

Local community service centres

The mission of local community service centres integrated to health and social services centres consists of providing the population within the territory they serve with front-line preventive or curative health and social services as well as rehabilitation and reintegration services.

Type of complaints

Complaints reviewed by the Québec Ombudsman

CLSC						
Under investigation at April 1, 2007	Received	Investigated*				Under investigation at March 31, 2007
		Referred	Interrupted	Unsubstantiated	Substantiated	
71	110	-	15	47	41	79

* Excluding complaints whose processing was interrupted or which were referred.

Results of the review of complaints

Category	Inquirers*	Complaints*	Unsubstantiated	Substantiated	Number of corrective measures
Clinical aspects	35	43	23	20	40
Financial aspects	8	9	6	3	7
Environment and living environmente	1	1	1	-	-
Programs and services	29	35	17	18	28

* Excluding complaints whose processing was interrupted or which were referred.

The vast majority of the complaints received with regard to local community service centres (CLSC) concern home-support services. This year's complaints mainly address programs and services as well as clinical elements.

In the "Programs and services" category, complaints referred to: employee attitudes, behaviour, competencies and skills; the application of treatment rules and procedures; the lack of programs and services; the denial of access to programs; and, a failure to adhere to the rules and procedures governing the investigation of complaints. In the "Clinical elements" category, complaints addressed, in descending order: delays to access treatment and services; professional judgment and clinical judgment; the continuity of treatments and interventions; treatment, services and intervention programs; and, custodial care and physical treatment.

Overview of the situation

Integrated to the health and social service centres (CSSS), local community service centres make a wide range of programs and services available to their territory's population. These programs were reviewed as part of the clinical organizational project each health and social services centre was required to develop as a result of the implementation of the Act to amend the Act respecting health services and social services and other legislative provisions (2005, chapter 32).

The changes brought about by this Act primarily aim to lessen the gap between services and the population, promote service continuity and ensure improved treatment for vulnerable users, notably persons with limited autonomy. By entrusting the CSSS with a territorial responsibility and the mandate of implementing the local health and social services network, the legislature sought to ensure that all citizens would enjoy access to services regardless of their region of residence.

While the CLSC network extends services to all citizens, it primarily targets vulnerable persons or persons with limited autonomy within the community and who require home-support services. The elderly are the main group concerned, notably because of the loss of autonomy linked to aging.

The Québec Ombudsman stated, in its 2006-2007 annual report :

“The statements of the Québec Ombudsman echo those of the Auditor General regarding the results of the study of the Canadian Institute for Health Information and the opinions of institutions, researchers and politicians who are interested in this issue. Situations called to its attention confirm that the Québec government must continue in its efforts aimed at improving home-support services. While large amounts have been devoted over the last decade, resources are still cruelly lacking.

The current policy does not offer all the means to support the public without creating problems of inequity among individuals, groups and regions. Given the harm caused by chronic under-funding of these services, the Québec Ombudsman would like the Department to improve the congruity between the Politique de soutien à domicile and the availability of services.

In this respect, the Department could remind the health and social services network of the need to use the means required to ensure this congruity. These would include the improvement of processes and practices, the development of tools for better clinical management, the development of joint efforts in the network and budgetary development.”

The Rapport de la consultation publique sur les conditions de vie des aînés³⁴, published in March 2008, repeatedly notes the importance of introducing supplementary measures to improve support services for those seniors who wish to remain at home.

Let us point out that the 2008-2009 budget includes a major investment of \$80 million, earmarked to speed up the development of home-support services. Furthermore, a greater number of seniors will be able to remain in their home as a result of the 30% increase in the tax credits for home-support services and the State's contribution to support measures for informal caregivers.

These government measures were developed to support those persons with limited autonomy who wish to continue living in their community and in so doing, reduce the demands on hospital services and the accommodation network.

Ombudsman follow-up and actions

Returning home – shortage of services

The three complaints from users submitted to us over the last year appropriately illustrate the Québec Ombudsman's actions in this matter. The first case illustrates the consequences of a return home with no accompanying confirmation of service availability. The second underscores significant delays in obtaining an evaluation and the assignment of services. The third instance relates a clearly unjustified cutting off of services.

Until close relatives are exhausted

A woman chose to leave her residential and long-term care centre to return to her home. An agreement was struck with the CLSC whereby she accepted the 4.5 hours of home-support services offered each week, this number being limited by a shortage of available funding for additional hours of care at that time. Her needs, were evaluated at 39.5 hours a week, and this for all her daily and domestic activities. The request for the necessary supplementary hours of care had been pending for seven months. In the interim, her spouse and his daughter were totally exhausted and no longer able to provide her with the help she needed.

The Québec Ombudsman noticed that the woman was on a waiting list for the missing hours of care provided for in her intervention program. While investigating this issue, the Québec Ombudsman learned that she had gone from the 4th position to the 2nd position on this same list.

One year after leaving the residential and long-term care centre, the citizen saw her hours of care increased by seven hours a week, as a result of which she benefited from 11 and a half hours each week. The citizen stayed on the waiting list for the missing hours. The CLSC however cannot foresee at which time the remaining number of necessary hours of care might again be increased, to reach 39.5 hours, but hopes that it will take place in the current year.

³⁴ Ministère de la Famille et des Aînés, *Rapport de la consultation publique sur les conditions de vie des aînés; Préparons l'avenir avec nos aînés*, March 2008, 168 pp.

In consideration of the above facts and given the state of exhaustion of the woman's close relatives, the high cost of private support services and the indefinite delay to receive the total number of hours required for full home-support services, the Québec Ombudsman proposed an alternative : accommodation in a residential and long-term care centre with all week-ends spent at her home.

The CLSC's local service quality and complaints commissioner exchanged with management from the institutions to ensure that such a project was feasible, particularly with regard to making the necessary equipment available in the citizen's home. However, the woman decided that she preferred to continue living at home and wait until the necessary hours of care became available, a decision that we must respect.

The Québec Ombudsman observed that the actors involved in this case were sensitive to the woman's needs, and that the CLSC's local service quality and complaints commissioner is assiduously monitoring her request. However, to ensure that all those who are living such a situation are treated fairly, the Québec Ombudsman cannot recommend that this citizen's request be given priority treatment.

This case does, however, illustrate how a lack of adequate services can lead to the exhaustion of close relatives. It is also a good example of how the need to ensure equitable treatment requires that priorities be set uniquely according to the principles established for management of the waiting list and the seriousness of a given situation.

The Québec Ombudsman went as far as it could in proposing a reasonable alternative until such time as the necessary support hours become available.

Some delays are simply impossible to justify

The following case, where a citizen was deprived of services to which she was entitled because of lengthy delays in assessing her needs, clearly depicts the importance of paying attention to specific user circumstances. These delays ruined her trust in the local commissioner and led her to complain to the Québec Ombudsman.

Not just a name on a list... Each name is a person, one who is suffering...

A citizen lamented on the delay in obtaining home-support services, as well as the delay in implementing the recommendations of the local service quality and complaints commissioner. She explained how, for a myriad of reasons, including the loss of her original file, she waited seven years before being evaluated by a social worker for the purpose of obtaining home-support services.

The woman lives alone and is suffering from fibromyalgia, a condition that resulted in her having functional limitations that she felt justified a need for home-support services. She explained that subsequent to her evaluation, she spent a very painful two years waiting for such services. At this point, she proceeded to lodge a complaint with the local service

quality and complaints commissioner. After filing this initial complaint, she learned that she was next on the waiting list for treatment. Several months went by, however, and her situation remained the same: she was still not benefiting from any assistance.

The Québec Ombudsman's investigation revealed that she had indeed requested support from the CLSC many years previously. It also discovered, as had the local commissioner, that her file included various irregularities with regard to her status as a person with disabilities³⁵. While she had been acknowledged as a person with a disability in 1999-2000, this status had ceased to apply in 2004, despite the fact that her condition, if anything, had deteriorated. A disability is by definition permanent, which led us to query how what had been deemed permanent in 2000 could have ceased being so in 2004.

This cancelled acknowledgement was compounded by major problems concerning the availability of home-support services. Exchanges with the manager in charge of program administration allowed us to understand that the citizen's file had been included in the caseload of a new social worker who had recently come on board to fill a previously open social worker position. The local commissioner also explained to the Québec Ombudsman that a services plan had been developed, and that steps to have the citizen admitted to the program for the handicapped had been taken.

The local health and social services centre committed itself to the Ombudsman to provide the citizen with personalised treatment and services suitable to her condition, to implement the intervention program applicable to her own situation and ensure its coordination, and to notify the Québec Ombudsman of the date these services would be implemented. In November 2007, the CLSC confirmed that all of these measures had been taken.



The continued availability of a small service can make a big difference

A citizen was abruptly deprived of the home blood sampling services she had been receiving every three months after the nurse who went to her home to take her blood samples notified the head of the home-support services program that the citizen was able to make her way to either the hospital centre or the ambulatory clinic. This claim was supported by various factors, including the fact that the woman was able to make her way to meetings with medical specialists, could walk without assistance, albeit slowly, could drive her vehicle, and could at times run errands. These factors then led to the decision to close her home-support services file.

The Québec Ombudsman noted that blood sampling was the only service this citizen received from the CLSC, four times a year, with the frequency of blood work determined by her general practitioner. Her physician thus recommended a reliance on home-support services for her blood work, given the citizen's varied health problems.

During the investigation of her complaint, the citizen told the Québec Ombudsman that her physician's appointments were always set for the afternoon, as mornings were a problem for her, what with her diabetes, cardiac problems and osteoarthritis in the knees and spine. Her health problems were persistent however her blood samples had to be taken in the morning, when she was particularly limited in her movements. Moreover she no longer

35 Individual with significant and persistent physical limitations.

drove her vehicle, and was taken to and from her doctor's appointments by a relative. She had also stopped running errands, and depended on friends to do her shopping. Since her health condition had led her to severely limit her outings.

The Québec Ombudsman does not feel that these elements correspond to the nurse's evaluation whereby the citizen was able to personally go to have the blood work done. The institution subsequently agreed to reassess her case, and possibly resume home-support services for blood work in the wintertime.

Given the woman's health problems and the opinions of the cardiologist and general practitioner who recommended that the blood work be done at her home, the Québec Ombudsman is of the opinion that the blood work services provided the citizen four times a year by the CLSC should, as recommended by her physicians, be maintained.

It also bears noting that the local commissioner had also striven to have these home-support services continued, but that the head of the program upheld the decision to cease service delivery. Further to the Québec Ombudsman's involvement, the services, namely for four blood samples a year, were resumed.

This case is an excellent example of how clinicians and managers in the health and social services network must resolve problems that incorporate elements of fairness as well as availability, and this within an environment characterized by a scarcity of resources. In this particular instance, the Québec Ombudsman's intervention allowed for marshalling opposing forces to reach a joint decision that met the user's needs.

Conclusion

The above cases bear witness to the fact that a variety of elements can impinge on citizens' rights, the quantity of services offered or the quality of these same services. In fact, citizens are often faced with the possible loss of services they had been receiving, whether it be due to unavailability upon a return to one's home environment, problems with the handling of a file, or the strict application of a clinical judgment with no reassessment. These examples also serve to illustrate that institutions' insufficient budgets are not the only cause of citizen dissatisfaction and that the complaint review procedure offers them a forum to be heard.

2007-2008 recommendations

Recommendation 1 :

Given the problems that the home-support network has in meeting user needs ;

Given that delays in meeting these needs are such that a citizen's condition can significantly change ;

Given that citizens complain about the difficulty in learning exactly when they can expect to begin receiving home-support services ;

THE QUÉBEC OMBUDSMAN RECOMMENDS :

That social services centres establish timeframes for communicating with users to update their status, notify them of their position on the waiting list, and advise them of the approximate delay before services will be available.

Recommendation 2 :

Given that citizens have repeatedly reported having had their home-support services cancelled ;

Given that such cutting off of services affected individuals' ability to remain in their home ;

THE QUÉBEC OMBUDSMAN RECOMMENDS :

That the health and social services institutions which offer home-support services systematically consider the impact on users before cancelling or reducing these services.

That decisions taken by institutions consider the effect of these service reductions or cuts on other health and social services resources, and this within the framework of individual service programs.

That they promote keeping people in their home environment when they both desire and are able to do so.

Comments from the department

The following statement from the department was issued by its Deputy Minister :

“The department shares the objectives regarding access to services, and has made significant efforts to improve administrative activities in this regard. We wish to continue to give personal support people who are waiting to receive services while ensuring that our actions are tailored to the respective needs of users. Intervention plans and individual service programs allow us to adjust the type and scope of the services to deliver.”