciplinary team. Our review identified the following:

#### Eastern RHA

Eastern RHA’s policy provides for assessments by a registered dietitian by referral only and does not require annual reviews to be performed. As a result, residents were not being assessed by a registered dietitian for extended periods of time as follows:

- **St. John’s Long-term Care facility**
  - Four of the 15 residents that we reviewed did not have an assessment done, ranging from one year to almost two years, as no referrals had been made.

- **Glenbrook Lodge**
  - Three of the 10 residents that we reviewed did not have an assessment done, ranging from one year to almost two years, as no referrals had been made.

- **Dr. Albert O’Mahony Memorial Manor**
  - One of the five residents that we reviewed did not have an assessment done for over a year as no referrals had been made.
Western RHA

Western RHA’s policy requires registered dietitians to perform an annual review if no referrals were made for a resident. We identified the following:

Corner Brook Long-term Care Home
- Three of the 15 residents that we reviewed did not have any referrals and were not assessed on an annual basis.
- Two residents that were referred for an assessment were not assessed for periods ranging from 24 to 29 days after the required timeframe.

Bay St. George Long-term Care Centre
- Two of the 10 residents that we reviewed did not have any referrals and were not assessed on an annual basis.

Finding

13. For the sample of resident files we reviewed, assessments by a registered dietitian were not always completed as required by the Standards or RHA policy.

Wound Assessments

RHAs are required to assess residents for pressure ulcers on initial assessment and quarterly thereafter using the Braden Scale, a standardized risk assessment tool. Assessing a resident’s risk in this area is important in developing a proper dietary plan to prevent or heal pressure ulcers.

Our review indicated that the St. John’s Long-term Care facility did not conduct 14 quarterly assessments for 7 of 15 residents reviewed. We note that the St. John’s Long-term Care facility’s electronic clinical documentation database, which was in use since March 2014, did not automatically create due dates for the Braden Scale assessments, and may have contributed to assessments not being done. The other four long-term care facilities that we reviewed were properly assessing residents on a quarterly basis.

Finding

14. The St. John’s Long-term Care facility was not always assessing residents on a quarterly basis for the risk of pressure ulcers as required by RHA policy.
2B. Menus and Meal Plans

Introduction

Canada’s Food Guide is a nutrition guide produced by Health Canada. Health Canada indicated the overall purpose of dietary guidance is to identify and promote a pattern of eating that meets nutrient needs and reduces the risk of nutrition-related chronic diseases such as obesity, diabetes, cancer and cardiovascular disease. Canada’s Food Guide provides recommended daily servings for four food groups including milk and alternatives; meat and alternatives; vegetables and fruit; and grain products. Table 3 provides an overview of Canada’s Food Guide recommendations.

Table 3

Nutrition in Long-term Care Facilities
Canada’s Food Guide
Recommended Food Servings per Day

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Recommended Servings for Adults 51 and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Females</td>
</tr>
<tr>
<td>Milk and Alternatives</td>
<td>3</td>
</tr>
<tr>
<td>Meat and Alternatives</td>
<td>2</td>
</tr>
<tr>
<td>Vegetables and Fruit</td>
<td>7</td>
</tr>
<tr>
<td>Grain Products</td>
<td>6</td>
</tr>
</tbody>
</table>

Other Recommendations

1. At least one dark green and one orange vegetable/fruit offered daily.
2. Whole grain products offered daily.
3. 500 ml (2 cups) of milk offered daily for adequate vitamin D.
4. At least two servings of fish offered weekly.

Source: Health Canada

Master Menus

Each long-term care facility has a master menu which provides the daily menu for residents. The Standards require menus and meals to be provided according to Canada’s Food Guide and that residents have access to a planned, date-cycled, posted master menu covering a minimum period of six weeks. In addition, residents are to be offered a minimum of three meals per day, beverages with meals, between meals and at bedtime, and snacks in mid-afternoon and at bedtime. Our review of the master menus for the five facilities identified the following issues:
Master menus were required to be reviewed and revised annually by a registered dietitian. Our review indicated that:

- The Bay St. George Long-term Care Centre, Corner Brook Long-term Care Home and St. John’s Long-term Care facility indicated that master menus were reviewed regularly throughout the year by a registered dietitian;
- The Dr. Albert O’Mahony Memorial Manor indicated the master menu was reviewed every two years by a registered dietitian; and
- The Glenbrook Lodge indicated that the master menu was reviewed annually but not by a registered dietitian.

These reviews were not documented and any changes made to the menu were also not documented to support that the master menus were in accordance with Canada’s Food Guide. The St. John’s Long-term Care facility indicated that the master menu was assessed by a registered dietitian using a nutrient assessment tool because their dietary management database provided this information but no analysis was provided to support if their menu was in accordance to Canada’s Food Guide.

None of the five facilities visited had the complete master menu posted. Four facilities had the master menu posted for the current day which was accessible by residents and staff. The St. John’s Long-term Care facility did not have the daily master menu posted for four months since the opening of the facility in September 2014.

Analysis of Master Menus

Our Office engaged the services of a registered dietitian to analyze the master menu for each of the five facilities for a one week period to determine if the menus met the requirements of Canada’s Food Guide.

The Glenbrook Lodge’s master menu and supporting documentation was inadequate for an analysis to be performed by the consulting registered dietitian due to the following concerns:

- The facility’s week 3 menu listed three to four choices for certain meals which were served based upon the cook’s selection for a particular day. Therefore it would be difficult to determine which food items were being served consistently to residents on any given day.
- Standardized recipes were not provided for all menu items served. Without the use of standardized recipes, food items could be produced inconsistently, and difficult to analyze.
- Portion sizes provided were inconsistent between similar foods. A portion size chart was not provided which indicated it was not being used at this facility. Without the use of an accurate portion control chart, the quantity of food items served to the residents could be inconsistent.
There were numerous highly processed food items which were being served on the menu daily. Canada’s Food Guide recommends limiting foods of this nature which are high in calories, fat, and sodium and are not recommended as part of a high quality healthy diet.

Figure 1 provides the results of the analysis for the remaining four long-term care facilities examined.

**Figure 1**

_Nutrition in Long-term Care Facilities
Master Menus Compared to Canada’s Food Guide Recommendations
One Week Cycle Deficiency Analysis_
Master menus were not established in accordance with Canada’s Food Guide, and as a result, residents were not always getting the recommended daily food servings for each of the four food groups.

As Figure 1 indicates, although the facilities’ daily menus met Canada’s Food Guide for some days for a particular food group, only the Dr. Albert O’Mahony Memorial Manor’s master menu provided the recommended daily servings for all four food groups for two of the seven days. Also, as Figure 1 highlights, some of the deficiencies in the daily servings for certain food groups were significant compared to the recommended daily servings.

The four long-term care facilities master menus that were analyzed did meet the other recommendations from the Canada’s Food Guide, except that the St. John’s Long-term Care facility and Dr. Albert O’Mahony Memorial Manor did not provide the recommended two servings of fluid milk each day for vitamin D.

For the five long-term care facilities examined, the master menus did not always provide sufficient detail of the meals provided or did not always record what was actually being served to residents. For example:

- The Bay St. George Long-term Care Centre’s, Dr. Albert O’Mahony Memorial Manor’s and Glenbrook Lodge’s master menus did not provide portion serving sizes for all fluids and meals in accordance with the Dietitians of Canada Best Practices.

- The Bay St. George Long-term Care Centre’s master menu did not indicate alternative menu items as required by the Standards but provided alternative meals if requested.

- The Bay St. George Long-term Care Centre’s and Glenbrook Lodge’s master menus did not identify all therapeutic meal requirements such as healthy heart, diabetic or high fiber menus and/or texture modification menus as required under the Standards.

- The St. John’s Long-term Care facility’s master menu had items listed on the menu but it was not a standard item provided to residents and only provided to residents upon request. For example, whole wheat bread was on the master menu for breakfast but only served upon request, and milk and juice was on the master menu for lunch and supper but only served upon request.

- Glenbrook Lodge’s menu included grapefruit juice to be served two or three times per week which was not allowed as per policy because of medication interactions. However, upon enquiry, staff indicated that grapefruit juice was not provided to residents.
Findings

15. For two long-term care facilities we reviewed, master menus were not always reviewed and revised annually by a registered dietitian as required.

16. For four long-term care facilities we reviewed, master menus did not provide residents with the recommended daily food servings for each of the four food groups established by Canada’s Food Guide.

17. Insufficient information was available to perform an analysis on the master menu of the Glenbrook Lodge.

18. For four long-term care facilities we reviewed, the master menus did not always provide sufficient detail of the meals provided or did not always record what was actually being served to residents.

Individual Meal Plans

The nutritional assessment and reassessments of a resident may identify medical issues, food allergies, swallowing concerns, or resident preferences which require an individual meal plan to be developed. Individual meal plans may include regular meals which are texture modified such as pureed, minced, and diced due to swallowing concerns or other physical restrictions while other residents may have menus designed for diets such as healthy heart, diabetic or increased fibre. In addition, residents can also receive fluids that are texture modified.

For the five long-term care facilities examined, individual resident meal plans were updated either through a manual tracking method or an electronic dietary management database. Our review identified that all five facilities examined had different processes in place to track and monitor residents’ dietary changes. Specifically:

- None of the five facilities had a system in place to assess whether an individual meal plan was in accordance with Canada’s Food Guide.

- The Standards states that in order for a resident to receive clinical nutrition intervention consistent with their nutritional needs, a resident’s dietary needs, which are based on a nutritional assessment and preferences, are included in the resident care plan and that clinical nutrition services are to be provided by a registered dietitian. Based upon this standard, texture and other major diet changes (excluding preferences) should be reviewed and approved by a registered dietitian to ensure these changes are consistent with the residents’ care plan. The three facilities at Eastern RHA that we examined did not require a registered dietitian to review and approve diet changes requested by nursing staff. In addition, although the two facilities at Western RHA required the approval of a registered dietitian for diet changes made by nursing staff, our review identified that changes were not always approved by a registered dietitian.
• The Bay St. George Long-term Care Centre and Glenbrook Lodge requested diet changes using a manual requisition form while the other three facilities completed electronic requests through the Meditech system. This documentation was not always signed or initialed by the food services supervisor or dietary clerk to indicate that the request was processed to change a resident’s meal plan as required.

• The Bay St. George Long-term Care Centre and Glenbrook Lodge indicated that during our review period they permitted verbal requests, therefore, documentation was not maintained on who made the request, what the dietary change was and when it was requested/actioned.

• The Bay St. George Long-term Care Centre and Glenbrook Lodge which used a manual resident meal plan tracking process did not provide meal tickets on the residents’ food trays. The meal ticket records all items for a particular meal that is supposed to be served to a resident by nursing staff based on their dietary assessments. As a result, nursing staff could not verify the accuracy of the meal being served other than the texture and allergy restrictions.

Finding

19. The RHAs reviewed did not have consistent processes and systems in place to ensure resident meal plans were provided in accordance with Canada’s Food Guide, that dietary changes were tracked, that texture and other major diet changes (excluding preferences) made by nursing staff were reviewed and approved by a registered dietitian, and that meal tickets were provided with the meal to ensure meals were provided in accordance to the resident’s dietary profile.
3. Provision of Safe and Nourishing Meals

Objective

To determine whether RHAs provide safe and nourishing meals to residents.

Conclusion

For the five long-term care facilities we examined, the two RHAs generally provided safe and nourishing meals to residents, however, we identified issues with food safety, the provision of meals to residents, and the supervision of residents while eating.

Our review considered whether:

- RHAs operated safe and clean kitchen facilities;
- Food service providers followed hygienic work practices;
- Meals, including snacks and fluids, were provided in accordance with meal plans;
- Processes were in place to ensure meals were served at the appropriate temperature and texture; and
- Residents were assisted with their meals, if required.

3A. Provision of a Safe and Clean Environment

Introduction

The Standards require that correct sanitation and food handling procedures are implemented by staff and that these procedures are monitored and evaluated. In addition, the Standards require that the refrigeration and storage of food is in compliance with the appropriate Department of Health and Community Services regulations. In order to meet these Standards, we would expect clean and safe kitchen facilities, hygienic food handling practices, trained certified staff, proper storage processes and the regular inspection of facilities and processes.

Kitchen Facilities

All dietary employees must ensure that all steps in food production: thawing, food preparation, cooking, holding and storing are safe and efficient. RHAs are required to prepare food in a safe manner that adheres to the Hazardous Analysis Critical Control Point (HACCP) guidelines as outlined in the Food Safety Code of Practice for Canada’s food service industry and the Food Premises Regulations.
During our site visits to five facilities we observed that kitchen facilities and dining areas appeared to be clean. In addition, the facilities:

- were regularly inspected by Service NL food premises inspectors and issues identified were resolved in the required timely manner;
- were regularly inspected by pest control contractors and no recent issues were identified;
- were regularly inspected by in-house occupational health and safety employees and issues were resolved in a timely manner;
- posted their food premise license;
- hired cooks with certification trade papers;
- were prepared for emergency events such as power failures, snow storms and labour unrest by having back-up generators, modified menus, dedicated suppliers, and assigned essential workers;
- were tested for drinking water safety by municipal inspectors and no recent issues were found; and
- were not providing wild meat as a menu item due to the high risk of food safety.

However, our review identified a number of weaknesses and inconsistencies in practices at the five long-term care facilities visited regarding kitchen and food safety as follows:

### Food Safety Training

- Western RHA offered an annual food safety and sanitation in-service to its food services workers, although staff were not required to attend these sessions. As of December 2014:
  - 29% of employees at the Corner Brook Long-term Care Home did not attend the 2014 annual sessions; and
  - None of the employees at the Bay St. George Long-term Care Centre attended the 2014 annual sessions.

- Eastern RHA required a refresher course on food safety but not all employees were trained as of December 2014 in accordance with their policy:
  - The Dr. Albert O’Mahony Memorial Manor required annual training, however, 12% of employees were not trained;
  - The St. John’s Long-term Care facility required training every three years, however, 74% of full-time staff were not trained and none of the temporary call-in food service workers were trained; and
  - The Glenbrook Lodge required training every five years, however, 45% of employees were not trained.
Food Temperature

- Depending upon the long-term care facility, temperature audits were required to be conducted on high risk foods, such as milk, upon delivery. We noted that:
  - The Bay St. George Long-term Care Centre, Corner Brook Long-term Care Home, and Glenbrook Lodge did not perform temperature audits as per the Food Safety Code of Practice which these facilities follow, except for ensuring frozen foods were frozen.
  - The Dr. Albert O’Mahony Memorial Manor did not perform temperature audits in accordance with their policy.
  - The St. John’s Long-term Care facility performed temperature audits in accordance with their policy.
  - The Bay St. George Long-term Care Centre, Corner Brook Long-term Care Home, Glenbrook Lodge and St. John’s Long-term Care facility did not track the temperature in all refrigerators and freezers on a daily basis to ensure refrigerated foods were at the required temperature as required by the Standards.
  - The Bay St. George Long-term Care Centre and Glenbrook Lodge did not record the temperature of each meal to ensure foods were cooked at appropriate temperatures as per the Food Premises Regulations under the Food and Drug Act.

Maintenance and Cleaning Schedules

- The Glenbrook Lodge, St. John’s Long-term Care facility and Corner Brook Long-term Care Home did not have a preventive maintenance schedule in place for all their major kitchen equipment as required by the Standards.

- The Bay St. George Long-term Care Centre, Glenbrook Lodge, Dr. Albert O’Mahony Memorial Manor and St. John’s Long-term Care facility did not have a cleaning schedule checklist for food services staff responsible for cleaning and sanitizing equipment and work areas. We would expect a checklist to be completed by a food service worker, and approved by a food service supervisor to ensure each task was done on a regular basis, as was done at the Corner Brook Long-term Care Home.
Food Storage

- The *Food Premises Regulations* under the *Food and Drug Act* states that cleaning materials should be stored in a compartment separate from food as to prevent the contamination of food. Bay St. George Long-term Care Centre and Glenbrook Lodge stored cleaning chemicals and cases of dietary supplements in close proximity in a receiving area room.

- The Bay St. George Long-term Care Centre, Glenbrook Lodge, and Dr. Albert O’Mahony Memorial Manor had food items stored on the floor instead of six inches off the floor to allow for proper air flow and proper cleaning. Only the Dr. Albert O’Mahony Memorial Manor required this as per their policy.

- The Dr. Albert O’Mahony Memorial Manor had their main dry stock pantry room located outside the kitchen area which was not locked and accessible to the public which was a violation of their policy.

Food Preparation

- The Glenbrook Lodge’s kitchen staff used the same cutting board for raw meats, fruits and vegetables instead of using separate cutting boards which was identified in Service NL inspection reports.

- During our site visit at the Glenbrook Lodge, we identified food safety concerns such as food thawing schedules not being documented, thawing and prepared food items stored in refrigerators not properly labelled and cereal bags in storage not being sealed after use.

Finding

20. For the five long-term care facilities we examined, kitchen and dining areas were observed to be clean and regular inspections were performed, however, our facility visits identified food safety issues related to food safety training, food temperatures, maintenance and cleaning schedules, food storage and food preparation.

Food Service Hygienic Practices

During our facility visits, we observed that the five facilities had hygienic practices posted in the kitchen and food service workers were in compliance with their respective facilities’ food services policies. For example, all staff wore hair nets and proper uniforms and food service staff did not wear jewelry. In addition, all facilities performed regular hand hygiene audits for nursing staff.
However, we found the following issues:

- None of the facilities had all their dietary employees trained in hand hygiene practices in accordance with their RHA policy as of our request on December 16, 2014.

- The Bay St. George Long-term Care Centre, Corner Brook Long-term Care Home, and Glenbrook Lodge did not perform hand hygiene audits for food service workers in the kitchen as they did for nursing staff to ensure workers were in compliance with good hygienic practices.

**Finding**

21. For the five long-term care facilities examined, RHAs had hygienic practices in place but did not always perform hand hygiene training and audits in the kitchen to ensure the safety of food provided to residents.

**3B. Provision of Meals**

**Introduction**

Meals should be provided to residents based upon their nutritional assessments and established meal plans. Meals should be provided at the appropriate texture and temperature, and supervised by qualified nursing staff. We selected a sample of 55 residents at five long-term care facilities to determine if their meals were being provided in accordance with their meal plans, meals were provided at the appropriate texture and temperature, and residents were being supervised when required.

**Meal Plans**

During December 2014 and January 2015, we observed 52 residents eating one meal (three residents were unavailable at the time of our visit) and compared their meal to a meal tray ticket or meal plan. In addition, we examined whether processes were in place to monitor whether residents were eating their meals. We found the following issues:

- All facilities required nursing staff to either manually record on a daily resident flow sheet or electronically in the Meditech system, the percentage of a meal consumed by the resident. The information was used to track eating patterns and used by registered dietitians in their assessments. However, this process did not provide sufficient eating patterns for assessment by a registered dietitian as the percentage consumed was not broken out for supplements and fluids intake, therefore the percent of a meal consumed lacked the necessary detail for a proper assessment.
Nutrition in Long-term Care Facilities

- Nursing staff at the five facilities we examined were sometimes recording food allergies on a resident care plan and diet orders, however, the food items were determined to be intolerances and not allergies. Food service workers indicated that this was confusing for them when ensuring a resident’s meal was provided in accordance with the resident care plan.

- The St. John’s Long-term Care facility was not providing meals to residents who were on a healthy heart diet in accordance with Eastern RHA’s established diet standard which required whole wheat bread, bran and low fat products to be provided. In our sample, two of 15 residents’ diets did not receive these meal items as it was not a practice to provide this to residents on the hearty heart diet unless specifically requested.

- Our review of 52 meal tray tickets or meal plans identified that 28 had an omission or addition to a resident’s tray or their tray was inconsistent with their documented assessment, for example:

  **Eastern RHA**

  St. John’s Long-term Care facility
  - One resident did not receive their required supplement;
  - One resident was not served soup as required on their meal ticket;
  - One resident had diabetes but this was not recorded on their meal plan; and
  - Two residents received a supplement which was not provided for in the resident meal plan. Upon further review, one resident had received the supplement for four months.

  Glenbrook Lodge
  - One resident was served a main dish not consistent with their documented preference. The same resident did not receive their required supplement. Upon further review, the resident had not received the supplement for two years;
  - One resident was not served a second soup for supper as per their meal plan; and
  - One resident received a supplement which was not provided for in the resident’s meal plan. Upon further review, the resident had received the supplement for four months.

  Dr. Albert O’Mahony Memorial Manor
  - One resident was served a main dish not consistent with their documented preference; and
  - One resident was receiving regular meal portions but was supposed to receive larger portions. Upon further review this had been occurring for ten weeks at the time of our visit.
Western RHA

Corner Brook Long-term Care Home

- One resident was receiving half meal portions but was supposed to receive full portions. Upon further review this had been occurring for seven weeks at the time of our visit; and
- One resident was not served soup for supper as requested since February 11, 2014.

Bay St. George Long-term Care Centre

- One resident had an intolerance to seeds but this was not recorded on their meal plan;
- One resident had an intolerance to oranges but this was not recorded on their meal plan;
- The diet of two residents was supposed to have increased fibre but this was not recorded on their meal plans; and
- One resident was not to have sweet desserts and was on a decreased fat diet but this was not recorded on their meal plan.

Findings

22. The facilities we reviewed did not always have processes in place to ensure residents were being provided and consuming meals in accordance with their meal plans.

23. The St. John’s Long-term Care facility did not provide meals to residents on a healthy heart diet in accordance with all the requirements of Eastern RHA’s established diet standard.

24. For the sample of 52 residents, 28 were not always provided meals in accordance with their prescribed meal plans.

Texture and Temperature of Food

Texture of Food

Preparing and providing meals in the proper texture is important to ensure residents are able to consume meals without any choking hazard. Both RHAs had policies on texture standards to assist staff in preparing and providing meals to residents reviewed, however, we noted the following issues:

- The texture standards were inconsistent between the RHAs, for example, the number of texture classifications was different.

- Texture standards were not posted at nursing stations located in the three facilities visited at the Eastern RHA as was done at the Western RHA. Nursing staff need direct access to these standards in preparing snacks and providing meals to residents.
Western RHA’s policy was to not thicken hot beverages because hot beverages were not able to hold the correct fluid consistency for very long which increased the risk of choking. However, at the two facilities we visited, nursing staff were thickening hot beverages for residents. Eastern RHA’s policy allowed the thickening of hot beverages.

Our observation of 52 residents eating their meals identified six occurrences at three facilities where food was not provided at the proper texture as indicated in the most recent assessment or was not consistent with texture standards as follows:

- For the 10 residents’ meals observed at the Glenbrook Lodge, two residents were on a finely chopped diet but had two food items on their lunch tray that were not finely chopped such as round sliced carrots and lemon cake. The residents were being fed by nursing staff that should have been aware of their textured diet.

- For the 10 residents’ meals observed at the Glenbrook Lodge, one resident was transferred from a hospital and was served breakfast prepared as a minced diet (diet served before being transferred to the hospital), however, the resident was placed on a pureed diet at the hospital. We noted that no update for the change in diet was received from the hospital until after the breakfast was served.

- For the 15 residents’ meals observed at the St. John’s Long-term Care facility, one resident was on a chopped diet in which the Dietitians of Canada Best Practices required all food items to be served separately but nursing staff feeding the resident had all the food mixed together. Meal items should be fed to residents separately so that a resident can better enjoy the meal. A review of the resident’s care plan did not indicate a preference to have their meal served in this way.

- For the 15 residents’ meals observed at the Corner Brook Long-term Care Home, two residents were on a pureed diet but all the items were blended together. Kitchen staff prepared all 30 residents on this diet in the same manner, even though the Western RHA texture policy required all meal items to be prepared and pureed separately.

Temperature of Food

The Dietitians of Canada Best Practices require that meals, including liquids, be provided at safe, comfortable and palatable temperatures by ensuring food temperatures are taken and recorded at the point of service and that appropriate equipment is used to transport meals. We found that each facility we reviewed had taken measures to provide meals at the appropriate temperature such as having established meal delivery schedules, using base plate heaters, heated plates, insulated plate covers, insulated bowls and mugs, and the use of serveries (kitchenette work stations located on floors). Our review identified the following:
• The St. John’s Long-term Care facility and the Corner Brook Long-term Care Home used heat induction base plate heaters to heat individual bases that plates were placed on in order to maintain the temperature for food for approximately one hour. We found that the St. John’s Long-term Care facility only had one base heater in operation due to insufficient electrical outlets in the kitchen and in order to meet schedules, food service workers were preheating bases. Staff indicated that, based upon the size of the facility, two base heaters were required. In addition, the facility only used enough bases to cover breakfast for half of their residents so breakfast was served on a plate with no base. These factors could result in temperatures not being maintained at the appropriate level.

• We identified that the St. John’s Long-term Care facility had 16 lounges which were all designed with a kitchen/servery, however, only half of them were being used. Given the size of the facility and time schedule to deliver meals to certain floors/wings of the facility, nursing staff stated that up to 20 minute delays could exist from the established schedule.

• The Bay St. George Long-term Care Centre and Glenbrook Lodge did not record temperatures of both hot and cold food and beverages during tray preparation as required by Dietitians of Canada Best Practices.

Finding
25. Although RHAs had policies and procedures for providing meals at the appropriate texture and temperature, our review of five long-term facilities identified issues where meals were not always provided at the proper texture and at the correct temperature and processes were not always present to ensure the texture and temperatures of meals were in accordance with RHA policy.

Resident Supervision

The Dietitians of Canada Best Practices require that meals be provided with appropriate dining supervision and staff should be present during eating in order to provide assistance. The Standards require that a supervised, socially enjoyable dining atmosphere be available. Adequate supervision is necessary to provide a comfortable atmosphere for the resident while dining, to provide assistance and encouragement to residents with their eating, and to prevent any choking occurrences.

The Western RHA required supervision during mealtimes in all dining areas while residents were eating. Western RHA’s policy required the monitoring to be conducted by direct care staff under the supervision of the registered nurse and that direct care staff be assigned to a dining area at a ratio of a minimum of one staff member to ten residents. The Eastern RHA did not have specific policies governing the supervision of residents during meals.

Our review of the five long-term care facilities identified that residents were not always supervised in accordance with the Standard or RHAs’ policy as follows:
• During our site visit to the Bay St. George Long-term Care Centre, we observed eight residents eating in the dining room that had no nursing supervision as required per RHA policy.

• We identified that two of the 15 residents in our sample at the Corner Brook Long-term Care Home had their meal trays left in their rooms next to the resident beds waiting for nursing staff to feed them, and in one case it was 25 minutes before a nurse was available. Leaving meal trays in rooms for residents requiring assistance not only results in delays in food being eaten, but could result in injury to the resident if they tried to feed themselves (i.e. choking).

• Although all facilities had designated dining areas which were generally used, we found the Bay St. George Long-term Care Centre did not use the designated dining areas to their fullest capacity. We noted that the dining room had a capacity of 28 for the 114 residents and while there was a large group living area that was suitable for dining, it was only used once each year for Christmas supper. We observed that many of the facility’s residents were provided meals in small lounges within five feet of resident rooms that appeared crowded and were not conducive to an enjoyable dining atmosphere as required by the Standards. In addition, given the limited space available in the lounges, residents were not always situated for optimum supervision. For example, one resident we observed, who was determined to be a high risk of choking, was eating their meal without being in direct sight of direct care staff. The resident was not directly in the lounge but placed in the hallway near the lounge because there was no room left in the lounge to accommodate the resident.

• The Glenbrook Lodge had no requirement to have nursing staff in the dining room to supervise up to 25 residents during lunch and supper. In addition to being a supervision issue, there was no record of the percentage of food intake for each resident that would be normally recorded by nursing staff.

• The Corner Brook Long-term Care Home, Dr. Albert O’Mahony Memorial Manor, Glenbrook Lodge and St. John’s Long-term Care facility indicated that they had issues with the timeliness of breakfast being served due to the morning shift change in nursing staff. The Bay St. George Long-term Care Centre was the only site that did not have an issue with the timeliness of breakfast being served to residents as shift changes were at 7:30 am, instead of 8:00 am.

• For the five long-term care facilities, we examined the training of all nursing staff that were feeding/serving meals to residents to determine if they were trained annually in foreign body obstruction related to choking. The Western RHA required all nursing staff to be trained annually, however, the Eastern RHA did not require nursing staff to be trained annually. We found that as at December 31, 2014, all registered nurses at the five facilities that we reviewed had been trained annually but licensed practical nurses and personal care attendants, the staff that typically feed residents were not always trained. The following provides a summary of all nursing staff not trained:
Nutrition in Long-term Care Facilities

Eastern RHA
- 79% (400 of 506) of nursing staff at the St. John’s Long-term Care facility were not trained;
- 72% (81 of 113) of nursing staff at the Glenbrook Lodge were not trained; and
- 62% (33 of 53) of nursing staff at the Dr. Albert O’Mahony Memorial Manor were not trained.

Western RHA
- 46% (90 of 194) of nursing staff at the Corner Brook Long-term Care Home were not trained; and
- 23% (25 of 111) of nursing staff at the Bay St. George Long-term Care Centre were not trained.

Findings

26. For the long-term care facilities examined, residents were not always supervised while eating in accordance with the Standards or RHA policy or a supervision policy was not documented.

27. For the long-term care facilities examined, nursing staff responsible for supervising residents while eating did not always receive annual training in foreign body obstruction.
4. Monitoring of Nutritional Services

Objective

To determine whether the Department and RHAs monitor and report on food services provided to residents of long-term care facilities.

Conclusion

The Department and RHAs had processes in place to monitor and report on food services provided to residents of long-term care facilities. However, for the RHAs and long-term care facilities in our sample, issues were identified in the RHAs’ quality improvement processes related to process audits, complaints reporting and occurrence reporting. In addition, the Department and RHAs did not establish performance indicator benchmarks.

Our review considered whether:

- The planning and delivery of food services were periodically reviewed as part of an RHA’s continuous quality improvement plan;

- Complaints and occurrences were documented, reviewed and timely corrective action was taken; and

- The Department and RHAs periodically monitored financial and statistical data, and variances were identified against established performance indicators, and explanations were provided.

Overview

The *Regional Health Authorities Act* states that an RHA is responsible for the delivery and administration of health and community services in its health region. In carrying out its responsibilities, an RHA shall monitor and evaluate the delivery of health and community services and compliance with the Standards and provincial objectives and in accordance with guidelines that the Minister may establish for the RHAs.
4A. Continuous Quality Improvement

Introduction

A key performance measure included in the Standards requires each standard, including those related to food and nutrition services, to be monitored and evaluated as part of an RHA’s continuous quality improvement plan. Department officials indicated that RHAs are responsible for developing and implementing these quality improvement plans. A review of the Eastern and Western RHAs’ quality improvement processes identified various policies, procedures and initiatives to monitor, evaluate and improve the quality of food and nutrition services, including satisfaction surveys, audits/inspections, resident family council meetings, occurrence reporting, complaint reporting, performance indicator reporting, annual reviews of plans, accreditation updates, and established review dates of policies and procedures.

Audits

Although, the Standards did not specifically require audits to be performed as part of a RHAs’ continuous quality improvement, the five long-term care facilities that we examined conducted audits related to food and nutrition services. However, in the absence of direction from the Department, the two RHAs established different requirements for audits which resulted in audits being conducted inconsistently as follows:

- Preparation/production waste audits are to be conducted on a regular basis to determine the amount of food not used. This would assist food services staff in identifying and reducing wastage and incurring unnecessary food expense. The St. John’s Long-term Care facility and Dr. Albert O’Mahony Memorial Manor, which both had contracted food services, performed these audits. Although not required, we found that the other three long-term care facilities did not conduct preparation/production waste audits.

- Resident meal wastage audits are to be conducted on a regular basis as required by Dietitians of Canada Best Practices to determine if a resident is eating adequately and if the menu items are suitable for the majority of the residents. The results also assist the dietitian in assessing the residents’ food intake and helps reduce food wastage and cost. The St. John’s Long-term Care facility, Dr. Albert O’Mahony Memorial Manor, Glenbrook Lodge and Bay St. George Long-term Care Centre had not completed a resident meal wastage audit. We noted that the Corner Brook Long-term Care Home completed three audits in 2013 and one audit in 2014 but it was only on specific menu items.

- Food service safety audits are to be conducted to ensure safe food practices are in place to protect residents from sickness or death. We found that the St. John’s Long-term Care facility, Dr. Albert O’Mahony Memorial Manor and the Corner Brook Long-term Care Home were performing audits monthly as required by their food services policies. Although not required, we found that the other two long-term care facilities did not conduct food service safety audits.
Clinical dietitian documentation audits are to be conducted to ensure dietitians are meeting the RHAs’ policies and the Standards of Practice for Dietitians regarding residents’ safety and quality of care. Our review identified that:

- Eastern RHA required clinical dietitian documentation audits to be completed every two years. All audits in 2014 were performed as required.
- Western RHA did not require clinical dietitian documentation audits to be completed.

**Finding**

28. The Standards did not specifically require audits to be performed as part of a RHAs’ continuous quality improvement, and without direction from the Department, the two RHAs established different requirements for audits which resulted in audits being conducted inconsistently.

**4B. Complaints and Occurrences**

**Introduction**

A key monitoring tool used by the Department and RHAs is the recording and monitoring of complaints. RHAs also record and monitor occurrences. Complaints are usually filed by a resident, family member or citizen while occurrences are reported by RHA employees. The RHAs are required to have documented policies and procedures that provide for the proper identification, reporting and follow up of complaints and occurrences in accordance with the Standards.

**Complaints**

The Department has a complaints monitoring process that tracks complaints received, however, the Department indicated they did not receive any complaints regarding food services during the period April 2013 to December 2014.

Both of the RHAs we examined had complaints policies in place in accordance with the Standards. Four of five long-term care facilities we examined stated that no complaints had been received during the period April 2013 to December 2014. The St. John’s Long-term Care facility had some complaints maintained in a file that staff indicated were either received verbally or through emails but no official complaint form was completed or tracked as per policy. Therefore, we could not determine whether the St. John’s Long-term Care facility was complying with this policy.
Finding

29. Only the St. John’s Long-term Care facility reported receiving complaints, however, Eastern RHA staff indicated that complaints were either reported verbally or through emails, but an official complaint form was not completed or tracked as required. As a result, we could not determine the true extent of complaints and whether the facility was responding to these complaints in accordance with RHA policy.

Occurrences Reporting

The Clinical Safety Reporting System (CSRS) is a tool used by all RHAs to manage occurrences. Each RHA had a policy designed to ensure residents received timely and appropriate follow-up care, and each occurrence was investigated in an organized, effective and timely manner. In addition, the quality and risk management office was to monitor, track and trend occurrences to identify opportunities for quality and safety improvements and shared learning. Table 4 provides a summary of occurrences reported for each of the five long-term care facilities examined.

Table 4

<table>
<thead>
<tr>
<th>Type of Occurrence Reported</th>
<th>Eastern RHA</th>
<th>Western RHA</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>St. John’s Long-term Care</td>
<td>Glenbrook Lodge</td>
<td>Dr. Albert O’Mahony Memorial Manor</td>
</tr>
<tr>
<td>Wrong diet or supplement</td>
<td>38</td>
<td>52</td>
<td>15</td>
</tr>
<tr>
<td>Choking hazard</td>
<td>30</td>
<td>15</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>13</td>
<td>-</td>
</tr>
<tr>
<td>Ingestion of non-edible item</td>
<td>13</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Foreign object found in food/on tray</td>
<td>1</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Food allergy provided/not identified</td>
<td>2</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Missed feeding/incorrect schedule</td>
<td>1</td>
<td>11</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Occurrences Reported</strong></td>
<td><strong>101</strong></td>
<td><strong>100</strong></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

Source: Regional Health Authorities’ Clinical Safety Reporting System
The RHAs policies required that the individual reporting an occurrence complete an occurrence report within 24 hours of the occurrence being discovered. Western RHA’s policy required the manager/approver to initiate a review process within 72 hours (excluding weekends and statutory holidays) after receiving the occurrence report. The manager/approver must have their investigation finished within six days after the manager began their review. Eastern RHA’s policy required the manager/approver to initiate a review process within two days (excluding weekends and statutory holidays) after receiving the occurrence report. The manager/approver must have their investigation finished within seven days after the manager began their review. Therefore the manager/approver has a maximum of nine days in which an investigation of the occurrence should be completed for either RHA.

We examined five occurrences each at the three facilities we examined at the Eastern RHA and found that the occurrence reporting process was not completed in a timely manner for 11 of the 15 occurrences as follows:

St. John’s Long-term Care facility
- managers initiated a review one day late in one occurrence; and
- managers completed an investigation two to 13 days late for three occurrences.

Glenbrook Lodge
- manager initiated a review one to three days late in two occurrences.

Dr. Albert O’Mahony Memorial Manor
- managers initiated a review two to six days late for four occurrences; and
- managers completed an investigation five to 39 days late for two occurrences.

We examined five occurrences each at the two facilities we reviewed at the Western RHA and found that the occurrence reporting process was not completed in a timely manner for six of the 10 occurrences as follows:

Corner Brook Long-term Care Home
- one occurrence was reported one day late; and
- managers initiated a review three to seven days late for three occurrences.

Bay St. George Long-term Care Centre
- managers initiated a review seven to 11 days late for three occurrences; and
- managers completed an investigation 19 and 20 days late for two occurrences.

**Finding**

30. The long-term care facilities examined were not always addressing reported occurrences within the timeframes outlined in the RHAs’ policy.
4C. Financial and Statistical Data

Introduction

The Province uses the standards for Management Information Systems (MIS Standards) as published by the Canadian Institute for Health Information (CIHI) for the collection and reporting of financial and statistical information from health organizations. The MIS Standards are used by the RHAs and the Department to collect, process, analyze and use data to provide standard comparable operational information to decision makers. RHAs submit financial and statistical data electronically through Teledata monthly to the Department.

The MIS Standards also provide various performance indicators covering financial, staffing, productivity, utilization and workload measurements. Performance indicators were established in order to better analyze and evaluate services provided, compare performance, and assist in decision making. Indicator reports for each discipline can be generated from the MIS database at a provincial level, a regional level or a site level.

Department Monitoring of Information

The Financial Services Division of the Department reviews quarterly financial updates provided by the RHAs. The reviews are performed on global budgets by major category (i.e. salaries, supplies, etc.). During the fiscal year ended March 31, 2015, the Department began a new process where financial indicator reports were reviewed semi-annually (June 30 and December 31) for major variances and questions were provided to RHAs for explanation. Prior to this, the Department did not formally review and assess indicator reports on a regular basis.

Our review of the Department’s monitoring processes for financial and statistical information identified that the Department has not established benchmarks or variance thresholds for each performance indicator for the Province, for each RHA or for each long-term care facility. Without benchmarks or variance thresholds being established for each performance indicator, it is not possible for the Department or RHAs to compare actual results to expected results and determine which variances should be investigated.

Finding

31. The Department has not established benchmarks and variance thresholds for each performance indicator for the Province, for each RHA or for each long-term care facility. Without benchmarks or variance thresholds being established for each performance indicator, it is not possible for the Department or RHAs to compare actual results to expected results and determine which variances should be investigated.
RHA Monitoring of Information

The Eastern and Western RHAs monitored and reported on financial information for food services and nutrition services as part of their monthly financial reporting which compares actual to budgeted expenditures. In addition, the RHAs had access to the performance indicator reports which provided comparative information by facility or by RHA.

The Eastern RHA also prepared and reviewed a monthly utilization report which provided actual and budgeted monthly and year-to-date expenditures, FTEs, meal days and cost per meal day for each long-term care facility.

The Western RHA also reported various financial and statistical data and performance indicators with its monthly financial reports which were provided to managers for review for any variances.

Our review of the RHAs’ monitoring processes for financial and statistical information identified that the RHAs did not establish benchmarks and variance thresholds to be used for comparing actual to expected results of all performance indicators related to food services and nutrition services that were reviewed.

Finding

32. The RHAs did not establish benchmarks and variance thresholds to be used for comparing actual to expected results of all performance indicators related to food services and nutrition services that were reviewed.
1. The Department should conduct a formal review of the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador as required.

2. The Eastern RHA and Western RHA should develop food and nutrition services policies and procedures consistent with the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and consider working with the other RHAs and the Department to establish policies and procedures that are consistent across the Province.

3. The Eastern RHA and Western RHA should ensure resident assessments are completed as required in order to maintain a current dietary profile for each resident.

4. The Eastern RHA and Western RHA should ensure the nutritional contents of the master menus comply with Canada’s Food Guide, and that master menus are regularly assessed by a registered dietitian.

5. The Eastern RHA and Western RHA should ensure a resident’s meal plan is established in accordance with the resident’s dietary assessment and that texture and other major diet changes (excluding preferences) are reviewed and approved by a registered dietitian as required by the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador.

6. The Eastern RHA and Western RHA should ensure food safety, food temperatures, food storage, food preparation and maintenance and cleaning schedules are monitored and in accordance with the Food Premises Regulations, the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and RHA policy.

7. The Eastern RHA and Western RHA should provide meals to residents in accordance with their prescribed meal plans and at the appropriate temperature.

8. The Eastern RHA and Western RHA should ensure residents are appropriately supervised during meals in accordance with the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and applicable RHA policies.

9. The Eastern RHA and Western RHA should improve their quality improvement processes by ensuring that process audits, complaints reporting and occurrences reporting are conducted in accordance with applicable RHA policies and such policies are consistent across the Province.

10. The Department and the RHAs should establish benchmarks for performance indicators, review and monitor actual financial and statistical data, including performance indicators, against these benchmarks and follow up significant variances.
Department Response

Recommendation #1

1. The Department should conduct a formal review of the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador as required.

While a formal comprehensive review of the Long Term Care (LTC) Operational Standards was not completed, the Department works closely with the regional health authorities (RHAs) to address policy or procedural concerns on a regular basis. The Department is planning to review and revise the Operational Standards and will work closely with the RHAs and other stakeholders to identify opportunities to strengthen the Standards.

Recommendation #10

10. The Department and the RHAs should establish benchmarks for performance indicators, review and monitor actual financial and statistical data, including performance indicators, against these benchmarks and follow up significant variances.

The Department reviews quarterly financial updates provided by the RHAs on global budgets by major category and follow up on significant variances. The Department also reviews select financial/statistical indicators semi-annually for major variances and seeks clarification from the RHAs on these variances. The Department will work with the RHAs to establish benchmarks for these financial/statistical indicators and will follow up on significant variances.

Thank you for the opportunity to respond to this report. The Department will work closely with the RHAs to strengthen the LTC Operational Standards and monitoring activities to ensure we are meeting the needs of our long term care residents.
Recommendation #2

2. The Eastern RHA and Western RHA should develop food and nutrition services policies and procedures consistent with the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and consider working with the other RHAs and the Department to establish policies and procedures that are consistent across the Province.

Eastern Health, through its contract services and clinical nutrition services, has a number of food and nutrition policies consistent with the operational standards guiding nutrition planning and monitoring. Eastern Health acknowledges that site specific policies are not available for the Salvation Army Glenbrook Lodge and will work with the Long Term Care leadership team there to achieve same for all of Eastern Health.

Furthermore, Eastern Health supports partnership with the Department and other regional health authorities to develop policy and procedures consistent with the Operational Standards.

Recommendation #3

3. The Eastern RHA and Western RHA should ensure resident assessments are completed as required in order to maintain a current dietary profile for each resident.

Eastern Health recognizes that resident assessment is a critical component of care and will develop an action plan to improve compliance with resident care planning and updates, MDS assessments, reassessments, interdisciplinary team conferences and weight assessments.

Recommendation #4 and #5

4. The Eastern RHA and Western RHA should ensure the nutritional contents of the master menus comply with Canada’s Food Guide, and that master menus are regularly assessed by a registered dietitian.

5. The Eastern RHA and Western RHA should ensure a resident’s meal plan is established in accordance with the resident’s dietary assessment and that texture and any other major diet changes (excluding preferences) are reviewed and approved by a registered dietitian as required by the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador.

Eastern Health acknowledges the importance of menu planning and menu assessment by a dietitian, and will commit to working with the food contract service companies and leadership of Glenbrook Lodge to improve compliance in this area. It is important to note that while a master menu can be developed and approved by a dietitian that changes are often made on a weekly basis in response to such factors as production capabilities (i.e. seasonal foods available, equipment malfunction etc.), special occasions, resident preferences and changes in service models.
To reduce confusion for residents and families, master menus are not posted at our sites but are “available upon request”. As noted above, weekly or even daily changes may need to be made to the master menu in response to a production capabilities. As well, the complexity of the resident population and their varied dietary needs requires many variations to the master menu (i.e. food types offered, texture, fluid). Reflecting the nuances of each diet type on a master menu is difficult and can be confusing for residents and families to interpret. To decrease confusion and promote a home-like milieu, most Eastern Health sites post daily menus.

It is important to recognize that our Nursing Home sites provide long term residential care and thus becomes the resident’s home. While as a health organization we recognize the importance of meeting the recommendations of Canada’s Food Guide we balance this need with a resident centered care approach. Many of our seniors have eaten traditional Newfoundland foods throughout their lives and are not amiable to making changes to their eating habits late in life. Our menu planning goal is to achieve resident satisfaction, meet Canada’s Food Guide recommendations and minimize food wastage. While our master menus do not always provide exact daily serving recommendations of Canada’s Food Guide, items (such as milk, bread and fruit) are made available for snacks and at other times to residents to request if desired.

Section 4, standard 9 Clinical Nutrition Services states that the resident’s dietary needs, based on a nutritional assessment and preferences, are included in his/her care plan (9.2) and that services are provided by registered dietitians, licensed by the profession’s provincial regulatory body (9.3). Eastern Health asserts that it is fully compliant with both performance measures 9.2 and 9.3. The standard does not state that any dietary changes be approved by a clinical dietitian. Eastern Health uses diet requisition guidelines that allow for dietary changes to be made by other health professionals including physicians, nurses, speech language pathologists as well as clinical dietitians.

The report notes that the master menus often did not provide sufficient information and/or details of the meals provided. Eastern Health acknowledges the need to improve documentation of meals and food items served on its master menu and also notes that the menu assessment was completed on the master menu which did not incorporate all snacks and beverages that are available to residents through standard unit supply. We deliver a significant amount of supplies to the units for residents to consume (in a homelike setting) throughout the day and this is included in EH’s total menu assessment. All foods consumed daily must be considered when assessing compliance to the total daily intake recommendations of Canada’s Food Guide.

Recommendation #6 and #7

6. The Eastern RHA and Western RHA should ensure food safety, food temperatures, food storage, food preparation and maintenance and cleaning schedules are monitored and in accordance with the Food Premises Regulations, the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and RHA policy.

7. The Eastern RHA and Western RHA should provide meals to residents in accordance with their prescribed meal plans and at the appropriate temperature.
Eastern Health acknowledges the importance of providing safe and nourishing meals. Eastern Health is committed to reviewing the recommendations outlined in the report and developing an action plan to address deficiencies.

The St. John’s Long Term Care Site has already commenced this work as noted below:

- Implementing an annual Food Safety and Sanitation training to all employees which will also be included as part of Departmental orientation for new hires.
- Ordering monitoring equipment (fridge thermometers) for all dining areas and incorporating this audit into servery logs.
- Partnering with Infrastructure Support to develop and implement a preventative maintenance schedule for food service equipment.
- Developing and implementing cleaning schedules for all food service equipment and work areas.

Recommendation #8

8. The Eastern RHA and Western RHA should ensure residents are appropriately supervised during meals in accordance with the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and applicable RHA policies.

Eastern Health believes it provides a supervised, socially enjoyable dining experience for its residents as required by the standards. Nursing staff complete foreign body obstruction related to choking as part of their pre-employment training. Additionally, Eastern Health provides refresher training as needed to nursing staff. While there is no standalone policy related to supervision in dining areas during meals, the Assignment Record for Nursing – Long Term Care (307-RC-300) encompasses this responsibility.

Recommendation #9

9. The Eastern RHA and Western RHA should improve their quality improvement processes by ensuring that process audits, complaints reporting and occurrences reporting are conducted in accordance with applicable RHA policies and such policies are consistent across the Province.

Eastern Health is committed to responding to complaints in a timely manner. Managers in Long term Care have recently completed training in the organization’s new electronic complaints reporting system. The goal is to improve reporting practices, track response times and to identify systemic trends for improvement.

Similarly we are committed to addressing reported occurrences within the timeframes outlined in policy. Eastern Health follows the timeframes outlined within the CSRS Provincial Dictionary which defines the timeframe for completion of a review at 18 days, however, occasionally extra time may be required to ensure that managers complete a comprehensive investigation as needed.
**Recommendation #10**

10. The Department and the RHAs should establish benchmarks for performance indicators, review and monitor actual financial and statistical data, including performance indicators, against these benchmarks and follow up significant variances.

Eastern Health has a robust internal review and monitoring process related to the analysis of actual financial and statistical data. Utilization (performance indicator) reports are forwarded to all managers monthly for review and as a discussion point during scheduled monthly meetings. These reports are also available on a self-service portal in Cognos (Managers’ Toolkit) which allows any manager to access any month’s data (indicator information) for analysis and review. Issues identified (with data quality and/or general enquiries) are communicated with their respective Budget Analyst for follow up and investigation.

Eastern Health would welcome the opportunity to work with the Department and other Regional Health Authorities on developing a provincial benchmarking initiative.

Eastern Health welcomes the findings of the Auditor General and looks forward to working with the Department of Health and Community Services and the other Regional Heath Authorities to strengthen the Standards related to Nutrition Planning and Monitoring in Long Term Care Facilities, and developing strong practices and procedures to guide the staff of this Authority in meeting the needs of long term care residents.
Western Regional Health Authority Response

Western Health is appreciative of the Office of the Auditor General’s (OAG) review of Nutritional Planning and Monitoring in Long Term Care facilities and recommendations to improve planning and monitoring of nutritional services. Western Health is committed to continue to work with the Department of Health and Community Services (DHCS) as well as the other Regional Health Authorities (RHAs) to provide the highest quality of life and care for residents within long term care and support consistency in practices across the province.

In response to the recommendations outlined in the OAG report, Western Health would like to provide the following comments in relation to recommendations 2 through 10.

Recommendation #2

2. The Eastern RHA and Western RHA should develop food and nutrition services policies and procedures consistent with the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and consider working with the other RHAs and the Department to establish policies and procedures that are consistent across the Province.

Western Health has numerous policies and procedures in place to support nutritional planning and monitoring within long term care. Western Health will work with the DHCS and other RHA’s to ensure compliance with the Operational Standards for Long Term Care and establish consistency in policies and procedures throughout the province.

Recommendation #3

3. The Eastern RHA and Western RHA should ensure resident assessments are completed as required in order to maintain a current dietary profile for each resident.

Western Health acknowledges there is opportunity to improve the assessment process to maintain a current dietary profile for each resident. Auditing processes will be established to ensure assessments are completed within required timelines. As well, work is currently underway to provide an electronic reminder when these assessments are due within current electronic systems such as Clinical Online Documentation.

Recommendation #4

4. The Eastern RHA and Western RHA should ensure the nutritional contents of the master menus comply with Canada’s Food Guide, and that master menus are regularly assessed by a registered dietitian.

Master menus are developed and maintained by a Registered Dietitian. Meals are planned based on recommendations from Canada’s Food Guide. Western Health is in the process of establishing a plan for analyzing all long term care menus in accordance with food group servings as outlined in Canada’s Food Guide.
**Recommendation #5**

5. The Eastern RHA and Western RHA should ensure a resident’s meal plan is established in accordance with the resident’s dietary assessment and that texture and other major diet changes (excluding preferences) are reviewed and approved by a registered dietitian as required by the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador.

Standard 9 of the Operational Standards for Long Term Care states that “There is provision for clinical nutrition services”. As required by the standards, clinical nutrition services within Western Health are provided by Registered Dietitians and the resident’s dietary needs are based on a nutritional assessment and preferences are included in the residents’ meal plan. The standard does not state that all dietary changes including all texture and/or other major diet changes require approval by a Registered Dietitian. Western Health policy indicates that a diet order change can be made by the physician, clinical dietitian, or nurse to ensure a timely response to changes in a residents’ condition and ensure safety. Changes must be communicated to the Registered Dietitian for follow-up, if needed. Western Health will work with the DHCS and other RHA’s to ensure consistency in practice.

**Recommendation #6**

6. The Eastern RHA and Western RHA should ensure food safety, food temperatures, food storage, food preparation and maintenance and cleaning schedules are monitored and in accordance with the Food Premises Regulations, the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and RHA policy.

Western Health ensures all new staff in nutrition services receive food services and infection control training upon hiring. While refresher training is offered on an annual basis, it is recognized that there are opportunities to support staff in ongoing education. Western Health is willing to work with the DHCS and the RHA’s to establish consistency in educational training requirements across the province.

Western Health acknowledges that food temperatures are not audited upon receiving food deliveries. Purchases are made only through approved suppliers who deliver in vehicles under controlled temperatures. Western Health agrees that temperature auditing is important and will be implemented regionally.

Western Health does monitor food temperatures during meal assembly and corrective action is taken if temperatures are not within the desired range. Western Health will implement consistent auditing practices.

The temperatures of all main refrigerators and freezers are checked and recorded several times daily. Western Health agrees that temperature monitoring of all refrigerators and freezers is important and will implement this practice consistently.
Within Western Health all equipment requiring scheduled preventative maintenance should be included in the computerized asset management system (MP2). It is recognized that at the time of this review, all major kitchen equipment at the Corner Brook Long Term Care Home was not included within the MP2 system. All equipment at Corner Brook Long Term Care Home has since been reviewed and entered into the MP2 system to generate the scheduled review date.

The cleaning and sanitizing of equipment and work areas at Bay St. George Long Term Care Centre is well established and incorporated into the daily work routines of food services staff. A formalized regional checklist consistent with that currently in place at Corner Brook Long Term Care Home will be implemented.

**Recommendation #7**

7. *The Eastern RHA and Western RHA should provide meals to residents in accordance with their prescribed meal plans and at the appropriate temperature.*

Western Health acknowledges there were minor inconsistencies in meals from the prescribed meal plan. However, these inconsistencies posed no risk to the involved residents. Western Health will review current processes and communication mechanisms to ensure meals are consistent with prescribed meal plans.

As previously noted, Western Health will implement consistent auditing practices for monitoring and documenting temperatures.

**Recommendation #8**

8. *The Eastern RHA and Western RHA should ensure residents are appropriately supervised during meals in accordance with the Operational Standards for Long Term Care Facilities in Newfoundland and Labrador and applicable RHA policies.*

Western Health’s policy has been revised since the time of this review to more clearly reflect the appropriate levels of supervision of residents.

**Recommendation #9**

9. *The Eastern RHA and Western RHA should improve their quality improvement processes by ensuring that process audits, complaints reporting and occurrences reporting are conducted in accordance with applicable RHA policies and such policies are consistent across the Province.*

Western Health acknowledges that regular auditing is a good practice and there are opportunities to enhance audits currently being conducted within Long Term Care Nutrition Services. Western Health is willing to work with the DHCS and other RHA’s to develop standard auditing requirements to establish consistency across the province.
As previously noted, Western Health’s Client Feedback: Compliments and Complaints Policy (6-04-60) outlines the process for addressing formal complaints. As noted in the OAG report there were no formal complaints received related to nutrition services during the period of the review.

Western Health’s Occurrence Reporting policy (06-02-15) is in compliance with the mandatory elements outlined in the provincial policy. Western Health acknowledges there are opportunities to improve the timeliness for initiating review and completing investigation of occurrences. While a number of strategies have already been implemented, Western Health will continue to work with the leadership group to comply with the required timelines outlined in the organizational policy.

Recommendation #10

10. The Department and the RHAs should establish benchmarks for performance indicators, review and monitor actual financial and statistical data, including performance indicators, against these benchmarks and follow up significant variances.

Western Health provides complete and accurate financial and statistical data to the DHCS on a monthly basis. Western Health will work with the DHCS and other RHA’s to establish benchmarks and variance thresholds for identified performance indicators to ensure effective financial monitoring.

Summary

Western Health acknowledges the findings and recommendations as outlined in the OAG report. The organization will move forward with the actions identified to address the recommendations. Western Health will continue to work collaboratively with the Department of Health and Community Services, the other Regional Health Authorities, as well as residents and families to improve current processes and ultimately enhance the quality of nutritional care provided to residents in long term care.