

What to Expect During a Routine Inspection

Information for Retirement Homes Licensees and Operators

The information below describes what licensed retirement homes can expect during the RHRA's routine inspection process. As always, RHRA is open to your feedback on our inspection process.

Process Step	What to Expect
Before the routine inspection	<p>Consistent with RHRA's regulatory modernization initiative to place greater emphasis on assessing the implementation of important policies and strategies in retirement homes, all routine inspections are unannounced.</p> <p>Please ensure the following documents are kept up to date:</p> <ul style="list-style-type: none"> • List of residents, including their date of residency in the home and any subsidized residents • A list of all staff employed by the home, including their name, department, position and date of hire • Logs or records that demonstrate how the home responds to incidents such as, falls, complaints, behavior management incidents, incidents of abuse or alleged abuse • Public health consultation records • Emergency Plan testing/evacuation records and current arrangements
Questions to Prepare for	<p>Starting in February 2024, during routine inspections RHRA inspectors will collect information required to understand the levels of care services offered by the retirement home. This information will help RHRA determine if there could be a more flexible, responsive and proportionate regulatory framework to enhance residents' protection and support innovation and growth in the sector. RHRA is in early stages in exploring a right touch regulatory model for the retirement homes sector, focusing on the care levels of residents that are being met or able to be met by the Licensee.</p> <p>RHRA inspectors will collect information from management in the home through observations, documentation reviews and interviews, and will record it in a way that allows RHRA to create a province-wide snapshot. Inspectors will not be assessing residents; the focus is entirely on gathering information about the care services offered by the home.</p> <p>Retirement homes can review the information RHRA inspectors aim to collect during the routine inspections on pages 6-8 in this document. Answers to common questions about RHRA's work to explore a segmentation model are available on pages 8-9.</p>

Process Step	What to Expect
On the day of the inspection	<p>Specific staff members are not required to be in the retirement home during the inspection. There only needs to be a staff member present to retrieve the required documents. If a key staff member (such as the retirement home’s operator or general manager) is not present during the inspection and would like to be debriefed the following day, the Inspector will accommodate the request.</p> <p>At the start of the inspection, the Inspector will meet with designated staff at the home to explain:</p> <ul style="list-style-type: none"> • The scope and purpose of the inspection. • How the findings will be communicated to the home. • The review of the current information for the home on the RHRA's Retirement Home Database and questions relating to RHRA's Right Touch Regulation Model initiative. <p>Additionally, the inspector will be requesting:</p> <ul style="list-style-type: none"> • A list of staff records for a selection of staff, including current staff training records and content of training. • Assessments and Plans of Care for a selection of residents. • Medication Administration Records and corresponding physician orders for a selection of residents.
During the inspection	<p>The Inspector will carry out the inspection in accordance with the updated inspection model.</p> <p>The Inspector may:</p> <ul style="list-style-type: none"> • Walk through the home with you to observe residents engaged in the activities of their daily lives. • Speak to residents and staff in the home. These conversations may be done privately to ensure confidentiality is respected. • Observe operations in the home including care services provided to residents, i.e., meals, ambulation and medication administration. • Review documents such as Plans of Care, complaint logs, falls logs and any other documents needed to verify compliance based on observations in the home. • Ask follow-up questions concerning the walk-through, observations or the document review. <p>Note that during routine inspections, the Inspector may also look into issues relating to a Mandatory Report or a formal complaint the RHRA has received, and follow-up with previously identified areas of non-compliance.</p>
At the end of the inspection	<p>The Inspector will meet with you and provide feedback on findings of non-compliance resulting in a citing. The debriefing may also include</p>

Process Step	What to Expect
	<p>areas that are not being cited but need to be reviewed and rectified and will be verified during future inspections or best practice suggestions. During the debrief, homes encouraged to actively participate and take notes. Homes can produce evidence demonstrating compliance or in support of achieving compliance which will be taken into consideration by the Inspector.</p> <p>Please note the debrief may not occur on the day of the inspection. In addition:</p> <ul style="list-style-type: none"> • A Draft Inspection Report will be sent to your home. • You will be provided the opportunity to detail the steps being taken to come into compliance or submit evidence supporting that compliance has been achieved. • If a home disagrees with a citation, the draft process is an opportunity to inform the inspector, outline why and request the inspector have a manager review the finding prior to the final inspection report being issued. • An Inspector may contact you after the inspection process is finalized to determine if you have fulfilled your obligation to come into compliance.
<p>Final Inspection Report</p>	<p>The RHRA will send you the Final Inspection Report. It will also be provided to your home’s Residents’ Council, if applicable. Any information previously submitted by you in response to the Draft Inspection Report will be reviewed and taken into consideration by the Inspector when preparing the Final Report.</p> <ul style="list-style-type: none"> • Note that a Final Report identifying that corrective action was taken does not constitute RHRA approval or endorsement of any documents submitted as part of your response to the Draft Inspection Report, nor any finding of compliance or non-compliance with the Act with respect to those documents. • If a response submitted by you indicates ongoing or forthcoming corrective action, the RHRA expects that you will fulfill that action. You are then responsible for informing the RHRA upon its completion, following the issuance of the Final Report. • RHRA Inspectors may follow up on any corrective action in the future to verify compliance.

Additional Information

RHRA continues to improve its oversight approach to focus its inspections on areas of greatest risk of harm to residents in order to improve outcomes. The RHRA Inspectors will spend more time observing processes and daily life within a retirement home, and less time doing policy reviews. Inspection activities will be proportional to risk of harm to residents. This will reduce the

regulatory burden on compliant homes and allow RHRA to dedicate its resources where they are most needed.

Licenses are encouraged to use routine inspections as an opportunity to raise any questions they have concerning compliance with the *Retirement Homes Act, 2010* (the Act). Inspectors will take time to explain requirements and best practices for compliance.

The Act requires an inspection of every retirement home at least once every three years but RHRA will inspect more frequently as required, for example, if there is a risk in the home.

- RHRA Inspectors will not inspect everything outlined in the legislation during the inspection. The inspection may include follow-up on areas of previous non-compliance.
- Inspectors will focus on the home's implementation of practices relating to resident welfare including, but not limited to:
 - Emergency plans
 - Infection prevention and control
 - Resident records
 - Behaviour management
 - Falls strategy
 - Abuse and neglect
 - Staff training and qualifications
 - Administration and storage of drugs
 - Complaint handling

Each routine inspection will look different as the inspection is influenced by the home's previous non-compliance findings, as well as observations made during the routine inspection. Inspectors will focus on an evaluation of whether the home has effectively implemented policies and practices to protect the welfare of residents. This includes speaking with staff and residents, and reviewing documents supporting that the home has taken the necessary actions when dealing with incidents or complaints.

Some retirement homes keep a master training record or attendance sheet setting out the training and the date upon which it was completed by each staff member or volunteer. This is acceptable, as long as the record demonstrates training on the site-specific policies of the retirement home (and not simply generic templates).

Retirement home operators should have their records well-organized and in an accessible location. This is to ensure they are available for the RHRA Inspectors, and also to ensure that records relevant to the welfare of residents are readily accessible for staff of the retirement home at all times. If the home's documents are in an electronic format, a staff member who is familiar with the system will need to assist the Inspector in order to verify compliance. When inspectors are onsite and need access to electronic health records, RHRA strongly suggests that homes not provide or use the credentials of a home's manager or staff. Rather, it would be better if a guest access or inspector account could be created when they are onsite. This access should not have firewalls that would restrict an inspector's ability to view records. Compliance and/or enforcement actions may follow inspection findings of significant or repeated non-compliance. The RHRA may also suggest that homes participate in its Compliance Support Program.

Additional resources are available in the Licensees and Operators section of the RHRA website at rhra.ca. The website also includes information about the [Retirement Homes Act, 2010 and Regulation](#), a [Plain Language Guide to the Act](#), and [Compliance Assistance Modules](#).

Information Collection during Routine Inspections to Support RHRA's Exploration of a Right Touch Regulation Model

The following are questions that RHRA inspectors aim to answer and record during the routine inspection. The inspectors may use their knowledge of the home, observations and discussions to answer the question. They may not need to ask the questions in this exact way or order; or may not even have to ask the questions.

Levels of Care
<p>Which of the regulated care services in the retirement home are captured under the following categories:</p> <ul style="list-style-type: none"> a) Independent Living b) Assisted Living c) Dementia Care d) Other
Health Care Staff
<p>Is there a nurse present in the home 24hrs a day? (N/Y)</p> <p>Is there a nurse available 24hrs a day? (N/Y)</p> <p>Please identify which of the following types of health care providers are either employed directly or have a contractual agreement (either an individual provider or an agency) with the retirement home to provide care to residents:</p> <ul style="list-style-type: none"> i. Formally trained Personal Support Worker (N/Y) ii. Registered Practical Nurse (N/Y) iv. Registered Nurse (N/Y) v. Nurse Practitioner (N/Y) vi. Pharmacist (N/Y) vii. Physician (N/Y)
Care Service: Provision of a meal
<p>As of today, what is the approximate percentage of residents receiving a therapeutic diet?</p>
Care Service: Assistance with feeding
<p>As of today, what is the approximate percentage of residents who receive "assistance with feeding"?</p> <p>Which of the following are included in "assistance with feeding"?</p> <ul style="list-style-type: none"> i. Cueing (N/Y) ii. Supervision (N/Y) iii. Dependent (N/Y) iv. Tube feeding (N/Y) <p>If the home does not currently provide assistance with feeding, would they if the need arises:</p> <ul style="list-style-type: none"> i. Cueing (N/Y) ii. Supervision (N/Y) iii. Dependent (N/Y) iv. Tube Feeding (N/Y)

<p>Care Service: Administration of medication</p> <p>As of today, what is the approximate percentage of residents who receive the “administration of medications” service?</p> <p>Are injection (subcutaneous or intramuscular) drugs administered offered as part of this service? (N/Y)</p> <p>Is there medication administration that can only be done by a registered staff? (N/Y)</p>
<p>Care Service: Assistance with ambulation</p> <p>As of today, what is the approximate percentage of residents who receive “assistance with ambulation”?</p> <p>What transferring and positioning devices and/or techniques are used to provide this service to residents?</p> <p>i. One-person (N/Y) ii. Two-person (N/Y) iii. Mechanical lift (N/Y)</p> <p>If the home does not currently use transferring and positioning devices and/or techniques, would the home provide the following if the need arises:</p> <p>i. One-person (N/Y) ii. Two-person (N/Y) iii. Mechanical lift (N/Y)</p>
<p>Care Service: Assistance with bathing</p> <p>As of today, what is the approximate percentage of residents who receive “assistance with bathing”?</p> <p>If the home does not assist residents with bathing, would the home provide baths if the need arises? (N/Y)</p>
<p>Care Service: Assistance with hygiene</p> <p>As of today, what is the approximate percentage of residents who receive “assistance with hygiene”?</p> <p>Please identify which of the following are included with the “assistance with hygiene” service provided by retirement home staff:</p> <p>i. Oral care (N/Y) ii. Peri care (N/Y) iii. Face washing /Partial/sponge bath (N/Y) iv. Shaving (N/Y) v. Other</p>
<p>Care Service: Assistance with dressing</p> <p>As of today, what is the approximate percentage of residents who receive “assistance with dressing”?</p> <p>Select the methods used by retirement home staff to dress a resident:</p> <p>i. Cueing (N/Y) ii. Supervision (N/Y) iii. Dependent (N/Y)</p>
<p>Care Service: Continence Care</p> <p>As of today, what is the approximate percentage of residents who receive “continence care”?</p>

Is catheter care (i.e., emptying and changing) provided? (N/Y)

Is ostomy care (i.e., emptying and changing) included (N/Y)

If the home does not currently provide continence care, would they if the need arises? (N/Y)

- i. Catheter care (N/Y)
- ii. Ostomy care (N/Y)

Care Service: Skin and wound care

As of today, what is the approximate percentage of residents who receive “skin and wound care”?

What interventions does the retirement home provide on a regular basis to the residents who receive skin and wound care (this excludes first aid)?

- i. Skin care that is specifically focused on preventing or healing altered skin integrity (e.g., cleaning a scarred area, applying creams to scratches or pressure sores, changing bandages) (N/Y)
- ii. Stage 1 or 2 wound care (redness, scars, surface cuts, smaller pressure ulcers, any wound without a puncture of the skin, any wound within the first two layers of the skin) (N/Y)
- iii. Stage 3 or 4 wound care (advanced wound care for deeper wounds and pressure ulcers, usually requires sterile treatment) (N/Y)

If the home does not assist residents with skin and wound care, would the home provide the care if the need arises? (N/Y)

- i. If yes, what care would the home provide (assessment by a nurse, referral to a wound nurse in HCCSS, cleaning and bandaging the wound, regular care for Stage 1-2 wounds, regular care for Stage 3-4 wound)

Care Service: Dementia care

As of today, what is the approximate percentage of residents who receive the “dementia care program” service?

What number/approximate percentage of residents have been formally diagnosed with dementia?

Frequently Asked Questions Related to RHRA’s information collection through routine inspections to explore the development of a segmentation model

Q: Will RHRA be collecting different fees when the Right Touch Regulation Model is implemented?

A: RHRA is in the early stages of exploring a right touch regulation model. It is too early to know what a potential approach to charging differential fees could be if such a model is implemented. Once decisions are made about the model, RHRA could revisit the fee structure based on the various aspects of the model. As with any other fee changes, RHRA will consult with retirement homes and other stakeholders before any fee changes are implemented.

Q: The RHRA already has a risk model so why is a right touch regulation model needed?

A: A Right touch regulation model is being explored to have more flexible and responsive oversight; focusing on the care levels of residents that are being met or able to be met by the Licensee. The RHRA's risk model relies primarily on data collected on citations and harms. A risk assessment for each home does not account for the levels of care provided by the home. The risk model is evidence-based and uses data to support that work. The risk model informs the routine inspection schedule, internal escalation of cases and compliance education needs. The primary driver of the routine inspection frequency will continue to be the compliance history of the home and not the levels of care provided by the retirement home.

The development of a right touch regulation model is not the same as the risk model. We are in the very early stages of exploring the development of the model which is subject to change based on our ongoing evaluation of any implementation and input from stakeholders.

Q: Is RHRA collecting information from retirement homes on the care provided by private and publicly funded external care providers?

A: The RHRA is not collecting information from retirement homes on the care being provided by external care providers at this time.