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

London District
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Original Public Report

Report Issue Date: March 15, 2024	
Inspection Number: 2024-1159-0001	
Inspection Type: Proactive Compliance Inspection	
Licensee: QCC Corp.	
Long Term Care Home and City: Watford Quality Care Centre, Watford	
Lead Inspector Peter Hannaberg (721821)	**Inspector Digital Signature** Peter Benjamin Hannaberg Digitally signed by Peter Benjamin Hannaberg Date: 2024.04.03 11:23:39 -04'00'
Additional Inspector(s) Stacey Sullo (000750)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): March 5-8, and 11-13, 2024.

The following intake(s) were inspected:

- Intake #00109823 - Proactive Compliance Inspection.

Inspector Jennifer Evans (000816) was also present during this inspection.

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

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration
Medication Management

Residents' and Family Councils
Infection Prevention and Control
Safe and Secure Home
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
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: FLTCA, 2021, s. 85 (3) (c)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(c) the long-term care home's policy to promote zero tolerance of abuse and neglect of residents;

Rationale and Summary
On March 5, 2024, an initial tour of Watford Quality Care Centre was completed as part of a Proactive Compliance Inspection.

During the initial tour, the policy to promote zero tolerance of abuse and neglect of residents was not observed being posted in the home, which was a mandatory

posting.

Interviews with Director of Nursing (DON), and Office Manager, confirmed the home did not have the policy to promote zero tolerance of abuse and neglect of residents posted in the home.

There was no risk to residents as staff posted the policy to promote zero tolerance of abuse and neglect of residents moments after becoming aware of the mandatory posting requirement.

Sources: Observations of all postings in the home during the initial tour on March 5, 2024, staff interviews on March 5, 2024, and review of the abuse policy.

[000750]

Date Remedy Implemented: March 5, 2024

NC #002 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: FLTCA, 2021, s. 85 (3) (r)
Posting of information
s. 85 (3) The required information for the purposes of subsections (1) and (2) is,
(r) an explanation of the protections afforded under section 30;

Rationale and Summary
On March 5, 2024, an initial tour of Watford Quality Care Centre was completed as part of a Proactive Compliance Inspection.

During the initial tour, the explanation of whistle-blowing protection was not observed being posted in the home, which was a mandatory posting.

Interviews with the DON and Office Manager confirmed the home did not have the explanation of whistle-blowing protection posted in the home.

There was no risk to residents as staff posted the explanation of whistle-blowing protection moments after becoming aware of the mandatory posting requirement.

Sources: Observations of all postings in the home during the initial tour on March 5, 2024, and interviews with staff on March 5, 2024.

[000750]

Date Remedy Implemented: March 5, 2024

NC #003 remedied pursuant to FLTCA, 2021, s. 154 (2)
Non-compliance with: O. Reg. 246/22, s. 12 (1) 3.
Doors in a home
s. 12 (1) Every licensee of a long-term care home shall ensure that the following rules are complied with:
3. All doors leading to non-residential areas must be equipped with locks to restrict unsupervised access to those areas by residents, and those doors must be kept closed and locked when they are not being supervised by staff.

The licensee has failed to ensure that all doors leading to non-residential areas were equipped with locks, restricting unsupervised access to those areas by residents, and that those doors were kept closed and locked when they were not being supervised by staff.

Rationale and Summary
During an initial tour of the Long-Term Care home on March 5, 2024, Inspector 721821 noted three doors to non-resident areas which were either not closed or not locked to restrict access to residents.

Inspector 721821 notified the DON of these concerns. Two door handles were changed so they could lock, and the opened door near the Life Enrichment office was closed and locked to prevent unsupervised access shortly after the initial tour was completed.

Sources: direct observation and an interview with the DON.

[721821]

Date Remedy Implemented: March 5, 2024

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 168 (2) 5.
Continuous quality improvement initiative report
s. 168 (2) The report required under subsection (1) must contain the following information:
5. A written record of,
i. the date the survey required under section 43 of the Act was taken during the fiscal year,
ii. the results of the survey taken during the fiscal year under section 43 of the Act, and
iii. how, and the dates when, the results of the survey taken during the fiscal year

under section 43 of the Act were communicated to the residents and their families, Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the report on the continuous quality improvement (CQI) initiative included a written record of certain details of the annual resident, family/caregiver experience survey as required.

Rationale and Summary
On March 31, 2023, the fiscal year came to an end and the licensee was required to prepare and publish a report on the CQI initiative for the home. The report was to be published to the home's website and include specific information regarding the satisfaction survey which would be used to guide the CQI initiatives.

The report titled "Quality Improvement Plan (QIP)" on the home's website contained the "Narrative for Health Care Organizations in Ontario" and "Workplan QIP 2023/24" documents which were developed for Ontario Health. The posted report did not include all of the required details as listed above.

The home's Continuous Quality Improvement (CQI) Committee Lead confirmed that the reports on the home's website were the only reports which had been posted publicly and they did not include all of the components required by the legislation.

Sources: interview the home's CQI Lead, record review the home's reports Quality Improvement Plan and Quality Improvement Plan Narrative (dated March 11, 2024).

[721821]

WRITTEN NOTIFICATION: Continuous quality improvement initiative report

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

Non-compliance with: O. Reg. 246/22, s. 168 (2) 6.

Continuous quality improvement initiative report

s. 168 (2) The report required under subsection (1) must contain the following information:

6. A written record of,

i. the actions taken to improve the long-term care home, and the care, services, programs and goods based on the documentation of the results of the survey taken during the fiscal year under clause 43 (5) (b) of the Act, the dates the actions were implemented and the outcomes of the actions,

ii. any other actions taken to improve the accommodation, care, services, programs, and goods provided to the residents in the home's priority areas for quality improvement during the fiscal year, the dates the actions were implemented and the outcomes of the actions,

iii. the role of the Residents' Council and Family Council, if any, in actions taken under subparagraphs i and ii,

iv. the role of the continuous quality improvement committee in actions taken under subparagraphs i and ii, and

v. how, and the dates when, the actions taken under subparagraphs i and ii were communicated to residents and their families, the Residents' Council, Family Council, if any, and members of the staff of the home.

The licensee has failed to ensure that the report on the CQI initiative included a written record of specific details regarding actions taken to improve the home as required.

Rationale and Summary

On March 31, 2023, the fiscal year came to an end and the licensee was required to prepare and publish a report on the CQI initiative for the home. The report was to be published to the home's website and include specific information regarding the the actions taken to make improvements within the Long-Term Care home.

The report titled "Quality Improvement Plan (QIP)" on the home's website contained the "Narrative for Health Care Organizations in Ontario" and "Workplan QIP 2023/24" documents which were developed for Ontario Health. The posted report did not include all of the required details as listed above.

The home's Continuous Quality Improvement (CQI) Committee Lead confirmed that the reports on the home's website were the only reports which had been posted publicly and they did not include all of the components required by the legislation.

Sources: interview the home's CQI Lead, record review the home's reports Quality Improvement Plan and Quality Improvement Plan Narrative (dated March 11, 2024).

[721821]