



Assisted Living Services

2021 Value-for-Money Audit

Why we did this audit

- About 23,100 people (83% are seniors) received assisted living services from 182 agencies in 2020/21.
- About 63% of clients received assisted living services in an assisted living building—usually an apartment building—and about 37% received services in the community.
- The Ministry of Health spent \$389 million on assisted living services in 2020/21, up from \$313 million five years prior.
- The model for planning/funding/monitoring of services is complex, including:
 - the Ministry of Health
 - Ontario Health
 - 14 Home and Community Care Support Services organizations (formerly LHINs) and
 - third-party community-based agencies.

Why it matters

- Assisted living services can help vulnerable people
 - seniors (those who are at high-risk of hospitalization or admission to a long-term care home),
 - adults with physical disabilities, HIV/AIDS, or with acquired brain injuries
- Services include personal support/homemaking services (e.g., meal preparation, feeding, toileting), 24/7 unscheduled services, in-home. They can:
 - help people live safely and comfortably in their homes for as long as possible and
 - avoid hospital admissions and long-term care.

What we found

Opportunities to Improve Quality, Reduce Costs of Care Missed

- The Ministry has not identified opportunities to improve quality of care nor evaluated combining home care and assisted living (these similar services targeting similar client groups).

RECOMMENDATIONS 13, 14, 16

Little Oversight of Assisted Living Agencies

- Only one of the 14 Local Health Integration Networks (LHINs) held agencies accountable for hours of service agencies provide to clients. (Responsibilities of LHINs were transferred to Ontario Health and Home and Community Care Support Services on April 1, 2021).
- Ontario Health did not require agencies to report:
 - staff-to-client ratios
 - the rate that agencies accept client referrals from health regions, and
 - the frequency of missed visits.
- Ontario Health did not know if assisted living clients were victims of abuse or neglect by agencies (agency staff).
- LHINs took no responsibility for complaints – half reviewed by the audit team concerned quality and/or whether enough services were provided (includes missed scheduled care visits and decreases in quality of care).

RECOMMENDATIONS 17–22

- Public Likely Unaware of Assisted Living Program; Wait List Co-ordination and Information Lacking**
- The Ministry has taken little action to inform the public about the assisted living program.
 - The province has no central wait list for assisted living services.
 - Only 10 of the 14 health regions had full wait-list information
 - others depended on assisted living agencies and did not have ready access to wait-list information.
 - Wait-list information reporting is incomplete/not publicly available.
 - Wait-list data reviewed by audit team did not differentiate waits for services in assisted living buildings from in people's homes outside of such buildings.

RECOMMENDATIONS 1-12

- Little Evaluation of Quality of Life Improvements from Services**
- The Ministry has not evaluated whether assisted living services have improved the quality of life for clients.
 - The Ministry does not require agencies to provide client outcome data (reductions in emergency room visits/hospitalization, delayed admissions to long-term care).
 - Only two of 14 health regions require agencies track this data, but it is not sent to the Ministry.

RECOMMENDATION 15

- Clients Risk Abuse, Poor Care in Agency-Owned/Operated Assisted Living Buildings**
- There are more than 140 assisted living facilities where the agency acts as the landlord and also provides care;
 - against Ministry policy since 1994 (that service delivery should not include housing management) due to inherent risks to clients
 - with no procedures to guard against risks of these arrangements.
 - Neither the Ministry nor many health regions had information on locations of agency-owned/operated assisted living buildings.

RECOMMENDATIONS 23-24

Conclusions

- Assisted living services are not properly integrated into the provincial health care system as a cost-effective component of the continuum of care (e.g., how eligibility is determined, and how wait-list data is collected and administered).
- The Ministry and Ontario Health are not ensuring quality of care for clients, and do not have processes in place to minimize risks of abuse of vulnerable clients using assisted living services.
- Ontario Health had little information to effectively oversee assisted living agencies to confirm they were operating efficiently and providing clients with the quality of assisted living services sufficient to meet their needs.

Read the report at www.auditor.on.ca