INTRODUCTION/BACKGROUND

Community Care Licensing Officers (CCLO) are employed by provincial health authorities and play an important role in protecting vulnerable people. They inspect and monitor private and public facilities for child care, youth residential care, residential group care and long-term care in British Columbia (B.C.). They also conduct investigations, provide education and support to licensees, and take action to bring facilities into compliance with the Acts and Regulations that govern them.

In 2012, Ombudsperson Kim Carter released a 400 plus page report on her office’s three-year investigation into the care of seniors in B.C. The Best of Care: Getting it Right for Seniors in British Columbia (Part 2) is a comprehensive and in-depth investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations. Recommendation #R153 was that: “The Ministry of Health develop and implement provincial training investigation that makes 143 findings and 176 recommendations.

The aim of the present study is to explore the nature and quality of JIBC’s newly developed Advanced Specialty Certificate in Community Care Licensing (ASCCCL) and more broadly the role of CCLO.

METHODS

Qualitative interviews and focus groups were completed with participants ranging from front-line CCLO as well as supervisors and other administrators of the program.

In accordance with the traditional grounded theory approach (Strauss & Corbin, 1998) audio recordings were transcribed verbatim and analyzed following each interview. Through a constant comparison, each stage of analysis involved the creation/deletion of categories and subcategories (e.g., codes), and memo-writing. Theoretical saturation was reached after the collection of data with 48 participants.

RESULTS

Theme 1: The ASCCCL program

Given the small number of participants that had taken the course, the views on the program were mixed: 1) Supervisors and CCLO’s who had taken the course, viewed it favourably; 2) CCLO’s who had not taken the course did not feel they needed extra coursework or to complete a credential offered by JIBCA.

Theme 2: The role of CCLO

The broad role of CCLO is best defined by policy and the operation of the health authorities in B.C. More specifically, a) the Community Care and Assisted Living Act 2008/2009; b) consistency in practice; and c) the regionalization of the B.C. health authorities.

DISCUSSION

Notwithstanding the mixed findings in relation to participants’ assessment of the JIBC ASCCCL program, there is some evidence to suggest that there is an advantage to providing CCLO’s with additional training and education. However, it would appear that the underlying nature of inspecting and monitoring public facilities is deeply rooted in policy and practice that pre-dates the recent JIBC ASCCCL program. With a wide range of experience and jurisdictional responsibilities, clearly there is a great deal of variability in the nature of CCLO work in B.C. Continual development of the ASCCCL program not only ensures that the scholarship is current and parallels any amendments to the Act, but makes an effort to address additional gaps in training that have been identified of existing practitioners and supervisory staff.

CONCLUSION

In the coming years, B.C.’s population is expected to have significant increase in vulnerable populations (i.e., elderly groups). As such, there is an inherent and urgent need to ensure that current and future residential care facilities for these populations continue to be well-managed and meet specific governmental standards. The Ministry of Health’s movement to provide additional training is intended to improve the quality of work conducted by CCLOs. Unfortunately, the lack of concrete findings from this study are more of a result of the low number of CCLOs in the province and the relative ‘newness’ of the JIBC ASCCCL program. It is suggested that additional qualitative research with new and/or recently hired CCLOs with ASCCCL training be conducted to further evaluate the program. The inclusion of a longitudinal quantitative research project would also allow for more objective data and reduce research costs.

KEY REFERENCES


Community Care and Assisted Living Act [SBC 2002] Chapter 75.


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For more information about the ASCCCL program, please see: