CARF Accreditation Report

for

St. Gabriel's Villa of Sudbury

Three-Year Accreditation

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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

St. Gabriel's Villa of Sudbury
4690 Municipal Road 15
Chelmsford ON P0M 1L0
CANADA

Organizational Leadership

Jennifer Keen-Lepre, Corporate Educator

Survey Number

176533

Survey Date(s)

November 16, 2023–November 17, 2023

Surveyor(s)

Todd E. Fraleigh, BA, MBA, Administrative
Stephanie Purcell, Program

Program(s)/Service(s) Surveyed

Person-Centred Long-Term Care Community
Governance Standards Applied

Previous Survey

November 2, 2020
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: December 31, 2026

Executive Summary

This report contains the findings of CARF's site survey of St. Gabriel's Villa of Sudbury conducted November 16, 2023–November 17, 2023. 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, St. Gabriel's Villa of Sudbury demonstrated substantial conformance to the standards. St. Gabriel's Villa of Sudbury (VSGV) provides excellent care services for the residents in its long-term care facility. As an organization, VSGV is dedicated to ongoing quality improvement. The organization is respected in the community and is dedicated to providing person-centred programs and services to all of the residents. Residents expressed a high level of satisfaction with the services provided. The organization has some areas for improvement, including governance policies, documentation of relationships with related entities, strategic planning, financial forecasting, unannounced tests of all emergency procedures, written procedures for critical incidents, performance appraisals, and written policies and procedures for service delivery using information and communication technologies.

St. Gabriel's Villa of Sudbury appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. St. Gabriel's Villa of Sudbury is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

St. Gabriel's Villa of Sudbury 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 St. Gabriel's Villa of Sudbury was conducted by the following CARF surveyor(s):

- Todd E. Fraleigh, BA, MBA, Administrative
- Stephanie Purcell, 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 St. Gabriel's Villa of Sudbury 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):

- Person-Centred Long-Term Care Community
- *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 St. Gabriel's Villa of Sudbury demonstrated the following strengths:

- The organization's approach to developing and disseminating its mission is an important strength of the organization. In addition to a fulsome strategic planning cycle with an annual refresh, the organization takes extra care to develop a strong, relevant, and meaningful mission statement. It has also taken the time to develop a complete program to ensure that the staff members know their mission statement and, more important, live the mission in virtually everything they do. Efforts in this regard include a specific position (the mission integration lead, who champions the mission), a Mission Week with awards, and many other activities (such as the Dialogue for Mission activities aimed at ensuring that frontline staff members know and understand how their mission can relate to their work).

- The facility and grounds of VSGV are well designed, tastefully decorated, and well maintained. There are many common areas and activity rooms laid out in several neighbourhoods. All of the rooms are private with shared bathrooms and are extremely spacious with huge (almost floor to ceiling) windows with views. Each room has a memory box that is used to personalize the living space. There are two activity rooms per neighbourhood and spacious dining areas.
- The CEO, COO, administrator, and senior leadership team form a key strength of the organization. They bring a high level of experience and professionalism, and they work extremely well together. These staff members reported a supportive and collaborative work environment that results in a focus on quality improvement and risk management and results in person-centred, high-quality care for the residents.
- The organization has invested significant resources and gone to great lengths to ensure a positive staff culture of care and support at all levels of the organization. Following the very challenging years of the COVID-19 pandemic, VSGV developed a Psychological Health and Safety Initiative to focus on the psychosocial health of the staff and to strengthen communication among the staff. The organization coupled this initiative with additional activities and programs designed to both recognize and care for the staff members. All of these initiatives and activities have led to staff reporting an extraordinary level of team support, ultimately leading to higher-quality care for the residents and a more positive work environment.
- The current approach to managing health and safety is a strength of the organization. In addition to the required joint health and safety committees, the organization has added a higher-level interfacility committee that each health and safety committee communicates health and safety information to so that gaps, ideas, and quality improvements can be shared. All of this leads to a safer and healthier environment for staff, volunteers, and residents.
- The teamwork between all departments is clearly evident in all daily interactions. Person-centred care is shown to be a priority for all staff members working at VSGV. New staff members commented on how welcomed they felt and how much they appreciated all of the help and support they received in their first few months (and continue to receive to this day). VSGV has implemented a 100-hour check-in by the direct supervisor for all new staff members, and it has shown to have great success.
- The education program is a significant strength of VSGV. Its investment and approach to educating staff and volunteers is significant and includes permanent dedicated staff, the use of technology, and an education room. This focus and investment on the education of personnel results in higher-quality care and an improved environment for the residents.
- VSGV has initiated a Compassionate Care Project in order to develop and inculcate compassion in all levels of the organization. This initiative is comprehensive and incorporates mechanisms to measure compassion. It implements two streams, one called “Psychological Health and Safety” and the other called “Compassionate Care for Older Adults (CCFOA),” with each stream meant to ensure that compassion is foremost in interactions with residents, family members, and other staff members.
- The organization’s approach to performance improvement is noteworthy. The organization has a comprehensive approach and takes extra care when managing data. In fact, all of the Quality Committee members have taken the Lean Six Sigma Yellow Belt course. The organization has taken the time to develop its own “Data Dictionary,” several quality improvement dashboards, trending, and analysis. The organization has gone to great lengths to ensure that its performance measurement is translated into improved person-centred care and/or a safer living environment for the residents, employees, students, visitors, and volunteers.
- The leadership team has made great strides in improving communication between the interdisciplinary team. It has also had some great success with the use of new technology, such as secured conversations and Cliniconex. The COO has created multiple applications to help frontline and management staff communicate in a way that is much more efficient and reach the right person at the right time.

- The behavioural support team is knowledgeable in all aspects of behaviour management and has been creative in how it helps residents and staff better manage responsive behaviours. The team has been proactive in hiring a social worker, mental health consultant, and behavioural support care assistant and getting the managers trained in Mental Health First Aid.
- The leisure and recreation team has been creative with the daily activities offered to the residents. Other staff members commented on how impressed they are with the increase in participation in all activities. The leisure and recreation team also provides a daily exercise program, which has been great for the physical and mental well-being of the residents.
- The Guardian Angel group is a wonderful program that was created to better support residents, families, and staff members when a resident is nearing the end of life. The Guardian Angel companions hold vigil with the resident to help a loved one take a well-deserved break or when they see that a resident is alone in the room. Residents and staff also commented on how much they appreciate and value the honour guard procession after a resident has passed away and is leaving the home.

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 and diversity
- Corporate responsibility
- Organizational fundraising, if applicable

Recommendations

There are no recommendations in this area.

Consultation

- Although the organization has a cultural competency and diversity plan and makes efforts to be accessible and inclusive, it is suggested that VSGV consider adding to the plan the addition of other religious symbols in a spiritual room; the availability of other sacred texts, such as the Koran, Torah, and Bhagavad Gita; and the addition of an LGBTQ rainbow in some of the advertising and other collateral.

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

1.B.6.c.(3)
1.B.6.c.(4)
Although the organization has some written governance policies that address executive compensation, these policies should also include defined total compensation mix, including benefit plans and perquisites.

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

1.C.2.b.(1)
1.C.2.b.(2)
1.C.2.b.(3)(a)
1.C.2.b.(3)(b)
The organization should implement a strategic plan that clearly reflects the organization's financial position at the time it was written and at projected point(s) in the future with respect to allocating financial and workforce resources necessary to support accomplishment of the plan.

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

1.F.5.a.
1.F.5.b.
1.F.5.c.(1)
1.F.5.c.(2)
1.F.5.c.(3)
1.F.5.d.
The organization has related entities, but it does not document the types of relationships. The organization should document the types of relationships; financial reliance on related entities; responsibilities between related entities, including legal, contractual, and other; and any material transactions.

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.7.a.(1)
1.H.7.a.(2)
1.H.7.b.
1.H.7.c.(1)
1.H.7.c.(2)
1.H.7.c.(3)
1.H.7.c.(4)
1.H.7.c.(5)
1.H.7.d.
Unannounced tests of all emergency procedures are conducted; however, they were not consistently implemented or evidenced in writing. It is recommended that an unannounced test of each emergency procedure be conducted at least annually on each shift at each location that includes, as relevant to the emergency procedure, a complete actual or simulated physical evacuation drill. Each test should be analyzed for performance that addresses areas needing improvement, actions to address the improvements needed, implementation of the actions, necessary education and training of personnel, and whether the actions taken accomplished the intended results. Each test should be evidenced in writing, including the analysis.

1.H.10.a.(8)
1.H.10.a.(11)
1.H.10.a.(17)
Although the organization implements written procedures regarding many critical incidents, the organization should implement written procedures regarding critical incidents that also specify use and unauthorized possession of weapons, vehicular accidents, and sexual assault.

Consultation

- It is suggested that the organization provide crisis intervention training to some of the staff, as this type of training could help with a Code White or other aggressive family members or visitors.
- It is suggested that the organization consider adding additional “you are here” locator signs to the maps and adding arrows on the baseboards to point and direct people to the nearest evacuation exits.

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

1.I.8.a.
1.I.8.b.
1.I.8.c.
1.I.8.d.
1.I.8.e.
1.I.8.f.
1.I.8.g.
1.I.8.h.
Although the organization has implemented written procedures for performance appraisals, it has not done so consistently. The organization should implement written procedures for performance appraisal that consistently address the identified workforce, the criteria against which people are being appraised, involvement of the person being appraised, documentation requirements, timeframes/frequencies related to the performance appraisal process, measurable goals, sources of input, and opportunities for development.

Consultation

- In addition to the annual declaration, the organization might consider adding a full vulnerable sector search periodically, perhaps every three or five years, to ensure the safety of the residents.
- It is suggested that the organization develop a performance appraisal form for volunteers that includes goals, criteria, a self-evaluation, and the supervisor's evaluation.

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

There are no recommendations in this area.

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

- It is suggested that the organization consider completing a home accessibility audit using a team with individuals who have mobility challenges, who are low vision or blind, and who are hard of hearing to identify barriers and provide suggestions for improvements.

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

There are no recommendations in this area.

Consultation

- Although the organization has a comprehensive performance measurement and management system, it is may be measuring and monitoring too many metrics. It is suggested that the organization add to the comprehensive matrix-based dashboard all measures from all key departments and functional areas of the organization and another column to identify whether an individual metric has actually effected change within the last two to three years. If the metric has not shown relevance, and there are no funding or legislative requirements to continue that metric, then VSGV may wish to remove that metric.
- VSGV might consider including more frontline staff members in the structure of the Quality Committee in order to include their perspective(s) and to increase buy-in on new initiatives.

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

There are no recommendations in this area.

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

There are no recommendations in this area.

Consultation

- Based on discussion with residents and family members, it is suggested that the management team review further engaging physicians at interdisciplinary meetings, such as the admission care conference and any other meetings that may be appropriate.
- It is suggested that the organization have a monthly meeting with residents in each community where they discuss planned activities for the next month. The life enrichment assistant could suggest new activities that could be offered, and residents could choose what they would like to have for the next month.

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

There are no recommendations in this area.

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

There are no recommendations in this area.

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

There are no recommendations in this area.

Consultation

- The organization might consider implementing the Skin and Wound Dashboard on PointClickCare®, which could be a great asset in the assessment of different types of skin impairment.

2.F. Service Delivery Using Information and Communication Technologies

Description

Depending on the type of program, a variety of terminology may be used to describe the use of information and communication technologies to deliver services; e.g., telepractice, telehealth, telemental health, telerehabilitation, telespeech, etc. Based on the individual plan for the person served, the use of information and communication technologies allows providers to see, hear, and/or interact with persons served, family/support system members, and other providers in or from remote settings (i.e., the person served and provider are not in the same physical location).

The provision of services via information and communication technologies may:

■ Include services such as assessment, individual planning, monitoring, prevention, intervention, team and family conferencing, transition planning, follow-up, supervision, education, consultation, and counselling.
■ Involve a variety of providers such as case managers/service coordinators, social workers, psychologists, speech-language pathologists, occupational therapists, physical therapists, physicians, nurses, dieticians, employment specialists, direct support professionals, peer support specialists, rehabilitation engineers, assistive technologists, teachers, and other personnel providing services and/or supports to persons served.
■ Encompass settings such as:
  - Hospitals, clinics, professional offices, and other organization-based settings.
  - Schools, work sites, libraries, community centrs, and other community settings.
  - Congregate living, individual homes, and other residential settings.
■ Be provided via fully virtual platforms.

The use of technology for strictly informational purposes, such as having a website that provides information about the programs and services available or the use of self-directed apps, is not considered providing services via the use of information and communication technologies.

Key Areas Addressed

■ Written procedures for the use of information and communication technologies (ICT) in service delivery
■ Personnel training on how to deliver services via ICT and the equipment used
■ Instruction and training for persons served, family/support system members, and others
■ Provision of information related to ICT
■ Maintenance of ICT equipment
■ Emergency procedures that address unique aspects of service delivery via ICT
■ Scope of ICT services

Recommendations

2.F.1.a.(3)(a)
2.F.1.a.(3)(b)
2.F.1.b.(1)
2.F.1.b.(2)
2.F.1.b.(3)(a)
2.F.1.b.(3)(b)
2.F.1.c.(1)
2.F.1.c.(2)
2.F.1.c.(3)
2.F.1.d.
2.F.1.e.
It is recommended that the program implement written procedures that address decision making about the use of information and communication technologies versus in-person services at the beginning of services and throughout the course of services; to confirm that all necessary technology and/or equipment is available and functions prior to the start of service delivery and as needed throughout services at the location of the person served and the provider; to verify at each encounter the identity of the person served, the identity of the provider, and the physical location of the person served; to maintain privacy during the delivery of services; and to respond to technology disruption that impacts the delivery of services.

2.F.8.a.
2.F.8.b.
Each program/service should document the following in its scope of services: geographic areas served and the communication technology used to deliver services. It is suggested that the organization include information on telehealth technologies and how these are used in the home in the admission package and resident handbook.

Section 3. Program Specific Standards

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.

Program(s)/Service(s) by Location

St. Gabriel's Villa of Sudbury

4690 Municipal Road 15
Chelmsford ON P0M 1L0
CANADA

Person-Centred Long-Term Care Community
Governance Standards Applied