

It was not until the public outcry related to OxyContin abuse that Government amended the *Medical Act* to provide the Board with more comprehensive powers and requirements to deal with issues identified regarding such things as indiscriminate prescribing by doctors.

Lack of controls over drug cards provides the potential for drug abuse. This is particularly the case for the manual drug cards that are prepared in the various HRLE district offices when a client services officer issues cards after hours, or in emergency situations.

There are inconsistent criteria applied by HRLE and Integrated Health Authority (IHA) staff in issuing drug cards because of inconsistent policies for determining eligible client expenditures. We found one instance where a client was refused a drug card at a HRLE office but was approved for a card for the same time period at an IHA office.

## **2.12 Personal Care Homes**

The *Health and Community Services Act* (the *Act*) provides that the Department of Health and Community Services has overall responsibility for governing personal care homes in the Province. The *Personal Care Home Regulations* (the *Regulations*) under the *Act* contain requirements relating to licensing, monitoring and inspecting these homes.

Licensed personal care homes are privately owned and operated facilities which provide residential accommodation to 5 or more adults who require care and assistance. Residents of these homes do not require daily services of professional staff such as physicians or nurses. They may, however, require assistance with their daily living activities such as bathing, dressing, or eating. As of November 2004 there were 93 personal care homes licensed in the Province with a total of 2,676 available beds, 2,139 of which were occupied.

Under the *Regulations*, applicants for licensing as a personal care home must have their premises inspected by an official of a Government Service Centre operated by the Department of

Government Services. The applicant must then have their application reviewed by a regional health and community services board with respect to personal care standards. If all standards are met, the regional board will issue a licence.

The Department of Health and Community Services is not doing an adequate job in determining whether the regional health and community services boards are complying with *Personal Care Home Regulations* and Departmental policies. This is evidenced by the fact that the Department does not require information relating to licensing, monitoring and inspecting. Instead, the Department receives monthly statistical reports which only show the number of beds (occupied, vacant, and subsidized), residents' level of care and whether a sprinkler system is in place.

The Department does not assess whether residents are receiving a consistent and adequate level of care. Residents are assigned a level of care by board staff using an assessment process which requires significant professional judgment. A Manager at the Department indicated that there are discrepancies in how the boards are assessing the level of care for the residents. Furthermore, a report prepared for the Department in 2004 stated that personal care home owners indicated that the “...*determination of the levels of care seem to be subjective and not a true representation of client care requirements.*” The Department does not review resident assessments to ensure consistency across the Province.

The Department has not established performance indicators which could be used to assess the effectiveness of the personal care home program in providing residents with the required care. As a result, the Department cannot conclude whether the personal care home program is producing the desired results.

The regional health and community services boards are not fully complying with the *Personal Care Home Regulations* and Departmental policies. Our review of the activities at the boards disclosed serious concerns relating to how personal care homes are licensed, monitored and inspected. Examples of deficiencies noted in our review of 24 homes during the period April 2002 to January 2005 indicated that:

- licensing standards were not enforced;
- monitoring of care standards require improvement; and
- annual fire and life safety, and environmental health inspections were not completed within the required annual time frame.

In July 2002, the St. John's Regional Health and Community Services Board decided that it could not approve the licence of a home which did not meet building standards for minimum room sizes. Based on a complaint, the Board determined in March 2003 that the home was operating without a licence. The home continued to operate without a licence and in June 2003 the Minister of Health and Community Services directed the Board to issue the licence to the home even though it did not meet licensing requirements. Based on this direction, the Board issued the licence in September 2003.

### **2.13 Monitoring Health and Community Services Boards**

There are four health and community services boards in the Province comprised of St. John's, Eastern, Central and Western Regions. Each of these boards has local offices throughout the Province. Health and community services in Northern Newfoundland and Labrador are administered as separate components of the Grenfell Regional Health Services Board and the Health Labrador Corporation, respectively. The health and community services boards provide traditional community health services including health promotion and protection, mental health services, continuing care, and immunization services. In addition, community service programs including Child Welfare, Community and Corrective Services, and Family Rehabilitative Services, are delivered under the health and community services boards.

Effective 1 April 2005, the four health and community services boards combined with the eight health care institution and integrated boards to establish four regional health authorities throughout the Province.