



Long-Term Care Homes: Delivery of Resident-Centred Care

2023 Value-for-Money Audit

Why we did this audit

- While our Office has conducted several audits of long-term care in recent years, including Quality Inspection, Food and Nutrition, and Pandemic Readiness and Response, this audit focuses on long-term care homes' ability to provide residents with both a high quality of care and a high quality of life.
- Over the past few years, both the Ministry of Long-Term Care (Ministry) and long-term care homes have responded to the COVID-19 pandemic with intense efforts to prevent infections and control outbreaks. As the level and risk of infections declines and home operations continue to normalize, the Ministry and the homes need to focus on improving the quality of life for residents.

Why it matters

- While long-term care homes need to care for the physical well-being of residents, providing resident-centred care also includes addressing their mental, social, spiritual and cultural needs.
- Ontario's senior population (age 65 or older) has increased almost 40% since 2013, from about 2 million to almost 2.8 million in 2022. It is projected to increase to 4.4 million by 2045.

What we found

Homes Lacked Stable and Adequate Staffing to Care for Residents

- Staffing levels for nurses and personal support workers (PSWs) varied among homes.
 - At least a quarter of all homes failed to consistently reach the provincial targets for direct-care hours in 2021/22 and 2022/23.
 - The staff-to-resident ratio also varied significantly in the homes we visited, especially during the evening and overnight shifts, with ratios of up to 1:80 for nurses (one nurse for 80 residents) and 1:30 for PSWs in some homes.
- Long-term care homes were increasingly reliant on contracted staff, including those supplied by agencies, to address their staffing challenges.
 - By their temporary nature, agency staff were unable to provide residents with the same continuity of care as permanent staff, and some of the homes we visited had noted that mistakes like medication errors tended to happen more frequently with these staff.
 - Agency staff also cost significantly more than permanent staff. For example, the average hourly rate for an agency registered nurse (RN) was \$97.33/hour, more than double the average rate of an RN directly employed by a home (\$40.15/hour), with a portion going to the agency as profit.

RECOMMENDATION 1

Not All Residents Had Access to Key Allied Health Professionals to Optimize Quality of Life

- About half of all homes fell below the provincial target for direct-care hours by allied health professionals (AHPs) such as nurse practitioners, physiotherapists, occupational therapists and social workers.
- Our analysis of 2022/23 staffing data revealed that many homes were severely lacking services from certain AHPs. For example, 74% of homes provided zero hours of direct care from nurse practitioners.
- Our visits also confirmed that some homes were missing certain AHP positions.

RECOMMENDATION 2

Personal Support Workers Lack Regulation and Standardized Education

- While PSWs constitute the largest workforce in long-term care homes (approximately 60% of direct-care staff), they are unregulated.
- The profession is not governed by a code of conduct or standards of practice, and there is no regulatory body to report PSWs with serious misconduct or competency issues in order to discipline or suspend them.

RECOMMENDATION 3

Homes Struggled to Cope with Complex Behavioural Issues

- Over 40% of long-term care residents were assessed with aggressive behaviours in 2022/23. We identified examples where residents' aggressive behaviours led to physical harm or harassment of other residents and/or staff. Homes often do not have sufficient resources to effectively manage these behaviours.
 - Although the Ministry has established 307 beds in behavioural specialized units, the supply is limited and the admission is generally restricted only to residents with a dementia diagnosis.
 - Over 30% of the homes we visited were denied funding to hire dedicated behavioural support staff.
 - Behavioural resources for younger residents with mental illness or addictions are limited, as most resources available have an eligibility age of 65.

RECOMMENDATIONS 4 and 5

Long-Term Care Sector Was Not Responsive to Cultural Needs of Residents

- Out of 626 long-term care homes, only 57 are designated to serve specific ethnocultural or religious groups. For these 57 homes, the median wait time was up to five years in 2022/23, more than eight times longer than for all homes, depending on the region. While certain regions have a high concentration of particular ethnic groups (for example, Peel Region's population is about 14% South Asian), there are no ethnocultural homes in those areas.
- The level of cultural accommodation varied across homes that did not provide culturally specific care. For example, not all homes have staff who can communicate with residents in their first language, which is especially important for those with dementia, who are more likely to revert to their mother tongue as their condition intensifies.
- Prospective long-term care residents do not have sufficient information to make their home choices. The Ministry does not publicly list long-term care homes by ethnicity or by the particular group or community served (for example, religious community, sexual and gender-diverse community).

RECOMMENDATIONS 6 and 7

Homes Were Not Fully Able to Serve Younger Residents

- Younger residents are underserved in homes that cater to an elderly population. About 6,200 (6.3%) younger residents under the age of 65, with some in their early 20s, are living in long-term care homes because of their high care needs.
- Younger residents often do not have access to age-appropriate recreation programs, as programs at long-term care homes primarily cater to the senior residents (for example, bingo, 60s-themed movies and music activities).
- Community resources for age-appropriate activities were limited, with some younger residents not getting access to any resources in the community.

RECOMMENDATION 8

Implementation of Legislation That Increased the Flow of Hospital Patients to Long-Term Care Was Not Adequately Monitored

- A patient who requires an alternate level of care (ALC) is someone occupying a hospital bed who no longer requires acute care. *More Beds, Better Care Act, 2022* (Act) authorizes Home and Community Care Support Services to determine an ALC patient's eligibility for long-term care and to select homes for the patient without their consent.
 - Over 7,300 ALC patients have been placed into long-term care in the six months since the Act came into effect, of which 99 were placed in homes selected by placement co-ordinators (that is, the homes selected were not that of the patient's). Approximately 60% of the remaining placements were not into the patient's first-choice home, which was comparable to the 58% observed in the six-month period prior to the Act's implementation.
- The Ministry has not monitored the outcomes of ALC patients after their admission to long-term care.

RECOMMENDATION 9

Funding Changes Are Required to Meet Residents' Current Needs and Improve Responsiveness

- Since the index used to adjust annual home funding is driven by resident acuity data collected from homes two years prior, this data does not reflect residents' current care needs.
- The Ministry currently has over 40 funding initiatives to support homes to address specific issues. However, the funding system is complex and administratively burdensome, with different requirements for each initiative.
- The Ministry has not consistently analyzed the uptake of funding initiatives to determine their effectiveness, or to identify barriers that impede homes from effectively accessing funds.

RECOMMENDATION 10

Accountability Framework Is Unclear and Does Not Ensure Effective Oversight of Long-Term Care Homes

- The service agreements between Ontario Health and long-term care homes do not include targets for quality of care and resident safety.
- While Ontario Health is the primary source of funding for long-term care homes, the Ministry makes most of the funding decisions, which limits Ontario Health's ability to hold homes accountable for meeting funding expectations.

RECOMMENDATIONS 11 and 12

Conclusions

- Our audit concluded that the Ministry, in conjunction with Ontario Health and long-term care homes, does not have fully effective systems and procedures to ensure that residents receive quality care and services and is constrained by staffing issues.
- We found that long-term care homes lack some critical resources and programs to ensure residents' quality of life. For example, many homes have not employed a good mix of allied health professionals to address the physical, emotional, social and spiritual needs of residents. The unique needs of certain groups of residents, such as younger residents, are not being met. The supply of culturally sensitive homes is also limited and wait times are long.
- Neither the Ministry nor Ontario Health has developed targets to effectively measure the performance of long-term care homes in relation to quality of care and resident safety.

Read the report at www.auditor.on.ca