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MAPLE HEALTH CENTRE
2006 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, May 14, 2007, from the Commissioner of Community Services, Housing and Health Services:

1. RECOMMENDATION

It is recommended that:

1. Regional Council receive for information the following report regarding the 2006 Ministry of Health and Long-Term Care Compliance Review of the Maple Health Centre.

2. PURPOSE

This report is provided to Regional Council, as the governing body of the Regional Long Term Care (LTC) 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

Applicable provincial LTC legislation provides for direct auditing and evaluation of LTC 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 those legislative requirements.

The purpose of the Compliance Review is to monitor and evaluate the organization's level of compliance in relation to the 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 Centre 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, financial and administrative practices. On January 1, 2004, the MOHLTC instituted surprise annual inspections of long term care facilities. A MOHLTC Compliance Advisor/Officer conducts the Compliance Review.

4. ANALYSIS AND OPTIONS

The Maple Health Centre was visited and inspected by a Compliance Advisor from the MOHLTC on September 12, 13, 15, 18, 19 and 21, 2006. An annual compliance review of the Centre was completed at this time.

A complete summary of the Compliance Review findings is contained in the attached report *(see Attachments 1 and 2)*. Comments, suggestions and recommendations are offered within the report to assist the facility's continuous efforts to improve compliance with MOHLTC standards and the quality of care provided to residents/clients. Plans and follow-up actions have been/will be taken by staff to address the suggestions made by the MOHLTC in the report.

4.1 Compliance Findings – Standards, Criteria and Legislation

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 Acts and Regulations. There were however, two findings of unmet criteria or standards.

4.2 Compliance Findings – General Observations

In accordance with the MOHLTC's accountability protocols, the compliance review was not prescheduled and as such was conducted at the Maple Health Centre as a 'surprise' inspection under those protocols.

In the wrap-up report the Compliance Advisor noted that the Centre continues to have an excellent reputation in York Region and beyond. The compliance advisor said that the "Maple Health Centre was recognized for their hard work and were appreciated in the long term care sector".

The Compliance Advisor found the residents and families in general reported that they are very pleased with the care and services provided at the Centre. They advised her that they were very happy with the services and were very complimentary of the staff and the Centre. She praised the Client and Family Councils for their involvement, excellent ideas and support.

The Activation department staff were commended for their enthusiasm, wonderful educational programs, families and residents were very pleased, residents really enjoy the extensive programming provided and the volunteers were praised for their extensive level of support to the clients and the extent of their donations of funds and equipment to the Centre.

Centre staff were recognized for their proactive approach to client safety with specific reference to the enhanced physiotherapy programs and a Falls Reduction Committee that implemented a number of successful initiatives to reduce client falls and a decrease in the number of unusual incidents was also noted.

The Compliance Advisor found the CQI programs very thorough with good follow-up. Business Services were "very well organized". Environmental Services staff were recognized for their dedication and the quality of their painting, cleaning and maintenance programs, improvements in personal laundry service were also noted. Nursing documentation was noted to have improved, staff were observed to be very happy around the residents.

The Compliance Advisor found that the residents enjoy the food and found it very appetizing and nicely presented. She noted improvements in the nutritional plans and resident care plans. The Dietary department was commended for having achieved 80% food service worker certification. She found the Social Work services to be extensive and very supportive of resident and family needs.

4.3 Compliance Standards, Recommendations and Suggestions

The Compliance Advisor found two unmet criteria, one related to standard C1.17 Medication Administration and B3.16 Safety and Security, during the 2006 Annual Review. In relation to the medication administration standard, the advisor found that not all treatments that were provided had been fully documented on the treatment administration record. The unmet criteria observed under safety and security related to locking of medication carts when staff are not in a direct line of vision with the cart.

A number of recommendations and suggestions were also provided by the Compliance Advisor to assist us in further improving the quality of care and services that are delivered. These included a housekeeping recommendation, one concerning job descriptions for spiritual care, two recommendations related to assessments and one related to health records documentation. 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.

Remedial measures/steps have been taken to respond to the unmet standard and all of the recommendations and suggestions. A formal follow-up plan was submitted and accepted by the MOHLTC to ensure that the Maple Health Centre remains compliant with the criteria and standards (*see Attachment 2*).

4.4 Relationship to Vision 2026

A high level of compliance with MOHLTC standards is reflective of our commitment to quality of care and services and contributes to the attainment of Vision 2026 goals of developing Quality Communities for a Diverse Population and Responding to the Needs of our Residents.

5. FINANCIAL IMPLICATIONS

Any costs associated with implementation of the MOHLTC's recommendations and suggestions were absorbed within the 2006 Health Services 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 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/clients.

The Senior Management Group has reviewed this report.

The attachments referenced in this clause are attached to this report.