

CARF Accreditation Report

for

Hospitaller Order of St. John of God - Province of the Good Shepherd in North America

Three-Year Accreditation



CARF Canada
501-10154 104 Street NW
Edmonton, AB T5J 1A7, Canada

A member of the CARF International group of
companies

CARF International Headquarters
6951 E. Southpoint Road
Tucson, AZ 85756-9407, USA

www.carf.org

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About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during a site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

Hospitaller Order of St. John of God - Province of the Good Shepherd in North America
15 Ray Street North, Box A1
Hamilton ON L8R 2X5
CANADA

Organizational Leadership

Richard MacPhee, Chief Executive Officer

Survey Number

186206

Survey Date(s)

September 18, 2024–September 20, 2024

Surveyor(s)

Donna Daley, MBA, MS, HCA, Administrative
Karen Abendroth, Program
Jacqueline Logan-Stephens, Program
Jed D. Johnson, MSW, MBA, Program
James (Jamie) Murphy, MA, Program

Program(s)/Service(s) Surveyed

Community Housing
Rapid Rehousing and Homelessness Prevention Program
Adult Day Services
Person-Centred Long-Term Care Community
Personal Supports Services
Governance Standards Applied

Previous Survey

November 3, 2021–November 5, 2021
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation

Expiration: October 31, 2027

Executive Summary

This report contains the findings of CARF's site survey of Hospitaller Order of St. John of God - Province of the Good Shepherd in North America conducted September 18, 2024–September 20, 2024. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, Hospitaller Order of St. John of God - Province of the Good Shepherd in North America demonstrated substantial conformance to the standards. Hospitaller Order of St. John of God - Province of the Good Shepherd in North America (Good Shepherd) has been responding to community needs and providing services to the Hamilton, Toronto, and Niagara region for more than 70 years. It is a well-known community partner, has evolved services to meet community needs, and has a reputation of innovation and creativity. Good Shepherd has been diligent in utilizing the CARF standards in development of its policies, practices, procedures, and processes. The leadership is dedicated to ensuring the quality of its operations through a focused, interactive approach. The organization also demonstrates a priority of enhancing accessibility to its services. The leadership and staff members demonstrate a commitment to improving the lives of the clients through quality, person-centred services. There are areas for improvement, identified in the recommendations in this report, including expanding performance measurement, management, and improvement for the Stimulation - Activation - Motivation (SAM) program and revising the policy about the use of seclusion in the employment and community services programs. Additional areas for improvement in the aging services program areas include expansion of assessments to include more information and goal-directed person-centred planning, general training on dementia for all program staff members and volunteers, and expansion of training for wound care. The leadership, management, and staff members were prepared for this survey and receptive to the consultation and other feedback offered.

Hospitaller Order of St. John of God - Province of the Good Shepherd in North America appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. Hospitaller Order of St. John of God - Province of the Good Shepherd in North America is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

Hospitaller Order of St. John of God - Province of the Good Shepherd in North America has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of Hospitaller Order of St. John of God - Province of the Good Shepherd in North America was conducted by the following CARF surveyor(s):

- Donna Daley, MBA, MS, HCA, Administrative
- Karen Abendroth, Program
- Jacqueline Logan-Stephens, Program
- Jed D. Johnson, MSW, MBA, Program
- James (Jamie) Murphy, MA, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of Hospitaller Order of St. John of God - Province of the Good Shepherd in North America and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.

- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Community Housing
- Rapid Rehousing and Homelessness Prevention Program
- Adult Day Services
- Person-Centred Long-Term Care Community
- Personal Supports Services
- *Governance Standards Applied*

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that Hospitaller Order of St. John of God - Province of the Good Shepherd in North America demonstrated the following strengths:

- The senior leadership team meets every week to discuss global and specific issues impacting Good Shepherd and the community. The team is a good mix of new and seasoned individuals under the leadership of the executive director. Team members strive to get things done and expand and enhance the capacity of the organization and what it does. Since the COVID-19 pandemic, Good Shepherd has grown exponentially and has focused on modernizing programs and services. Although the programs at first appear unrelated, it becomes evident how interwoven the services are and how each supports the others. It is obvious that the senior leadership team members know and live the mission of Good Shepherd and create the synergy that makes things happen.
- The boards of directors (one for Good Shepherd and one for Good Shepherd Non-Profit Homes) provide experienced and knowledgeable support and input to the executive director and organization. The boards are composed of various local professionals who know what Good Shepherd does and support the mission and values of the organization. They are in the process of developing an advisory committee of people with lived experience to help guide the boards and organization in the evolution of new services and projects. At each board meeting, the members use a QR code to access the meeting satisfaction survey, which is reported on at the next meeting. The bylaws are focused, well designed, and reviewed often. The boards of directors have the advantage of having as the current chair a professor emeritus from a local university with vast organizational experience globally.
- Technology use at Good Shepherd appears to be constantly optimized. New software has been added to the finance and human resources areas to create efficiencies and speed up processes. It is currently using QR codes with Microsoft Power Automate® software for not only satisfaction surveys but also incident reporting and plans to use these in the future for transportation data tracking. Nothing seems to be out of scope for the innovations in technology, including using gaming monitors for staff members' desktop computers to enable them to work on multiple projects at once.
- Good Shepherd is an important partner that other organizations and government entities depend on to be a leader and role model for community inclusion of everyone. One stakeholder reported that Good Shepherd is creative and innovative in providing services, connects well with other organizations to develop the services individuals need, and has a willingness to support special populations (such as adults and seniors with mental health and/or addiction challenges). Another external stakeholder reported that Good Shepherd is a role model and mentor for other organizations because of the way it partners, doing whatever needs to be done, whether taking on a big role or a small one. Good Shepherd and a local partner initiated a project the week of the survey for a temporary outdoor shelter with tiny houses and wraparound supports for people currently living in tents throughout the city of Hamilton.
- About two years ago, Good Shepherd had a very comprehensive equity, diversity, and inclusion (EDI) assessment completed by an outside entity. Good Shepherd responded strongly, realizing that the population served and the staff members are very diverse and ever-shifting. Good Shepherd has hired a new administrative staff person to do EDI assessment and learning. It has also created and posted signage marking all the locations as "positive space" where everyone is respected, welcomed, and supported. There are many initiatives related to 2SLGBTQI+ populations to increase understanding and acceptance, as the services offered are woven throughout the community, not just the organization.
- Volunteers are an integral component in the Good Shepherd workforce. With two managers interviewing, matriculating, and training more than 1,700 specific and event volunteers this past year and providing more than 39,000 hours of volunteer time, the team is focusing on getting back to pre-pandemic levels of 4,000 to 5,000 annual volunteers. Feedback and dialogue are constant with the volunteers and the area supervisors, and there is an annual volunteer recognition event and various gratitude opportunities throughout the year.

- The HR team, under the direction of the director of people and culture, is just one of the innovative strongholds of Good Shepherd. The team is focused on using ideas and creativity to create data-driven processes that support hiring, onboarding, learning, and skills development for the staff. Retention options have been enriched to include redesigned and calibrated wage increases, expansion of the employee assistance program services, increase in mileage reimbursement, redesign of the on-call strategy, change in vendors for the retirement savings program, and training for staff members about the retirement savings program. This dynamic team is invested in providing succinct, focused video learning modules for new staff members and supervisors.
- When there is a social problem in the city of Hamilton, the local government often looks to Good Shepherd to help find the solution. This has included creation of an overflow shelter at hotels for the Family Centre, a transitional hospital-to-shelter program, and assistance with the sanctioned encampment project. Good Shepherd has strong working relationships with local hospitals, police departments, provincial governmental departments, schools, community housing partners, and social services agencies.
- The Family Centre and Reaching Home Division staff members reported that they were well prepared for their roles through training and supervision meetings. Some of the helpful training they noted included education on immigration services, motivational interviewing, and leadership development. Weekly supervision was also helpful to these new, rising leaders, who are compassionate about the services that are provided.
- Good Shepherd's approach at Martha House and Family Centre involves having individual units mimic a similar environment clients will experience once they become permanently housed. This creates an empowering environment that allows clients/families to practice skills such as housekeeping, cooking, child rearing, how to advocate for self/family, and how to be a good tenant and neighbour to others. These are all skills that increase positive outcomes of maintaining stable housing.
- Diversion throughout the shelter programs is strongly promoted and utilized. A few examples include providing education to frustrated parents about the risk of homelessness for their child and then working with the family system to improve the home situation so the child may remain at home; having access to flexible spending funds for back rent, bus tickets, and other needs; and having housing legal advocates to assist clients with education and resources to assist in maintaining their current housing.
- Clients remarked that staff members at Good Shepherd are welcoming, understand their needs and barriers, and direct them to helpful resources. One client stated, "Good Shepard is family to me." Clients boasted about receiving assistance with immigration, outside referral to employment, and equipment to assist with their child's health needs and noted that staff members check in on them after they are housed to ensure that their needs continue to be met.
- Good Shepard creates a safe, supportive place for generations and is well known and respected. It was noted that individuals "just show up" at the front door of the shelter to ask for assistance. A story was shared about a client stopping back in after finding permanent housing to check in and give updates on their progress.
- Dorothy Day Place is dedicated to supporting diversity and inclusion for the women living in the building. This is done through targeted activities and program events developed and implemented by the staff as well as through bringing other community organizations and professionals into the building. Dorothy Day Place focuses on meeting the needs of the Indigenous population and does so in conjunction with meeting and exceeding the requirements of the city of Hamilton.
- The management and staff members of Dorothy Day Place are dedicated to making an impact on the women living in the program. They work with mental health and other medical providers to bring care into the building as well as ensure that the women are getting their needs met at community provider locations. They utilize the harm reduction model to ensure the safety of the women. The team works to be impactful in conflict resolution and develops rapport to keep housing stable until the women are ready to move on to other endeavours.

- Both Dorothy Day Place's and Second Stage's programs work with community partners and local landlords to address the housing needs of the women served. Second Stage focuses on women who have experiences with violence or other trauma, and the specialized attention is beneficial to meeting their needs. The two programs work together to share resources and best utilize the capacity of each of the programs, while providing outreach in the community.
- Regina's Place is a unique and specialized program that is designed to help young mothers have stable housing for themselves and their young children. The apartments are large and equipped to meet the needs of the families and have staff members available to support their needs. Good Shepherd provides this service with limited reimbursement and provides much of the support and materials utilizing donations.
- The connection between the local school district and Regina's Place to provide a person-centred educational opportunity on the grounds of the program is a huge asset to the clients. They are able to finish their schooling in the same building as their children receive day care and meals. These supports provide for consistency, trust, and quality care for vulnerable women and their children.
- The staff members of the women's programs are dedicated to the successes of the clients and growth of the supports being provided. They are forward-thinking, utilize data, and are driven to impact clients' quality of life based upon their knowledge of the community and the identified needs of the clients. They are complimented for the work they do to be inclusive of diversity and for their ability to build trust and rapport with some of the most vulnerable women in the area.
- The management team members at Emmanuel House have been together a relatively short time; however, they have developed collegial working relationships and combine their talents to enhance services provided at the home. Many operational changes have been implemented since the last survey, resulting in improvements in flow, communication, and client experience. The team is dedicated to serving clients and their families and listens intently to personnel, making changes (e.g., weekend admissions) to improve the care provided to clients.
- Personnel at Emmanuel House described working as a team and, regardless of their role, striving to provide the best care for clients. Personnel appreciate and respect the opportunity to alleviate pain and ensure comfort through the final moments of an individual's life. Personnel recognize the importance of care for the family following the loss of a loved one and make available a farewell ritual, send condolence cards, and invite the family back for memorial services.
- Emmanuel House is a historic home located in a community setting. Emmanuel House benefits from good relationships with community neighbours, who look out for the home and bring fresh flowers weekly to brighten up the entry. Despite its age, the home has been well maintained and has comfortable furnishings throughout. The home is large and serves clients located on three floors, and despite having many personnel in the building, it is quiet and serene.
- Clients and families reported that staff members are responsive to clients' needs and provide individualized care. Personnel were described by one client as "angels" and by others as highly competent and attentive to needs. One client noted that moving into Emmanuel House was a seamless transition and that other than a smaller television, it was just like their home.
- Management staff members of both personal support services and Assisted Living are dedicated to personnel and clients. They are present and visible, have adopted an open-door policy, and ensure that needs are met. Management members are adaptable to the changing needs of the program areas and cover for each other when needed, promoting a comprehensive knowledge base of the programs offered through Good Shepherd.
- Personnel in the personal support services are adaptable and person centred. They ensure that the care provided is directed by the client and adjust the time of service based on the needs of the day. They take pride in the work they do, and they reported being generally satisfied with all aspects of work-life balance.

- Clients receiving personal support services at the Pearl Street location reside in well-appointed apartments with recently updated bathroom facilities. The emphasis on cleanliness and living with dignity that is promoted at Good Shepherd is evident throughout the facility. Recipients of both personal support services and Assisted Living are grateful for the services they receive, reporting that without the care received, they would not be able to be as independent as they are in their homes.
- Personnel in all client services appreciated the opportunity for ongoing training and education afforded by Good Shepherd. A number of personnel have grown with the organization, having enhanced their education and fulfilled a role with added responsibilities.
- The SAM program staff members are mission driven, passionate, and thoughtful in their approach to service delivery. Family members, clients, and other stakeholders identified compassionate care as a strength. The organization's core values, such as quality, dignity, and adaptability, clearly come to life daily in the delivery of adult day services.
- Scheduled activities are provided for the SAM program clients that systematically address the core domains of health and wellness, including mental, social, spiritual, and physical areas. Clients and caregivers reported high levels of satisfaction. Programs using evidence-based practices, such as the new exercising-to-music project, have been well received by those in attendance. Storage areas for activity supplies are well organized, with items clearly labelled and readily accessible.
- The SAM programs benefit from the active engagement of volunteers and student interns. A win-win situation, volunteers and students were quick to identify their appreciation of the opportunity to learn and to help to make a difference in the lives of the SAM clients.
- The SAM Central location offers a variety of bright and airy activity areas along with a separate dining area that promotes comfortable and conversational mealtimes. Spaces are fully accessible for those in need of mobility assistance. The SAM East program has been "making the best" of a challenging physical plant. Recognizing these limitations, the adult day centre intends to relocate to a new location that offers multiple program areas, enhanced storage, and a secure outdoor patio with a newly constructed gazebo for shade.
- Good Shepherd is complimented on its thorough workplace self-inspections that are conducted on a regular basis. Areas for improvement are identified and documented, and actions are promptly taken to address and resolve any environmental concerns listed. It is clear that the individuals conducting the reviews are serious and comprehensive in their approach.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of "aspiring to excellence." This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather and assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure and responsibilities
- Person-centred philosophy
- Organizational guidance
- Leadership accessibility
- Cultural competency, diversity, and inclusion
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

1.B. Governance (Optional)

Description

The governing board should provide effective and ethical governance leadership on behalf of its owners'/stakeholders' interest to ensure that the organization focuses on its purpose and outcomes for persons served, resulting in the organization's long-term success and stability. The board is responsible for ensuring that the organization is managed effectively, efficiently, and ethically by the organization's executive leadership through defined governance accountability mechanisms. These mechanisms include, but are not limited to, an adopted governance framework defined by written governance policies and demonstrated practices; active and timely review of organizational performance and that of the executive leadership; and the demarcation of duties between the board and executive leadership to ensure that organizational strategies, plans, decisions, and actions are delegated to the resource that would best advance the interests and performance of the organization over the long term and manage the organization's inherent risks. The board has additional responsibilities under the domain of public trust, and as such, it understands its corporate responsibility to the organization's employees, providers, suppliers, and the communities it serves.

Key Areas Addressed

- Ethical, active, and accountable governance
- Board selection, orientation, development, leadership, structure, and performance
- Linkage between governance and executive leadership
- Board meetings and committee work
- Executive leadership development, evaluation, and compensation

Recommendations

There are no recommendations in this area.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Environmental considerations
- Strategic plan development, implementation, and periodic review

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Collection of input from persons served, personnel, and other stakeholders
- Integration of input into business practices and planning

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with obligations
- Response to legal action
- Confidentiality and security of records

Recommendations

There are no recommendations in this area.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budgets
- Review of financial results and relevant factors
- Fiscal policies and procedures
- Reviews of bills for services and fee structures, if applicable
- Review/audit of financial statements
- Safeguarding funds of persons served, if applicable

Recommendations

There are no recommendations in this area.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Risk management plan implementation and periodic review
- Adequate insurance coverage
- Media relations and social media procedures
- Reviews of contract services

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Healthy and safe environment
- Competency-based training on health and safety procedures and practices
- Emergency and evacuation procedures

- Access to first aid and emergency information
- Critical incidents
- Infections and communicable diseases
- Health and safety inspections

Recommendations

1.H.13.h.

Although written safety procedures were in most of the vehicles surveyed, these were not in all of the vehicles. When transportation is provided for persons served, there should be evidence of written emergency procedures available in the vehicle(s) consistently. Because the organization has optimized the use of QR codes in other processes, it may consider using a similar process for checking vehicles in and out, documenting mileage, and accessing written emergency procedures.

Consultation

- All of the locations had emergency route maps except the corporate offices. There the routes were narrative and in the fire hose boxes. It is suggested that drawings of the evacuation routes be posted on the walls so staff members, clients, and visitors may easily see how to evacuate in an emergency.
- At some locations surveyed, only the fire drills had an actual evacuation. It is suggested that some of the other drills also include evacuation to other parts of the building or outside. This could help the staff members remember the processes and have increased confidence in dealing with emergency situations. Good Shepherd could consider providing an emergency procedure flip chart in organizational vehicles to assist staff in knowing the policy or process in the event of an emergency while in the community.
- Good Shepherd could provide an emergency procedure flip chart in its vehicles to assist staff with knowing the policy or process in the event of an emergency while in the community. It is also suggested that any item not required by Good Shepherd's licensing entity, policies, or procedures be removed from first aid kits. For example, many kits contain antibiotic ointments or creams as well as over-the-counter medications such as acetaminophen or ibuprofen. These items may have expiration dates or may be subject to heat and cold extremes, which could compromise their efficacy.

1.I. Workforce Development and Management

Description

CARF-accredited organizations demonstrate that they value their human resources and focus on aligning and linking human resources processes, procedures, and initiatives with the strategic objectives of the organization. Organizational effectiveness depends on the organization's ability to develop and manage the knowledge, skills, abilities, and behavioural expectations of its workforce. The organization describes its workforce, which is often composed of a diverse blend of human resources. Effective workforce development and management promote engagement and organizational sustainability and foster an environment that promotes the provision of services that centre on enhancing the lives of persons served.

Key Areas Addressed

- Composition of workforce
- Ongoing workforce planning
- Verification of backgrounds/credentials/fitness for duty
- Workforce engagement and development
- Performance appraisals
- Succession planning

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

Guided by leadership and a shared vision, CARF-accredited organizations are committed to exploring and, within their resources, acquiring and implementing technology systems and solutions that will support and enhance:

- Business processes and practices.
- Privacy and security of protected information.
- Service delivery.
- Performance management and improvement.
- Satisfaction of persons served, personnel, and other stakeholders.

Key Areas Addressed

- Ongoing assessment of technology and data use, including input from stakeholders
- Technology and system plan implementation and periodic review
- Technology policies and procedures

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Policies that promote rights of persons served
- Communication of rights to persons served
- Formal complaints by persons served

Recommendations

1.K.1.c.(2)

The rights statements vary relative to program funding, and although these are comprehensive, they do not appear to include information on financial or fiduciary exploitation. Although not required by the rights-issuing entities, it is recommended that the organization implement policies promoting the right of the clients to freedom from financial or other exploitation.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Assessment of accessibility needs and identification of barriers
- Accessibility plan implementation and periodic review
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

Consultation

- The leadership has an ongoing process for identification of barriers that includes personnel. The organization may want to streamline the accessibility plan format and include only current data on barriers and ensure that direct service providers give specific input into the realities of barriers they confront daily when supporting clients in the community.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations demonstrate a culture of accountability by developing and implementing performance measurement and management plans that produce information an organization can act on to improve results for the persons served, other stakeholders, and the organization itself.

The foundation for successful performance measurement and management includes:

- Leadership accountability and support.
- Mission-driven measurement.
- A focus on results achieved for the persons served.
- Meaningful engagement of stakeholders.
- An understanding of extenuating and influencing factors that may impact performance.
- A workforce that is knowledgeable about and engaged in performance measurement and management.
- An investment in resources to implement performance measurement and management.
- Measurement and management of business functions to sustain and enhance the organization.

Key Areas Addressed

- Leadership accountability for performance measurement and management
- Identification of gaps and opportunities related to performance measurement and management
- Input from stakeholders
- Performance measurement and management plan
- Identification of objectives and performance indicators for service delivery
- Identification of objectives and performance indicators for priority business functions
- Personnel training on performance measurement and management

Recommendations

1.M.1.a.

One of the programs had strong key performance indicators for several years, but because there was a gap in leadership in this program last year, not much data was collected. Leadership should demonstrate accountability for performance measurement and management in service delivery. It could develop a process to create continuity of performance indicator data collection regardless of the manager's presence.

1.M.3.a.(3)(d)

The organization has a performance measurement and management plan in place; however, the plan was inconsistently implemented regarding collecting data from clients in the SAM program. The organization should ensure that it implements a performance measurement and management plan that addresses the collection of data about the clients at point(s) in time following services. This could be in the form of a thoughtful email message sent to families/caregivers to elicit feedback reflecting upon services received.

1.N. Performance Improvement

Description

CARF-accredited organizations demonstrate a culture of performance improvement through their commitment to proactive and ongoing review, analysis, reflection on their results in both service delivery and business functions, and transparency. The results of performance analysis are used to identify and implement data-driven actions to improve the quality of programs and services and to inform decision making. Performance information that is accurate and understandable to the target audience is shared with persons served, personnel, and other stakeholders in accordance with their interests and needs.

Key Areas Addressed

- Analysis of service delivery performance
- Analysis of business function performance
- Identification of areas needing performance improvement
- Implementation of action plans
- Use of performance information to improve program/service quality and make decisions
- Communication of performance information

Recommendations

1.N.4.a.(1)

1.N.4.a.(2)

Clients in the SAM program and related personnel indicated a lack of awareness of performance information. It is recommended that, in accordance with the performance measurement and management plan, the organization communicate accurate performance information to clients and personnel.

Section 2. Quality Individualized Services and Supports

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. The service planning process is individualized, establishing goals and measurable objectives that incorporate the unique strengths, abilities, needs, and preferences of the persons served. Services are responsive to the expectations of persons served and their desired outcomes from services and are relevant to their maximum participation in the environments of their choice.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Services are person centred and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders
- Service delivery based on accepted field practices
- Communication for effective service delivery
- Entrance/exit/transition criteria

Recommendations

2.A.17.b.(1)

Whether or not seclusion is used was not identified for each of the programs. It is recommended that the organization implement a policy for each program that identifies whether or not, and under what circumstances, seclusion is used.

Consultation

- Good Shepherd might consider consolidating its policies to one set that encompasses all program areas, rather than each program having its own individualized policy. This could increase consistency in how policies are developed and written as well as provide all staff members with universal knowledge of where to find information within the policies. Another way to provide the information could be by the use of a matrix or decision tree to show whether the policy pertains to a service program or not.

2.B. Individual-Centred Service Planning, Design, and Delivery

Description

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affect the person's life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

Key Areas Addressed

- Services are person centred and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes

Recommendations

There are no recommendations in this area.

Consultation

- Good Shepherd might consider sharing the exit/discharge summary with the clients upon discharge (if applicable). There may be referrals or other relevant information of use to the clients when they are no longer affiliated with Good Shepherd's services.

2.C. Medication Monitoring and Management

Key Areas Addressed

- Current, complete records of medications used by persons served
- Written procedures for storage and safe handling of medications
- Educational resources and advocacy for persons served in decision making
- Physician review of medication use
- Training and education for persons served regarding medications

Recommendations

There are no recommendations in this area.

Consultation

- There are multiple policies regarding medication management and monitoring, which could lead to inconsistency for a staff person who works with both programs. It is suggested that all community employment and services programs have a global policy about medication monitoring and/or management and clearly have each program identify which method of medication assistance it provides.

2.E. Community Services Principle Standards

Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

Key Areas Addressed

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

Recommendations

There are no recommendations in this area.

Consultation

- Good Shepherd might consider having some key staff members complete training and become certified in customized employment. This training is not necessarily focused on employment but rather on support themes and expanding inclusion within the community, which may include obtaining employment. Many of the clients have goals in the area of employment, and having resources available in Good Shepherd's services could increase the likelihood of clients reaching those goals.
- Good Shepherd has environments within its service lines, such as housekeeping, food service, and landscaping, which could offer employment training opportunities for clients interested in learning new skills. This could be a good opportunity to provide paid training and increase skills as well as recruit new employees once clients have transitioned or moved on from Good Shepherd's services.

Section 4. Community Services

Description

An organization seeking CARF accreditation in the area of community services assists the persons served through an individualized person-centred process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase person served, this may also include family served, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.

4.H. Community Housing (CH)

Description

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighbourhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twenty-four months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Safe housing.
- Persons choosing where they live.
- Persons choosing with whom they will live.
- Persons having privacy in their homes.
- Persons increasing independent living skills.
- Persons having access to the benefits of community living.
- Persons having the opportunity to receive services in the most integrated setting.
- Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.
- Persons having the freedom to furnish and decorate their sleeping or living units as they choose.
- Persons having freedom and support to control their schedules and activities.
- Settings that are physically accessible to the individuals.

Key Areas Addressed

- Safe, secure, private location
- Support to persons as they explore alternatives
- In-home safety needs
- Access as desired to community activities
- Options to make changes in living arrangements
- System for on-call availability of personnel

Recommendations

There are no recommendations in this area.

Consultation

- Good Shepherd's application for its housing programs states, "I am aware of and agree to the pet policy"; however, there is not a formal policy addressing pets within this service. The organization might consider changing the wording to match the housing agreement, which states that the client agrees to not bring pets into the building or unit.

4.T. Rapid Rehousing and Homelessness Prevention Program (RRHP)

Description

Rapid rehousing and homelessness prevention programs are short-term crisis response programs for persons and households that are experiencing homelessness or are at imminent risk of homelessness. These programs engage in ongoing outreach activities to maximize opportunities for contact with persons who, without assistance, are likely to remain or become literally homeless. Interventions are designed to reduce barriers to housing and help persons served and their families rapidly exit homelessness and return to stable housing or maintain stable housing. The programs are knowledgeable about and link with community resources as desired by the persons served.

Incorporating a housing first approach, individualized, person-centred housing plans guide service delivery. Each person served participates in the development of a housing plan that considers the person's desired housing outcomes, barriers to housing, the need for financial assistance, and the financial resources available. As needed, the program offers education for the persons served on landlord-tenant relationships, self-advocacy, and rights and responsibilities as a tenant to support achievement of housing-specific goals. Personnel are trained in areas necessary to achieve the desired outcomes of persons served using a person-centred approach.

Key to the programs' ability to secure housing for persons with high housing barriers are recruitment and retention of landlords who are willing to offer flexibility in applying tenant screening criteria and rent to persons exiting or at imminent risk of homelessness. The programs work to maximize suitable housing options and to access and manage the available financial resources to facilitate rapid rehousing and/or reduce the risk of homelessness.

Key Areas Addressed

- Outreach to persons in need of services
- Housing options optimized
- Persons most in need are prioritized
- Program works collaboratively with other community agencies
- No barriers to services
- Individualized housing plans
- Safe and secure housing
- Persons served exit homelessness

Recommendations

There are no recommendations in this area.

Consultation

- It is suggested that the men's shelter's management find ways to advocate more transitional and permanent supportive housing to use as a way to improve outcomes to permanent housing. This could include collecting data and calculating the costs of services from emergency, legal, and inpatient medical services of individuals who are high utilizers of services to demonstrate the cost benefit of permanent supportive housing. It could also include finding ways to utilize data from the point-in-time count to advocate solutions to the housing crisis versus temporary, institutional, enabling measures.

2024 Aging Services standards were also applied during this survey. The following sections of this report reflect the application of those standards.

Section 2. Care Process for the Persons Served

Description

For an organization to achieve quality services, the persons served are active participants in the planning, implementation, and ongoing review and revision of the services offered. The organization's commitment to quality and the involvement of the persons served spans the entire time that the persons served are involved with services. Persons served are treated with dignity and respect, have access to needed services that achieve optimum outcomes, and are empowered to exercise informed choice.

2.A. Program/Service Structure

Description

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

Key Areas Addressed

- Scope of the program
- Entry, transition, exit criteria of the program
- Composition of the service delivery team
- Service delivery team communication
- Person-centred planning
- Provision of services to persons served
- Partnering with families/support systems

Recommendations

2.A.13.a.(6)

2.A.13.a.(17)

2.A.13.a.(20)

2.A.13.b.(1)

2.A.13.c.

Comprehensive assessment information is available for those aging services clients referred for services through home and community care. For those individuals accessing services directly, a number of topic areas are not systematically assessed. It is recommended that, based on the scope of services of the program, initial and ongoing written screenings/assessments for aging services address the areas of sexuality and trauma and, for the SAM program, also address grief and loss. The aging services programs do speak with clients and families to identify goals of care, and these are found threaded throughout documentation. There are specific goals-of-care documentation formats; however, many were blank. The aging services programs may want to consider consolidating goals-of-care discussions to one consistent document. For the SAM program clients, it is recommended that ongoing written screenings/assessments identify prior daily routines. For all aging services programs, it is recommended that these initial and ongoing written screenings/assessments be used to develop person-centred plans for the clients. As part of the assessment process, the SAM program may wish to consider addressing the identification and documentation of "negotiated risks." Sign-off on mutual understanding of potential risks could be obtained from all responsible parties. This could address concerns such as individuals not following recommended dietary restrictions or those who are smoking.

- 2.A.14.a.(1)
- 2.A.14.a.(2)
- 2.A.14.a.(3)
- 2.A.14.a.(4)
- 2.A.14.b.(1)
- 2.A.14.b.(2)(a)
- 2.A.14.b.(2)(b)
- 2.A.14.b.(2)(c)
- 2.A.14.b.(3)
- 2.A.14.b.(4)
- 2.A.14.b.(5)
- 2.A.14.b.(6)
- 2.A.14.b.(7)
- 2.A.14.b.(8)
- 2.A.14.b.(9)
- 2.A.14.b.(10)
- 2.A.14.b.(11)
- 2.A.14.b.(12)
- 2.A.14.c.
- 2.A.14.d.(1)
- 2.A.14.d.(2)
- 2.A.14.d.(3)

Daily plans for the SAM clients guide the clients' engagement and participation based on identified needs; however, more holistic, goal-directed, person-centred plans are not being crafted. It is recommended that, based on scope and identified needs, person-centred plans be implemented for clients that are based on initial and ongoing screenings/assessments, observations of the client, choices of the client, and preferences of the client. Person-centred plans should address identified service needs; necessary interventions, approaches, and supports; the types of services to be provided; the intensity of services to be provided; the frequency of services to be provided; the goals of the client; persons responsible for facilitating each goal; the integration of available resources; the choices and behaviours of the client that pose a risk to the client's health or safety; transition/exit plans, as appropriate; identification of the preferences of the client for involvement of members of the family/support system; and the changing lifespan issues of the client. Person-centred plans should also be implemented that are regularly monitored for progress toward accomplishment of the goals identified and that are shared in an understandable manner with the clients, other persons identified by the clients, and appropriate personnel.

- 2.A.19.a.
- 2.A.19.b.
- 2.A.19.c.

Person-centred plans have not been consistently developed and implemented since the prior accreditation survey. In order to communicate and facilitate an integrated approach, it is recommended that the interdisciplinary team members, including team members working on all shifts and days, as well as the client be aware of the person-centred plan for the client, implement the person-centred plan for the client, and modify the person-centred plan as the status of the client changes.

- 2.A.26.a.

The SAM program's restraint policy addresses physical restraints but not chemical restraints. It is recommended that the program implement a policy regarding the use of chemical restraints that addresses whether, and under what circumstances, chemical restraints will be used. Emmanuel House has a comprehensive restraint policy addressing physical, chemical, and environmental restraints that the organization could consider adapting and adopting across all aging services programs.

- 2.A.27.a.
- 2.A.27.b.
- 2.A.27.c.(1)
- 2.A.27.c.(2)
- 2.A.27.c.(3)
- 2.A.27.c.(4)
- 2.A.27.c.(5)
- 2.A.27.c.(6)
- 2.A.27.c.(7)
- 2.A.27.c.(8)

The SAM program implements written procedures regarding the use of physical restraints, but the policy does not address chemical restraints. It is recommended that the program implement written procedures regarding the use of chemical restraints that address prevention of unsafe behaviours; alternative interventions used in an effort to avoid the use of chemical restraints; and, if the program uses chemical restraints, the use of chemical restraints only after non-pharmacological approaches have been exhausted, the use of chemical restraints only temporarily in an emergency to protect the person served or others from injury or serious harm, who is responsible for authorizing the use of chemical restraints, time-limited use, disclosure when used, strategies for discontinuation, reviews for discontinuation, and documentation in the records of the persons served.

- 2.A.28.a.
- 2.A.28.g.
- 2.A.28.h.
- 2.A.28.i.(1)
- 2.A.28.i.(2)
- 2.A.28.i.(3)

The organization's aging services programs implement written medication-related procedures in a variety of areas. It is recommended that the programs implement written procedures that address compliance with all applicable laws and regulations pertaining to medications and controlled substances, including medication storage, reconciliation, and disposal and over-the-counter medications, supplements, and vitamins.

2.A.39.b.

The SAM program has clients who utilize oxygen. The programs have established personnel competencies, but there did not appear to be a mechanism in the SAM program to demonstrate the level of competency achieved. If the program serves any persons who require respiratory management, it should consistently demonstrate a mechanism to demonstrate the level of competency achieved. Given the attendance of clients who utilize oxygen in the SAM program, it is suggested that the organization utilize the skill sets of other members of the aging services team or external provincial/vendor professionals available to ensure that staff competencies support the clients who utilize oxygen while attending the program.

Consultation

- Persons participating in the SAM program are currently referred to as "clients." To reflect the organization's commitment to person-centred approaches, it may wish to consider shifting terminology to "members" or "participants," which may be less institutional or medical.
- Educational opportunities for caregivers are offered on an individual basis or via referral. The organization may wish to consider conducting a mini survey of family members to assess needs and (if desired) implement caregiver support and educational offerings. The SAM program may also wish to utilize an effectiveness measure related to caregiver stress, such as implementing a preadmission evidence-based assessment, such as the Zarit Burden Interview, that then could be applied episodically.
- Emmanuel House has a lovely chapel space that is used for a variety of events. To be more inclusive of all faith groups, Good Shepherd may wish to consider renaming this space as a "spiritual centre."

- During the COVID-19 pandemic, the SAM program implemented an innovative take-home activity kit project. The organization may wish to consider assessing interest, as caregivers and clients may appreciate reintroducing availability of this resource, perhaps once per month.
- The SAM program gathers feedback regarding meals as part of the annual satisfaction survey process. The program may wish to consider engaging its meal service vendor to episodically be part of centre programming for an "ask the chef" or "chef's chat" session as another mechanism to gather feedback.

2.B. Residential Communities

Key Areas Addressed

- Service delivery planning in a congregate residential program
- Medication management/assistance
- Contracting for outside services
- Safety and security of the living environment
- Procedures for medications and controlled substances

Recommendations

2.B.9.

While all aging services residential programs permit visitors 24 hours a day, and there is a memo indicating such for the Emmanuel House location, details about visitors were not included. Policies and written procedures should allow the opportunity for the persons served to receive visitors 24 hours a day, if desired and the visit does not infringe upon the health, safety, or rights of any persons served.

2.B.16.d.

2.B.16.e.(2)

While Emmanuel House has a policy, all aging services residential programs should demonstrate planning for sustained emergency conditions that includes a policy that specifies whether the program allows essential caregivers during sustained emergency conditions and, if aging services residential programs allow essential caregivers, written procedures regarding the scope of their involvement with the clients.

2.C. Care Process for Specific Diagnostic Categories

Key Areas Addressed

- Adequately addressing the complex needs of individuals with dementia
- Person-centred approach to service delivery
- Positive, therapeutic approach to behaviour
- Primary areas of education and support needed for personnel, families and support systems, and all stakeholders to meet the needs of individuals with dementia

Recommendations

- 2.C.2.a.
- 2.C.2.b.
- 2.C.2.c.
- 2.C.2.d.
- 2.C.2.e.
- 2.C.2.f.

The SAM program's assessment process gathers information regarding activity preferences, along with some background information and important relatives. It is recommended that the ongoing screening/assessment process consistently include information about the client's life history, important memories, favourite stories, daily routines, comfort/reminiscence objects, and people of importance.

- 2.C.6.a.
- 2.C.6.b.
- 2.C.6.c.
- 2.C.6.d.

There are reported inconsistencies in the delivery of competency-based training for volunteers. It is recommended that if the program utilizes volunteers, it consistently provide documented competency-based training to volunteers that addresses communication, dementia, post-incident debriefing opportunities, and therapeutic approach to behaviour.

Consultation

- Education for families/support systems is provided on an individual basis in response to identified needs or via referrals to Alzheimer Society. The organization may wish to survey caregivers regarding desired needs for education/supports and offer additional virtual, blended, and/or in-person group sessions if indicated.

2.D. Skin Integrity and Wound Care Standards

Key Areas Addressed

- Written procedures to address skin integrity and wound care
- Written protocols for wound care needs that are within the scope of the program
- Referrals to appropriate healthcare professionals to address wound care needs that are outside the scope of the program
- Initial and ongoing assessments of persons served
- Documented competency-based training for personnel related to skin integrity and wound management
- Data collection and analysis

Recommendations

- 2.D.7.a.(1)
- 2.D.7.a.(2)
- 2.D.7.b.(1)
- 2.D.7.b.(2)
- 2.D.7.b.(3)

While the aging services residential programs provide skin and wound care and some training is provided, not all personnel receive the training. The organization should ensure that personnel who provide services related to skin integrity and wound management receive documented competency-based training at orientation and regular intervals that includes, but is not limited to, assessment protocols for skin integrity and wound management; strategies and interventions for skin integrity and wound management that are based on accepted practices in the

field and current research, evidence-based practice, peer-reviewed scientific and health-related publications, clinical practice guidelines, and/or expert professional consensus; and education techniques to facilitate behaviour change in persons served.

2.E. Care Process for Personal Supports Services

Key Areas Addressed

- Service planning for personal supports services
- Information provided to persons served about the program and the services offered
- Safety and security measures
- Policy on the program's role in medication management
- Written procedures for medications and controlled substances, if applicable
- Consistent personnel assignments
- Training and education of personnel and volunteers, as applicable

Recommendations

There are no recommendations in this area.

Section 3. Program Specific Standards

3.A. Adult Day Services

Description

An adult day services program is a non-residential program that provides supervised care to adults of all ages in a supportive and safe setting during part of a day. Assessments of the persons served and their families/support systems and person-centred plans of care drive the delivery of services. An adult day services program provides or arranges for services that include, but are not limited to, therapeutic activities, nutrition, health and personal care, and transportation.

Adult day services programs typically deliver services through a social model and/or a medical model. Either of these might provide services to specialized populations of persons served.

By supporting family systems, an adult day services program enables the persons served to live and engage in the community and provides the family system with an opportunity to fulfill daily responsibilities and for respite. An adult day services program strives to optimize the dignity, choice, preferences, autonomy, and quality of life of the persons served.

Key Areas Addressed

- Unit cost data and break-even point calculations
- Communication and information sharing regarding essential service delivery topics
- Involvement of family/support system
- Availability of current emergency information

Recommendations

- 3.A.7.c.
- 3.A.7.d.
- 3.A.7.g.
- 3.A.7.h.
- 3.A.7.i.
- 3.A.7.j.
- 3.A.7.k.
- 3.A.7.l.

The SAM program captures current emergency information in writing for each client using a Kardex system. It is recommended that current emergency information be available in writing for each client that consistently includes the client's behavioural symptoms; cognitive status; functional status; equipment and devices; hospital preference; healthcare providers involved in care, including contact information; immunization status; and insurance information. In order to streamline efforts, the SAM program may wish to consider eliminating the Kardex files and replace them with printouts of face sheets from the emerging electronic health record system.

3.C. Person-Centred Long-Term Care Community

Description

Person-centred long-term care communities, such as nursing homes or long-term care homes, may include freestanding homes, homes that are part of continuums of care, or homes that are part of health systems. Person-centred long-term care communities are residential programs that provide nursing and other services 24 hours a day, 7 days a week. Programs may offer long-term services, short-term services, or both to address a variety of needs.

Person-centred long-term care communities foster a holistic culture that focuses on:

- Autonomy, dignity, and individual choice of the persons served.
- Relationships among persons served, families/support systems, and personnel.
- Understanding what services persons served want, how the services should be delivered, and how the persons served can be engaged in the community.
- Persons served making decisions about the rhythm of their day, the services provided to them, and the issues that are important to them.
- Cultural competence, flexibility, and safety and security of the community.

Persons served are the experts regarding life in their home. Their voices are heard and their life stories, wishes, and needs drive service delivery. Persons served and personnel celebrate the cycles of life and connect to the local community to continue relationships that nurture the quality of everyday life.

Leadership commits to continuous learning and growth, teamwork, empowerment, responsiveness, and spontaneity. A person-centred long-term care community is a place where persons served want to live, people want to work, and both choose to stay.

Key Areas Addressed

- Person-centred philosophy
- Arrangements for specific services
- Reducing risks for persons served
- Promoting choices of persons served
- Responding to individual needs of persons served
- Nursing services

- Medical management and physician involvement
- Performance measurement regarding long-term care topics
- Palliative care
- End-of-life care

Recommendations

There are no recommendations in this area.

3.G. Personal Supports Services

Description

Personal supports services are designed to provide instrumental assistance to persons and/or families served. They may also support or facilitate the provision of services or the participation of the persons served in other services/programs, such as employment or community integration services. Services and supports, which are primarily delivered in the home or community, are not provided by skilled healthcare providers, and typically do not require individualized or in-depth service planning.

Services can include direct personal care supports such as personal care attendants and housekeeping and meal preparation services. Services can also include transporting persons served; information and referral services; translation services; senior centres; programs offering advocacy and assistance by professional volunteers (such as legal or financial services); training or educational activities (such as English language services); music therapy; recreation therapy; mobile meal services; or other support services, such as supervising visitation between family members and aides to family members.

A variety of persons may provide these services/supports other than a program's staff, such as volunteers and subcontractors.

Key Areas Addressed

- Training for personnel
- Supervision of personnel
- Identification of supports provided by program

Recommendations

There are no recommendations in this area.

Program(s)/Service(s) by Location

Hospitaller Order of St. John of God - Province of the Good Shepherd in North America

15 Ray Street North, Box A1
Hamilton ON L8R 2X5
CANADA

Administrative Location Only
Governance Standards Applied

Assisted Living for High Risk Seniors and Personal Support Services

10 Pearl Street North, Unit B
Hamilton ON L8R 2Y8
CANADA

Personal Supports Services

Dorothy Day Place

35 Arkledun Avenue
Hamilton ON L8N 2H5
CANADA

Community Housing

Emmanuel House

90 Stinson Street
Hamilton ON L8M 1S2
CANADA

Person-Centred Long-Term Care Community

Family Centre/Reaching Home Program

143 Wentworth Street South
Hamilton ON L8N 2Z1
CANADA

Rapid Rehousing and Homelessness Prevention Program

Good Shepherd Men's Centre

135 Mary Street
Hamilton ON L8N 3R1
CANADA

Rapid Rehousing and Homelessness Prevention Program

Notre Dame House

14 Cannon Street West
Hamilton ON L8R 2B3
CANADA

Rapid Rehousing and Homelessness Prevention Program

Regina's Place

320 Tragina Avenue North
Hamilton ON L8H 5E3
CANADA

Community Housing

SAM Central

10 Pearl Street North, Unit A
Hamilton ON L8R 2Y8
CANADA

Adult Day Services

SAM East

1831 King Street East
Hamilton ON L8K 1V8
CANADA

Adult Day Services

Women's Services

30 Pearl Street North
Hamilton ON L8R 2Y8
CANADA

Rapid Rehousing and Homelessness Prevention Program