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MAPLE HEALTH CENTRE
MINISTRY OF HEALTH AND LONG-TERM CARE COMPLIANCE REVIEW

The Health and Emergency Medical Services Committee recommends the adoption of the recommendation contained in the following report, December 14, 2004, from the Commissioner of Health Services:

1. RECOMMENDATION

It is recommended that:

1. Health and Emergency Medical Services Committee and Regional Council receive for information the following report regarding the 2004 Ministry of Health and Long-Term Care Compliance Review of the Maple Health Centre.

2. PURPOSE

This report is provided to the Health and Emergency Medical Services Committee and Regional Council, as the governing body of the Regional Long Term Care Facility Program, to facilitate their legislated responsibility for ensuring that the Maple Health Centre is in compliance with applicable legislation and standards for the provision of long term care.

3. BACKGROUND

In 1993, the *Homes for the Aged and Rest Homes Act* was amended by the *Long Term Care Statute Law Amendment Act* to provide for direct auditing and evaluation of long term care facilities by the Ministry of Health and Long-Term Care (MOHLTC). This compliance review and inspection of the Maple Health Centre by the MOHLTC was undertaken in accordance with these legislative requirements.

The purpose of the compliance review is to monitor and evaluate the organization's level of compliance in relation to the Long Term Care (LTC) facility program standards and criteria that have been established by the MOHLTC, expectations and requirements defined by applicable Acts and regulations, compliance with the terms of the service agreement between the province and the facility and adherence to MOHLTC policies and directives.

In the context of this review, the MOHLTC audits nursing and medical care, dietary and nutritional programs, activation and rehabilitation services, environmental services and conditions, as well as financial and administrative practices. As of January 2004, the MOHLTC instituted surprise annual inspections of long term care facilities. A MOHLTC Compliance Advisor conducts these annual reviews.

4. ANALYSIS AND OPTIONS

The Maple Health Centre was reviewed by a Compliance Advisor from the MOHLTC on November 18–19 and November 22–25 2004.

A complete summary of the Compliance Review findings is contained in the attached report *(see Attachment 1)*. Comments, suggestions and recommendations are offered within the report to assist the facility's efforts to improve compliance with MOHLTC standards and the quality of care provided to residents and clients. Plans and follow-up actions have already started to address the suggestions made by the MOHLTC in the report.

4.1 Compliance Findings – Standards, Criteria and Legislation

The Health Services Department is pleased to advise that the overall standards of care were found to be excellent. The Maple Health Centre was found to be in substantial compliance with the MOHLTC Standards and Guidelines for Long Term Care Facilities and to be in compliance with all related Acts and regulations. The review identified one unmet criteria related to one standard. It is important to note that a written statement of an unmet standard or criteria is not considered a sanction and should not be construed as a written notice of non-compliance with an Act or regulations.

4.2 Compliance Findings – General Observations

In accordance with the MOHLTC's new accountability protocols, this year the compliance review was not prescheduled. On November 18, 2004, the MOHLTC Compliance Advisor arrived unannounced for the first 'surprise' inspection of the Maple Health Centre.

In the wrap-up report the Compliance Advisor noted that the centre continues to have an excellent reputation in York Region and has become well known in the community for providing high quality care, services and programs for its clients. In addition, the Compliance Advisor also reported that the unmet criteria identified during the last annual review had been corrected (*see Attachment 2)*.

The Compliance Advisor found that residents and families, in general, reported that they are very pleased with the care and services provided at the Centre. Activation staff were commended for interacting positively with residents, delivering the foot spa program and providing activities that meet the needs of all clients. Our Volunteers were commended for their extensive level of support to the residents.

The Compliance Advisor found our CQI programs to be very thorough with good follow-up and our Business Services demonstrated excellent accounting practices. Environmental Services were commended for their high standards of cleanliness, hard work and dedication. The Compliance Advisor found that the residents enjoy the food and observed good Dietary documentation.

The Health Care Aides were also commended for their professional documentation, which included examples of analytical thinking and problem-solving.

4.3 Compliance Standards, Recommendations and Suggestions

As mentioned in section 4.1, a statement of unmet standards relates to criteria within a standard that have not been fully met. Recommendations and suggestions relate to criteria within the standards in which there are opportunities to further enhance compliance with MOHLTC standards.

The Compliance Advisor found that there was one criterion related to one standard that was not fully met. The unmet criterion related to the Mantoux test that is used to screen residents for tuberculosis. This test had been completed for new residents but not within the required timeframe of 14 days from admission. We plan to modify our health care records exception report for all immunizations to ensure better compliance with this criterion. The policy for Mantoux testing will also be updated to reflect this change.

In addition, a number of recommendations and suggestions were provided by the Compliance Advisor to assist us in further improving the quality of care and services that are delivered. It was suggested that water temperature be monitored in random locations. Two recommendations were also made related to care plan and health records documentation and two related to building maintenance. As well, she advised that a referral be made for a dietary consultant's review of the dietary services program. This is consistent with an ongoing plan by the MOHLTC to have all LTC Centres reviewed by specialized environmental and dietary consultants. It is not reflective of any negative findings in dietary services.

Finally, and perhaps most importantly, she closed her review with the following quote from the President of the Residents Council, "The most important thing about the staff at the Maple Health Centre is that they care. Since I came here 5 years ago, my quality of life has improved." From a staff perspective, this is rewarding feedback and is reflective of the ultimate goal of our program.

It is important to note that the overall standards of care were found to be very good and there was no significant risk to resident care or safety identified. Immediate steps were taken to rectify unmet standards or recommendations and remedial measures were developed and implemented to ensure that the Maple Health Centre remains compliant with the standards. A formal compliance plan and follow-up report was submitted to and accepted by the MOHLTC (*see Attachment 3*).

5. FINANCIAL IMPLICATIONS

Any costs associated with implementation of the MOHLTC's suggestions will be absorbed within the 2004 and or the 2005 budget.

6. LOCAL MUNICIPAL IMPACT

The MOHLTC compliance review provides confirmation that the Health Services Department continues to deliver high-quality LTC services for the residents of all local municipalities.

7. CONCLUSION

The Maple Health Centre continues to provide high quality care and services that are in substantial compliance with MOHLTC Standards and Guidelines for the provision of LTC programs and services.

The Health Services Department would like to acknowledge the efforts of its staff and volunteers and commend them for the excellent quality of care that they provide to their residents and clients.

The Senior Management Group has reviewed this report.

(The attachments referred to in this clause were included in the agenda for the January 6, 2005 Committee meeting.)