

This Inspection Guide provides *guidance* to the inspector during the initial planning of an inspection. Not all sections will be applicable in every situation and the inspector may need to adjust the inspection based on information collected.

PROFILE FOR RESIDENT

- Name, room number, home area
- Date of birth, date of admission, date of discharge (if applicable)
- Diagnoses
- Other resident information, as applicable: Physician, SDM, Advanced Directives, Activities of Daily Living, and RAI-MDS Outcome Scores, e.g., CPS

CLINICAL RECORD REVIEW (ELECTRONIC AND HARD COPY)

ASSESSMENTS

- RAI-MDS - Section E (Mood and Behaviour)
- Behavioural monitoring tools, as available, e.g., DOS and BSO communication
- Assessments are consistent and complement each other
- Documentation of care, e.g., flow sheets and tasks
- External consultations, as available, e.g., Mental Health Outreach
- Mini mental assessments, as available

PLAN OF CARE

- Plan of care is based on assessments
- Goals for care and triggers are identified where possible
- Strategies and interventions are in place to manage known triggers and prevent, minimize, and respond to behaviours
- Involvement of BSO
- Evidence of revisions when conditions change

MEDICATION ADMINISTRATION RECORD (MAR)

- Regular and PRN medications prescribed to mitigate, minimize, and respond to responsive behaviours
- Recent medication changes, that medication is administered as prescribed, and the effectiveness of PRNs
- Medication prescribed as it may relate to triggers, e.g., pain, constipation, and infections

PROGRESS NOTES

- Notes specific to the incident being inspected
- Behaviours typically exhibited by the resident, prior to and/or post incident if applicable
- Strategies and interventions used and the effectiveness of these interventions to prevent, minimize, and respond to responsive behaviour
- The assessment and/or re-assessment of interventions, as needed
- Notes from the Behavioural Supports Ontario (BSO) team
- Notes from external consultations (Mental Health Outreach)

OBSERVATIONS

- Observe the resident for responsive behaviours
- Observe for interactions with co-residents and staff
- Potential triggers for behaviours
- Implementation of the plan of care
- Risk of observed behaviours and interactions
- Staff's interaction with the resident and response to the resident's responsive behaviours

INTERVIEWS

RESIDENT/SDM

- Discuss their interactions with others and with staff
- Discuss their feelings of safety and security
- Engage the resident regarding the specific incident. (Consider resident triggers and response to previous questions.)

DIRECT CARE STAFF

PSW, BSO, RPN, RN and others as applicable

- Discuss how staff are made aware of a resident’s care needs, responsive behaviours, behavioural triggers, incidents of responsive behaviours, e.g., plan of care, shift reports, and BSO tools.
- Discuss what education and training the staff has been provided on responsive behaviours, e.g., policies, approaches used in the home to respond to or minimize behaviours, and behavioural supports available.
- Confirm their familiarity of the resident and their care.
- Confirm if the staff member is aware of the resident’s responsive behaviours and what they understand these behaviours to be.
- Discuss the resident’s specific responsive behaviours in relation to behavioural triggers, interventions in place to minimize or prevent behaviours, and effectiveness of these interventions.
- Discuss how staff are to respond to incidents of responsive behaviours for this resident.
- Explore what approaches and tools are used to respond to the resident’s responsive behaviours when incidents occur.
- Explore if there are approaches and tools used in the monitoring of the resident’s responsive behaviours, e.g., quarterly and DOS charting.
- Explore the risk of harm to other residents, risk of altercations, and risk of triggering co-resident behaviours.

REGISTERED STAFF AND MEDICAL PERSONNEL

- Discuss the approaches and tools used in the assessment and re-assessment of the resident’s responsive behaviours.
- Explore how staff monitor and respond to the effectiveness of interventions in place for the resident’s responsive behaviours.
- Discuss the approaches and tools used to manage the resident’s responsive behaviours, specific to medical care such as medication administration.
- Discuss the ways in which other members of the care team are involved in the response and management of responsive behaviours, e.g., activity staff, physician, mental health outreach, or other specialized resources.

MANAGEMENT

Director of Care, Administrator/Delegate

- Review the Critical Incident Report and/or licensee’s investigation into the incident, if applicable.
- Discuss the legislative areas of concerns, if identified.
- Where needed, discuss the home’s policy and procedures available for the responsive behaviours program.

OTHER RECORD REVIEW

- Review Critical Incident Report, if applicable
- Communication tools, e.g., shift reports and physician book
- Video or other visual or audio recordings
- Internal Incident Reports or other licensee investigation notes
- Policies and program relevant to responsive behaviours
- Training records

FOR FURTHER GUIDANCE

Please refer to policies, guidance documents, and job aids available in the eInspectors’ Handbook.