



**Office of the  
Auditor General**  
City of Ottawa

## **Investigation of Allegations Related to Carleton Lodge Long-Term Care Home**



**February 2023**

## Acknowledgement

The team responsible for this investigation was comprised of Louise Proulx from the Office of the Auditor General and BDO Canada LLP (external consultant), under the supervision of Joanne Gorenstein, Deputy Auditor General and my direction. My colleagues and I would like to thank those individuals who contributed to this project, and particularly, those who provided insights and comments as part of this investigation.

Respectfully,



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## Introduction

As a result of a series of reports to the City's Fraud and Waste Hotline (FWHL), the Office of the Auditor General (OAG) undertook an investigation to assess allegations related to practices and activities at the Carleton Lodge Long-Term Care (LTC) Home.

## Background and context

Carleton Lodge is one of four not-for-profit LTC homes owned and operated by the City of Ottawa (the City) and accredited by Accreditation Canada. Carleton Lodge provides approximately 160 residents with 24-hour care and services including nursing and personal care, social and recreational programs, dietary and food services, physiotherapy, housekeeping, laundry services, etc.

Between October 2021 and July 2022, the OAG received a series of FWHL reports related to inappropriate practices and activities at Carleton Lodge.

## Investigation objective and scope

The objective of this investigation was to assess the concerns raised in the reports received through the FWHL.

As such, the scope of our investigation was limited to assessing whether the allegations had merit, and if so, determine the appropriate course of action that may be required for each of the issues.

Our investigation covered the period from October 1, 2021, to July 31, 2022.

Readers are cautioned about the important distinction between an investigation and an audit. Audits are designed to provide a high level of assurance over its findings and will typically feature rigorous testing and analysis. While this investigation was conducted in a systematic and professional manner, the extent of activities undertaken by the OAG was narrow compared to an audit and focused solely on the allegations raised to our attention.

## Conclusion

The work performed highlighted a need for LTC Homes to review various practices and procedures and ensure their enforcement. It was identified that personal electronic devices are often being used by staff during working hours, and while the current practice prohibits this, no disciplinary measures have been outlined for any violation of this expectation. It was further noted that staff members have conversations with each

other outside of the working language of the home or the preferred language of the resident in front of residents and/or other staff members. Currently, there is no policy or formal expectation of the language to be spoken while caring for residents or working with other staff members. Finally, based on one of the FWHL reports, it was confirmed that personal health information of staff members was inadvertently circulated to a wide employee distribution list within the home. We understand that management did not immediately take the necessary corrective measures in response to this disclosure as required by policy.

While we were able to substantiate three aspects of the allegations reported, the lack of specificity of various other allegations and the inability to corroborate the other claims (despite the OAG attempting to request additional details from the reporters through the FWHL) resulted in our not being able to fully prove or disprove their merit. **No further information can be provided on these allegations as we were unable to conclude on them.**

## Investigation findings and recommendations

### 1. LTC Homes' Practices and Procedures Require Updates

#### 1.1 Staff Members' Use of Personal Devices during Work Hours

During interviews, several employees noted that it was not unusual for staff to use their personal electronic devices during work hours. Some interviewees indicated that the reason for this was that, for casual and part-time employees, communication related to upcoming shift availability is transmitted via text message (from Telestaff, the automated scheduling software used by the LTC Homes). While this may be the case, others we interviewed indicated that those who are using their personal devices during work hours are using them primarily for personal reasons. Several employees confirmed that this was a known issue, and that Management has previously discussed this issue with staff during staff meetings.

In addition to corporate policies and procedures, the LTC Homes have developed a series of guiding documents to standardize their operations across all four homes. Practice and Procedure (P&P) 750.80 - Cell Phone – Staff strictly prohibit calls, texting, playing games, and answering emails on a personal device during work hours. It does make an exception for calls from Telestaff, which are part of an employee's job. When staff are on their personal devices, they may be distracted from their work, less productive and may not be providing care and attention to residents. It was noted that there is no disciplinary measure outlined for violating the P&P. Without any consequences, there is little incentive for employees to comply with the P&P.

#### **RECOMMENDATION 1 – STRENGTHEN PRACTICE AND PROCEDURE AND MONITOR COMPLIANCE**

The Director, LTC should update the Cell Phone P&P to include disciplinary actions that will follow if its terms are violated and ensure its enforcement.

#### **MANAGEMENT RESPONSE 1**

Management agrees with this recommendation.

Management will review and update P & P 750.80 - Cell Phone to include disciplinary actions. The updated P&P will be sent to all staff to ensure compliance. In addition, Management teams will be asked to review the P&P at their team meetings to reinforce the expectations, requirements, and to serve as a reminder of potential

corrective actions for non-compliance. The review of the P&P and communications to staff will be completed by the end of Q1 2023.

Per the Corporate Discipline Policy, staff have a duty to follow all practices and procedures, and management will take appropriate action if staff fail to comply.

## 1.2 Language Inclusivity in LTC Homes

As communication is one of the most important aspects of life, every effort should be made for residents to be able to understand staff and to have their needs understood. Further, as it is not uncommon for residents to have some communication challenges that impede their ability to speak and understand language, it is important for Carleton Lodge staff to speak either in a resident's native language or in the working language of the home.

During interviews, several employees noted that it was not infrequent to hear conversations between staff members in languages other than English and French. It was noted that this had been observed while the staff members were tending to a resident or at the nursing station in front of other team members. When employees converse in front of a resident or colleague(s) outside of the working language of the home during working times, there is a risk that the resident or colleague(s) may feel excluded from the conversation or feel that the employees may be talking about them and therefore feel anxious or disrespected.

P&P 750.25 – Resident Communication describes the various approaches and communication tools for staff to consider when engaging with residents in the home. It also notes that residents' primary language is documented in their file and specifies that each home maintains a listing of staff able to communicate in a language other than that used in the home. We noted that the P&P does not specifically define what the working language of the home is, nor does it discourage employees from speaking in other languages while caring for residents and working with other colleagues.

### **RECOMMENDATION 2 – CLARIFY PRACTICE AND PROCEDURE AND ENSURE ENFORCEMENT**

The Director, LTC should update its Resident Communication P&P to specify the working language of the home and set the expectation that the working language of the home should be used during working hours, except in cases where staff are speaking directly to a resident or visitor in their preferred language. Enforcement procedures for such a practice should also be established.



## MANAGEMENT RESPONSE 2

Management agrees with this recommendation.

Management will review and update the current P & P 750.25 – Resident Communication to ensure that it follows the resident’s Bill of Rights and respects inclusivity, as well as the cultural diversity of residents and visitors.

The updated P & P will be sent to all staff. In addition, Management teams will be asked to review the P&P at their team meetings to reinforce the expectations and requirements for staff when working with residents and visitors to ensure that the Resident Communication P&P is followed, with flexibility to meet the needs of residents and visitors.

The review of the P&P and communications to staff will be completed by the end of Q1 2023.

## 2. Protection of Personal Information

One of the allegations made to the FWHL was that a listing of Carleton Lodge employees that had tested positive for COVID-19 had been distributed to a large group of employees of the home. We understand that a staff member inadvertently attached the wrong document to an email which was sent to a large group of employees as part of a distribution list. It should be noted that no immediate steps were taken to remediate the distribution of the information and based on our information, management, who were included in the email, did not flag this potential contravention.

While the disclosure appeared to have been in error, it was a violation of various provincial and City policies. Specifically, it contravened both the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*, which outlines that disclosure of personal information is presumed to constitute an unjustified invasion of personal privacy when the personal information, relates to a medical, or diagnosis, condition; and, the *Personal Health Information Protection Act*, which directs health information custodians not to disclose personal health information about an individual. It also violated the City’s *Responsible Computing Policy* and *Employee Code of Conduct*, which requires employees to safeguard confidential information in their custody and control, in accordance with the MFIPPA.

P&P 750.54 – Privacy Breach Resolution requires that any employee who suspects a breach of information must immediately report it to their supervisor, program manager or manager, who in turn must contact the City’s Access to Information and Privacy



Office and/or IT Services, who would guide them through the correct procedures. Per the Policy, for all incidents related to a potential privacy breach, an incident report form is required. As noted above, management representatives were part of the distribution listing and did not take remedial action. We understand that after making management aware of this breach, the individual who sent the email was spoken to and the protection of personal information was emphasized in a subsequent staff meeting.

We found that LTC Homes and the City have sufficient practices and procedures providing guidance related to the safeguarding of personal information. While the breach appears to have been an unintentional error, our investigation procedures indicated that management failed to address the situation and undertake the necessary corrective measures in a timely manner.

### **RECOMMENDATION 3 – ENSURE POTENTIAL BREACH OF PRIVACY IS REPORTED**

The Director, LTC should remind all staff and management of the importance of keeping personal information (of both residents and employees) protected and the procedures required if a breach is identified. For this incident, the Director, LTC should ensure that the potential breach of privacy of the employees' information is reported and remediated, as required by applicable policies.

### **MANAGEMENT RESPONSE 3**

Management agrees with this recommendation.

As per the recommendation, and as required by the applicable policy, Management reported this breach.

Management will send a policy reminder to all staff to reiterate the required actions for ensuring compliance with the Corporate Privacy policy.

Further, the reminder will reinforce the requirement of ensuring follow-up by management and applicable staff to keep personal information protected, as well as ensuring that all breaches - when identified - must be actioned as per the City's *MFIPPA* legislation and *PHIPA (Personal Health Information Protection Act)* legislation.

The communication to staff will be completed by the end of Q1 2023.

## Appendix 1 – About the investigation

### Investigation objective

The objective of this investigation was to assess the concerns raised in specific reports received through the FWHL related to Carleton Lodge.

### Scope

The scope of our investigation was limited to the reports received through the FWHL.

Our assessment covered the period from October 1, 2021, to July 31, 2022, which was approximately the time period that the FWHL reports were received.

### Investigation approach and methodology

To assess the merit of the allegations outlined in the reports received, we undertook the following:

- **Review of information and documentation:** This included a detailed review of the FWHL reports received, relevant policies, procedures and practices, and scheduling information.
- **Interviews with employees and discussions with management:** Interviews were conducted with a total of 24 Carleton Lodge employees between May 30, 2022, and July 7, 2022. The work was carried out independently from management, however, we consulted with Carleton Lodge management to obtain an overview of the facility and to facilitate the scheduling of interviews.
- **Review of other relevant information:** Where information contained within the reports was more specific, other information such as video evidence from City cameras in the facility and emails were obtained and reviewed as part of our assessment.

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