



Continuing Care Homes

Overview of Staffing Requirements & Quality Assurance

The overall framework for ensuring quality in the continuing care system includes multiple components. These include the *Continuing Care Act*, regulations, standards, accountability requirements in contracts and attached to funding, inspections, performance monitoring, complaints management, incident responses, and accreditation requirements.

Staffing Requirements in the Legislative Framework

Alberta is the first jurisdiction in Canada to have one overarching legislative framework for the full spectrum of continuing care services and settings.

The previous legislative framework for the continuing care sector was complex and outdated. For example, some of the old legislation, including many of the staffing requirements for long-term care, dated back to 1985 and in some cases acted as a barrier to flexibility and person-centred care.

The preamble of the *Continuing Care Act* highlights core principles that are important to the continuing care system. It outlines concepts reflected throughout the new legislative framework and transformative initiatives underway in continuing care. The preamble includes:

- Acknowledgement that the quality of life of continuing care residents and clients is the highest priority for the Government of Alberta, and
- Recognition of the vital role of well-trained and supported staff to residents' quality of life and the continuing care system.

Continuing Care Regulation

The [Continuing Care Regulation](#) contains new requirements for staffing in continuing care homes. The new approach adds some flexibility while still establishing clear expectations regarding minimum staffing requirements for type A continuing care homes (formerly called long-term care).

The new legislative framework also introduces staffing requirements for type B continuing care homes (formerly called designated supportive living [DSL]) for the first time.

Previously, staffing accountabilities in type B continuing care homes were required solely through contracts.

Staffing plans

Operators are responsible for developing staffing plans to outline the staff complement required to best meet the needs of their specific resident populations. While the requirement to have a staffing plan has been an operational necessity, this is a new requirement in regulation.

Staffing plans must follow the requirements laid out in the Continuing Care Regulation and comply with operational contracts, which outline additional staffing requirements.

Operators must provide their staffing plan upon request to a resident or their legal representative, a resident's family member, a resident and family council, or staff person.

Clinical presence requirements

Clinical staff, including health care aides and nurses, must always be present in type A and B continuing care homes. Nurses also continue to be available on-site 24/7 in both type A and B continuing care homes. Depending on the type of continuing care home, the nurse's credentials may differ.

NURSE PRESENCE REQUIREMENTS

Continuing care home	Nurse presence required
Type A	The expectation for 24/7 on-site presence of a regulated nurse other than a licensed practical nurse (e.g., a registered nurse, registered psychiatric nurse, certified graduate nurse, or nurse practitioner) is maintained.
Type B	The expectation for 24/7 on-site presence of any regulated nurse, including a licensed practical nurse, is maintained for type B homes.

Role requirements

The Continuing Care Regulation also outlines requirements for staff roles. More details about requirements for leadership and other roles (e.g., director of care, physician and nurse practitioner) can be found in the Appendix.

Continuing Care Health Service Standards

The [Continuing Care Health Service Standards](#) continue to include staffing and care requirements for type A and B continuing care homes. Examples include:

- Standard 1: Care Planning
- Standard 2: Case Management
- Standard 3: On-Call Access to Physician or Nurse Practitioner Services
- Standard 8: Health Care Providers
- Standard 9: Staff Training
- Standard 18: Continuity of Health Care

Exemptions

Exemptions are intended to be used sparingly in exceptional circumstances. There is a limited list of provisions under the Act, regulations and standards eligible for an exemption.

Exemptions are only permitted if the statutory director is satisfied that the exemption will not impact an operator's ability to provide care in a manner that ensures the health, safety, and well-being of residents.

Exemptions are time-limited and may include conditions, such as additional reporting, oversight, and/or supplementary requirements to ensure the health and safety of residents. Details of exemptions will be published on the Alberta Health public reporting webpage.

Questions

Operators are invited to contact CULO@gov.ab.ca if they have questions about how they can demonstrate compliance with specific staffing requirements in the Continuing Care Regulation or Continuing Care Health Service Standards.

Staffing Requirements and Accountabilities in Contracts

Operational contracts (called agreements in legislation) outline additional staffing requirements to the legislative requirements above, including the minimum hours of care that must be provided by each type of staff at each site. This includes specific minimum expectations for hours provided by registered nurses (RNs), licensed practical nurses (LPNs), health care aides (HCAs), and professional therapy staff (e.g., occupational and physical therapists).

In 2023/2024, type A homes were funded for an average of 3.62 worked hours per resident per day.

Funded worked hours for type B settings differ based on levels of care (formerly DSL3, DSL4, and DSL4D). In 2023/2024, type B settings providing DSL4 care were funded for 2.99 worked hours per resident per day.

Operators and their contracts are regularly monitored, and care hours are regularly audited, to ensure that operators are delivering the care needed by residents. If operators don't follow their contracted funding accountabilities in terms of the minimum hours of care that they must provide to residents, they can be asked to return the funding they were provided.

Quality Assurance and Monitoring

In addition to legislative and contractual requirements, there are multiple mechanisms in place to monitor and ensure operator accountability, quality care and safety.

Compliance monitoring and enforcement

Operators are held accountable to the Act, regulations, and standards through several mechanisms.

Alberta Health regularly conducts site visits and inspects for compliance with all applicable regulatory requirements, including the Act, regulations, and standards.

Alberta Health also regularly monitors to ensure quality of care and accommodation services and follows up on incidents and alleged complaints under the legislation. Inspections and audits are primarily unannounced, and results are [publicly reported](#).

When a contravention under the legislative framework is identified, Alberta Health takes a progressive approach to enforcement and uses a risk-based method to determine the appropriate enforcement measures. Low-risk contraventions are addressed through engagement, collaboration and education with operators prior to escalated measures.

Depending on the level of risk, Alberta Health may also:

- Place conditions on an operator's licence
- Use a specified measures order or stop order
- Appoint an official administrator
- Apply administrative penalties (as of April 1, 2025)
- Cancel a licence
- Initiate a court order and fines

Additional mechanisms for quality assurance

In addition to legislative and contractual requirements, Alberta Health also [mandates](#) that all continuing care home operators must be accredited with an organization from an approved list of accrediting bodies.

Alberta Health Services (AHS) and Alberta Health also monitor resident quality indicators at regular intervals and regularly collect and monitor financial and statistical data to compare the funded hours of care against the hours of care provided.

Appendix – Staff role requirements in regulation

Director of care

A director of care is required for type A and B continuing care homes. Leaders in this role are responsible for overseeing residents' care needs and the clinical staff at a continuing care home. This role has been expanded for type A homes and can now be filled by an appropriate regulated health professional; it is no longer limited to only registered nurses. Continuing care homes may use position titles other than director of care this position, such as "care manager" or "care director."

Administrative leader

Type A and B continuing care home operators continue to be required to have an administrative leader to oversee all the services provided, including accommodation services such as food, housekeeping, administration and maintenance. Continuing care homes may use a different position title for this position, such as "administrator."

Physician and nurse practitioner

Type A continuing care home operators continue to be required to ensure that residents have a physician or nurse practitioner who is responsible and accountable for their care.

Medical director

Type A continuing care home operators continue to be required to have a medical director to oversee physician and nurse practitioner care at the site and advise clinical staff. Type B continuing care homes continue to have the option of having a medical director, but it is not required.

Staff educator

In both type A and B continuing care homes, operators continue to be required to have a staff educator to develop, implement and provide training and education to all staff, and oversee other staff members who support this work. At a minimum, operators must continue to meet the education requirements outlined in the Continuing Care Health Service Standards and Accommodation Standards.

More information on staff role requirements can be found in the [Continuing Care Regulation](#) (part 6) and the [Staffing Guideline](#).