



RE-IMAGINING LONG-TERM RESIDENTIAL CARE
an international study of promising practices

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Sherry Keen, CEO
Windsor Elms Village
174 Falmouth Dyke Rd.
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Dear Sherry,

Thank you, your entire staff, and the residents in Windsor Elms for your generosity in terms of time and knowledge sharing. Your generosity to us was yet another indication of your commitment to care. Our visit was certainly an excellent learning opportunity for our international team; one with lessons we will take to our analysis of promising practices here and abroad.

We have a wealth of information that we are just starting to analyze, but we have identified some promising practices worth pursuing. Some of them are listed below, in the order they emerged in our team discussions. These are of course preliminary identifications which we plan to investigate further in our data from Windsor Elms and other sites.

1. We were particularly impressed by the entire food production process. In our tour of the kitchen, we learned that the staff had been involved in the design, and the impressive space allowed an efficient work flow while demonstrating the thought put into the physical and social organization of the kitchen. The cook was supported in her training course in Halifax, another indication of integrating and preparing staff. The way food is provided to the floors reduced waste, allowed kitchen staff to be creative, and connected them directly with residents.
2. Directly connected to the food production process is the way meals happen. The hot carts allow residents options in terms of amounts as well as in terms of particular meals. At breakfast, with cereal, juice, eggs, toast, and coffee available at flexible times, residents could eat when they wanted and only had to wait for the other hot alternatives. And they could eat in their pajamas and slippers if they chose - or in their rooms! Although more structured, the other meals were also somewhat flexible in terms of timing. The coloured dishes designed for those with vision impairment, the utensils for those with arthritis, and the 'my meal' book provided other indicators of the thought put in to meeting differing needs.

3. The wheelchair cleaning at bathing time was important for both infection control and personal comfort, while the laundry room on each floor allowed this practice. The laundry system reduced smells and provided closed closets that avoided the “Walmart” look. We also noted that residents had clean clothes every day and that effort was made to ensure outfits matched and residents looked their best.
4. We saw many small examples of how care was personal rather than personalized. One example was staff and residents working together on puzzles and the lamination of completed puzzles. Another example was the placemats and place settings. Yet another was the way staff organized for clothes to be collected and shared – a strategy developed by the staff in one of their huddles.
5. Resident Support Assistants are an interesting example of integrating work tasks, as they make breakfast, clean, and offer assistance with transfers in ways that clearly provided care based on relations with the individual resident. Their work in the morning allows the Health Care Aides to help residents rise and dress in a dignified manner. We wondered, however, why RSAs were not also part of the late afternoon shift, and the extent to which they had training for their tasks. We noted too that the CCAs had flexibility in how they ordered tasks, which in turn meant flexibility for residents.
6. The communication technology in the common area that included WIFI, Skype, e-mail and a telephone connected residents, staff and families.
7. A recreation person on each neighbourhood contributed to more personal and activity-centered care. Similarly, the physical and occupational therapists provided flexible programs, in individual resident rooms as well as in the space that included the specialized equipment. The outings engaged volunteers, families, and staff in a manner that demonstrated integration with the community, and the music events involved an impressive number of residents.
8. The use of sanitary harnesses supports toileting and reduces the use of incontinence pads. Similarly, we saw many efforts to encourage residents to walk rather than remain in wheelchairs.
9. The physical space had many benefits, including handrails that people in wheelchairs could use, windows in residents’ room that looked onto the activity areas but could be closed off with curtains, plants, appropriate lighting (especially at night), non-slip floors that allowed residents to move easily, no locked doors (except those closing off neighbourhoods at night) that allowed residents to visit those in other neighbourhoods and to get exercise, and local references in the art.
10. The dignity quilts were an important indicator of the way death is treated at Windsor Elms.
11. Consistent staffing in households helps provide person-centred care, though this presents challenges for scheduling and providing full-time employment.
12. Ongoing training and team-building sessions for staff seem to be paying off.

We were also impressed with the social skills of the staff and their openness in talking with us. I am sure we will find more promising practices as we review.

Thank you again from all fourteen members of our international team who visited Windsor Elms.

Sincerely,

A handwritten signature in black ink, appearing to read "Pat Armstrong". The signature is written in a cursive, flowing style with a large initial "P".

Pat Armstrong, PhD, FRSC
Distinguished Research Professor of Sociology
York University
Toronto

cc. Martha MacDonald