



Enhancing resident and family experiences in designated supportive living

**Learn how
some sites
demonstrate
improvement**



**QUALITY
EXCHANGE**

 **HQCA**
Health Quality Council of Alberta

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BACKGROUND

The HQCA team compared scores from 2016 to 2019 in the resident and family experience surveys for designated supportive living. We learned 17 sites showed one or more of the following:

- Statistically significant improvements in select survey dimensions (e.g., key categories such as staffing, food/dining, and others).
- Improved regional rankings (based on Alberta Health Services zones).
- Improved provincial rankings.

We were curious about what may be behind some of these improvements, and reached out to stakeholders from the following five sites:

- Shepherd's Care Barrhead (North Zone)
- Good Samaritan Society – Spruce Grove Centre (Edmonton Zone)
- Bethany Didsbury (Calgary Zone)
- Good Samaritan Society, Vista Village (South Zone)
- Kingsland Terrace (Calgary Zone)

We booked conversations via Zoom, and each organization invited site leaders and corporate-level leadership – who attended when they were able. Separate invitations were extended to family members from each site, which resulted in conversations with



Designated Supportive Living Family & Resident Experience Surveys

The HQCA surveys residents and family members at designated supportive living (DSL) sites across Alberta about their experiences with care and services. The most recent surveys were conducted in 2019 in collaboration with Alberta Health, Alberta Health Services (AHS), and DSL operators. This is the third time the HQCA has conducted surveys in DSL; previous surveys were conducted in 2016 and 2013-14.

The palliative care program is a priority at Bethany Didsbury.



family members from three sites (Kingsland Terrace, Good Samaritan Society – Spruce Grove Centre, and Shepherd’s Care Barrhead).

WHAT WE HEARD

What are the most evident things these facilities do to enhance resident and family experiences?

A theme heard throughout our interviews was the importance of having facility leaders who are visible, involved, approachable, caring, empathetic, and personable. These characteristics were foundational for many of the leaders who modelled effective communication skills, and solid relationships and connections with residents, family members, and staff members right from the start. This role modelling seemed to create environments where listening could occur by all staff members – a concept that emerged as central during our discussions.

Specifically, the facilities we talked to are consistently:

1. Connecting with residents, families, and staff, and listening to what they say.
2. Ensuring active involvement in care and decision making.
3. Using what is heard (data) to drive change.
4. Building communities that care.

1. Connecting with residents, families, and staff, and listening to what they say

Taking the time to find out what is most important to residents, families, and staff is well worth it.

RIGHT FROM THE BEGINNING

Jim, the site manager from the Good Samaritan Society’s Vista Village in Pincher Creek, says his approach to leadership is to engage with family members and residents, and to build strong and trusting relationships right from the beginning. Initial meetings are crucial in developing a strong foundation, he says. “Those pre-admission meetings are, what I have learned over the years, so hard for families. Number one, they are often grieving. Number two, they really aren’t sure what they are getting into. And number three, they have their own emotions around it...”

Knowing how overwhelming it can be in the beginning, **Jim** and his co-leaders at the site touch base with the residents and families 24 hours after they initially meet. The goal is to check in and make them feel supported. “That is the first heart connection between myself or



ABOVE: Russell, a resident at Kingsland Terrace in Calgary, participates in a game of ring toss.

RIGHT: Joan, site administrator at Bethany Didsbury, says residents and families just want to be heard.



Logan (assistant site manager) and the family members.” They then schedule a two-week follow-up to provide another opportunity for any questions to be asked.

Joan, the site administrator at Bethany Didsbury, knows families want to feel acknowledged and heard. At the first opportunity, she hands them her contact information, and welcomes their connection. “I meet everyone at the front door... it’s a thing... saying hi, and welcoming them to the building...” **Joan** also knows the value to making connections with staff members, and that is one of the first steps she takes as a leader to build trust. She has intentional strategies to connect with all staff members, including those who work night shifts, by coming in early regularly to make sure they feel heard too. She also spends time on the floor with staff - just observing, being visible and approachable, and listening to what they have to say.

AN OPEN-DOOR POLICY

Maggie, the program manager for Shepherd’s Care Barrhead, started her employment at the facility as a healthcare aide (HCA). Progressing to a licensed practical nurse (LPN) position, and then into site leadership, **Maggie** understands the facility and the various roles intimately, and states she has had “the privilege to work with every single employee here.” As a result, she has gotten to know everyone: staff, residents, and families, and has a desire to be as approachable, visible, and relatable as possible. **Maggie** told us “... my office has recently changed. It’s a little bit closer to the LPN office. It’s more visible and I can see everything better.” Believing in an open-door policy, she mentioned that “... quite often my days are filled with just one after another staff coming in to talk. This can range from a quick hello, to deep discussions about concerns.”

Lynn, the executive director at Shepherd’s Care Barrhead, reinforces the benefits of this style of leadership and how **Maggie** has managed to create an atmosphere of care and compassion for staff, which naturally transfers over to residents and families as well. **Lynn** states the “staff are being listened to and they are also being looked after... I think this actually helps translate to how they treat residents as well.”

Facility leadership has also been instrumental in supporting staff during the COVID-19 crisis. “Throughout COVID we have offered meals and snacks and different things to our staff particularly when a site is on outbreak. Every front-line worker in the organization received a free pair of scrubs.” The leadership at Shepherd’s Care are exemplifying how improving the lives of staff translates into better



resident care. **Linda**, a family member and also a casual employee with the recreation team at Shepherd's Care, would agree, saying: "There has been a lot of improvements and a lot of people have been just doing a good job... just the kindness that the nurses, the HCAs the LPNs, and all staff have shown the residents."

Lisa, the site manager at the Spruce Grove Centre, shared many practical and applicable examples of how taking the time to connect with residents, families, and staff has enhanced the quality of services provided. These relationships are built via her open-door policy, where concerns, complaints, and suggestions from residents or family members are welcomed, and treated with respect, consideration, and openness. With an emphasis on relationship building, she also ensures that staff names are known by residents and families, and that they know they can talk to anyone with any concerns they may have.

SOFT SKILLS ARE CRITICAL

Many of the leaders we spoke with model 'soft skills' such as compassion, kindness, and the ability to create relationships through strong personal connections.

"The residents there, they love it," says **Gwen**, a Kingsland Terrace family member. "They have told me 'this is the best place they have ever lived!' And a lot of them have been in care because of (chronic conditions), or other things... and I can see the compassion in the staff. The staff are so compassionate, and I really attribute their success to the leadership.

"They have input on what they want for food, or how to have a healthier lifestyle, what they want for input for recreation, how to enhance their lives, and they feel empowered," she continued. "When I visit and notice anything that needs to be improved on, the facility is extremely open to any suggestions that I have, or recommendations – so they are extremely responsive to it."

At Bethany Didsbury, **Joan** told us about their facility's philosophy of "never saying no," and how they sit, listen, and discuss concerns until a solution can be found. "Families like to know they are being heard."

Colleen, the facility administrator at Kingsland Terrace, shares similar thoughts: "... just saying to them and being honest – 'I understand what you are saying and would love to be able to do that, but we can't... but is there something else we can compromise with that would still make you happy, and that we could do?' And that is what we try to





Facilities demonstrating improvement emphasized these themes

1. Connecting with residents, families and staff and listening to what they have to say.



2. Ensuring active involvement in care and decision making.



3. Using what is heard (data) to drive change.



4. Building communities that care.



do with everything... I think people really feel like they just need to be heard, and valued.”

In our discussion with Kingsland Terrace leadership, **Colleen** tells us “every two weeks we have huddles, with all staff, sometimes with a formal agenda, sometimes it is just a touch-down, that gives the ability to share any questions or concerns. Also, we try to have an open-door policy for drop-ins or discussions.”

To improve communication and relationships, a concept called ‘primary care teams’ has been created, at Bethany Didsbury, where healthcare aides are assigned to specific residents for a prolonged period of time. This allows the aide, resident, and family members to get to know each other well, and promotes strong and trusting relationships built on listening and responding to any questions or concerns. Through this concept, the aides feel more confident in answering questions from families, and are taught ‘if you don’t know the answer to something – refer them to someone who can.’

“My sister had some dietary concerns, and the administrator at the time made sure the chef was fully trained on what she could and couldn’t eat, providing food she likes as well, and knowing what her favourite foods were. And if you ask my sister what she likes about the facility, and I could send you a video, she would say ‘well I like the food – A+!’” says **Gwen**, a Kingsland Terrace family member.

2. Ensuring active involvement in care and decision making

We frequently heard about the value received when residents, family members, and staff freely inform and participate in things that involve them. This provides a sense of ‘control’ of their environments and workplaces, and helps them feel trusted to make improvements.

Colleen, from Kingsland Terrace, provides a perfect example of how staff members need to be actively involved in the changes at their work settings. They know their environments better than anyone, and not only what works well, but what could improve.

She told us: “I think one of the largest changes was, there’s a basement, and then there’s a main floor and a second

floor, and the nurses used to come to get their insulin and their narcotics in the basement, in their office, and unlock it. Their stuff was not upstairs, and they did not have a med-room upstairs. So one day I said to them, ‘how efficient is this, because I don’t see it as efficient,’ and they were like ‘it’s not’! And I said, ‘well what would you like to see?’ And they told me, and within a week I had maintenance, and whatever, and we changed out an entire little area, and they now have a med-room.”

At the Spruce Grove Centre, the resident/family council and the culinary council are places that have been created to listen to feedback and ideas, and have resulted in things like an ‘open choice breakfast’ that better suits the rural farming community background of the many of the residents, where breakfast has traditionally been a big meal.

Gwen, whose sister **Heather** lives in Kingsland Terrace, outlined how staff – after listening to some of **Heather** and **Gwen’s** anxieties – made special arrangements on the day of admission. “On the day of arrival, they actually brought someone in (extra staff), to stay the night with her, for about the first three nights, at least the first three, until she was comfortable sleeping alone in that room. And I thought that was amazing because it was beyond my expectations, but they wanted her to feel safe.”

STAFF KNOW BEST

Joan, at Bethany Didsbury, consistently relies on asking staff members for their opinions, and has helped to create structures within the facility like the Site Quality and Safety Committee. These are based on facility-level priorities, and rather than a top-down approach, rely on what ‘bubbles up from the site.’ The staff know best where the problems are, and helping them fix the problems builds trust and a sense of empowerment. The leaders at Kingsland Terrace outlined similar sentiments stating: “So when you look at innovations, or changes, or whatever it might be, it’s really important to have that team involvement – with more ideas you get better results!”

We heard from **Colleen** that the chef at Kingsland Terrace, “not only met with the residents during the food committee meetings, but he would actually go up into each of the suites during meal times to find out what they liked, and what they didn’t like, and work with the dietician to make the food better... as long as they felt involved in the process, it has made a huge difference.” She also outlines that being actively involved in care and decisions also applies to family members. “Having the families, as well as the residents be

Leadership and staff are key to the positive experiences at designated supportive living facilities.



TOP: Karthik, chef at Kingsland Terrace.

ABOVE: Joan, site administrator at Bethany Didsbury, chats with Shelley, a health care aide.

RIGHT: Jamie, left, an LPN at Kingsland Terrace, reviews information with her colleague Aaron.



more involved in their care and the programs, and in their food, and everything, it makes the entire environment more like a home... they are very, very active. They feel they are a part of the decisions, at Kingsland.”

3. Using what is heard (data) to drive change

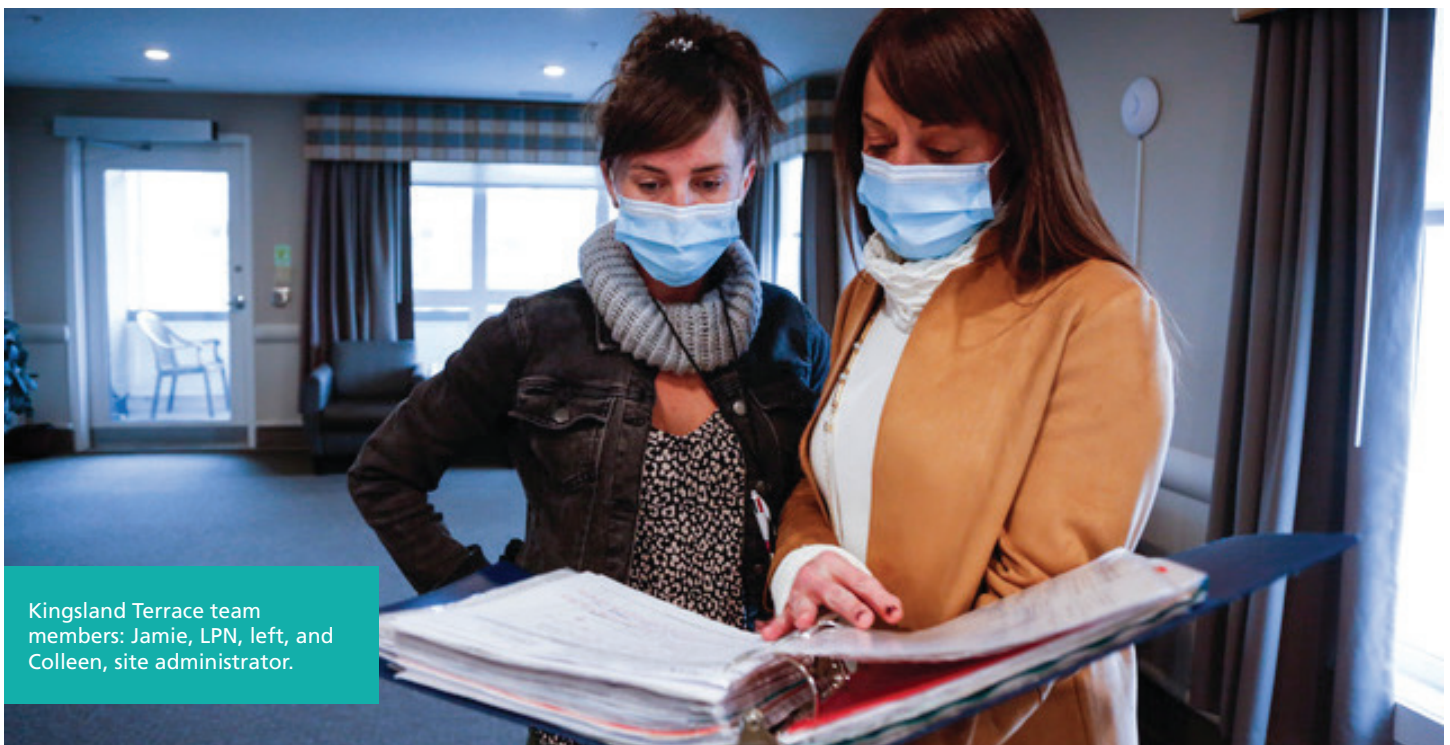
In facilities where improvement was occurring, feedback is commonly heard, taken seriously, and acted upon. This includes feedback through formal surveys as well as other less-formal ways of listening to residents, families, and staff.

Lynn, from Shepherd’s Care Barrhead, states: “If we are in tune with what’s going on in our organization and at our sites, we are already aware of what some of those results (HQCA survey) are going to be if we have truly been listening to what our residents and families have to say.” She also mentioned the Barrhead site and all Shepherd’s Care sites have another comprehensive survey they do between the HQCA survey years. We were struck by the number of leaders who shared that they use the HQCA survey results to help confirm the data they collect from other sources: talking to family and residents, listening to staff, watching how the food is eaten (or not) are all ways leaders told us they knew they had areas where they needed to improve.

MANY FEEDBACK SOURCES

Steven, director of Quality, Clinical Education, and Research at Bethany Seniors, told us how the 2017 Accreditation Survey led to improvements made in engaging residents and families through resident and family councils, and more deliberately involving them in decisions such as product selection (e.g., the purchase of new beds), or changes to a food menu. He outlined how lower scores on specific survey topic areas can serve to drive program changes at annual business planning, with directors held accountable to report on their initiatives the next year. Corporate quality improvement strategies can also play a role, as well as standard of care requirements. All of these can prompt a site to be more aware of the different sources of data available to them, and how to seek the voice of the resident, family, and staff more readily – using these inputs to drive improvements.

During our chat with the Spruce Grove Centre, **Lisa** (site manager), and **Candice** (director of operations), outline the value of having both formal and informal feedback mechanisms, and how these can come from both a corporate or individual site level. “We look at our data that we collect organizationally on a quarterly basis, and it includes indicators we internally track as well as perhaps information that comes to us from a third party – might be audits, might be surveys, might be through visits or general feedback. And then team meetings are held and chaired by the site



Kingsland Terrace team members: Jamie, LPN, left, and Colleen, site administrator.

leader, and they look at and talk about their information. So it's not just about sharing what the numbers are, it's what they are actually doing with the numbers, and how to enact change. Globally, as an organization, we may decide that we have an indicator that we need to challenge across the board, but there may be some things that are pertinent to the Spruce Grove team, that are a site specific focus, or an area that they want to change and improve... there is an awful lot of independent work the care teams at the individual homes do."

In our conversation with **Colleen** and **Leanne** from Kingsland Terrace, they reinforce the value of informal feedback. "Really, this is what it all comes down to. It's communication, right? When they are not happy with their food, they will communicate, but it can't just stop there. Now that it has been communicated, what are we going to do about it? That's where the quality improvement projects come in."

4. Building home-like communities that care

We heard that facilities place a high value on creating a place where a sense of 'home' can be felt, and where improving experiences, and quality of life is a top priority.

From the very beginning, **Jim** from Vista Village tries to ensure every family member that their "loved one will be well taken care of, and you should be as un-worried as possible when you leave after your visit." In his leadership role, **Jim** also regularly sits with residents in the dining room during meals. This relationship building lays a strong foundation, he says. "The play, the recreation, the food, the atmosphere in the dining room, how our staff treat residents and treat family, how we emphasize our mission, vision and values, particularly our values of healthy relationships... we don't just want these to be posters on the wall," adds **Jim**. At Vista Village, they want everything they do to embody these aspects.

At the Spruce Grove Centre, **Terry** told us how the staff – after learning about his mom's love for birds – set up a bird feeder outside her window. This allowed his mom to sit in her room, watch her birds, and also be reminded of how she often used to do this at her previous home. "We always feel like we can talk to anyone there. They are very open to what we have to say."



Linda, whose mom lives at Shepherd's Care, tells us about their 'un-rushed' philosophy in which the recreation department, where she also works on a casual basis, and that most 1:1 resident appointments don't have a set starting or ending time, nor a set agenda – "just being able to take your time with little projects... or when it comes to exercise time.... they are having fun." She also tells us how the care staff routinely take their time with the residents and do small things that can make a big difference – "like taking the time to put a sock on straight... it's all about the resident."

It is also important for staff to feel a strong sense of caring and a feeling of 'home' in their facility. Before some of her interactions with staff members who drop by her office to chat, **Maggie** at Shepherd's Care Barrhead, will ask: "Do you need to chat with friend **Maggie**, or manager **Maggie**?" She knows the importance of leadership to not only be visible, present, and approachable, but to also connect on a personal level when needed. **Maggie** also knows the care and attention staff receive, will also transfer over to the care they provide to their residents and families.

During our conversation with **Joan**, from Bethany Didsbury, she told us about some of the recent improvements they have made to their palliative care program, thanks to some great work by their site's spiritual care practitioner. Pictures are posted in the front foyer to better inform visitors and staff of residents who have recently passed away. 'Daisy petals' are circulated for family members, staff, and residents to write notes of remembrance, and 'honour guard' type processions are held for all to join, with a handmade quilt placed over the resident. The spiritual care practitioner offers a few words of remembrance at the front door, as the resident leaves for the last time – it is important to honour the fact that they came in through the front door and will also leave through the front door as well. A 'palliative cart' is stocked with small necessities, and

a menu for the facilities food services is provided for family members – there used to be a cost for it, but the site has decided not to charge for these things any longer.

‘A VERY HAPPY PLACE’

Several facilities told us of the importance of the dining experience, and that it should feel as ‘homelike as possible.’ Doing things like: incorporating as much choice and selection as able; including as many staff as possible in the serving of meals; saying a prayer or an offering of thanks before eating; incorporating ‘resident’s choice’ options for special occasions; or, including the opportunity for residents/families to submit family recipes.

“I could not ask for a better environment... she’s 15 minutes from my house. I sleep at night, not worrying about her,” says **Gwen**, a Kingsland Terrace family member. “A year ago, I was not sleeping. She was in a facility, a care home that was not meeting her needs. Her medical needs were not being addressed. Her emotional needs were not being addressed. Her spiritual needs were not being addressed. Her cognitive needs were not being addressed, and now she’s in the best place. When **Heather** says ‘I love it here!’ I don’t know what else to say. What’s it comparable to? It’s comparable to...it’s a very happy place. It’s where – when she says she’s found her voice, and you hear her singing, and she’s happy to be singing – I don’t know what to compare it to... except that it is the best possible life she could be living...”

Elaine, tells us about her mother in law – a resident at Spruce Grove. “... I think mom, calling it home is the biggest thing. And she has started now, bringing out her

photo albums to share with the other residents in the building. Telling them about her history, and about all of these people – like these are her family now.”

FINAL THOUGHTS AND ACKNOWLEDGEMENTS

The Health Quality Council of Alberta is so appreciative for the chance we had to speak with the leadership and family members from Shepherd’s Care Barrhead, Good Samaritan Society - Spruce Grove Centre, Good Samaritan Society – Vista Village, Bethany Didsbury,



The memory table at Bethany Didsbury.

and Kingsland Terrace. We fully realize the competing demands they face, and are grateful for the time they gave to us. These conversations were initially prompted by our curiosity around how these facilities were able to improve their survey scores, and were led by the question – ‘what are the most evident things you are doing at your facility that enhance resident and family experiences?’

Modelled by leaders who believe in being visible, involved, approachable, caring, empathetic, and personable, we heard about the importance of creating spaces and environments to connect with residents, families, and staff and to listen to what they have to say. This role modelling seemed to emphasize that the concept of listening should be central, and routinely practiced by all staff members.

Information obtained through this practice of listening, whether through formal surveys, corporate strategies, resident/family council meetings, or by sitting beside and

chatting with a resident during mealtime, becomes the ‘data,’ and the input to drive change. To be successful, though, this ‘change’ must be participatory, and actively involve those who provided the feedback, for they often know the problems and the solutions best. Through these things, communities that care are built. Places that provide a sense of ‘home.’ Places where family members know who to talk to if they have any questions or concerns, and feel worry-free when their visit is finished.

Connecting with residents, families, and staff, and listening to what they have to say. Using what is heard (data) to drive change. Ensuring active involvement in care and decision making. Building communities that care. From our conversations with stakeholders from these five sites, these seem to be some of the things that enhance resident and family experiences within the DSL environment.



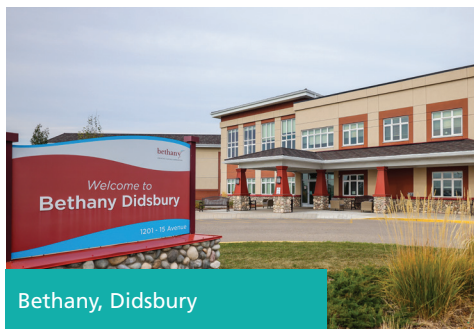
ABOVE: A friendly game of crib at Kingsland Terrace between Russell, left, and Jamie.



Shepherd's Care, Barrhead



Kingsland Terrace, Calgary



Bethany, Didsbury



Good Samaritan's Society, Spruce Grove Centre



Good Samaritan's Society, Vista Village



The Health Quality Council of Alberta is a provincial agency that brings together patients, families, and our partners from across healthcare and academia to inspire improvement in patient safety, person-centred care, and health service quality. We assess and study the healthcare system, identify effective practices, and engage with Albertans to gather information about their experiences. Our responsibilities are outlined in the *Health Quality Council of Alberta Act*.