Retirement Homes Regulatory Authority Risk Officer
Annual Report 2024 / 2025

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EXECUTIVE SUMMARY

The 2024/2025 Risk Officer review provides a high-level analysis of the environment in which the Retirement Homes Regulatory Authority (RHRA) operates and the potential implications for resident safety and regulatory effectiveness. This review marks the first of a two-phase process designed to support RHRA's proportionate and risk-informed oversight.

Phase 1 focuses on building a clear understanding of the current and emerging context of Ontario's licensed retirement homes sector. Drawing on RHRA data, sector research, interviews, and an environmental scan, the review identifies four key observations:

- **A Dynamic and Changing Landscape**: There are demographic and operational shifts within the sector, including increasing complexity in resident care needs.
- **RHRA's Role Within a Larger System**: Effective regulation benefits from collaboration and quality information-sharing across system partners.
- **Risk and Resident Well-Being**: Risks to residents include not only direct harms but also systemic pressures that may affect care.
- **Growing Demand for Regulatory Services**: The volume and complexity of RHRA's regulatory activities are increasing, underscoring the importance of sustainable and proportionate responses.

These insights set the foundation for the Phase 2 (2025/2026) review, which will focus on the RHRA's regulatory performance, including how well it is positioned to manage emerging risks and to uphold its mandate to protect and promote the safety and well-being of seniors living in Ontario's retirement homes.

INTRODUCTION

This year's review builds on comments raised during the 2023/2024 Risk Officer review, where several interviewees highlighted emerging trends and evolving resident needs within the retirement home sector. While these themes extended beyond the previous review's scope, they reinforced the importance of understanding the broader context in which the RHRA operates and how these shifts may impact regulatory oversight.

Informed by these comments, the Risk Officer developed a two-phase approach. Phase 1 focuses on building a comprehensive understanding of the sector's current and changing landscape, while Phase 2 will evaluate RHRA's regulatory effectiveness within that context. This report presents findings and observation from Phase 1.

 Aligned with the principles of Right-touch regulation, Phase 1 sets out to "identify the problem before the solution" and to "quantify and qualify" an understanding of risk. Through document review, interviews, and environmental scanning, this report explores key sector trends, systemic risks, and their potential implications for the RHRA's regulatory oversight.

While Phase 1 does not assess RHRA's regulatory performance, it provides important insights that will guide the areas inquiry for Phase 2. This two-phase approach

contributes to the RHRA's ongoing commitment to resident well-being through evidence-based, proportionate regulation.

BACKGROUND

The Role of The Risk Officer

The Retirement Homes Regulatory Authority ("RHRA") was established under the *Retirement Homes Act, 2010* ("Act") and, while it is considered an independent body from the provincial government, it is subject to government oversight through a written Memorandum of Understanding ("MOU") with the Ministry for Seniors and Accessibility ("Ministry"). The Authority administers the Act and regulations and oversees the enforcement of provisions contained within.

The Act requires that an independent statutory officer (i.e. Risk Officer) be appointed by the Authority. The duties of the Risk Officer are set out in section 24(3) of the Act as follows:

The Risk Officer:

1. *a) shall review and assess the effectiveness of the Authority's administration of this Act and the regulations, including the Authority's activities and proposed activities related to ensuring that licensees meet the care standards and safety standards set out in this Act and the regulations, and respect the rights of residents set out in the Act and regulations, and;*

2. *b) shall perform the other duties and exercise the other powers that are prescribed.*

The Risk Officer is appointed by the RHRA Board of Directors ("Board"), in accordance with provisions set out in the Act, the MOU, and between the RHRA and the Minister responsible for Seniors and Accessibility, and RHRA's By-law Number 1.

The Risk Officer is accountable to perform such duties and issue reports to the RHRA Board through its Governance, Regulatory Affairs, and Nominations Committee ("Governance Committee"). Notwithstanding these reporting requirements, the Risk Officer role is established as both a statutory and independent position with clear expectations that the Risk Officer carries out their duties in an independent manner.

Building on the previous Risk Officer review

During the 2023/2024 Risk Officer review, which focused on reassessing the status and relevance of previous Risk Officer recommendations, there were opportunities to interview RHRA staff members, system partners, and resident representatives. In several instances, interviewees referenced the evolving landscape in which the RHRA operates. Comments included general changes to retirement homes sector, awareness of the growing complexity and care needs of residents, the impact of these changes on retirement home operations, and a general sense that these system changes may pose emerging risks to residents.

These important comments fell outside of the scope of the 2023/2024 review, however, they served to underscore the importance that a regulator be attuned to its broader context and consider the possibility that changes within its environment may have implications on its regulatory oversight and the public it serves.

The current 2024/2025 review provides an opportunity to revisit these themes and consider changes in the retirement home sector, the current and evolving landscape, and possible implications for resident risk and the RHRA's mandate.

Right-Touch Regulation and Risk

Through its Mission and 2023-2026 strategic plan, the RHRA affirms its commitment and desire to apply a Right-touch approach.

First introduced by the Professional Standards Authority in 2015[1], Right-touch regulation outlines using the minimum amount of regulatory force necessary to achieve the desired result. Rooted in well-established principles of good regulation, it acknowledges that there is usually more than one way to solve a problem, and that regulation is not always the best answer. Since a regulator is often operating at some distance from the problem, Right-touch regulation considers the shared responsibility for mitigating the risk of harm between different organizations and groups. Regulation is part of the solution.

In practice, Right-touch regulation brings together 8 elements to help identify how, when, and where regulation should be used to address an issue. As the Professional Standards Authority writes: "Built into these elements are commitments to use evidence to identify and understand problems, and to draw on the roles and responsibilities of different parts of the system to deliver the best solution" [1].

A Right-touch approach is relevant to Phase 1 with its focus on taking time to gain understanding of the sector, and potential risks, addressing the first two elements of Right-touch regulation, namely:

1) <u>Identify the problem before the solution</u> – seek to understand issues before making organizational policy decisions or taking regulatory action.
2) <u>Quantify and qualify the risk</u> – gauging the likelihood of harm and its severity (quantification), as well as looking closely at the nature of the harm and understanding how and why it occurs (qualification).

Planning for the Review

Following consultations with the RHRA Governance Committee and organizational leadership, the Risk Officer developed a two-phase approach to scope out and guide the review over the span of two-years. It should be noted that this approach is different from previous reviews, moving away from a programmatic focused review (e.g., a regulatory program) resulting in a series of recommendations. Instead, the current approach provides an opportunity to first gain an understanding of RHRA's current and evolving landscape (Phase 1: 2024/2025) which will then inform the subsequent review

of the RHRA's ability to effectively regulate within its environment (Phase 2: 2025/2026). Greater details about each phase are provided below.

In practical terms, this multi-phased approach allows time to gain a deeper understand of the RHRA's landscape before considering the possible implications to RHRA's effective regulation.

APPROACH AND METHODS

This review uses a structured but non-scholarly environmental scan approach to build a well-rounded understanding of the RHRA's context and regulatory activities, exploring the RHRA's current operating environment, along with considering areas of risk and emerging issues in the licensed retirement home sector.

The approach combines document review, internal and external reports, interviews, and environmental scanning techniques. It is grounded in established tools such as the READ model for document analysis, [2] qualitative content analysis, [3] and the STEEPLED framework, [4] which ensures broad environmental factors are considered. The Risk Officer's own broad knowledge of regulatory environment is also relevant to understanding and synthesizing findings into a practical and meaningful report.

Phase 1: Understanding the Landscape (2024/2025)

Phase 1 focuses on building foundational knowledge of the retirement home sector and RHRA's current regulatory activities. The review included a mix of internal and external documents including RHRA performance metrics, compliance and enforcement data, resident demographics and care trends, and reports from relevant system partners. These materials were reviewed using the READ model, [2] a practical approach to document analysis that includes organizing materials, extracting key data, identifying patterns and themes, and synthesizing findings in a clear and usable format.

To ensure that key environmental and system-wide influences were considered, the STEEPLED framework [4] was used to guide the scan. This considers a full range of factors—Social, Technological, Economic, Environmental, Political, Legal, Ethical, and Demographic—that could shape the RHRA's regulatory work.

Interviews were also conducted and including RHRA staff, members of the Stakeholder Advisory Council and regulatory experts. These conversations provided additional context to the review and validated observations regarding changes in the sector. The interviews were analysed using interpretive qualitative content analysis, which focused on understanding meaning and drawing out context-based themes from participants' knowledge.

Rather than specific recommendations, the outcome of this phase is a set of key observations that highlight sector trends, areas of emerging risks, and areas for further attention. These findings and observation will lay the groundwork for Phase 2.

Phase 2: Evaluation of Regulatory Performance (2025/2026)

Phase 2 will build on the observations from Phase 1 with a focus on the RHRA's regulatory effectiveness within the sector, including assessing how well the organization is positioned to respond to evolving risks and adapting its regulatory practices.

The deliverable of Phase 2 will be a final report which will include the details of the review, evidence-informed findings, and specific recommendations.

RISK OFFICER PHASE 1 OBSERVATIONS

Drawing on internal RHRA data, sector performance indicators, and current reporting, as well as external sources and preliminary engagements, several consistent themes emerged: the sector appears to be undergoing a period of significant transformation, resident demographics are shifting, care needs are becoming more complex, and a need for adaptation in response to changing expectations and system dynamics.

The observations that follow reflect a synthesized analysis of Phase 1. They aim to surface relevant issues and highlight areas that may warrant deeper exploration in the next phase of the review. Four key interrelated themes emerged from this analysis and highlight the sector the RHRA operates within:

1. **The Landscape is Dynamic and Changing Over Time**
2. **RHRA's Position within a Larger System**
3. **Risk and Resident Well-Being**
4. **Demand for RHRA's Regulatory Services and Proportionate Approaches**

Observation 1 | The Landscape is Dynamic and Changing Over Time

Social
- Ontario's aging population is placing unprecedented demands on the retirement home sector. As of 2024, there are 776 licensed retirement homes housing approximately 60,000 to 70,000 residents [5]. However, many seniors and their families remain underprepared for aging and its associated care needs. A 2023 survey commissioned by the Ontario Long Term Care Association ("OLTCA") of 1,000 Ontarians aged 68 to 76 revealed that most respondents had given little to no thought to their future care needs, associated costs, or the availability of care options. Many lacked understandings about available services and expressed concern that Canada's elder-care systems were not ready for the demographic wave ahead [6]. Compounding this, there are 4 million unpaid caregivers in Ontario, with 2 out of 5 experiencing significant distress, indicating a heavy societal reliance on informal care networks [7].

Technological
- Technology is emerging as a key enabler in adapting care models to meet growing and increasingly complex needs. Deloitte's 2024 presentation to the RHRA Board [8] emphasized a shift toward innovative care delivery models, including digital health

monitoring, virtual care platforms, and assistive technology to help residents age in place longer and with greater autonomy. These tools are particularly relevant as workforce shortages and rising care demands challenge traditional service models. Retirement homes equipped with such technologies may be better positioned to maintain quality care and mitigate risk as resident care complexity intensifies.

Economic

- The retirement home sector remains a major part of Ontario's private seniors housing market. While the number of licensed homes has remained relatively steady from 2021 to 2024, there has been a 7% increase in the number of available suites, reflecting a trend toward larger homes [9]. In 2018, retirement homes had an average of 80 suites. By 2024, this average increased to 92 suites per home [9]. This growth, supported by a 2024 report from Cushman & Wakefield [10], suggests investor confidence in the sector. Despite rising construction costs and delays, the sector remains attractive due to projected demand from aging baby boomers. However, regional disparities persist. Data from the Ministry for Seniors and Accessibility presented to the RHRA Board in 2024 [11] found that while the proportion of suites to seniors is balanced in Central, Southwest, and Northern Ontario, there is oversupply in Eastern Ontario and undersupply in the Greater Toronto Area [9]. These imbalances may impact affordability and access.

Environmental

- As the sector expands, environmental sustainability and infrastructure resilience has become increasingly important. Aging buildings face risks from climate change-related events (e.g., extreme heat, flooding), which may affect the safety and liveability of retirement homes. Meanwhile, new developments are integrating sustainable design features but rising construction costs and material shortages are limiting new builds. The Cushman & Wakefield report [10] emphasized concerns over increasing "building obsolescence," particularly in rural or older homes that may struggle to meet modern care needs or environmental standards. These pressures could challenge the sector's ability to grow while ensuring safe, high-quality environments for vulnerable residents.

Political

- Ontario's policy environment is actively focused on expanding long-term care (LTC) capacity. The provincial government has committed to funding 30,000 new LTC beds, with an additional 48,000 beds to be built by 2029 [12]. However, the retirement home sector has been increasingly affected by pressures stemming from LTC shortfalls. As of 2024, nearly 48,000 people are on Ontario's LTC waitlist, more than double the figure from a decade ago, with projections estimating the list will surpass 50,000 by 2025 [13]. Around 11,000 of these individuals currently reside in retirement homes, suggesting that retirement homes are absorbing residents whose care needs exceed their intended scope [11].

Legal

- The *Retirement Homes Act*, 2010, administered by the RHRA, governs the operations of licensed retirement homes in Ontario. The implementation of this Act

was in recognition that due to extended wait lists for long term care beds, retirement homes were serving residents with increased care needs which called for higher public scrutiny [14]. The waitlist for long term care beds in Ontario has doubled since that time and residents waiting for those beds have increasingly complex care needs.

- The wide variation in service provisions across homes. Over 90% of homes offer core services such as meal provision, drug administration, assistance with bathing and dressing, and access to nursing or pharmacist services. However, advanced services like skin and wound care, dementia care, and feeding assistance are only provided in 47 homes[15]. While more than 500 homes offer 10 or more services, 36 homes provide five or fewer [15].

Ethical
- Research shows that 1 in 5 seniors over 80 have care needs that can only be safely met in LTC [13], yet LTC access remains limited. Data shows that 1 in 2 new LTC residents are admitted directly from hospitals and are increasingly complex—75% require more than eight medications, 72% have moderate to severe cognitive impairment, and 89% need help with activities of daily living [13]. When these individuals are instead cared for in retirement homes, issues of quality and safety may arise.

Demographic
- Demographic change is perhaps the most significant long-term driver affecting the retirement home sector. Ontario's senior population (65+) is expected to grow by over 50%, from 2.68 million in 2021 to 4.4 million in 2046 [11,16]. Notably, growth will be uneven: a 65% increase is projected in the Greater Toronto Area compared to a 25% increase in Northern Ontario [11,16]. This trend will likely exacerbate regional pressures on suite availability and staffing, further straining the ability of retirement homes to meet demand. Compounded by a shrinking workforce, Ontario will require at least 58,600 more nurses and PSWs by 2029 just to meet LTC needs [7].

Observation 2 | RHRA's Position within a Larger System

RHRA operates as part of a complex and interconnected system of partners including regulatory organizations, business operations, resident groups, health service providers and associations. These organizations each have their unique responsibilities, however, their actions and interests often overlap, particularly in matters concerning resident care, safety, and well-being. While the RHRA's legislative mandate under the *Retirement Homes Act* (RHA) provides it with the authority to regulate homes that fall within its jurisdiction, its effectiveness as a public interest regulator is linked to the quality of information, cooperation, and engagement it receives from system partners.

Third-party insights—including academic studies and publicly available analysis are essential to building a robust and future-oriented understanding of the retirement home sector. For instance, research by Manis et al. [17] found that retirement home residents, compared to those in long-term care, are a distinct population with higher rates of

hospital-based care and lower rates of primary care use, pointing to a potentially underserved and clinically complex group. This type of research deepens the system's collective understanding of risk and service needs.

Publicly available analysis also offers important system insights. Organizations like ICES [18] and CIHI [19] maintain population-level data on health service utilization, care needs, and outcomes. A recent example is a 2025 report to the RHRA by St Joseph's Health System Centre for Integrated Care, *Examining the clinical complexity of retirement home residents in Ontario* [20], which leveraged such data to show that residents are becoming increasingly complex with growing overlaps between retirement and long-term care populations.

However, a notable gap persists: no single body is currently responsible for collecting or synthesizing comprehensive data on harm or risk of harm across the retirement home sector. This absence of system-level surveillance can obscure important trends and hinder the ability of any one organization, including RHRA, to proactively address risks. This is a well-recognized challenge in other regulatory domains as well, where siloed data and limited information-sharing restrict comprehensive risk assessment [21].

While RHRA collects its own regulatory data, through the Annual Information Return (AIR), it relies on reporting from licensed home operators and other system actors [22]. Interview feedback gathered during the review indicated that there may be inconsistencies in the information being provided to the Authority, which could stem from varying levels of understanding of reporting obligations or reluctance to share certain information. Incomplete or inconsistent reporting may affect the RHRA's ability to develop a comprehensive picture of sector risks and trends. The 2024 AIR included data on topics such as electronic care records, government subsidies, and co-location sharing with other services, contributing to an overview of operational practices in the sector [22].

This observation highlights that RHRA is part of a wider system where roles and responsibilities are distributed among multiple partners. Although RHRA has a distinct regulatory mandate, it operates in a context where its work is influenced by—and in turn influences—the actions, information, and decisions of other organizations. Its risk assessments and oversight activities are informed by the data and insights it receives from this broader environment.

Ontario's health policy landscape has also increasingly emphasized system collaboration. While retirement homes are not formally included in Ontario Health Teams or governed under the *Connecting Care Act*, 2019, these developments reflect a broader trend toward integrated service delivery and shared accountability in the health and social care sectors [23,24]. This policy context underscores the interconnected nature and the multiple sources of information and oversight that shape outcomes for residents of retirement homes.

Observation 3 | Risk and Resident Well-Being

Residents in retirement homes may be exposed to a range of risks that can affect their safety, dignity, and overall well-being. Risks include both direct harms to residents, as well as less visible operational considerations that may impact a home's ability to consistently meet residents' quality of care needs.

The RHRA's 2023/2024 Annual Report [15] highlights several categories of risks and harms that are most commonly reported through complaints and mandatory reports, including abuse (physical, emotional, verbal, financial, and sexual), improper or incompetent treatment or care, neglect, unlawful conduct, and financial mismanagement. While reported incidents often arise from individual circumstances, they may also reflect systemic stressors that reduce a home's ability to prevent or address harms effectively. From a regulatory perspective, understanding not only incidents of harm but their precursors are essential to proactive oversight and risk mitigation.

Beyond reported incidents, the operational conditions within retirement homes may also present risk factors. Staffing shortages for instance is a widely recognized concern with implications on the quality and continuity of care provided to residents [25,26]. Inadequate staffing levels have been linked to increased rates of adverse events, including medication errors, missed care, and delayed response times [27]. These challenges are compounded in homes that care for residents with growing clinical complexity [17] and staffing shortages [7].

In addition, the physical condition of retirement homes may impact resident safety and experience including aging infrastructure, deferred maintenance, mobility hazards, and insufficient infection control. As Canada's senior housing stock continues to age, with over 45% of existing units now more than 20 years old, the rate at which these units are being retired or becoming obsolete is expected to outpace the construction of new units, leading to a net decline in the overall supply of seniors' housing [10]. Although these issues may not always meet the threshold of a regulatory violation, they can contribute to a home's capacity and ability to deliver quality care.

In 2023/2024, the RHRA reported the surrender of 16 licences, covering 650 suites, with financial difficulties cited as a common driver, including increased mortgage costs, staffing and food costs, and residual pandemic-related impacts [15]. While license surrenders are managed through defined regulatory processes, even planned closures can present challenges for residents, particularly those with cognitive impairments, mobility issues, or limited family supports [28]. The disruption caused by relocation, sometimes referred to as "transfer trauma", has been associated with declines in resident health and well-being [29].

Collectively, these risk sources—ranging from direct incidents to systemic and operational pressures—highlight the multifaceted nature of harm prevention in retirement homes. A comprehensive understanding of risk includes not only the identification of reported incidents but also the recognition of underlying vulnerabilities

that may precede harm. Identifying risks and their underlying causes enables the regulator to anticipate areas where oversight may be most warranted, helping to guide proportionate actions in licensing, inspections, and compliance—and in turn, enhancing the protection of residents.

This observation is relevant to RHRA's regulatory role, as it underscores the range and sources of risks and harms that can impact retirement home residents, protecting residents and ensuring the quality care and safety means being attuned not only to incidents of harm but also to the underlying conditions that can lead to harm.

Observation 4 | **Demand for RHRA's Regulatory Services and Proportionate Approaches**

Recent RHRA data indicate a measurable increase across a range of core regulatory activities, including increasing numbers of complaints, reports of harm, inspections, inquiries, and enforcement actions.

For the 2023/2024 reporting period, the RHRA noted the following changes:
- A 14% increase in reports of harm or risk of harm, including an increase in allegations of abuse;
- A 66% increase in complaints;
- A noted rise in the complexity of complaints received;
- An increase in responsive inspections and the number of licences issued with conditions; and
- An upward trend in the volume of compliance orders being monitored [5].

These shifts may reflect a range of contributing factors. For example, increases in complaints and reports may reflect increased public awareness, greater confidence in reporting, or enhanced detection [30]. They may also point to broader sectoral pressures, including workforce shortages, financial strain on homes, or the growing complexity of resident needs [13,17]. Regardless of the cause, the growing volume and complexity represent a growing demand on RHRA's resources, which in turn may have implications on the organization's capacities. Given these trends, proportionate regulatory responses are essential. A Right-touch regulatory approach balances the level of intervention with the level of risk, while minimizing unnecessary burden elsewhere [1]. This method emphasizes the importance of understanding harm potential and tailoring oversight accordingly.

In documents included in this analysis, the RHRA has articulated its application of Right-touch principles in several areas. For example, homes are categorized by risk level (e.g., high, medium, low) to inform inspection frequency and oversight intensity. Additionally, the Authority differentiates its responses to complaints and reports based on severity and urgency, ensuring resources are proportionately allocated. The organization is also deepening its understanding of different resident profiles, such as those with minimal care needs and those with dementia, to refine its use of regulatory tools in those contexts.

This observation highlights the increasing complexity and volume of regulatory activities overtime, which may reflect shifting patterns of risk within the retirement home sector. This underscores the importance of risk assessment frameworks and proportionate regulatory models that can adapt to changing conditions [31]. Maintaining a proportionate approach is especially important in a sector where overregulation can strain provider capacity, and under regulation can jeopardize resident safety.

CONCLUSION

Phase 1 | Understanding the Landscape

Phase 1 of this review provides a broad, evidence-informed understanding of the current and evolving landscape and context in which the RHRA administers the *Retirement Homes Act*.

The sector is characterized by shifting resident demographics, growing complexity and diversity of care needs, and operational considerations relevant to resident's care and experience. Many of these changes have implications for RHRA's risk of harm assessments and regulatory activities and operations.

The observations above highlight a dynamic and complex regulatory environment, underscoring the importance of regulatory approaches that are agile and grounded in Right-touch regulation. They also inform and identify priority focus areas that will benefit from further inquiry.

Phase 2 | Setting the Stage – Evaluation of Regulator Performance

Building on the Phase 1 observations, Phase 2 (2025/2026) will assess the RHRA's effectiveness in administering the Act within a changing landscape, including how well RHRA is positioned to identify and respond to resident risk, and whether its regulatory tools, practices, and partnerships remain fit for purpose.

Phase 2 will consider several inter-related areas of inquiry:

- **Data and Resource Utilization:** How effectively is RHRA leveraging the data it collects across its regulatory programs to support timely, risk-informed decision-making? To what extent are internal systems and processes enabling the Authority to align its resources and prioritize regulatory action proportionately — based on the level and complexity of resident risk?
- **Emerging Risks**: How well does RHRA identify and interpret sector-level changes that may signal new or emerging risks to residents—such as increasing clinical complexity, changing resident profiles, operational pressures, and/or shifts in care delivery models? What mechanisms are in place to support early detection and horizon scanning?
- **Regulatory Practices:** To what extent are RHRA's regulatory tools, resources, frameworks, and decision-making processes aligned with Right-touch principles? How effectively do these instruments deliver consistent, proportionate responses to

the range of risks identified in the sector—ensuring that resident safety and well-being remain at the core of regulatory action?

- **Collaboration and System Partnership:** How does RHRA engage its partners to contribute to system-level efforts to identify and mitigate resident risk of harm? In what ways can RHRA leverage its mandate, data, and sector knowledge to align system-level collaborations that address the needs of seniors living in retirement homes?

This phase of the review will include engagement and interviews with system partners including residents, operators, and RHRA staff to further understand how regulatory practices respond to emerging risk of harm in a changing sector. The outcomes of Phase 2 will include a final report with the details of an evidence-informed review, relevant findings and recommendations.

In closing, I would like to extend thanks to the RHRA's leadership team and staff, and the Governance, Regulatory Affairs, and Nominations Committee for their continued commitment in supporting the Risk Officer's role and duties.

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