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INTERVENTION REPORT (EXCERPTS)

Intervention at Centre d'hébergement et de soins de longue durée Pavillon Philippe-Lapointe

Québec City, January 28, 2022

THE REPORT

The Québec Ombudsman received a report about Centre d'hébergement et de soins de longue durée Pavillon Philippe-Lapointe (hereinafter CHSLD) of Centre intégré de santé et de services sociaux des Laurentides (hereinafter CISSS).

The report described shortcomings with the care and services to the CHSLD residents.

THE FINDINGS

The Québec Ombudsman's investigation yielded the following findings:

- First, the investigation showed that the CHSLD had various strengths, in
 particular, the presence of supervisory staff on every floor, ongoing medical
 presence for clinical monitoring, and file auditing of nursing practices.
 Moreover, the CHSLD's nursing and assistance staff seem to take residents'
 well-being to heart, and strive to provide the best possible care despite a
 difficult context. Lastly, the recent hiring of full-time professionals
 (occupational therapist and social worker) contributes to the continuity of the
 services offered to the residents.
- However, the investigation also showed that there were certain flaws in direct services to the residents. Residents do not always get one bath a week and the second bath is often set aside. Furthermore, oral care is sometimes neglected, especialy for residents with cognitive deficits. More broadly, the intervention showed that the staff are under pressure to speed up daily care. Lastly, staff shortages in the north section of the CISSS's territory are realities that affect the CHSLD.
- Instruction on the optimal approach to behavioral and psychologic symptoms of dementia (BPSDs) seems to have been abandoned, even though this instruction foster skills for new staff and, generally, knowledge-sharing among staff.
- Some care attendants are not fluent enough in French, despite the fact that it is the language used by most residents.
- Concerning personal protective equipment, the Québec Ombudsman noted that organization of the equipment would benefit from being optimized. The information collected shows that sometimes the equipment is strewn about randomly.
- Last, difficulties retaining experienced staff were observed. These departures had an impact on the continuity and quality of the care and services provided to the residents.

RECOMMENDATIONS

Given the preceding, in order to improve the quality of the care and services provided, the Québec Ombudsman recommends the following to Centre d'hébergement et de soins de longue durée Pavillon Philippe-Lapointe of Centre intégré de santé et de services sociaux des Laurentides:

R-1 Provide the residents with all the baths and oral care required.

By March 1, 2022, inform the Québec Ombudsman about the measures to achieve these goals.

R-2 Ensure that the care attendants can communicate adequately with the residents in the residents' language of use.

By August 1, 2022, inform the Québec Ombudsman about the measures to achieve these goals.

R-3 Reorganize personal protective equipment so that it is accessible and properly stored on every floor.

By August 1, 2022, inform the Québec Ombudsman about the measures to achieve these goals.

Expected follow-up

In accordance with the provisions of the *Act respecting the Health and Social Services Ombudsman* (CQLR, c. P-31.1) within 30 days of receiving this report, Centre intégré de santé et de services sociaux des Laurentides must inform the Québec Ombudsman of whether it intends to implement the recommendations made to it, or of its reasons if it has decided not to act on them.



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Québec City Office 800, place D'Youville, 19^e étage Québec (Québec) G1R 3P4 Phone: 418 643-2688 Montréal Office 1080, côte du Beaver Hall 10^e étage, bureau 1000 Montréal (Québec) H2Z 1S8 Phone: 514 873-2032 protecteurducitoyen.qc.ca Toll-free: 1 800 463-5070 Fax: 1 866 902-7130 protecteur@protecteurducitoyen.qc.ca