



December 1, 2021

Health Standards Organization
1150 Cyrville Road
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Re Submission on National Long-Term Care Standards from the B.C. General Employees' Union

The B.C. General Employees' Union (BCGEU) represents more than 80,000 workers across a range of sectors and occupations in more than 550 bargaining units throughout British Columbia. Our diverse membership includes thousands who work in various roles at long-term care facilities, including care aides, licensed practical nurses, registered nurses, food service workers, housekeeping and cleaning workers, activity workers, and health science professionals.

On November 25th, 2021, the BCGEU held a roundtable discussion with 6 members who work as health care professionals in long-term care facilities across the province. Please find summary notes from our roundtable discussion below.

On behalf of BCGEU members across the province who work in long-term care – and tens of thousands more who have loved ones living in care homes – we appreciate the opportunity to provide this submission to help develop the Health Standards Organizations National Long-Term Care Services Standard.

1. What does “safe”, “reliable”, “compassionate” and “high-quality care” in a long-term care home look and feel like to you?

Workers who participated in the roundtable underlined the foundational importance of adequate staffing levels to enable safe, compassionate, and high-quality care. Care aides spoke about feeling rushed and consequently unable to provide the level of care they would like to –for example providing more frequent bathing, allowing residents to use the toilet whenever they need to (rather than when the care aide has time to help them), taking residents outside for walks/fresh air, or taking more time to support residents psychologically/emotionally when they have bad days. Activity workers are similarly stretched, limiting the frequency and variety of activities they can provide, and their capacity to offer activity options tailored towards different residents' preferences, abilities, and cultural backgrounds.

Workers noted that staffing issues are particularly acute in for-profit facilities in B.C., with publicly-funded for-profit facilities delivering significantly fewer direct care hours than not-for-profit facilities despite receiving the same level of government funding. One worker noted that staff-to-resident ratios can be as

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We are located on the unceded and shared traditional territory of the xʷməθkʷəy̓əm (Musqueam), Skxwú7mesh (Squamish) & Səlil̓wətaʔ (Tsleil-Waututh) peoples.

high as 1:26 in some facilities. Staff at for-profit facilities report a feeling from management that saving money comes before everything else.

Participants underlined the need to increase the number of direct care hours to at least 4 hours per resident per day and to ensure that these hours go wholly to direct care and not to other tasks such as food preparation or cleaning. In addition, workers stressed the importance of monitoring and accountability mechanisms to ensure that facilities actually deliver the level of care for which they funded to provide. Several participants suggested an independent body for auditing and inspections (in B.C. the Health Authorities are responsible for inspecting facilities and also operate many facilities directly) to strengthen accountability.

2. How do you balance and respect the rights and quality of life of residents with the need to keep them safe? For example: Balancing individual resident's autonomy and choice when implementing strong infection prevention and control and practices?

Long-term care workers agreed that providing residents with as much choice and control over their lives as possible is desirable. Participants discussed many ideas for how to provide more choices for residents, such as offering different/varied activities, and offering self-serve breakfast stations to allow some residents who are able can fix their breakfast whenever they want to get up.

However, workers identified staffing levels as a barrier to providing more choice and individual care. Using the example of activities, one worker noted that because activity staff are run off their feet, they usually have to do the same few activities that can work for large groups of members with varying levels of physical and cognitive ability (e.g. bingo).

Participants noted some innovative applications of technology to balance infection control with resident needs during the COVID-19 pandemic. When infection control measures prevented residents from seeing family or friends, some facilities purchased tablets and helped them connect with loved ones virtually. Participants noted that residents were surprisingly receptive and appreciative.

3. What does a “positive, supportive, and caring work environment” look like and what makes it possible?

Participants again identified adequate staffing as a key factor necessary to enable a positive, supportive, and caring work environment. Additional factors discussed included competent managers that respect and listen to workers, and strong occupational health and safety measures to keep workers safe.

Workers identified a variety of negative impacts of inadequate staffing. Many workers shared that they and their co-workers feel burned out and/or have experienced other psychological impacts related to increased stress and workload. In many facilities, short staffing has also created difficulties with scheduling. Several workers expressed a desire for a regular schedule, but instead are forced to work a combination of days and nights – sometimes with long overtime shifts – that make it difficult to maintain a healthy work-life balance.

COVID-19 has further exacerbated staffing problems, by adding new duties to already-stretched workers. For example, in some facilities care aides were required to take on some kitchen, laundry, or housekeeping tasks as part of infection control procedures.

Workers also identified the relationship between workers and management as a key factor to support a more positive work environment. Some facilities are managed by people who do not have a health-care background. Staff in these facilities report feeling unsupported and frustrated that managers do not understand or know how to resolve issues related to care raised by staff or residents. One worker suggested that facilities should be required to include someone in management – for example, a Director of Care – with a background or expertise in health care.

Workers stressed the importance of management listening to feedback from staff, residents, and family members. Participants reported frustrations with managers who control resources not understanding the reality on the ground, and in many cases ignoring concerns from workers, residents, and families.

Occupational health and safety emerged as another key theme. In some facilities, workers report having inadequate staff or equipment to safely perform lifts with residents who require assistance getting in and out of bed. Some residents – especially those with severe dementia or mental health challenges – can be violent, putting care staff at risk. Ensuring workers have adequate training, and in some cases ensuring multiple workers are available to support challenging residents is necessary. Workers also highlighted the need for adequate sick benefits. One participant shared that at their facility they do have paid sick days but are discouraged from management from taking them due to short staffing, suggesting that it's necessary to not only provide paid sick leave but also to ensure that workers are encouraged and supported to avail themselves of these benefits when they need them.

4. What supports are essential to maintain a “healthy and competent” workforce?

Roundtable participants identified recruitment, retention, and training of workers as key priorities for maintaining a healthy and competent workforce.

Workers described serious issues with recruitment and retention across B.C.'s seniors' care sector linked to low wages and poor working conditions. Care aides felt that their compensation doesn't reflect the challenging nature of the work or the skills and expertise required. They expressed frustration at the growing gap in their wages compared to other health care professionals. In addition to wages, workers cited scheduling issues (inconsistent schedules with a mix of day and night shifts, even for staff with seniority), and health and safety concerns as factors that made it difficult to recruit and retain staff.

The need for adequate, accessible and ongoing training emerged as another key factor necessary for a strong and healthy workforce. In particular, long-time workers described a trend towards more residents with complex needs – including severe dementia, mental health issues, addictions and aggressive or violent behaviour patterns – and suggested that workers are not being adequately trained to handle these cases. Ensuring that workers have access to training on a regular basis, on paid time, to build and maintain the skills necessary to provide care to the residents in their facilities is crucial.

5. What specifically would make a long-term care home feel more like a home? For example: What does a resident's experience or care look like? What does family involvement look like? What type of activities are available? What are the mealtimes and food like? What do the resident rooms and common spaces look like?

Participants identified food service and facility design as key points of intervention to make long-term care facilities feel more like homes.

Workers reported that poor-quality food is one of the most common complaints they hear from residents. In many facilities, food service had been outsourced, meals were prepared offsite and reheated, and the food was described as unappetizing, unattractive, and lacking variety. A worker in a facility with in-house food service noted that their food quality is good and thought that bringing cooking in-house in more facilities could improve food quality. Workers also suggested offering residents options to choose between for meals and offering food that reflects residents' cultural background (e.g. not only offering western food) would help improve residents' experiences of mealtimes.

Participants also highlighted aspects of facility design and decoration that could also contribute to making care facilities feel more like homes. Allowing residents to decorate their rooms with their own things was identified as one simple step. Workers also identified modifications to building designs that could help facilitate more home-like social interactions, such as more private and comfortable visiting areas for residents to entertain visitors, and guest suites where family members and friends could stay for overnight visits.