Royal Terrace Quality Report for 2024

Overview

Royal Terrace has been family owned since 1973. The current 67 bed Long Term Care facility was built new in 1989 and is fully accredited. We are strategically situated next to the Palmerston and District Hospital in North Wellington to assist in meeting your healthcare needs. Our mission is dedicated to the delivery of care and services, while maintaining dignity, privacy, independence, and freedom of choice in a safe and secure environment for our community. Our vision is to promote continued growth and redevelopment through on-going community involvement with focus to bridge any gaps in services or area needs.

Our Values:
C*onfidentiality*
A*ccountability*
R*espect*
E*quality*

Royal Terrace's home priority areas are built around five key goals:

1. ***Resident-Centered Care***
2. ***Employee Retainment & Engagement***
3. ***Future Expansion & Development***
4. ***Health & Safety of all Stakeholders***
5. ***Maintaining Strong Relationships***

Resident-Centered Care

- To provide resident- centered care in a safe secure, clean environment: ensuring resident satisfaction through the delivery of services, nursing, dietary, environmental, and life enrichment.
- Review resident/ family satisfaction annually, evaluate and develop an action plan based in conjunction with the QIP.
- Review the CIHI reports, care programs and evaluate their outcomes

Employee Retainment & Engagement

- To ensure staff satisfaction, engagement and retention by:
- Recruitment – references, screening, orientation, training and follow up
- Satisfaction – surveys and action plans, follow through, evaluations
- Self-Development - personal growth goals, education opportunities, leadership and HR training.
- Staff Appreciation- recognition, competitive wages, bonuses

Future Expansion & Development

- To promote continued growth & redevelopment through on-going evaluation of our strategic plan, QIP, LHIN initiatives aligning with our community demographics.
- Continue to provide & evaluate physical plant for capital plans, operating budgets, building maintenance and repair.
- Annual review of our strategic plan and other initiatives.
- Engage community & health professional providers to analyze current/ future needs of the community, bridging the gap.

Maintaining Strong Relationships

- To maintain good rapport and communications with community stakeholders, Home & Community Care Support Services, hospitals, politicians, and physicians.
- Monitor and evaluate on-going relationships with healthcare professionals and networking connections.
- Review and implement any initiatives identified in our GAP analysis, LASS, and LAPS.
- Support our local health care professionals, hospitals, physicians and welcome their suggestions for services and new initiatives.
- Stay abreast of on-going political influences including local, provincial and federal supporting bodies.

Health & Safety of all Stakeholders

- To provide a safe & secure environment for all involved.
- Continued on-going analysis of accidents/ incidents, trends to identify root causes and implement action plans which may include employee training, environmental changes and work process flow.
- On-going management of WSIB, claims, return to work, and modified duty routines including workplace accommodations.
- Investigate resources for support and on-going training of the Emergency Management Plans, as well as overall health and wellbeing.

Quality Improvement

Quality Improvement remains a core emphasis to supporting our LTC teams to accomplish exemplary care for the residents under our charge. The Quality Improvement program is based around the recurring nature of quality improvement by continually assessing, identifying, implementing, evaluating, and adjusting our processes to ensure high quality of life and care as well as healthy sustainable outcomes. The programs in which we use to ensure QI are assessed annually.

Areas of Priority

In Ontario, as care providers in the Long-Term Care sector, we are obligated to operate under the Ontario Fixing Long Term Care Act (FLTCA) (2021) and its Regulation 246/22. The FLTCA 2021 and O.Reg 246/22 has brought focus on the sector to continue to strive for better quality of care for residents. In addition to creating a continuous need to review and engage in quality improvement to drive our practices forward to meet all regulatory requirements.

Royal Terrace will use the following as key drivers of their Quality Improvement Program:

- Fixing Long Term Care Act (2021), Ontario Regulation 246/22
- Best Practices (RNAO)
- Commission on Accreditation of Rehabilitation Facilities (CARF) standards and accreditation
- Annual program evaluations
- Resident and Family satisfaction surveys
- PointClickCare (PCC)
- Canadian Institute for Health Information (CIHI)
- Health Quality Ontario (HQO)
- Scriberly
- HealthConnex
- Internal Audits

Every year we are mandated to complete a quality improvement plan through Ontario Health. For the 2024-year Royal Terrace focused on the following areas for improvement;

- Decrease avoidable Emergency Department transfers;
- Increase the number of residents who feel they are listened to by staff;
- Increase the number of residents that can express their opinion without fear of consequence;
- Decrease the percentage of residents who have had a fall in the last thirty days;
- Decrease the percentage of residents with worsening pressure ulcers.

Our areas for improvement are measured, monitored and communicated throughout the year at a variety of levels. These include;

- core program committees such as but not limited to Skin, Wound, Falls, and Incontinence, and Palliative Care
- Professional Advisory Committee and Quality Improvement meetings,
- Resident Council meetings
- Family Council meetings if applicable
- Individual department meetings

Resident & Family Satisfaction Survey

Each January, an annual satisfaction survey is distributed to residents, Powers of Attorney (POAs), Substitute Decision Makers (SDMs), and other relevant parties. The survey is made available through multiple channels, including email, mail, and in-person delivery, to ensure accessibility for all participants.

Participants are given a three-week period to complete and return the survey. After the submission deadline, the Director of Life Enrichment is responsible for collecting all responses, analyzing the data, and compiling the results into visual graphs and a summary of key survey outcomes, where it is then analyzed by the management team and shared via preferred communication channel with families/residents and staff.

Reflections Since Our Last Annual Quality Report / Ontario Health Workplan

Indicator: Rate of ED visits
Outcome: In 2024 we were 20.21%, which is a significant increase from 2023 (5.26%)
Evaluation:

- Large turnover in residents and staff
- More residents/POA's wanting more interventions (level 2)

Indicator: Percentage of residents responding positively to "How well do the staff listen to you?"
Outcome: In 2024 we were 68.97% which was an increase from 2023 (63.16%)
Evaluation:

- More staff education on resident-centered care
- Ensure residents are informed on channel to report staff

Indicator: I can express my opinion without fear of consequence
Outcome: In 2024 we were 89.66% which was a significant increase from 2023 (56.72%)
Evaluation:

- More staff education on resident-centered care
- Reviewing the importance of reporting at Residents council
- More active participation in Residents Council

Indicator: Percentage of falls
Outcome: In 2024 we were at 5.5% with has decreased since 2023 (6.7%)
Evaluation:

- Change of resident
- Change of mobility device
- Increased BSO hours
- Implemented monthly fall meetings

Indicator: Develop stage 2-4 pressure ulcer or worsening pressure ulcer
Outcome: In 2024 we are at 1.2% which is slightly down from 1.6% (2023)
Evaluation:

- Skin & Wound program tracking via PCC initiated
- Skin & wound program continues to be re-evaluated
- Continual education – NLOT, referrals to RD
- Purchased 2 new air-loss mattresses

Areas of Focus and Growth Over the Past Year

- Collaborated with IPAC Consulting to refine our current Infection Prevention and Control (IPAC) practices, including supporting the role of IPAC lead and distinguishing departmental IPAC Champions.
- Enhancement of our audit program to identify gaps, implement change, and continually reassess as part of our quality process.
- Ongoing updates through PointClickCare such as "insights"
- Expanded engagement with healthcare partners through initiatives such as AMPLIFI, IPAC Hubs, Wellington Collaborative, and Ontario Health Teams.
- Ongoing information technology systems improvement to ensure medication safety.
- Supporting Medical Director in continuing OLTCC membership.

As we move forward, we remain dedicated to fostering excellence in care, supporting our Team Members, and strengthening our partnerships to drive meaningful, lasting improvements across our organization.

Strengthening Our Foundation for Quality Care

Reflecting on our past and aligning with our strategic plan, we recognized the importance of strengthening our foundational tools and processes. This ensures that Team Members have the resources they need to consistently deliver high-quality care and services to our residents. A central part of this effort is ongoing education and training, equipping our teams to meet the evolving needs of those we serve. The ORCA Learning for Seniors education platform remains an essential tool in supporting regulatory compliance for all of Royal Terrace, as well as home specific policies & procedures.

Our training programs emphasize Diversity, Equity, and Inclusion (DEI), along with resident- and team-centered courses such as AODA. Our commitment to continuous learning goes beyond compliance—we aim to empower Team Members to grow both professionally and personally. Through education, we help them adapt to the ever-evolving healthcare system and confidently meet the challenges of the future.

Enhancing Oversight and Proactive Quality Improvement

We continue to align with the Inspection Guidelines introduced by the Ministry of Long-Term Care to improve resident care, strengthen services, and proactively address areas for improvement. Out home has appointed Quality Assurance Leads to conduct audits, identify gaps and report back to QIP Team for further analysis and planning.

Royal Terrace is committed to transparency and collaboration. We actively involve residents (Residents Council) and families in data review, improvement planning, and evaluation—ensuring their voices play a vital role in shaping the ongoing enhancement of our care and services.

Overall

Royal Terrace continues to grow and evolve with new and upcoming technology programs and services, while promoting staff education and maximizing resources. Main goal is to have future development and expand from 67 beds to 96 beds, where we can offer resident-centered care in a campus of care.

QIP Designated Lead

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Resident/Family Satisfaction Survey Results 2024

1. Are you satisfied with the care that you receive at Royal Terrace (29 answers)?

- 93.1% of surveys came back satisfied.
- 3.45% were neither satisfied nor dissatisfied
- 3.45% were dissatisfied

COMMENTS:

Very Good
Terrific
We are very pleased with the loving care and patience that is shown on a day to day basis. I believe the leadership is demonstrated through the employees' actions. Our prayers were answered when we were accepted at Royal Terrace.
Can get frustrated with items constantly disappearing, and not re-appearing for many days.
Overall a good place.
Staff do an awesome job, thanks for everything you do!
Thank you to all the staff for all your hard work and taking good care of mom.
I enjoy my time here and the excellent care

2. Would you recommend Royal Terrace to others (29 answers)?

- 89.66% of surveys came back satisfied.
- 6.9% neither satisfied nor dissatisfied
- 3.45% were dissatisfied

COMMENTS:

In general we are very pleased with Royal Terrace
We are quite pleased with the facility and the care provided

3. Are the staff courteous, friendly, and helpful (29 answers)?

- 93.1% of surveys came back satisfied.
- 6.9% were neither satisfied nor dissatisfied

COMMENTS:

Staff are amazing with my mom, no concerns from me.
Great staff. Always courteous and wanting to help. Keep up the good work!

4. Do you feel you can express your opinion without fear and/or consequences (28 answers)?

- 92.28% of surveys came back satisfied.
- 6.9% were neither satisfied nor dissatisfied

5. Do appropriate staff address your questions and concerns promptly and to your satisfaction (29 answers)?

- 82.76% of surveys came back satisfied.
- 10.34% were neither satisfied nor dissatisfied
- 6.9% were dissatisfied

COMMENTS:

Phone calls and email enquiries can sometimes go unanswered.

6. Are you satisfied with the food service and meals? (29 answers)

- 93.1% of surveys came back satisfied.

- 6.9% were dissatisfied

COMMENTS:

Meals are very generous

7. Are you satisfied with the variety of recreation programs offered by the Life Enrichment Department? (29 answers)

- 89.66% of surveys came back satisfied.
- 10.34% were neither satisfied nor dissatisfied.

COMMENTS:

I'd like to see more country music and I enjoy it more
There needs to be much more Physiotherapy

8. Are you satisfied with the laundry service? (29 answers)

- 96.55% of surveys came back satisfied.
- 3.45% were dissatisfied

COMMENTS:

Socks seem to get lost often LOL
Sometimes we can find roommates clothes in our closet and visa versa

9. Are you satisfied that the facility is clean, comfortable and well maintained? (29 answers)

- 96.55% of surveys came back satisfied.
- 3.45% were neither satisfied nor dissatisfied

COMMENTS:

Ants have been seen, but could be from bananas left in the room

10. Do staff/volunteers introduce themselves upon entering your room and explain why they are there? (27 answers)

- 92.6% of surveys came back satisfied.
- 7.4% were neither satisfied nor dissatisfied.

COMMENTS:

Staff are always pleasant and staff are good to introduce the new staff.

11. On a scale of 0-10 with 0 being staff do not listen at all and 10 being staff listen extremely well, what number would you use to rate how well the staff listen to you? (29 answers)?

- 86.21% listen well (scale 8-10)
- 13.8% listen moderately (scale 4-7)
- 0% listen poorly (scale 0-3)

COMMENTS:

Sometimes staff listen but then difficult to get any feedback
Staff listen but are busy with other patients that need more assistance
On weekends there is less listening as staffing is likely smaller.