CARF Accreditation Report

for

St. Joseph's Villa of Sudbury

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

St. Joseph's Villa of Sudbury
1250 South Bay Road
Sudbury ON P3E 6L9
CANADA

Organizational Leadership

Jennifer Keen-Lepre, Corporate Educator

Survey Number

187019

Survey Date(s)

September 26, 2024–September 27, 2024

Surveyor(s)

Linda Adamson, MPA, Administrative
Matthew Bombardier, Program

Program(s)/Service(s) Surveyed

Person-Centred Long-Term Care Community
Governance Standards Applied

Previous Survey

October 21, 2021–October 22, 2021
Three-Year Accreditation

Accreditation Decision

Three-Year Accreditation
Expiration: November 30, 2027

Executive Summary

This report contains the findings of CARF's site survey of St. Joseph's Villa of Sudbury conducted September 26, 2024–September 27, 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, St. Joseph's Villa of Sudbury demonstrated substantial conformance to the standards. St. Joseph's Villa of Sudbury (SJV) has demonstrated a commitment to using the CARF standards for the benefit of the residents served, families, staff members, and other stakeholders. The organization is committed to quality resident care and services, as reflected by its mission and values. Residents, their families, staff members, and external stakeholders expressed high levels of satisfaction with SJV. The organization has developed comprehensive systems that are well integrated into the home to ensure a consistently high level of care and services. SJV has demonstrated an ability to grow and adapt to a changing environment.

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

- Linda Adamson, MPA, Administrative
- Matthew Bombardier, 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. Joseph'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. Joseph's Villa of Sudbury demonstrated the following strengths:

- SJV is well maintained and has been designed to be a comfortable and welcoming home for the residents.
- SJV is integrated into the wider St. Joseph's Health Centre organization, sharing resources, infrastructure, and expertise with the continuing care centre and the other long-term care sites. This provides for increased efficiency and additional opportunities for learning and sharing best practices.
- The home is actively involved in the local community. The senior leadership participates in local and regional committees, workgroups, and taskforces to ensure that the voice of long-term care is heard in the wider healthcare system.
- SJV's cultural competency planning includes a great deal of emphasis on reconciliation with Indigenous peoples. There is extensive training for all levels of staff and a strong focus on creating a culturally safe environment for members of the Indigenous community.

- The home has a dedicated staff member to foster relationships with post-secondary educational institutions and to foster strong mentoring and clinical placements within the home. This has resulted in more than 300 students doing placements in the home each year. Some of these educational agreements have resulted in additional funding for the home, which is then reinvested in staff development.
- An accessible healing garden provides an attractive and safe outdoor space for residents and staff members. The garden has special surfaces on the walkways to reduce falls and injuries, raised flower beds, accessible picnic tables, and a fire pit.
- As part of its quality improvement program, the home has worked to significantly reduce its use of antipsychotic medications.
- SJV has embedded quality improvement throughout the organization. The home uses Lean methodology as part of its quality program. All departments have demonstrated a commitment to ongoing quality measurement and improvement.
- The Guardian Angel program at SJV is commended for honouring residents' choices and wishes for advance care directives. Also, the home provides education to staff members and volunteers on how to provide compassionate care to residents and families at end of life.
- "Pieces of Personhood" at SJV supports all team members to better understand and provide exceptional person-centred care to the residents. Education is provided that gives team members the tools to also provide a person-centred approach to care to those living with dementia.
- The Make a Wish program at SJV enhances residents' lives by granting wishes for residents throughout the year.
- Families and residents overall spoke highly of team members, the leadership team, and the family-oriented environment that has been created and appreciate the open-door policy of the administrator.
- The investments in technology, such as the skin and wound app and maintenance care, have been able to support employees by making their workload more efficient and enhancing communication.

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. St. Joseph's Villa of Sudbury received no recommendations from this survey. This accomplishment is achieved on approximately 3 percent of CARF surveys.

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.

Consultation

- The home has a strong cultural competency, equity, diversity, and inclusion plan. The home sees its mission as being welcoming and supportive to all individuals. The home may wish to consider reviewing its website, marketing materials, etc., to enhance the message of inclusiveness, especially for those individuals and communities that may not see themselves as being part of SJV.
- The organization fundraises through its foundation as well as directly through the home. The organization may wish to consider reviewing its policies around fundraising to clarify when funds are controlled by the foundation and when they go directly to the home.

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

There are no recommendations in this area.

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.

Consultation

- Although the home has protocols to cover unplanned absences and has an attendance support program for staff members with frequent absences, residents, families, and some staff members have indicated that there are times when sick calls impact the staffing in resident areas. The home may wish to further develop strategies to minimize the impact of unplanned staff absences on the operation of the home.

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.

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.

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

- The home is encouraged to continue its Make a Wish program and approach foundations that can grant and support larger wishes.
- SJV may wish to consider holding regular formal educational opportunities for families, such as family orientation days. This may allow for improved communication and better understanding of processes.
- The home may wish to consider purchasing new dining furniture that supports residents' needs; for example, tables with individual height adjustments or tables (like the butterfly table) that promote safe feeding practices. The home may also wish to consider investing in a paperless kitchen menu software in order to enhance menus and dining services.

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.

Consultation

- The home may wish to consider enhancing and continuing with education to residents and families to better distinguish between palliative care and end-of-life care.

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.

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.

Consultation

- SJV may consider looking at more informal ways to encourage the input of the medical director in the operations of the home.
- SJV may wish to consider further condensing urgent resident information into a pouch on a lanyard to be easily transported with the resident during an emergency.

Program(s)/Service(s) by Location

St. Joseph's Villa of Sudbury

1250 South Bay Road
Sudbury ON P3E 6L9
CANADA

Person-Centred Long-Term Care Community
Governance Standards Applied