

Confidential

Malachy Tohill
Regional Director
BC Housing, Northern Region
1539 11 Avenue
Prince George BC V2L 3S6

July 19, 2011

Dear Mr. Tohill,

The following are the initial operational findings relating to our review of the Baldy Hughes Addiction Treatment and Therapeutic Community. This report reflects an initial overview of Baldy Hughes and is by no means complete or final. We hope that the information provided will be helpful as you begin the very important process of ongoing planning and quality improvement practices to enhance programs and services.

1. Introduction

On July 7, 2011, you asked us to perform an operational review of the *Baldy Hughes residential Addiction Treatment Centre and Therapeutic Community*. The scope of our review was to provide an external opinion as to the way in which the centre was operating, to evaluate the treatment model and methods, provider records and documentation, human resource policies and procedures, current staffing, financial performance, and compliance with regulatory requirements.

The process of our review involved surveying the following:

- Tour of the facility by Malachy Tohill
- Review of available documentation to include an Operations Manual, Procedure Manual, Resident Handbook, Transformative Change Report, Human Resource Manual, and Staff and Resident files
- Communication with staff members and current and past residents to clarify the site review, to verify how the review would be conducted, and to identify the services that would be reviewed
- Meetings and communication with medical, addiction, and mental health professionals and local agencies in the community

2. Licensing

Northern Health sets forth and monitors essential health, safety, and quality care standards for residential facilities in the Northern community. These standards have been developed to ensure a base level of protection for all individuals in care facilities throughout Northern British Columbia.

Northern Health defines a Community Care Facility as “a premise or part of a premise in which a person provides care to 3 or more persons who are not related by blood or marriage to the person and includes any other premises or part of a premise that, in the opinion of the medical health officer, is used in conjunction with the community care facility for the purpose of providing care.”

“Care” means supervision that is provided to an adult who is:

- a. Vulnerable because of family circumstances, age, disability, illness or frailty, and
- a. Dependent on caregivers for continuing assistance or direction in the form of 3 or more prescribed services.

Of the six “Prescribed Services” listed, four currently apply to Baldy Hughes:

- a. Central storage of medication, distribution of medication, administering medication or monitoring the taking of medication;
- b. Maintenance or management of the cash resources or other property of a resident or person in care;
- c. Structured behavior management and intervention; and
- d. Psychosocial rehabilitative therapy, which refers to “community support systems.”

The licensing process includes an inspection of the facility and review of the operations and policies and procedures in all areas of care.

Findings

Baldy Hughes is not presently licensed under the Community Care and Assisted Living Act and Adult Care Regulation and it does not appear that it would currently meet licensing requirements for standards of care. Numerous examples of non-conformance with licensing standards have been observed in all cornerstones of the facility and program to include: clinical, health and safety, human resources, and business practices. Important areas include: Physical Facility, Staffing, Policies and Procedures, Records and Reporting, Food Services, Nutrition and Medication.

A. Medication:

1. No training or inadequate training has been provided to staff regarding Medication storage, administration, and record keeping;
2. Current Medication Administration Records (MAR) are difficult to read and not up to date;
3. There is no staff signature sheet, meaning there is no way to reconcile the signed initials of the staff on the MAR (those who dispensed medication) with the actual staff; and
4. Multiple sources report medication errors occur on a regular basis.

