

Legislative
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STANDING COMMITTEE ON PUBLIC ACCOUNTS

LONG-TERM-CARE HOME QUALITY INSPECTION PROGRAM

(SECTION 3.09, 2015 ANNUAL REPORT OF THE OFFICE OF THE AUDITOR
GENERAL OF ONTARIO)

2nd Session, 41st Parliament
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The Honourable Dave Levac, MPP
Speaker of the Legislative Assembly

Sir,

Your Standing Committee on Public Accounts has the honour to present its Report and commends it to the House.

Ernie Hardeman, MPP
Chair of the Committee

Queen's Park
May 2017



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2nd Session, 41st Parliament

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PREAMBLE

On October 26, 2016 the Standing Committee on Public Accounts held public hearings on the audit (Section 3.09 of the Auditor General's *2015 Annual Report*) of the Long-Term Care Home Quality Inspection Program administered by the Ministry of Health and Long-Term Care.

The Committee endorses the Auditor's findings and recommendations, and presents its own findings, views, and recommendations in this report. The Committee requests that the Ministry provide the Clerk of the Committee with written responses to the recommendations within 120 calendar days of the tabling of this report with the Speaker of the Legislative Assembly, unless otherwise specified.

ACKNOWLEDGEMENTS

The Committee extends its appreciation to officials from the Ministry of Health and Long-Term Care. The Committee also acknowledges the assistance provided during the hearings and report writing deliberations by the Office of the Auditor General, the Clerk of the Committee, and staff in the Legislative Research Service.

BACKGROUND

Ontario's 628 long-term care homes provide accommodation and care to more than 78,000 adults (most of whom are over 65 years old) who are unable to live independently and/or require round-the-clock nursing care in a secure setting. The Ministry of Health and Long-Term Care (Ministry) funds, licenses, and regulates long-term care homes, which can be either for-profit or not-for-profit and which are further categorized as municipal or non-municipal homes. Other key organizations include

- 14 Local Health Integration Networks (LHINs) which fund and monitor the performance of long-term care homes;
- 14 Community Care Access Centres (CCACs) which determine applicants' eligibility and manage the admission process to long-term care homes;
- Health Quality Ontario, an agency funded by the Ministry to evaluate the effectiveness of health care services; and
- municipal fire departments which conduct inspections of long-term care homes to enforce the Ontario Fire Code (the Office of the Fire Marshall and Emergency Management, under the Ministry of Community Safety and Correctional Services, monitors service levels of fire departments as part of its oversight role).

Legislation

The *Long-Term Care Homes Act, 2007* (Act) came into effect on July 1, 2010. The Act and its regulations set out standards for all long-term care homes, including residents' rights, care and services, admission of residents, operation of homes, and funding and licensing of homes. Under the Act, the Ministry has authority to ensure homes are in compliance with the legislation and to take enforcement actions if necessary.

Funding

In the 2014/15 fiscal year Ministry funding to long-term care homes through the LHINs totalled \$3.6 billion. Most residents make a co-payment of between \$1,800 and \$2,500 a month, depending on whether they occupy a basic, semi-private, or private room.

Inspection Program

The Long-Term Care Homes Quality Inspection Program (LQIP or Program) is administered by the Ministry's Performance Improvement and Compliance Branch, under the Health System Accountability and Performance Division. The aim of the Inspection Program is to protect residents' quality of care and quality of life by safeguarding their rights, safety, and security as well as ensuring that homes comply with legislation and regulations.

The Program consists of a head office (with a centralized intake unit) and five regional offices. The Program has about 200 staff, including over 150 inspectors. Each regional office has a manager and two inspector team leads who prioritize and assign inspections to inspectors and oversee their work.

Under the Act, the Ministry may conduct inspections of long-term care homes at any time without advance notice. There are four types of inspections:

- **Comprehensive inspections** assess residents' satisfaction and homes' compliance with legislative requirements. This generally involves three or four inspectors examining the home over an eight-day period.
- **Complaint inspections** respond to complaints from residents, their family members, and the public. Since 2012 the Ministry's centralized intake unit has had responsibility for reviewing every complaint, deciding whether an inspection is warranted, and assigning a risk level to each case: high, medium, or low.
- **Critical-incident inspections** respond to critical incidents which long-term care homes must report immediately such as fire, neglect or abuse of residents, improper care, misuse of residents' money, unlawful conduct, unexpected or sudden death, residents missing for more than three hours, missing residents who return with an injury or adverse change in condition, outbreaks of reportable or communicable diseases, and contamination of the drinking water supply. In the case of other incidents such as a resident's fall which requires a hospital visit, failures of the home's

security or other major systems for more than six hours, and missing medication, the homes are required to inform the Ministry within one business day.

- **Follow-up inspections** ensure that homes that have already been inspected and ordered to comply with the legislation have done so by the deadline given and the issue has been rectified.

AUDIT OBJECTIVES AND SCOPE

The objective of the audit was to assess whether effective systems and procedures were in place to

- ensure that inspections of long-term care homes are conducted efficiently and consistently across the province on a timely basis and in compliance with applicable legislative requirements; and
- measure and report on the effectiveness of the Inspection Program as it relates to the quality of care and quality of life for residents in long-term care homes.

MAIN POINTS OF AUDIT

The Auditor noted that since the Act came into effect in 2010 the Program has undergone a number of changes to help ensure that homes comply with the legislation. The audit found that

delays by the Ministry in conducting complaints and critical-incident inspections and ensuring that homes correct deficiencies identified place residents at risk. We found that the Ministry often did not take timely action to ensure residents were safe and their rights protected.¹

The Auditor found that the Ministry

needs to strengthen its oversight of the Program to address the significant variations in inspectors' workloads, the number of compliance orders issued, and inspection and reporting timeliness across the province. Depending on the location of the home, residents' concerns might be inspected or followed up sooner, later or not at all. . . . Because the Ministry has neither monitored nor set targets for most aspects of the Program, it was unable to demonstrate the extent of the

¹ Auditor General of Ontario, *Long-term-care Home Quality Inspection Program*, Section 3.09, 2015 Annual Report, p. 369.

improvement that the inspection program has had on residents' quality of care and quality of life.²

Specific observations from the audit include the following:

- Delays in complaint and critical-incident inspection put residents at risk.
- The Ministry did not prioritize comprehensive inspections based on homes' risk level.
- Situations placing residents at risk are not followed up by the Ministry in a timely manner to ensure resolution.
- Homes are given inconsistent timelines to rectify issues identified by inspectors.
- The Ministry has not properly conducted a secondary review of cases initially deemed not to require inspections.
- The Ministry's actions are not sufficient to address the repeated non-compliance in certain long-term care homes.
- Inspection timeliness and effectiveness varies across the province.
- Ontario legislation does not require a minimum frontline staff-to-resident ratio at long-term care homes.
- The Ministry does not consolidate useful quality-of-care information along with inspection results for long-term care homes.
- The Ministry needs to pay more attention to fire safety at long-term care homes.

ISSUES RAISED IN THE AUDIT AND BEFORE THE COMMITTEE

The Committee heard that the Ministry has taken concrete steps to address the Auditor's recommendations and has redesigned the Program with the aim of substantially eliminating variability and inconsistencies across the province.

The Auditor recommended the Inspection Program take action to strengthen enforcement processes to ensure that long-term care homes comply with inspectors' orders, that homes are held accountable for their performance, inspection results are communicated in a timely fashion, and the public is provided with better information for decision-making on homes.

² Ibid.

After the audit was conducted, the Ministry created a new Long-Term Care Homes Division. As part of the new division, a new Long-Term Care Homes Inspection Branch was also established to help the Ministry safeguard resident care and safety and enhance program oversight.

Information technology improvements that have been implemented to support management reporting will also help the Program to better address the Auditor's recommendations.

Ministry representatives explained that the Program receives an average of 3,300 complaints per year (about 275 per month) from residents, families, or staff. Approximately 72% of complaints are triaged for either inspection or inquiry. The Program also receives an average of 13,800 critical incident reports per year (about 1,150 per month). Critical incident reports respond to incidents that are required to be reported by long-term care home operators, and approximately 42% of these are triaged for inspection or inquiry.

Improving Timelines for Addressing Complaints and Critical Incidents

The Auditor found that situations placing residents at risk are not followed up by the Ministry in a timely manner to ensure resolution; and delays in complaint and critical-incident inspection put residents at risk. Timelines for completing the inspection process vary significantly across the province. Some regions issue more compliance orders than others, leading to longer inspection times; in at least one region, staffing and management issues contributed to delays.

The Committee asked about accountability for inspection timelines and about the Ministry's process for assessing risk and responding to critical incidents and complaints.

The Committee heard that the Ministry has revised criteria for the Program's centralized intake, assessment, and triage team to assess all critical incidents and complaints to determine potential risks and prioritization of inquiries and inspections. Ministry inspections are prioritized on a daily basis depending on the risk of harm presented to patients, with a need to continually assess and reprioritize inspections to ensure that issues that present the highest level of harm or risk of harm to residents are addressed in a timely fashion.

Ministry representatives told the Committee that they assess and triage each case of complaints or critical incidents. They identify a risk level and schedule inspections in accordance with that level of risk. As a result of the Auditor's recommendations, benchmark timelines for responses have been established for each level of assessed risk.

Ministry representatives told the Committee that the Program monitors its progress in completing inspections and addressing the complaints and critical incidents needing inspection.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 1. The Ministry of Health and Long-Term Care**
 - a) develop a resource plan to ensure consistent distribution of resources province-wide, and regularly monitor and evaluate the actual performance of the Long-Term Care Homes Quality Inspection Program to determine if further action is required; and**
 - b) ensure that complaints and critical incidents are addressed within timeline benchmarks.**

Better Tracking of Complaints and Critical Incidents

The Auditor found that in 2014, the Program's intake unit determined that approximately one-third of about 16,240 complaints and critical incidents required inspection. The Auditor reviewed a sample of the remaining two-thirds of complaints and critical-incident cases that had been closed without inspection, and found that 65% of these cases had insufficient documentation to show why an inspection was not required. The Auditor noted that this presents a risk that cases are being closed without the Ministry confirming that the homes had taken sufficient action and are in compliance.

The Committee asked the Ministry about the Auditor's finding that the Ministry has not properly conducted secondary review of cases initially deemed not to require inspections.

The Committee heard that the Ministry is developing tracking mechanisms and random as well as scheduled audits of internal processes. An information technology (IT) update has been initiated that enumerates outstanding intakes by risk level, priority, and date. This will enable planning and monitoring of inspections and evaluation of timeliness of intakes. This process will form part of the Ministry's monthly management reporting by January 2017.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 2. The Ministry of Health and Long-Term Care**
 - a) ensure that all inspections are tracked and monitored for timeliness;**
 - b) perform ongoing secondary reviews of complaints and critical incidents received by the Program's central intake unit to ensure that reasons for not conducting an inspection are justified and documented; and**

- c) **inform complainants and their family members within 30 days of inspection results or why an inspection was not conducted, and document the action taken.**

Prioritizing Comprehensive Inspections by Risk

The Auditor found that the Ministry did not prioritize comprehensive inspections based on homes' risk level.

Ministry representatives said that while all long-term care homes are subject to an annual Resident Quality Inspection (RQI), a new risk-focused approach to RQIs was introduced in August 2016 with the intensity of the RQI informed by the home's compliance history and risk level. Approximately 80% of homes are considered substantially compliant in their overall operations and provision of care. Each year, one-third of substantially compliant homes will receive an intensive risk-focused RQI.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 3. The Ministry of Health and Long-Term Care consolidate and analyze past inspection results to determine a timetable for future comprehensive inspections.**

Improving Fire Safety at Long-Term Care Homes

The Auditor recommended that the Program should take action to mitigate the risk of fire in long-term care homes. The Office of the Fire Marshal and local fire departments have jurisdiction over the inspection of fire safety measures.

The Committee heard that the Ministry has fully implemented the Auditor's fire-safety recommendations. In addition, the Ministry has established a memorandum of understanding with the Office of the Fire Marshal allowing for an exchange of information between the Program and the Marshall's office about fire safety risks.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 4. The Ministry of Health and Long-Term Care work with the Office of the Fire Marshal and Emergency Management and municipal fire departments to regularly share information on an ongoing basis with the Ministry on homes' non-compliance with fire safety regulations, focusing on homes that have not yet installed automatic sprinklers.**

More Consistent Deadlines to Rectify Issues

The Audit found that homes are given inconsistent timelines to rectify issues identified by inspectors. Inspection timeliness and effectiveness varies across the province. The Committee asked how the Ministry is addressing such inconsistencies.

Ministry representatives explained that with the aim of eliminating variability and inconsistency across the province, the Ministry has been updating policies and procedures for the Program, including work on benchmarks for compliance timelines. An interjurisdictional scan found that a new inspection methodology being implemented in the United States, called the Quality Indicator Survey (QIS) best reflected the Ministry's goals. This approach is structured, resident-centred, and drives consistency in inspections. The Ministry has adapted and redesigned the QIS to align it with the requirements of the Act and the Ontario context.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

5. The Ministry of Health and Long-Term Care

- a) establish clear policy guidelines for inspectors to use in setting appropriate time frames for homes to comply with orders addressing risk and non-compliance areas; and**
- b) periodically review whether policy guidelines are consistently followed by regional offices.**

Deterring Homes from Repeated Non-Compliance

The Auditor found that care homes in one region of the province did not comply with nearly 40% of the Ministry's compliance orders in 2014. The Auditor's report noted that the Ministry's actions are not sufficient to address repeated non-compliance in certain long-term care homes. The Committee asked about Ministry processes for monitoring compliance orders.

The Ministry has reviewed options to strengthen the existing enforcement framework and the feasibility of adding additional enforcement tools. After an interjurisdictional scan and examination of best practices, the Ministry is applying the features of a regulatory model and developing a comprehensive enforcement policy and procedure. This is helping to support consistency in practice by inspectors and senior managers across the province.

The Committee asked about follow-up in cases of repeated non-compliance. Ministry staff emphasized that there are only a small percentage of homes with repeated non-compliance. Ministry representatives noted that significant progress has been made in addressing repeated non-compliance by licensees. For example, the number of director's referrals has increased from a total of eight between 2011 and 2014, to 58 for the year-to-date. (Director's referrals are a mechanism set out in the Act that allows inspectors to refer matters to the director where they believe a higher level of action or sanction is warranted.) As a result of the directors' referrals, focused and intensive discussions have

occurred with licensees who have been noted to be repeatedly in non-compliance, leading to better addressing their non-compliance and improving resident care.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

6. The Ministry of Health and Long-Term Care

- (a) establish formal targets for conducting follow-up inspections; and**
- (b) regularly track and monitor follow-up inspections to ensure that targets are met.**

Providing the Public with Better Information

The Auditor found significant delays in reporting inspection results to both long-term care homes and the public. Stakeholders found inspections reports unclear and not useful in helping them to assess the performance of individual homes. The Auditor recommended that inspection results be communicated publicly on a timely basis, and that the public be provided with better information for decision-making on long-term care homes.

The Committee heard that the Ministry has implemented business processes and procedures to monitor the timeliness of inspection reports posted to the public reporting website. Ministry representatives said that better information is available about inspection results with current publication of all inspection reports and orders on the public website, sorted by individual homes. Further work is under way with Health Quality Ontario to consolidate, centralize and standardize further reporting.

Committee Recommendations

The Standing Committee on Public Accounts recommends that:

7. The Ministry of Health and Long-Term Care

- a) develop a reporting strategy that allows the public to compare and rank homes' level of compliance and other quality-of-care indicators against the provincial average; and**
- b) consolidate inspection results together with information about quality-of-care at long-term care homes from other organizations such as Health Quality Ontario and the Canadian Institute for Health Information with Ministry inspection results to provide a broader picture of each home's performance.**

8. The Ministry of Health and Long-Term Care

- a) establish formal targets for reporting inspection results to both long-term care home licensees and the public;**
- b) monitor actual reporting timelines against targets and take corrective action when targets are not met;**
- c) implement procedures to ensure that all inspection reports are posted on its public website;**
- d) ensure that reports are clearly written to provide the public with better information for decision-making on long-term care homes; and**
- e) summarize and report the number of instances identified of non-compliance for individual homes and on a provincial basis, and when these were rectified.**

Improving the Allocation of Resources

The Auditor found significant variations in inspectors' workloads, as well as in inspection and reporting timelines across the province. The Committee asked about whether resources have been reallocated to ensure more timely inspections, and about capacity planning for the future.

Ministry representatives explained that the Auditor's recommendations are helping the Ministry to direct resources where they are most needed. The Ministry is making significant changes to the allocation of resources including hiring 100 new inspectors to enable more timely inspections. The Committee asked how the Ministry determined that this was the appropriate number of new inspectors. Ministry staff explained that the Program's regional offices had reviewed wait times for inspections in their service areas as well as the workloads and number of inspection reports completed per inspector. In addition, the Ministry has implemented a system whereby as the need for inspection increases in a region, inspectors are deployed from other areas of the province.

Recognizing that the population of seniors will increase dramatically in the next two decades, the Ministry is engaged in capacity planning not only for long-term care beds but also for the broader continuum of care. The Ministry is aware that many seniors want to age in place, and there is increasing demand for a broader range of assisted-living options and other alternatives to long-term care homes. In addition, the Ministry's dementia strategy aims to reduce some of the demand for long-term care beds needed by putting into place best-practice, standardized primary care and home and community care for people with dementia.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 9. The Ministry of Health and Long-Term Care regularly collect**
 - a) information needed to help the Ministry establish targets for inspectors' workload and efficiency and to assess whether the current allocation of inspectors is appropriate; and**
 - b) demographic information necessary to engage in long-term planning for the needs of an increasing number of seniors.**

Ensuring the Quality of Inspectors' Work

The Auditor found that inspection results are not consistent from one region to another, or from one home to another in the same region. The Auditor recommended that the Ministry take steps to ensure the high quality and consistency of inspectors' work across the province.

The Committee heard that the Ministry has achieved greater provincial consistency in the management and delivery of the Program; specifically in the application of consistent criteria to assess the level of operational risk of long-term care homes and inform inspection prioritization; increased consistency in setting compliance due dates for similar episodes of non-compliance; and more formal targets for timeliness of follow-up inspections.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 10. The Ministry of Health and Long-Term Care**
 - a) establish quality assurance procedures, including peer reviews and the use of post-audit checklists;**
 - b) conduct regular management reviews of inspectors' work and document the results;**
 - c) consolidate and evaluate results from quality reviews to use for training purposes; and**
 - d) establish a process for rotating inspectors within each region.**

Measuring Program Performance

The Audit found that because the Ministry has not monitored or set targets for most aspects of the Program, it cannot demonstrate whether the Program has improved residents' quality of care and quality of life. In addition, the Ministry does not consolidate useful quality-of-care information along with inspection results for long-term care homes. The Auditor recommended that the Ministry take steps to ensure the mandate of the Program is met and its performance is transparent to the public.

Ministry representatives explained that the Program monitors its progress in completing inspections and addressing the complaints and critical incidents needing inspection. The Program is currently inspecting 59% more intakes per month than it was at the time of the audit.

The Ministry has established benchmarks for completion of inspection reports after on-site inspections, as well as reporting inspection results to the long-term care licensees and the public. The timely completion of inspections and public posting of reports are now key performance indicators of the LQIP quality assurance program.

Efforts are underway to improve sharing of data between the Ministry and the Local Health Integration Networks (LHINs) and to implement a framework to ensure a cross-reporting process is in place.

Committee Recommendation

The Standing Committee on Public Accounts recommends that:

- 11. The Ministry of Health and Long-Term Care ensure that the Local Health Integration Networks (LHINs) use the inspection results provided by the Long-Term Care Home Quality Inspection Program to monitor the performance of long-term care homes through their service accountability agreements.**

CONSOLIDATED LIST OF COMMITTEE RECOMMENDATIONS

The Standing Committee on Public Accounts recommends that:

- 1. The Ministry of Health and Long-Term Care**
 - a) develop a resource plan to ensure consistent distribution of resources province-wide, and regularly monitor and evaluate the actual performance of the Long-Term Care Homes Quality Inspection Program to determine if further action is required; and**
 - b) ensure that complaints and critical incidents are addressed within timeline benchmarks.**
- 2. The Ministry of Health and Long-Term Care**
 - a) ensure that all inspections are tracked and monitored for timeliness;**
 - b) perform ongoing secondary reviews of complaints and critical incidents received by the Program's central intake unit to ensure that reasons for not conducting an inspection are justified and documented; and**
 - c) inform complainants and their family members within 30 days of inspection results or why an inspection was not conducted, and document the action taken.**
- 3. The Ministry of Health and Long-Term Care consolidate and analyze past inspection results to determine a timetable for future comprehensive inspections.**
- 4. The Ministry of Health and Long-Term Care work with the Office of the Fire Marshal and Emergency Management and municipal fire departments to regularly share information on an ongoing basis with the Ministry on homes' non-compliance with fire safety regulations, focusing on homes that have not yet installed automatic sprinklers.**
- 5. The Ministry of Health and Long-Term Care**
 - a) establish clear policy guidelines for inspectors to use in setting appropriate time frames for homes to comply with orders addressing risk and non-compliance areas; and**
 - b) periodically review whether policy guidelines are consistently followed by regional offices.**
- 6. The Ministry of Health and Long-Term Care**
 - a) establish formal targets for conducting follow-up inspections; and**

- b) regularly track and monitor follow-up inspections to ensure that targets are met.

7. The Ministry of Health and Long-Term Care

- a) develop a reporting strategy that allows the public to compare and rank homes' level of compliance and other quality-of-care indicators against the provincial average; and
- b) consolidate inspection results together with information about quality-of-care at long-term care homes from other organizations such as Health Quality Ontario and the Canadian Institute for Health Information with Ministry inspection results to provide a broader picture of each home's performance.

8. The Ministry of Health and Long-Term Care

- a) establish formal targets for reporting inspection results to both long-term care home licensees and the public;
- b) monitor actual reporting timelines against targets and take corrective action when targets are not met;
- c) implement procedures to ensure that all inspection reports are posted on its public website;
- d) ensure that reports are clearly written to provide the public with better information for decision-making on long-term care homes; and
- e) summarize and report the number of instances identified of non-compliance for individual homes and on a provincial basis, and when these were rectified.

9. The Ministry of Health and Long-Term Care regularly collect

- a) information needed to help the Ministry establish targets for inspectors' workload and efficiency and to assess whether the current allocation of inspectors is appropriate; and
- b) demographic information necessary to engage in long-term planning for the needs of an increasing number of seniors.

10. The Ministry of Health and Long-Term Care

- a) establish quality assurance procedures, including peer reviews and the use of post-audit checklists;
- b) conduct regular management reviews of inspectors' work and document the results;

- c) **consolidate and evaluate results from quality reviews to use for training purposes; and**
 - d) **establish a process for rotating inspectors within each region.**
- 11. The Ministry of Health and Long-Term Care ensure that the Local Health Integration Networks (LHINs) use the inspection results provided by the Long-Term Care Home Quality Inspection Program to monitor the performance of long-term care homes through their service accountability agreements.**