

Smaller nursing homes are cropping up across Canada. While experts say they are better for residents and staff, why is Ontario going another route?

Facing criticism for a funding model that favours large, 'institutional-style' nursing homes, the government said there is 'no minimum bed requirement' for new homes.

*By Moira Welsh (Staff Reporter)
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Across Canada provincial governments are building small nursing homes that offer a better quality of life, limit the spread of infections and help retain staff in an industry struggling to find new workers, a new report says.

But Ontario seems to be taking a different route.

The province's ongoing \$6.4-billion long-term care expansion is mostly focused on homes with multiple units, often with 32 beds, said the report from the National Institute on Ageing.

While Quebec builds small households for 12 residents and Alberta has plans for homes with four to 14 beds, Ontario uses a 2015 design manual that many operators and developers say leads to "large, institutional-style" buildings, researchers found.

Ontario has approved construction of at least two small households with 12 or 14 beds but the majority are buildings with a large number of residents in one living space.

Released on Jan. 14, the NIA report titled There's No Place Like Home details the advantages of small homes or tiny households situated within a larger building, noting that many provinces are adding them after COVID-19 revealed how infections can easily spread in large, populated spaces.

Proponents also note that small household designs feature cosier living spaces that more closely resemble the homes that residents once lived in, with daily routines more centred around individual interests.

"Traditional LTC home models," the report said, "were felt to encourage their residents to spend most of their time in bed within highly sterile environments that lack, most if not all, of the amenities they would otherwise be able to access at home."

Outside of the long-term care industry, the small-home concept has worked for adults with intellectual or physical disabilities who live with six or fewer residents in a small house embedded in the community, said Doug Carten, of Seniors for Social Action Ontario.

"This is not just building a wing onto a (nursing) home," he said, adding that such small non-profit homes do a better job of recognizing "your preferences, your hopes, your wishes, your dreams, your passions."

In Ontario, the biggest homes 'we've ever seen'

Lisa Levin, CEO of Advantage Ontario, said the province has been approving homes housing 340 residents.

"We're seeing bigger homes than we've ever seen, especially in large urban areas," Levin said.

In response to questions from the Star, Ontario's Ministry of Long-Term Care did not say how many small households are being built as part of its expansion plan. A spokesperson said there are no rules stopping builders from proposing small households.

Levin, whose organization represents not-for-profit, municipal and charitable homes, said she knows of a member that has been approved for a small household.

Lambton Meadowview Villa, a 125-bed Lambton County nursing home in Petrolia, is adding a small household of 12 residents living with dementia to its existing nursing home. Lambton County said a “significant amount” of the cost will be recovered from the province.

Levin said the home, operated by the county, can afford to build small because local funding will cover outstanding costs. Otherwise, Levin said, “it’s very difficult to build small long-term care homes in Ontario.”

A long-term care household of 14 beds in Marathon, Ont., has been approved, said Donna Duncan, CEO of the Ontario Long-term Care Association.

At the Wilson Memorial General Hospital, the new unit’s “modernized design ... creates a more intimate and familiar living space for residents, with dining and activity areas, lounges and bedrooms,” a ministry press release said.

Notwithstanding the trend to large homes that Levin noted, more than half of Ontario nursing homes have 60 beds or less, Duncan said.

But Duncan said government requirements for building design and staffing, make small households too expensive for most operators.

“The math doesn’t work,” she said.

Dr. Samir Sinha, the NIA’s director of health policy research, said despite the ministry’s “no minimum” bed guidelines in its design manual, construction costs block most homes from building small households unless the proposed homes are run as charities or municipalities that can access extra funding.

Evidence increasingly shows that small households have better health outcomes for residents, Sinha said.

“They have a higher quality of care and a higher quality of life.”

Across Canada and stateside, small homes taking root

Quebec has built 30 small nursing homes or alternative care homes for people with different needs, as of March 30, 2024, the NIA report said. Nova Scotia requires new nursing homes to be small households with 14 to 16 bedrooms.

Saskatoon’s Sherbrooke Community Centre, a long-term-care home, started focusing on small settings in 1999, when it added 11 small households — each with roughly 10 residents — to its traditional nursing home.

In the United States, the Green House Project of small homes “significantly” outperformed traditional American long-term care homes in the reduction of COVID-19 infections and related deaths during the first two years of the pandemic, the report said.

The NIA report calls for a Canada-wide adoption of small home designs and more research for best practices in these homes. It also emphasized that home staff responsibilities should include a greater range of tasks for employees who work with a smaller number of residents, from hands-on care to cooking (often with residents). This is how Green House homes operate.

Emotion-focused care could flourish in smaller homes

While the majority of Canadians say they want to avoid nursing homes, Sinha said that some will eventually need high levels of care and do not have family to provide support at home.

In December, the Ontario government announced plans to fund training of home staff in the practice of emotion-focused care, which aims to create better understanding and connections with residents living with dementia.

Sinha said emotion-focused care would have greater success in small households that do not resemble hospitals. And, he added, it's not just residents who prefer it: Workers do, too.

“The best way to achieve (the emotion-centered approach) is actually by building and appropriately staffing small home settings, because that’s where you really, really see this sort of care come alive.”

Maira Welsh is a Toronto Star journalist leading The Third Act project, pushing for changes in the way older adults live. Reach her at mwelsh@thestar.ca.
