THE WELLINGTON

ACCESSIBILITY REVIEW 2017/16

Executive Summary:

The purpose of the Ontarians with Disabilities Act, 2001 (ODA) is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. To this end, section 15 of the ODA mandates that each Facility prepare an annual accessibility plan.

The Accessibility for Ontarians with Disability Act (AODA) received Royal Ascent in June 2005, with the result that the AODA is now in force as a binding law of the province of Ontario. The Ministry Directorate responsible for the AODA has been moved from the Ministry of Citizenship to the Ministry of Community and Social services. Further clarification of the requirements under the AODA legislation is pending.

Effective July 27, 2007, Accessibility Standards for Customer Service under the Accessibility for Ontarians with Disabilities Act (2005) were received. See our policy Accessible Customer Service Policy in Administration Manual, ADM-III-61. These standards came into force January 1, 2008.

This plan is reflective of ongoing work to address access issues within all sites of The Wellington Nursing and Retirement Home. Our plan shows how The Wellington will play its role in making Ontario an accessible province for all Ontarians. Our plan is accessible through our website at www.thewellington.ca

The Wellington strives to meet the needs of its employees and customers with disabilities and is working hard to remove and prevent barriers to accessibility.
Our organization is committed to fulfilling our requirements under the Accessibility for Ontarians with Disabilities Act. This accessibility plan outlines the steps The Wellington is taking to meet those requirements and to improve opportunities for people with disabilities.

The Wellington will provide, on request, information in an accessible format or with communication supports to people with disabilities, in a manner that takes into account their disability.

If you require a copy in an accessible format please contact us at email: hr@thewellington.ca or mailing address 1430 Upper Wellington Street, Hamilton, Ontario L9A 5H3 Attn: Administrator or fax at 905-385-2110. Please indicate what type of accessible format you require in the request.

Our plan is reviewed every five years and updated to remove and prevent barriers to accessibility.

This plan addresses the needs of residents and their family members, staff, health care practitioners, volunteers and members of the community (adapted from ODA website).

1. Objectives:
    a. Describes the process by which The Wellington will identify, remove and prevent barriers to people with disabilities,
    b. Lists the policies and procedures, practices and services that the Wellington will review to identify barriers to people with disabilities,
    c. Describes the measures The Wellington will take in the coming year to identify, remove and prevent barriers to people with disabilities,
    d. Describes how The Wellington will make the accessibility plan public.

2. Description of The Wellington:

The Wellington is a 102 bed Nursing Home and 83 units licensed Retirement Home, which opened in 1991. We are an independent organization. In 1995, The Wellington implemented what we call "The Living Tapestry" which strives to make the facility as home-like and inviting as possible with living plants, animals, children, and a friendly outgoing atmosphere. We are well known in our community and are often referred by professionals and community networks, as one of the best nursing homes in Hamilton.

Our Mission

Exceeding expectations keeps us on the path of caring.

Our Vision

Our vision is to evolve from “resident-centred care” to one where residents direct their own life choices. Our Home provides leadership which encourages staff and residents to grow and develop together. Our goal is to enrich our services and improve resident outcomes through innovation and partnerships with family, staff, community and other organizations. We strive to continually evolve as a center of excellence in Long Term Care and to continuously search for ways to enhance and improve our care to those entrusted to us.

Our Values

Our Home values holistic care as influenced by body, mind and spiritual wellness. We offer a sense of “home” in a warm atmosphere graced with the companionship of family, friends, children and pets. We celebrate ethnic, cultural and spiritual traditions. We encourage communication, openness and honesty. We value each individual’s contribution towards the growth and development of our organization by continually researching and finding better ways to provide care for our residents.

Our Philosophy

“Our Living Tapestry” is our philosophy of weaving key elements of care, living and sensory experiences to ensure we provide a unique Home for our residents. It involves everything we do. It’s how we live every day. The pictorial design we weave creates this Living Tapestry – a comfortable, cheerful and caring Home where residents can “kick off their shoes.” Our Home is a dynamic community with neighbourhoods reminiscent of days gone by, children’s laughter, the companionship of pets and culturally sensitive programs, all framed with vibrant living greenery. The many threads evolve around a resident centred focus. Staff encourages residents and families to be actively involved and share ideas and concerns. We advocate for continuous quality improvement and innovation. Staff, residents, families and volunteers continue to weave their unique Living Tapestry by recognizing individual needs and wishes.

ACCESSIBILITY ANNUAL REPORT 2017/16

Barrier Identified/AODA Initiative	Barrier Type	Disability Type	Means to prevent/remove the barrier:	How would you measure the success?	Timing for prevention/removal Outcomes:
Human Resources: all departments for hiring		Staffing	-participated in workforce session with OLTCA -Met with FC on initiatives for the Home -Attending work fairs at the Colleges -Continue to partner with schools, colleges and Universities, providing coops, etc. -Reach out to staff on morale and team building initiatives -initiatives to show appreciation for our staff that are here -review orientation being provided and feedback -exit interviews to see why no hires are not staying in some cases	-Full complement of staff	-Ongoing for 2018 and forward
Family council has identified that the front parking lot is too dark in the evening and should have additional lighting.	Structural	Visual	All the outdoor lighting in the parking lot and under the canopy was just updated in 2017 with LED lighting. It is not felt that additional lighting is required at this time, since it was just completed in 2017.	No slips/trips or falls in the evening due to vision impairments. Feedback from staff has been very positive since the changeover and they have not brought this	At this time this is not in our capital expenditures for the addition of new lightings. We will recommend that families visiting in the evening if having difficulty park directly under the light that is available in the parking lot. And if picking up a loved up to pull up under

Barrier Identified/AODA Initiative	Barrier Type	Disability Type	Means to prevent/remove the barrier:	How would you measure the success?	Timing for prevention/removal Outcomes:
				forward since the upgrades.	the canopy area where the lighting is very good for residents.
Parking lot needs repaving, from the Family Council.	Structural	Physical	This has not been added to the capital list for 2018, due to financial constraints and other necessary compliance issues that need to be met. In the interim our maintenance department has been filling any issues with asphalt on a as needed basis.	No issues with complaints from families or staff on the parking lot.	We continue to fill any dips or hollow areas in the parking lot with asphalt. We will add to our capital plan for 2019, as an area of improvement.
Lighting in lounge areas, and dining rooms on the nursing home side brought forward by Family Council.	Structural	Visual	The 90% of the home areas have been upgraded in the facility with new ballast and LED lighting to conserve energy. The lounge areas and the dining rooms are the only areas that were not completed. These areas are generally very bright with natural sunlight flowing in.	To have residents and families happy with the lighting being provided.	At this time, no plan is in place for the replacement lighting in these areas. However two SADS lights were purchased for the 2 lounge areas for residents with depression to utilize and brighten the area, in the hopes that this would satisfy the need for immediate improvements. We are looking at increased bulbs for these areas, however it does not look promising.
A concern was received on the wheelchair parking spaces and noted that we should have more spaces for a facility of this size.	Structural	Mobility	The Home originally had no wheelchair accessible parking spaces. We added 2 parking spaces in with signs 10 years ago. Most days there is at least one space one open.	Having accessible parking available to all those in need of a close parking space.	We will monitor the parking lot during the week and have reception report on the weekends whether both spots are being utilized. If we do have an issue another w/c space will be made available. This audit will be done over one month including a holiday period so we have a good reporting period. March26th toApr26th reporting period.
Lack of air conditioning in the facility on nursing home side. The home has tempered air in the resident rooms	Mechanical	Physical Plant	Wall Fans have been installed and replaced over the last two years to	Having a comfortable environment for our	We reached out to the LHIN to ask if this could not be identified on the bed offer

Barrier Identified/AODA Initiative	Barrier Type	Disability Type	Means to prevent/remove the barrier:	How would you measure the success?	Timing for prevention/removal Outcomes:
and hallways. The lounge areas and dining rooms are air conditioned. This can cause difficulties for residents with asthmas and for staff who are working in very hot temperatures. The a/c was also intermittent during the month of Sept 2017, when the temperature was more hot and humid than the summer			assist with the movement of air in the facility. We have added this to our capital expenditure for 2018 as the parts for the original unit are very difficult to get and repairs are extended due to this.	residents, families and staff.	sheets. We feel that residents on oxygen do much better in a facility with a/c in their rooms and throughout the building. We did see a survey has gone out in 2018 to provide this type of information to potential clients. We will be discussing with the Owner in the spring of 2018 with the hopes of replacement of this unit.
Heat in the lower level has not been maintained with the really cold snaps. Residents have brought this forward as a concern.	Mechanical	Physical Plant	Wall heater in dining room was repaired and HVAC contractor in to look at system for heating.	Audit to ensure we are maintaining 74 in those areas. Particularly in the Lower level where there is more traffic from back hallway. Feedback from residents that it is not an issue.	This has made a difference with new heater and adjustments made to the system.
New ventilation in the Laundry room, is now affecting the area and making it very cold in the area for staff to work. Particularly on night shift. Nov 2017	Structural	Physical Plant	The wall heater was being turned off in the day and not turned back on so it would cool down the room in evening. Wall heater also broken down and had to be repaired. Extra floor heater purchased for staff to keep warm that is infrared heater.	No further complaints from the laundry dept.	Ordered new floor heater, and Chamberlain was in to fix the wall heater. This seems to have made a big difference. Day staff advised to leave wall heater on for night staff. Night staff were also shown how to turn on the wall heater.
Tub rooms on NH side are not easily accessible for the large brody chairs that residents are in. How can we make it easier for staff to get in and around in the tub rooms. June 2017	Structural	Mobility	Wall between bathroom and tub rooms limits the space for residents to get around in very large chairs. This is difficult for	Less repairs to the tub room. Easily accessible for staff movement with larger chairs	We contracted out and removed the wall in the tub rooms providing a large open space. This has made the space much more efficient and manageable. Completed Sept 2017

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			staff, and is providing wear and tear on walls.		
New exit signage put up for fire exits, with pictorial vs. words. These do not illuminate as we thought and fire inspector did not approve. All signage to be removed and replaced with LED signs that are generic and pictorial for residents. April 2017	Signage for Fire Exits	Visual	New signage to be removed and replaced with LED light up signs in case of fire. And must have a battery back up.	Fire Dept. approving in 30 days of notification.	Signs are much improved, better visual in dark, also not having to change lighting all the time.
TB testing no longer available to new hires. Only residents over 65 years of age. PH. July 2016	Physical	Physical	This puts onus on new hires and is costly for those just starting new jobs. Can end up being a delay for company to get them to start work	-TB screening now being done on first day. To allow time to get the vaccinations completed.	
It was noted that Residents are not able to access all services they need due to not being able to get out or lack of accessibility in community. This includes: dental, vision & glasses, dentures, hearing tests.	Physical	Mobility	Find a provider to have on-site services to those residents who can't get out or don't have family to take them out to appointments or could incur that escort fee.	Being able to provide services in house for those residents in need.	By the end of May 2016 we found a contract to provide all these services on site for our residents. They will till the list has enough participants and come out and provide services. Only when is it urgent do they come as requested. We are seeing more residents take advantage of these services, and families are happy to have this provided. Also when necessary the MD can give a prescription for those prior to service if it is required.
Computerization of documentation for staff. Training on computers, reduce paper work, overcoming barriers to electronics. Feb 2016	Learning		Staff education was provided however we do not feel was as effective. Program was stopped and staff were retrained.	Staff feeling confident in recording on PCC tablets.	-In 2017 we have seen a greater improvement to use of the tablets and confidence in staff utilizing. The goal is to have all POC added by the end of 2018 to reduce paper, improvement flow, easier access electronically.