

## Living environment quality in long-term care facilities for dependent seniors

English summary

Une production de l'Institut national  
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Direction des services sociaux

This is the English summary of the guidance entitled *Qualité du milieu de vie en centre d'hébergement et de soins de longue durée pour les personnes âgées en perte d'autonomie* published in October 2018.

The complete version of this guidance (in French) is available on the website of INESSS in the Publications section.

## **Membres de l'équipe projet**

### **Auteure principale**

Isabelle David, M. Sc.

### **Collaboratrices internes**

Marie-Hélène Raymond, Ph. D.

Carole-Line Nadeau, M.A.

### **Coordonnatrice scientifique**

Annie Tessier, Ph. D.

### **Adjointe à la direction**

Michèle Archambault, M. Sc

### **Directrice**

Sylvie Desmarais, M. Sc.

### **Repérage d'information scientifique**

Caroline Dion, M.B.S.I., *biobl. prof.*

Mathieu Plamondon, M.S.I.

Lysane St-Amour, M.B.S.I.

Julien Chevrier, M.S.I.

Flavie Jouandon, *tech. doc.*

### **Soutien administratif**

Nathalie Vanier

## SUMMARY

The living environment approach was adopted by the Ministère de la Santé et des Services sociaux (MSSS), Québec's department of health and social services, in 2003. It is at the core of the guidelines set forth in the MSSS policy document on providing a living environment of quality for residents of long-term care facilities: *Un milieu de vie de qualité pour les personnes hébergées en CHSLD : orientations ministérielles*. The goal is to create a homelike living environment and lifestyle that, as much as possible, resemble those of residents' former homes. To assess the quality of living environment, the MSSS began inspecting residential and long-term care facilities (*centre d'hébergement et de soins de longue durée, CHSLDs*) in 2004. The hope was to highlight elements that contributed to implementation of the guidelines and ensure that residents were provided with a living environment of quality. Wanting to update and improve the evaluation process, the department of the MSSS responsible for the quality of living environment (the *DQMV, Direction de la qualité des milieux de vie*) commissioned Québec's INESSS, *Institut national d'excellence en santé et en services sociaux* to document the essential characteristics of a living environment of quality and the determinants necessary to its assessment.

Three types of quality are described in the literature: quality of life of residents, quality of living environment and quality of care and services. Though these differ, they overlap and affect one another. Quality of life is a multidimensional concept reflecting the ability to reach one's greatest potential and encompassing certain "intangible" aspects of one's experience of life, such as comfort, dignity and well-being. Quality of living environment refers to the social and physical setting and the extent to which it makes one feel at home. Quality of care and services refers to compliance of the care and services offered with established standards and the extent to which these promote health while preventing adverse events. This state of knowledge report mainly addresses quality of living environment.



The purpose of the project was to provide an evidence-based description of the quality of the living environment in a residential and long-term care facility (a CHSLD, or its equivalent). Three key questions were asked:

1. What are the characteristics of an environment of quality in a residential and long-term care facility?
2. What impact does a living environment of quality have on residents, family members, staff and the facility?
3. How can the quality of a living environment be measured?

A review of scientific literature was thus conducted using a research strategy developed by INESSS. A grey literature search was also performed by consulting the websites of scholarly organizations and government documents from Québec, other Canadian provinces and abroad.

The data collected in response to the first and second questions made it possible to identify and describe five characteristics, and their impacts, essential to a living environment of quality:

- **An environment that makes residents feel at home:** A living environment of quality enables every resident to feel at home. The sense of home is influenced by many factors: psychological factors, such as respect for a resident's autonomy in his/her choices; social factors, such as the possibility of taking part in meaningful activities and having positive interactions with staff; built environment factors, such as living in a private room, having meaningful personal belongings present and having access to communal spaces. The data gathered from the literature indicates that built environment factors affect residents' well-being by promoting quality of life, independence, sleep and nutritional intake and decreasing disturbing behaviour.
- **An environment with participatory management:** A living environment of quality has a management style that allows all concerned (residents, family members, staff and management) the possibility of influencing and contributing to different aspects of the operation of the facility. There are a number of participatory management organizational models, including person-centred care, relationship-centered care and culture change. The data gathered tend to suggest a variety of positive impacts of participatory management organizational models on stakeholders. Introducing a person-centered model in a residential and long-term care facility, for example, improves residents' psychological well-being and positively impacts the staff's job satisfaction and ability to provide individualized care. Implementing a culture change model in a residential and long-term care facility has a positive impact on residents' opportunities for making choices and can improve their quality of life and sometimes even their physical health and psychological well-being. The data gathered on these models, however, does not demonstrate a measurable impact on family members and the results regarding the impact on staff are mixed.

- **An environment where the staff is competent, involved and recognized:** A quality living environment counts on staff with relevant basic training and access to continuing education. A balanced workload and permanent assignments have a positive impact on residents' health—as indicated, for example, by a reduction in physical restraint use, permanent urinary catheters, pain and pressures sores. The involvement of staff is positively impacted by a number of factors, including support from colleagues and managers, a suitable built environment, strategies that foster staff empowerment and staff participation in decisions about work organization.
- **An environment where attention is paid to transitions experienced by residents.** In a living environment of quality, special attention is paid to the periods of transition that residents and family members face by personalizing the care and services offered. These critical stages include the initial move to the residential long-term care facility, transfers to and from hospital, end-of-life care and death. Some researchers suggest measures to facilitate these transitions, though their effectiveness is not documented in the studies reviewed. These measures include encouraging future residents to visit the facility before the move; ensuring good communication with the hospital during and after hospitalization; providing a space for family members on site when a resident is at the end of his/her life; and supporting the bereavement process of other residents, staff and family members when a resident dies.
- **An environment engaged in continuous quality improvement:** A living environment of quality is engaged in a continuous quality improvement process in a collaborative, constructive, objective and targeted manner. Public reporting of the results of quality evaluations of residential and long-term care facilities helps ensure transparency.

Regarding the third question, on methods of assessment, some studies used general methods to evaluate the characteristics of the living environment quality: observations, interviews, case studies and surveys. Moreover, 35 tools and 25 indicators for evaluating particular characteristics of the quality of the living environment were also identified in the articles reviewed. The characteristic assessed by the greatest number of tools was “presence of a competent, involved and recognized staff”. The tools were mainly in the form of questionnaires or interviews, generally designed to seek the perspective of staff members. A minority were addressed to residents or family members. None of the tools identified were translated into French. The indicators identified assess certain specific aspects of the quality of the living environment, such as number of private rooms, number of care plan updates and number of visits to emergency.

In sum, this state of knowledge report made it possible to identify the essential characteristics of a living environment of quality in a residential and long-term care facility, to document the impacts of these characteristics on residents and staff and to highlight methods of assessing them.

*Institut national  
d'excellence en santé  
et en services sociaux*

**Québec** 

### Siège social

2535, boulevard Laurier, 5<sup>e</sup> étage  
Québec (Québec) G1V 4M3  
418 643-1339

### Bureau de Montréal

2021, avenue Union, 12<sup>e</sup> étage, bureau 1200  
Montréal (Québec) H3A 2S9  
514 873-2563

[inesss.qc.ca](http://inesss.qc.ca)

