Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

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Original Public Report

Report Issue Date: September 11, 2024

Inspection Number: 2024-1393-0004

Inspection Type:
Complaint
Critical Incident
Follow up

Licensee: Henley House Limited

Long Term Care Home and City: The Henley House, St Catherines

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): August 15-16 and 19-21, 2024

The following intake(s) were inspected:

- Intake #00115703 [CI #2909-000073-24] related to the prevention of abuse and neglect;
- Intake #00119339 [CI #2909-000090-24] related to the prevention of abuse and neglect;
- Intake #00116518 [CI #2909-000079-24] related to improper/incompetent treatment of a resident;

- Intake #00120824 [CI #2909-000095-24] related to falls prevention and management;
- Intake #00118214 related to a complaint with concerns regarding the complaints process, staffing, training and qualifications;
- Intake #00117841 follow-up to Compliance Order (CO) #001 from inspection 2024-1393-0001, related to O. Reg. 246/22 s. 102 (2) (b), Infection Prevention and Control; and
- Intake #00121475 follow-up to CO #001 from inspection 2024_1393_0003, related to Fixing Long Term Care Act (FLTCA) 2021 s. 24 (1) Duty to protect.

The following intake(s) were completed in this inspection:

- Intake: #00119007 [CI #2909-000086-24] related to falls prevention and management

Previously Issued Compliance Order(s)

The following previously issued Compliance Order(s) were found to be in compliance:

Order #001 from Inspection #2024-1393-0001 related to O. Reg. 246/22, s. 102 (2) (b)

Order #001 from Inspection #2024-1393-0003 related to FLTCA, 2021, s. 24 (1)

The following **Inspection Protocols** were used during this inspection:

Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Responsive Behaviours
Staffing, Training and Care Standards
Reporting and Complaints
Falls Prevention and Management

INSPECTION RESULTS

Non-Compliance Remedied

Non-compliance was found during this inspection and was **remedied** by the licensee prior to the conclusion of the inspection. The inspector was satisfied that the non-compliance met the intent of section 154 (2) and requires no further action.

NC #001 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 97
Hazardous substances
s. 97. Every licensee of a long-term care home shall ensure that all hazardous substances at the home are labelled properly and are kept inaccessible to residents at all times.

The license has failed to ensure that hazardous substances at the home were kept inaccessible to a resident at all times.

Rationale and Summary
A Critical Incident System (CIS) indicated that a resident was found with a container of a hazardous substance and a liquid that resembled the substance on their skin.

An interview confirmed the substance was stored in an unlocked cabinet on the resident's home area. On the same day, staff conducted a facility walk through, removing all of the hazardous substances to secured areas that were inaccessible to residents.

When hazardous substances are not kept in areas that prohibit access by residents, this has the potential to cause harmful effects to their health and well-being.

Sources: A Critical Incident (CI) report; the home's investigative notes; a resident's clinical record; observations of the resident's home area, and a staff interview.

Date Remedy Implemented: June 16, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 265 (1) 10.
Posting of information
s. 265 (1) For the purposes of clause 85 (3) (s) of the Act, every licensee of a long-term care home shall ensure that the information required to be posted in the home and communicated to residents under section 85 of the Act includes the following:
10. The current version of the visitor policy made under section 267.

The licensee has failed to ensure that the current version of the visitor policy was posted in the home.

Rationale and Summary
The home updated their visitor policy in June 2024, and it was not posted in the home, as confirmed by the Executive Director. The updated policy was immediately posted.

Sources: Observations; staff interview.

Date Remedy Implemented: August 16, 2024

WRITTEN NOTIFICATION: Reporting and Complaints

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: FLTCA, 2021, s. 28 (1) 1.
Reporting certain matters to Director
s. 28 (1) A person who has reasonable grounds to suspect that any of the following has occurred or may occur shall immediately report the suspicion and the information upon which it is based to the Director:
1. Improper or incompetent treatment or care of a resident that resulted in harm or a risk of harm to the resident.

The licensee has failed to ensure that the Director was informed immediately when an incident of improper/incompetent care occurred to a resident.

Rationale and Summary
A CIS indicated that a resident was found with a container of a hazardous substance and a liquid that resembled the substance on their skin. The Director was not informed until the next day.

An interview with an Associate Director of Care (ADOC) confirmed the critical incident had not been reported immediately, as required.

Sources: A Critical Incident report; interview with an ADOC.

WRITTEN NOTIFICATION: Responsive Behaviours

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 58 (2) (a)
Responsive behaviours

s. 58 (2) The licensee shall ensure that, for all programs and services, the matters referred to in subsection (1) are,
(a) integrated into the care that is provided to all residents;

The licensee has failed to ensure that their written approaches to care, including strategies, techniques, and interventions to respond to the responsive behaviours demonstrated by a resident were integrated into the care that was provided to the resident.

Rationale and Summary
The home had planned care for a resident with responsive behaviors including direction to avoid the resident's personal space. The home had extensive policies to manage responsive behaviours, which did not indicate the approach of managing a resident with identified behaviours in a specific manner.

On one occasion, it was noted that the staff did not integrate the planned care for the resident's behavior management resulting in an injury to the resident.

When the home's written approaches to care for responding to these types of situations are not integrated into the resident's care, there is a potential risk for the resident to demonstrate further responsive behaviours, placing them, co-residents, and staff at risk of harm.

Sources: A Critical Incident report; home's investigative notes; Responsive Behaviour Debrief Tool; Protocol for a specified situation; Responsive Behaviour policy; a resident's clinical record; training records and interviews with staff.

WRITTEN NOTIFICATION: Hiring staff, accepting volunteers

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 252 (3)
Hiring staff, accepting volunteers
s. 252 (3) The police record check must be a vulnerable sector check referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, and be conducted to determine the person's suitability to be a staff member or volunteer in a long-term care home and to protect residents from abuse and neglect.

The licensee has failed to ensure that a police record check, which was a vulnerable sector check as referred to in paragraph 3 of subsection 8 (1) of the Police Record Checks Reform Act, 2015, was conducted before hiring a staff member to determine their suitability to be a staff member in the long-term care home and to protect residents from abuse and neglect.

Rationale and Summary
A staff member's employee file was reviewed. The home was unable to provide documentation of a vulnerable sector check for the staff member that was conducted within six months before they were hired by the licensee.

There was a risk to residents' safety when the staff member worked at the home without a vulnerable sector check on file.

Sources: Employee file; interview with the Executive Director.

This Written Notification also serves as additional evidence to support Compliance

Order #003 identified in a concurrently completed complaint inspection #2024-1393-0002.

WRITTEN NOTIFICATION: Emergency Plans

NC #006 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 268 (9)
Emergency plans
s. 268 (9) In evaluating and updating the plan as required under subsection (8), every licensee shall ensure that the entities involved in the emergency response are provided an opportunity to offer feedback.

The licensee has failed to ensure that the entities involved in an emergency response, were provided an opportunity to offer feedback.

Rationale and Summary
An emergency code was called on an identified date. The home's protocol for this emergency code, indicated a debriefing was a crucial step in the process and should take place immediately. Discussions should take place on what went right, what went wrong, recommendations and plans for further interventions for the resident.

The home's debrief tool did not contain who was involved in the emergency code and did not contain an area to document who responded, actions taken and the resident's response to each action. The tool did not contain an area for the entities who responded to the code to provide their feedback.

An interview with a DOC confirmed that the staff members who responded to the code had not participated in a debrief of the emergency and had not been provided

an opportunity to offer their feedback.

When the person(s) involved in responding to emergencies of the home are not provided an opportunity to offer their feedback, this has the potential to result in missing key information that could benefit residents and staff and strengthen policy, procedures, and protocols for future events, should they occur.

Sources: A Critical Incident report; home's investigative notes; debrief tool; emergency protocol and interviews with staff.