



VALIDATION REPORT

COMMUNITY LIVING DURHAM NORTH

Submitted To: FOCUS Accreditation Committee

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Summary

The Accreditation Decision

The FOCUS Accreditation Committee advises Community Living Durham North that it has been granted a four year accreditation, further to the on-site validation conducted from May 14 to 16, 2013.

A. Introduction

To demonstrate commitment, quality and accountability to the people they serve and other key stakeholders, community service organizations strive to earn accreditation through FOCUS Accreditation Services*, a “Made in Ontario” accreditation process. FOCUS’ accreditation standards were developed based on expert advice, research and input provided by community service stakeholders. The accreditation process is carried out by one lead and two or more peer validators, depending on the size of the organization. All validators are professionals who have extensive experience in community or developmental services.

*FOCUS Standards for Human Services Agencies

*FOCUS – Standards pour les Agences de Services Humaines

The Accreditation Process

After completing all preparations for accreditation, FOCUS is asked by the organization to send a team of validators to conduct an on-site assessment of the services. While on-site, validators gather information through observations, review of documentation, and interviews with people using service, their friends or relatives if appropriate, the organization’s board members, the Executive Director/CEO, managers, support staff, and external stakeholders involved with the organization.

The validation team submits a written report to the FOCUS Accreditation Committee. The Committee determines the accreditation decision based on the team’s findings – a four year accreditation, a deferred accreditation or a non-accreditation.

Once informed of the decision, the organization is required to develop and implement a quality improvement (QI) plan to sustain achievements and address improvements needed. QI plans are submitted to FOCUS annually for the duration of the four-year accreditation cycle.

B. Profile: Community Living Durham North

Community Living Durham North (CLDN), a non-profit organization, was founded in 1967 to provide schooling to children with special needs. As schools became inclusive, its mandate shifted to providing adults with residential and day service supports. The organization currently operates 13 homes in the townships of Scugog, Brock and Uxbridge, and offers day service support from two locations – Port Perry and Uxbridge. A respite home offers support to children on weekends and adults during the week. Additionally, CLDN works with the local school board to transition youth from the school system into adult services. A primary focus of CLDN's is supporting people to live, work and participate in their communities. There are 200 plus people receiving support through CLDN, which employs 267 full and part-time staff.

The Executive Director and many people using services, the managers and staff have a long history with the organization. A strong sense of familiarity was evident among all involved.

CLDN's vision, mission and service principles have continually evolved over time and reflect current trends in service delivery.

Vision

A community where everyone is valued.

Mission

To offer quality services and supports built on choice and advocacy, while fostering the community's capacity to value all members.

Service Principles

We will:

- We are enriched by embracing the uniqueness of each person and their contribution.
- Everyone is heard. Services reflect what is important to, and important for, each person.
- Growth and development occur best in safe, respectful and supportive environments.
- We are accountable to the people we support, their families and the partners with whom we collaborate.
- Employees, volunteers and the community are vital to our success and future.

C. Validation Methodology

The FOCUS on-site validation took place over three days, and was conducted by a team of four validators – one Lead Validator and three Peer Validators. Approximately 70 people attended an orientation meeting on the morning of May 14, 2013. Over the next three days, the validators spent time observing services, reading information and data, and collecting input from various people who have a stake in the services being provided. Input was sought through interviews, either in person or by telephone. Interviews were conducted with:

- 14 People Using Service
- 10 Family Members
- 3 Members of the CLDN Board of Directors
- The Executive Director
- 3 Directors
- 11 Managers
- 9 Team Leaders
- 10 Support Staff
- 10 Community Partners
- 1 Funder

The FOCUS team members visited 7 CLDN homes, 2 Day Services and a Youth Drop-In program.

A wrap-up meeting was held on May 16, 2013 to discuss the findings and recommendations. Along with the validation team, the meeting was attended by three CLDN board members, the Executive Director, the Directors, Managers, and some Team Leaders.

D. Key Findings

Findings contained in the report reflect the information gathered through the review of documentation, interviews with stakeholders, and observations made during visits to service sites and at CLDN head office.

This portion of the report is divided according to the FOCUS organizational standard domains used to measure service quality. Under each domain are the standards and findings as they relate to CLDN services. A separate paragraph for a) Achievements, b) Areas for Improvement and c) Recommendations is written at the end of each domain.

Recommendations are made where standards are either partially met or not met. Each recommendation is numbered according to the standard it is addressing. Some recommendations address more than one standard and are numbered and referenced accordingly.

Findings for each standard are noted below.

Y = Yes

P = Partially

N = No

NA = Not Applicable

Achievements

CLDN was identified as having many strengths, including but not limited to those highlighted here.

- CLDN plans for and delivers on its mission to support people to experience a positive quality of life at home, during the day and in their communities. The organization and its staff were commended by many stakeholders for being focused on and committed to the people using services. Relationships with the people, their families and community partners were observed and reported to be collaborative and effective. The report contains many examples of ways in which the people are experiencing full citizenship in their communities.
- Leadership from the Board and Executive Director, as well as at all levels of the organization was identified as a strength of CLDN. There are policies, procedures, structures, processes in place that lend to sound financial management. Risk management is given close attention. Staff have had training on conducting accurate risk assessments, and supports are customized to meet the people's needs. Systems are in place to safeguard against risks at the organizational, program and individual levels.

- CLDN's commitment to ongoing learning and improvement was identified as being part of its cultural fabric. Investment in formal training, self-assessments, and looking outside of the organization for new ideas are some of the ways learning is fostered by CLDN. Staff are viewed as skilled and helpful by people using services, their families and community partners. The organization is viewed as progressive by many within and external to CLDN.
- Health, safety and wellness are areas that are well planned for and monitored by the organization. Accessibility is given plenty of attention, and people using services are involved in monitoring accessibility through involvement in related committees at CLDN and the municipalities where they live.
- The residential, day service, children's respite and clinical services provided through CLDN are meeting the people's needs. The organization was commended by many for creating services to meet the needs of people using services, including those with some unique challenges.

Areas for Improvement

CLDN is currently meeting most of FOCUS' standards. A few areas where further focused work is needed at this time were identified in the full report, and include actions such as:

- Formalizing a policy where people using services are involved in research;
- Building on its existing risk management assessment process;
- Making its Management Report available in additional formats;
- Conducting performance reviews annually with all employees, as well as exit interviews with all staff and volunteers leaving the organization; increasing the frequency of staff meeting where needed; and providing staff, where needed, with refresher training on medication types.
- Reflecting on key information from its recently completed accessibility assessment, sharing lessons learned, and referencing results when making future decisions.
- Improving the consistency with which some records are maintained;
- Enhancing some aspects of training for staff and information provided to parents involved in the children's respite program.



PERSON-CENTRED SERVICES

At the centre of the organization are the people who use the services.

DOMAIN 1 • Ethical Practices, Rights & Responsibilities

DOMAIN 2 • Outcomes for People Using Services

DOMAIN 3 • Effective Communication

DOMAIN 4 • Important Relationships

DOMAIN #1**ETHICAL PRACTICES, RIGHTS AND RESPONSIBILITIES**

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
1.1	People using services are provided with information about their rights and responsibilities in clear and meaningful ways.	Y
1.2	People using services are supported to learn about and experience full citizenship.	Y
1.3	The organization has a written code of ethics, and an ethics policy that all employees understand and follow.	Y
1.4	The organization has and follows policies and procedures that address privacy rights for people using service, which are consistent with relevant legislation. Areas addressed include: <ul style="list-style-type: none"> • Personal information covered by privacy • Consent & disclosure of personal information • Ways to safeguard, retain & dispose of personal information • Access to information by person concerned • Privacy complaints process. 	Y
1.5	If people using services make choices that pose some risk, efforts are made to help them understand the risks and make informed choices.	Y
1.6	People using services and stakeholders are provided with information on the organization's process for expressing and resolving complaints.	Y
1.7	The organization has policies and procedures that minimize the possibility of people using service being abused, neglected, discriminated against, and harassed.	Y
1.8	The organization has established practices to minimize the possibility of people using services being abused, neglected, discriminated against and harassed.	Y
1.9	The organization demonstrates a commitment to respecting the diversity of people using services, in relation to (but not limited to): <ul style="list-style-type: none"> • Age • Gender • Culture • Language • Spiritual beliefs • Sexual orientation • Disability. 	Y
1.10	There is choice and flexibility in how supports are provided.	Y
1.11	The organization assists people using services to be included and integrated in their	Y

	community. <ul style="list-style-type: none"> • Consent for the organization to manage people's funds • Accounting and documentation • Handling and monitoring of finances • Protection of people's assets. 	
1.12	Policies and procedures are in place to ensure supports are provided in an equitable and fair manner.	Y
1.13	People using services are able to access and spend their money as they choose.	Y
1.14	The organization has policies and procedures regarding the use of images of people using services, and the need for their consent.	Y
1.15	People using services have a role in monitoring and evaluating service quality.	Y
1.16	People using services have a role in monitoring and evaluating service quality.	Y
1.17	If the organization is involved in, or permits, research that involves people using services, policies and procedures are in place that cover: <ul style="list-style-type: none"> • Intended benefit of research • Privacy • Informed and voluntary consent • Right of refusal to participate or withdraw • Ethical conduct of researchers • Adherence to research guidelines and agreements. 	N

Achievements

- CLDN demonstrates its commitment to supporting people using services to experience citizenship in many ways, including providing them with education on the voting process, assisting some to obtain membership on Municipal Committees, such as the Chamber of Commerce, as well as CLDN's Board of Directors and Rights Committee. One man was supported to apply for and received his Canadian citizenship, which involved a commitment of time and much effort by the staff who provide him with support.
- The organization's self-advocacy committee, The 'A Team', is very involved within the organization and also participates in advocacy initiatives in the greater community and developmental disability sector. The A Team provides staff and volunteers with training on individual rights, and has also presented at external learning events.
- CLDN provides choice and flexibility in the ways supports are provided. For example, one person's preference to sleep during the day and go about acts of daily living at his home throughout the night when his housemates are sleeping is accommodated and honoured.

- CLDN’s vision and mission guide actions and decision-making at all levels of the organization. There are many examples of ways in which people using services experience being members of their community, including but not limited to:
 - People are recognized by name at places such as local banks, coffee shops and restaurants.
 - People work with many local establishments both in a volunteer and paid capacity.
 - Some people are members of sports teams, some attend church regularly, and so on.

Areas for Improvement

- 1.17 CLDN has not developed a policy for when people using services are involved in research, such as completing surveys, participating in focus groups or other similar information and knowledge generating activities.

Recommendations

- 1.17 CLDN formalize a policy regarding the involvement of people using services in research that covers:
- Intended benefit of research
 - Privacy
 - Informed and voluntary consent
 - Right of refusal to participate or withdraw
 - Ethical conduct of researchers
 - Adherence to research guidelines and agreements.

DOMAIN #2

OUTCOMES FOR PEOPLE USING SERVICES

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
2.1	A person-centred planning process is initiated within a reasonable timeframe, from when the person begins using services.	Y
2.2	The person-centred planning process focuses on improving the quality of a person using services' life, and is based on meaningful input from the person using service and important people in their lives. Plans include an exploration of the person's: <ul style="list-style-type: none"> • Desired outcomes/ways they wish to benefit from services • Strengths and challenges • Known preferences for the types and ways services are to be provided • Previous service experiences • Current support requirements. 	Y
2.3	Person-centred plans include action plans that identify and prioritize: <ul style="list-style-type: none"> • Personal outcomes & related activities • Measurable indicators of success • Persons responsible • Timelines • Method(s) for tracking/recording progress. 	Y
2.4	Person-centred plans are reviewed regularly, and revisions are made based on input and direction from the people using services and their support person(s) (where appropriate).	Y
2.5	People using services are supported to find and use services and supports, to achieve the goals laid out in their personal plan.	Y
2.6	The organization has written policies and procedures identifying: <ul style="list-style-type: none"> • Acceptance criteria for people who will be using services • How requests for services are prioritized • Timeframes for response and initiation of services. 	Y
2.7	People seeking services, and the referring individual or organization, are provided with the organization's acceptance policies and procedures.	Y
2.8	The organization informs people who are declined services, and the referring person/organization, of why services were declined.	Y
2.9	People who stop using services are asked for feedback on their satisfaction with the organization and the services they received.	Y
2.10	Where transition to another service occurs, the organization works collaboratively with people using services and the new organization to ensure necessary information about support requirements are provided and that people experience continuity of support and services.	Y

Achievements

- Personal Support Plans are comprehensive and unique to each person while following a specific template for documentation.
- CLDN recently implemented the use of trained 'Goal Facilitators' to enhance the planning process and promote the ongoing success of the Goal Plans. Family members interviewed were pleased with the planning process, and stated that they were confident that their family member is supported to work toward achieving his/her goals.
- 'Personal Outcome Measures' are used to guide planning and the regular monitoring of plans that employs self- assessments and reliable interviews with people using services throughout the organization.

Areas for Improvement

None

Recommendations

None

DOMAIN #3

EFFECTIVE COMMUNICATION

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
3.1	People using services are encouraged and/or supported to develop their communication skills.	Y
3.2	The communication methods of people using services are documented and known to staff.	Y
3.3	Staff learn about and make efforts to understand and respond to people's communication methods and styles.	Y
3.4	Staff assist other people who interact with the person using services, to understand their communication styles and strategies.	Y
3.5	Staff are trained in the use of alternative communication methods, as needed.	Y
3.6	Information and supports are offered in French, to people using services whose first language is French. Efforts are made to accommodate other languages.	Y
3.7	People using services are supported to develop communication skills needed to resolve problems.	Y

Achievements

- CLDN has demonstrated their commitment to supporting people to communicate effectively by creating a task force that provides an assessment of communication styles and needs across the agency.
- The organization has demonstrated that they are invested in the ongoing development of people's communication through adding "How I communicate" to the personal planning document, providing staff with related training, and purchasing augmentative tools, such as I-Pads for some people.
- Written materials have been adapted in a variety of ways to enhance peoples understanding, such as the user-friendly Rights Training package, the 'A-Team' voting information, and pictorial menu plans.
- CLDN staff recently partnered with a Speech and Language Pathologist at Lake Ridge Health to develop a user-friendly training package.

- While no one currently using services speaks French, one man speaks Portuguese and efforts have been made by staff to learn some Portuguese from the man's family in order to communicate with him better.
- Although there are many accomplishments noted in the area of communication, it is one in which the organization plans to develop further.

Areas for Improvement

None

Recommendations

None

DOMAIN #4

IMPORTANT RELATIONSHIPS

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
4.1	People using services are provided with opportunities to socialize with family and friends.	Y
4.2	People using services are supported to develop and/or strengthen personal relationships.	Y
4.3	People using service are encouraged to develop relationships with their neighbours and other members of their community.	Y
4.4	People using services are supported to participate in activities that promote community integration, and encourage learning, skill development, contributing to society, and social and emotional growth.	Y
4.5	The organization encourages family, friend and community involvement.	Y

Achievements

- CLDN support staff support people using services to connect with and enjoy relationships with family and friends. Relationships are fostered through activities such as hosting family barbeques and special events, sending cards for special occasions, providing transportation and sending e-mails.
- A photo telephone dialer was recently purchased to assist people to contact family.
- Family members commented that they feel welcome when visiting places where services are provided, and that staff assist their family member to visit with them and stay in touch regularly.
- Many community partners commented on their positive relationships with people using services.

Areas for Improvement

None

Recommendations

None



EFFECTIVE GOVERNANCE & LEADERSHIP

Governance and leadership are distinct and complementary. Together, strong governance and leadership provide clarity of mission, fiscal responsibility, and a commitment to accountability.

DOMAIN 5 • Governance, Leadership & Accountability

DOMAIN 6 • Finances

DOMAIN 7 • Risk Management

DOMAIN #5

GOVERNANCE, LEADERSHIP & ACCOUNTABILITY

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
5.1	The values, vision and mission of the organization are clearly stated, known to stakeholders, and reviewed at regular intervals using an inclusive process to ensure relevance.	Y
5.2	There are governance and organizational structures in place to ensure that the organization's resources and capacities are used in ways to deliver on its mission, and to benefit stakeholders as intended.	Y
5.3	The Board of Directors leads a strategic planning process at regular intervals, which results in a documented direction for the organization.	Y
5.4	Strategic planning incorporates input from stakeholders, and includes (but not limited to): <ul style="list-style-type: none"> • An organizational assessment, including information on lessons learned • Long and short-term goals • Ways to measure and report on progress. 	Y
5.5	There are position descriptions for the Board and for the Executive Director/CEO, including the definition of the limits of the Executive Director/CEO's responsibilities.	Y
5.6	The Board develops a succession plan for the position of Executive Director/CEO, in the event that his/her position is vacated.	Y
5.7	There is an annual assessment by the Board of the Executive Director/CEO's performance and contributions, using explicit criteria.	Y
5.8	Policies and procedures are in place for: <ul style="list-style-type: none"> • Selecting and appointing new members to the Board • Fully orienting new Board members • Educating all members of the governing body • Terminating membership on the board when necessary. 	Y
5.9	The Board has mechanisms for assessing its performance as an entity, as well as its membership, to ensure it is functioning effectively, meeting its fiduciary duties, and making improvements as deemed necessary.	Y
5.10	The organization has applicable charters, constitutions and bylaw documents that are reviewed for accuracy at regular intervals, setting forth the purpose and manner of conducting business.	Y
5.11	The organization obtains and maintains current licenses to operate, where applicable.	NA
5.12	The Board conducts systematic reviews of regulatory functions.	Y
5.13	If advisory groups exist, their functions are clearly specified and differentiated from the function of the Board of Directors.	Y

Achievements

- “Leadership” was identified as a strength by many people within and external to the organization. The current Executive Director has a long history with the organization, and during this time has focused on keeping the organization current with regard to trends and best practice in service delivery. His familiarity with people using service was apparent and collegial interactions between him, people using services, staff and other stakeholders were observed throughout the validation.
- CLDN’s mission is known to volunteers and employees, and guides decision making at the organizational, program and individual levels.
- The Board is comprised of people with a wide range of relevant backgrounds and education. Board members and employees identified the Board as working effectively and efficiently.
- An annual Executive Director performance review is completed by the Board, and a leadership succession plan has been developed.
- A Parent Advisory Committee has been formed for the Children’s Respite Program and terms of reference are in place.

Areas for Improvement

None

Recommendations

None

DOMAIN #6

FINANCES

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
6.1	The organization has policies and procedures that guide the Board, Executive Director/CEO, management and staff in sound fiscal management and financial stability.	Y
6.2	The organization develops a documented annual budget aligned with the organization's mission, current goals and priorities and addresses the needs of people using services.	Y
6.3	The Board reviews and approves the budget prior to the beginning of the fiscal year.	Y
6.4	Financial statements are prepared in accordance with Generally Accepted Accounting Principles (GAAP).	Y
6.5	The Board and Executive Director/CEO regularly review the organization's financial status.	Y
6.6	An efficiency analysis is conducted to determine trends in spending, budgetary needs and projections for next fiscal year, and if remedial action is necessary.	Y
6.7	The organization has an internal accounting control system to prevent error, mismanagement, and fraud.	Y
6.8	Accounting records are kept current and balanced monthly.	Y
6.9	A Chartered Accountant or Certified General Accountant conducts an annual external financial audit or review.	Y
6.10	Not-for-profit organizations make available an annual report of fiscal information.	Y
6.11	If an organization makes payments or purchases goods or services on behalf of people using services, policies and procedures are in place to guide transactions and ensure accountability.	Y
6.12	If an organization invests funds, an investment policy identifies protocols for making investment decisions.	Y
6.13	If an organization raises funds from the general public, fundraising activities are conducted in an ethical, legal and fiscally responsible manner.	Y

Achievements

- Financial policies, procedures and practices are comprehensive and are followed consistently.
- The organization has the structures, processes and people in place to provide competent fiscal management. The Finance Committee meets every month of the year without taking the customary two month summer break afforded to the Board of Directors.

- The Manager of Finance and an representative from the external accounting firm with which CLDN engages to conduct its annual audit, visit CLDN homes once annually to review the financial ledgers of people using services – this is in addition to monthly reconciliation of funds completed by Team Leaders and Managers, and bi-annual monitoring by the Manager of Finance.
- There are many financial checks and balances in place at the organizational, program and individual levels.

Areas for Improvement

None

Recommendations

None

DOMAIN #7

RISK MANAGEMENT

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
7.1	The Board and Executive Director/CEO understand the organization's legal, regulatory, and operational risks, as well as risks to the organization's reputation.	Y
7.2	The organization educates staff on, and has written policies and procedures addressing, the identification and management of risks.	Y
7.3	The Board and Executive Director/CEO undertake a comprehensive and ongoing risk assessment process, involving: <ul style="list-style-type: none"> • Identifying the organization's key risks, emerging risks and vulnerabilities, for example, in areas of finances, safety, ethics and senior staff • Prioritizing risks, for example, rating as rare, possible or almost certain • Gauging the level of risk, for example, rating as minor, significant or catastrophic • Allocating resources to address risks • Identifying preventive and detective controls. 	Y
7.4	The organization has and follows policies and procedure to minimize risk to people using services in, (but not limited to), the areas of: <ul style="list-style-type: none"> • Financial management • Personal care • Individual rights. 	Y
7.5	The organization has developed processes to identify and minimize its exposure to risk of loss of liability.	Y
7.6	The organization purchases the appropriate types and levels of insurance to ensure the protection of people using services, board members, staff, contracted service providers, volunteers, students, and others associated with the organization.	Y
7.7	The organization purchases the appropriate types and levels of insurance to ensure adequate coverage for assets and property.	Y
7.8	The organization has current policies and procedures to guide the safe and responsible use, and system security and maintenance of information technology (IT).	Y
7.9	The organization has a technology plan that is reviewed regularly to assess the current and guide the future IT environment. Areas covered include (but are not limited to): <ul style="list-style-type: none"> • Inventory and profile – hardware and software • Security administration – physical security, password protection, 3rd party and remote access, anti-virus protection, firewall, intrusion-monitoring, portable data storage devices, internet usage, including non-work related and social networking sites and email • System maintenance – back-up systems, recovery plans • Assistive technology – accessibility and ease-of-use features • Valid licenses (for computer programs etc.) • Driving with hand held devices policy. 	Y

7.10	The organization has and follows policies and procedures to protect all records, in paper and electronic form, from destruction, theft or damage.	Y
7.11	The organization monitors and evaluates work it purchases and/or contracts out.	Y
7.12	The organization has policies and procedures to guide contact with the media, including directives for protecting confidentiality of people using services.	Y
7.13	The organization maintains comprehensive records of legal actions, allegations of wrongdoing, malpractice and violation of ethics.	Y
7.14	The organization conducts an annual review of risks, and reports on findings to stakeholders, identifying patterns of activity or concerns, and the effectiveness of remedial action taken. The risk management review includes: <ul style="list-style-type: none"> • Accidents and occupational health and safety violations • Grievances, harassment and work place complaints • Serious occurrences • Medication errors • Investigations • Litigation • WSIB activity • Work stoppages • Other. 	P

Achievements

- The Board and Executive Director use the MCSS Risk Assessment tool to guide their formal review of risks to the organization; MCSS has rated CLDN as low risk.
- Policies, procedures and practices are in place to mitigate risk to the organization, people using service, employees and volunteers.
- Staff receive risk assessment training, and were cognizant of their responsibility for managing risks.

Areas for Improvement

- 7.14 The Board and Executive Director demonstrate a keen awareness of areas of risk facing CLDN. They noted that while areas of risk are covered by policy and practice, risk management could be enhanced by customizing a tool that builds on that which is used by MCSS.

Recommendations

- 7.14 CLDN customize and begin using a risk management tool that reflects the organization's risk profile, and report to stakeholders on findings, actions taken, and lessons learned.



LEARNING CULTURE

Demonstrating and encouraging learning and innovation are central tenets of organizations that values quality.

DOMAIN 8 • Organizational Learning & Improvement

DOMAIN 9 • Human Resources

DOMAIN 10 • Community Connections & Partnerships

DOMAIN #8

ORGANIZATIONAL LEARNING & IMPROVEMENT

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
8.1	The organization fosters a culture that is committed to learning.	Y
8.2	Organizational learning and improvement is supported by: <ul style="list-style-type: none"> • Having staff from across functions in the organization work together • Seeking and being receptive to ideas from within and external to the organization • Paying attention to practices of similar agencies • Encouraging innovation • Promoting flexible approaches to providing services • Aligning learning and educational opportunities with goals related to the organization, specific services, and people using services. 	Y
8.3	People using services, their family and friends, staff and other stakeholders are systematically asked for input about their satisfaction with the organization, service effectiveness and efficiencies and ways improvements can be made.	Y
8.4	The organization demonstrates receptiveness to quality assurance checks, including but not limited to accreditation surveys, government requirements and regulations.	Y
8.5	The organization gathers and analyzes information about service quality and references it to make informed decisions, plan appropriate courses of action, and address areas where quality improvement is needed.	Y
8.6	The organization demonstrates its commitment to quality management by developing and sustaining ways for improving service quality, including: <ul style="list-style-type: none"> • Self-assessments • Education and training for staff • Monitoring, measuring and evaluating improvements • Rewarding and celebrating successes. 	Y
8.7	The organization has a system for using and responding to formal and informal complaints, criticism, and suggestions for improvements, and takes a non-reprisal approach to feedback provided.	Y
8.8	Board members, the Executive Director/CEO and managers are knowledgeable about quality management activities, and use these activities to provide high quality services that meet standards, service agreement criteria and stakeholder expectations.	Y
8.9	An organization performance evaluation is conducted regularly, providing reliable and valid data on: <ul style="list-style-type: none"> • How people are benefiting from services • A comparison of actual performance to strategic goals • Summary of input and feedback provided, and organization response • Other improvements achieved and how they will be maintained • Lessons learned • Future directions. 	Y

8.10	The organization shares information from the performance evaluation in ways that are understandable and meaningful to people using services, family members, staff and other stakeholders.	P
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Achievements

- Many stakeholders within and external to CLDN described the organization as one that is committed to learning and is constantly improving.
- Learning is encouraged and invested in for people using services, support staff, volunteers, management and the Board.
- For many years, CLDN has used various self-assessments, including satisfaction surveys with people using services, staff and families. Stakeholders describe the organization as being receptive and responsive to feedback provided.
- A 'Management Report' was recently produced by the organization. It provides stakeholders with information about the organization's performance in a variety of areas.

Areas for Improvement

8.10 The Management Report is currently available in written format only.

Recommendations

8.10 CLDN share the Management Report in ways that are accessible and understandable to people using services, their families and other key stakeholders.

DOMAIN #9

HUMAN RESOURCES

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
9.1	Staff have the skills, individual attributes and qualifications, as noted in policies and procedures, to meet the service needs of the people using services, and are able to assist in the fulfilment the mission of the organization.	Y
9.2	Organizational recruitment practices include: <ul style="list-style-type: none"> • Involving people using service in the screening and hiring of support staff • Providing a job description for all positions • Hiring staff who meet organization criteria and who are compatible with the vision, mission and values of the organization • Verifying credentials • Verifying that all potential employees, students, volunteers and contractors do not have a record of assault, abusive or neglectful behaviour, or criminal behaviour that could put people at risk. 	Y
9.3	The organization hires a sufficient number of staff to fulfill its commitments to people using service.	Y
9.4	All staff are required to understand and follow the organization's staff policies and procedures.	Y
9.5	The organization demonstrates compliance with applicable laws and regulations governing fair employment practices, and is an equal opportunity employer.	Y
9.6	All staff complete an orientation that covers: <ul style="list-style-type: none"> • Confidentiality agreement • Ways to provide person-centred services • The organization's values, vision, and mission • An introduction to the people they will be supporting and their specific support requirements • The organization's policies and procedures, including employee rights. 	Y
9.7	The organization promotes open communication and collaboration among staff through regular meetings, committees, supervision and other channels.	P
9.8	The organization develops and maintains a qualified, skilled and engaged workforce through: <ul style="list-style-type: none"> • Regular performance reviews involving input from people using services, other employees, the employee and supervisor • Development of performance goals and identification of related learning opportunities • Professional development opportunities. 	P
9.9	The organization provides effective supervision, coaching and mentoring for staff and volunteers.	Y
9.10	The organization takes deliberate steps to retain qualified employees.	Y

9.11	Disciplinary policies are in place and actions are implemented where there has been a violation of organizational policies and procedures.	Y
9.12	<p>Policies and procedures for students and volunteers include:</p> <ul style="list-style-type: none"> • Screening process • Responsibilities • Confidentiality agreement • Training • Support/supervision requirements • Disciplinary and dismissal process. 	Y
9.13	Confidential staff records are kept up to date for all employees, volunteers and students.	Y
9.14	The organization conducts exit interviews with staff and volunteers leaving the organization, for the purpose of gathering information and feedback about their experience with the organization, and suggestions for improvements.	P
9.15	<p>An annual assessment and improvement plan is developed for human resource procedures, and involves the identification of successes and areas for improvement regarding:</p> <ul style="list-style-type: none"> • The human resource structure • Talent and performance management • Workplace wellness • Involvement of people using services in human resource structures and processes • Succession planning, recruitment and retention of staff. 	Y

Achievements

- Recently hired staff described their orientation as being “thorough”, and the new process was observed to be comprehensive and well documented.
- CLDN has hired some people using services, and when doing so they receive job descriptions, and are provided with training and support.
- Some people using services have been provided with training on how to interview prospective staff, and have a valued role on the interview committee.
- Family members identified “staff” as a strength of the organization. Two community partners stated that if they had a family member with a disability they would want them supported by Community Living Durham North.
- Staff commended their team leaders and managers for providing helpful support and mentoring.

Areas for Improvement

- 9.7 While many staff are satisfied with the frequency with which staff meetings are held, an exception exists at homes where people using services have unique support requirements – staff indicated meeting more frequently would be of benefit.
- 9.8 Performance reviews have not been done regularly with some support and management staff.
- 9.14 Exit interviews/formal feedback is not consistently sought from all employees and volunteers leaving CLDN.

Recommendations

- 9.7 Determine the desired frequency of staff meetings at homes where people with unique support requirements live, and adjust the schedule accordingly.
- 9.8 Develop a process that ensures all agency employees have regular performance reviews involving input from people using services, other employees, the employee and supervisor.
- 9.14 Conduct exit interviews with all employees and volunteers leaving the organization in order to gather information and feedback about their experience during their involvement with CLDN.

DOMAIN #10

COMMUNITY CONNECTIONS AND PARTNERSHIPS

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
10.1	The organization plans for, develops and fosters positive two-way communication among staff and people using services, their families and friends, and other stakeholders.	Y
10.2	The organization provides relevant and timely information to people using services, their families and friends, staff and other stakeholders.	Y
10.3	The organization uses clear language and a variety of formats when sharing information with people using services, their families, board members, staff, the community, and other stakeholders.	Y
10.4	The organization educates funding bodies, other organizations, and the general public about its services and its values.	Y
10.5	The organization develops community partnerships by establishing collaborative relationships, engaging in joint ventures, innovative ideas and activities, sharing knowledge and being involved in systems advocacy with similar service providers at local, provincial and national levels.	Y
10.6	The organization establishes relationships and collaborates with agencies in the broader service sectors and business sectors.	Y
10.7	The organization contributes to the communities where it provides services.	Y
10.8	The organization places emphasis on networking, research and development for the purpose of creating an innovative, responsive and sustainable organization.	Y

Achievements

- CLDN has formed many community partnerships which have led to opportunities for people using services to contribute to their community, such as involvement with Bountiful Baskets, Soups on Us, random acts of kindness initiatives, Meals on Wheels, fundraising bingos, among others.
- During the local hockey team 'Bruins Day', people using services were involved in dropping the puck and singing the national anthem.
- CLDN recently received a grant from The Trillium Foundation to open a coffee kiosk at the local library as an employment training opportunity for people supported.
- Community partners commended CLDN for providing excellent services, taking a collaborative approach to working with others, and being receptive to new ideas and input from others.

Areas for Improvement

None

Recommendations

None



COMPREHENSIVE STRUCTURES & PROCESSES

Personal outcomes and organizational excellence are achieved through comprehensive internal structures and processes.

DOMAIN 11 • Health, Safety & Wellness

DOMAIN 12 • Accessibility

DOMAIN 13 • Records Management

DOMAIN #11

HEALTH, SAFETY & WELLNESS

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
11.1	Comprehensive structures and processes are in place to promote the health, safety and wellness of people using service and staff.	Y
11.2	Areas where services are provided are designed, equipped and maintained for safe use by people using services, organization staff and other stakeholders.	Y
11.3	All areas operated by the organization are kept clean, cleaning supplies and hazardous materials are safely stored, and building maintenance is attended to promptly.	Y
11.4	The quality of air, heat, light, and humidity is comfortable in areas where services are provided.	Y
11.5	Areas where services are provided meet health, sanitation, safety and fire regulations.	Y
11.6	The organization demonstrates environmentally responsible actions, including (but not limited to) efforts to reuse, recycle, and reduce waste.	Y
11.7	Inspections of areas where services are provided are carried out regularly by external organizations, and the organization promptly addresses areas of concern.	Y
11.8	Regular inspections are conducted of areas where services are provided, and involve a review of compliance with safety regulations, documentation of infractions, planned remedial actions, and results.	Y
11.9	Staff who support people using services are trained in first aid and cardiopulmonary resuscitation (CPR).	Y
11.10	Vehicles owned by the organization are: <ul style="list-style-type: none"> • Driven by staff with the appropriate, valid license • Regularly serviced • In good operating condition • Equipped with first aid and emergency supplies. 	Y
11.11	First aid supplies are available in all areas where the organization provides services.	Y
11.12	Fire extinguishers, and smoke alarms are available and regularly serviced, in areas where the organization provides services.	Y
11.13	People using services receive the degree of supervision required to participate in activities of daily living that is consistent with their age, abilities and needs.	Y
11.14	People using services are provided with opportunities to learn how to be safe and secure.	Y
11.15	People using service are encouraged to carry identification with contact and other 'need to know' information, such as allergies and medical conditions, while they are in the community, and this information is available in all vehicles and areas where service is provided.	Y

11.16	<p>Policies and procedures are in place addressing:</p> <ul style="list-style-type: none"> • Emergencies (fire, medical, severe weather, power failures, safety during threatening situation, other) • Evacuation routes • Missing persons. 	Y
11.17	Written emergency plans and drills are tested at regular intervals with the participation of people using services, where appropriate.	Y
11.18	Policies and procedures are in place for identifying, responding to, reporting, and reviewing serious occurrences.	Y
11.19	Written procedures and training are provided to staff in medication administration, side effects, storage, disposal, record keeping and remedial actions to take in the event of an error.	P
11.20	Information about medications and treatments is provided to people using service and/or their substitute decision maker (where appropriate). Advocacy and training related to medications and treatments is available by request or where deemed necessary.	Y
11.21	People using services are supported and/or encouraged to get timely medical and dental care, and to follow recommended treatments.	Y
11.22	<p>Policies and procedures are in place to prevent the spread of contagious and infectious illnesses, including (but not limited to):</p> <ul style="list-style-type: none"> • People using services and organization staff receive current information and training • Supplies aimed at prevention are available where services are provided • Preventive steps are taken as directed • Rapid response when illness is suspected. 	Y
11.23	People using services are provided support to learn safe, healthy hygiene and personal care practices, including monitoring the temperature of water.	Y
11.24	Staff are trained in and demonstrate safe food handling practices, when providing meals is an aspect of service delivery.	Y
11.25	If meals are provided by the organization, people using services are offered balanced and nutritious meals consistent with the Canada Food Guide.	Y
11.26	People using services who have special dietary requirements are provided with opportunities to eat accordingly, with oversight from a nutritionist or dietician as needed.	Y
11.27	People using service who require physical assistance, are provided with appropriate levels of support, including the use of assistive devices where needed.	Y
11.28	People using services are encouraged and supported to participate in physical exercise and other activities that promote good health and reduce stress.	Y

Achievements

- CLDN has many policies, procedures, structures and practices in place to promote the health, safety and wellness of people using services and its employees and volunteers.
- People supported are encouraged to carry identification with contact information when they are out in the community, and for those who do not have government issued ID, CLDN creates a laminated contact card for them.
- People using services are provided with many opportunities to learn about how to be safe, such as taking the 'Take Care, Beware' course, knowing how and when to call the organization's 'Hotline', and participating in 'Reliable Interviews' that address health and safety.
- All areas operated by the organization are kept clean, cleaning supplies and hazardous materials are safely stored and building maintenance is attended to promptly. There is a list of approved cleaning products with full MSDS information available and an electronic maintenance request system.
- People using services reported that they feel safe and are supported to attend to their medical and dental needs.

Areas for Improvement

11.19 While CLDN provides staff with information and training about the medications that people using services take, a situation arose during the on-site where it became apparent that staff could benefit from a refresher.

Recommendations

11.19 CLDN implement a way to ensure all staff are informed of the types and side effects of medications they are administering to people using services.

DOMAIN #12

ACCESSIBILITY

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
12.1	The organization has developed accessibility policies, procedures and practices consistent with relevant legislation. The policies and procedures identify how the organization provides services that are accessible with regard to (but not limited to): <ul style="list-style-type: none"> • Customer service (respectful, integrated and equal access to services) • Buildings • Environment • Transportation • Information & communication. 	Y
12.2	The organization has processes in place for identifying, preventing, removing or minimizing barriers to access, and evaluating the effectiveness of actions taken.	Y
12.3	Accessibility factors are assessed and accommodations made when developing services and/or buildings for use by people using services.	Y
12.4	People using services are involved in the development and evaluation of plans addressing issues of accessibility.	Y
12.5	People using services have access to information about their services in accessible and understandable formats.	Y
12.6	People using service are supported by organization staff to advocate for accessible services that are not, or are not solely, the responsibility of the organization.	Y
12.7	The organization regularly conducts a self-assessment on accessibility including feedback from people using services and other stakeholders, and it formally reflects on findings and identifies trends and other key learning for the purpose of future planning and evidence based decision-making.	P
12.8	Staff make themselves available and are responsive to people using services, their families, friends, and other stakeholders.	Y
12.9	Staff receive training on accessibility, and ways to address accessibility issues.	Y

Achievements

- CLDN has an internal Accessibility Committee, and some staff and people using services sit on accessibility committees in some townships where services are provided.
- The CLDN website has been given an honourable mention award in the area of accessibility, and some CLDN documents, such as “Rights and Responsibilities” are available in pictorial format.

- People are supported by CLDN staff to advocate for accessible services by helping them write letters for change in their community. Staff wrote emails to government bodies regarding customer service issues at a local business, and have worked with other businesses to improve transit for people supported.
- Staff makes themselves accessible to people using services and their families and community partners in person, by telephone, email and they will flex their hours to accommodate people's needs.

Areas for Improvement

- 12.7 CLDN has begun conducting self-assessments on accessibility, but has yet to reflect on findings, identify trends and other learning for the purpose of future planning and evidence based decision making.

Recommendations

- 12.7 CLDN build on the work begun in the area of accessibility by reflecting on findings from the organization's self-assessment, identifying trends and other learning for the purpose of future planning and evidence-based decision making.

DOMAIN #13

RECORDS MANAGEMENT

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
13.1	The organization has policies and procedures to guide the management of service records (both electronic and paper), and they address how records are to be: <ul style="list-style-type: none"> • In compliance with privacy legislation • Maintained • Secured • Removed, transferred, and destroyed. 	Y
13.2	Current records are kept for each person using services according to organization policies and procedures.	Y
13.3	People using services have access to their records, unless prohibited by law.	Y
13.4	Confidential information is released only when: <ul style="list-style-type: none"> • Authorization by the person using services or his/her substitute decision maker is provided • Required or permitted by law. 	Y
13.5	The organization reviews a sample of records regularly to ensure they are kept in accordance with policies and procedures, and are: <ul style="list-style-type: none"> • Relevant • Objective • Accurate • Complete • Legible • Signed and dated, where applicable. 	P

Achievements

- Policy and procedures guide the management of service records, both in electronic and paper form.
- CLDN recently began using the AIMS software and all involved view this as an improvement.
- Systems are in place to ensure that records are current, maintained, secured, removed, transferred and destroyed. A needed addendum to the destruction policy was recently added.
- There is a Privacy Committee that submitted a Privacy Plan which was included in the Managers Report that outlines the work plan for the future.

Areas for Improvement

- 13.5 There were some inconsistencies in the way some documents, such as behaviour support plans were completed, signed and dated. While CLDN reviews samples of records to ensure consistency, additional attention in this area is required.

Recommendations

- 13.5 CLDN implement an improved system for ensuring written records are consistently completed, signed, and dated.

INCLUSIVE & FLEXIBLE SERVICES

- 14) Services in a Persons Home
- 15) Services During the Day
- 16) Childrens Services
- 17) Clinical Services
- 18) Deafblind Intervenor Services

INCLUSIVE AND FLEXIBLE SERVICES

DOMAIN 14 • Services in a Person's Home

DOMAIN 15 • Services During the Day

DOMAIN 16 • Children's Services

DOMAIN 17 • Clinical Services

DOMAIN 18 • Deafblind Intervenor Services

DOMAIN #14

SERVICES IN A PERSON'S HOME

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
14.1	The organization works with the people who are supported in their home, and their families where applicable, to determine appropriate living arrangements and find homes that meet the needs of the people.	Y
14.2	People's homes are adapted to meet their needs.	Y
14.3	People choose who they live with, and are compatible with those with whom they live.	Y
14.4	When people live together, each person has space for privacy.	Y
14.5	Accommodations are made where problems arise between people who live together.	Y
14.6	People who are supported in their home demonstrate ownership of it.	Y
14.7	People are involved in activities at home that promote skill development, independence and personal growth, such as safety instruction, preparing meals, doing laundry, and cleaning their home.	Y
14.8	People who are supported at home have options to make changes in their living arrangements, either within their existing homes or to move elsewhere.	Y

Achievements

- CLDN works with people and their families to determine appropriate living arrangements, and when problems have arisen between people living together efforts have been made to support them through this situation, including some moves, anger management courses and other types of accommodations.
- When people live together, each person has space for privacy and this is honoured in policy and practice. Family and friends visit and people have outdoor decks, bedrooms and other areas to have private conversations and share personal moments.
- People demonstrated ownership of their homes by answering the door when staff knocked to announce themselves, and staff referenced the home as belonging to the people using services. Interiors are personalized with photos and other personal items.
- People are involved in cleaning, doing laundry, preparing meals, etc, and staff support them or provide supervision in the ways that are noted in their 'All about Me', 'My Day' and 'How to Keep Me Safe' documents.
- The "Homier Homes Committee" works with staff and people supported to ensure that people are comfortable in their homes.

Areas for Improvement

None

Recommendations

None

DOMAIN #15

SERVICES DURING THE DAY

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
15.1	At the onset of becoming involved in day services, participants (and their families) receive a written description of the services provided, and their rights and responsibilities when using these services.	Y
15.2	Day services are available at times and locations that accommodate the needs of people using services.	Y
15.3	Day services provide opportunities for community integration and inclusion.	Y
15.4	Copies of the organization's policy and procedures manual are available at all organization operated day service sites, and day service specific directives are written, available, reviewed and followed by staff.	Y
15.5	Day service participants are offered varied and relevant activities that coincide with their individual plans, desired outcomes, and with their abilities, safety requirements, and preferences.	Y
15.6	Staff involved in providing day services have received training on: <ul style="list-style-type: none"> • First Aid and Cardiopulmonary Resuscitation (CPR) • Medication administration (where needed) • Community integration • Self-determination and individual rights • Behaviour supports and Non-Violent Crisis Intervention • Food safe practices, where preparing food is an aspect of service • Topics specific to the needs of people using services, for example, augmentative communication, medical conditions, lifts, transfers, etc. 	Y
15.7	Where additional supports are needed to enable people using services to be involved in day activities, professionals/specialists are involved in planning, training of staff and delivery of day services.	Y
15.8	Additional safety precautions are taken, when one-off or extraordinary activities are offered, such as field trips and vacations. Precautions include: <ul style="list-style-type: none"> • Activity staff carrying emergency information, such as: list of all people using services; a photograph of each participant; health care numbers and medical requirements, including medications and allergies; a search and rescue plan. • Distributing emergency contact numbers to family members, people using services' support staff, and to all staff taking part in the activity • Keeping a written itinerary of the activity at the organization, and providing a copy of the itinerary to each participant's family member or support staff • Keeping a copy of all the contact and emergency information being carried by the activity staff, at the organization. 	Y
15.9	When a participant in day services, is also employed by the organization, the organization provides a comprehensive orientation, training, support, and monitoring to the person, and meets federal and provincial labour laws.	Y

15.10	Where people using services are involved in volunteer work, training or work-related activities without pay, the organization provides a comprehensive orientation, training, support and monitoring to the person, and meets applicable federal and provincial laws.	Y
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Achievements

- In response to feedback provided by families, the days and times that supports are provided were altered to meet everyone's needs.
- A variety of meaningful recreational, work and volunteer opportunities are pursued during the day.
- People supported are pleased with their day time activities.

Areas for Improvement

None

Recommendations

None

DOMAIN #16

CHILDREN'S SERVICES

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
16.1	The organization has, and follows policies and procedures that address the right of family members and guardians to be involved in planning services for their children.	Y
16.2	<p>An initial assessment is completed with the child and the child's family or guardian to determine support needs. Information covered in the assessment is comprehensive and informative, and includes (as appropriate):</p> <ul style="list-style-type: none"> • Needs and Desires of the Child and Family • Medical History - diagnosis, treatments, child development, immunizations • Current Physical Health – sight, hearing, allergies, present conditions • Previous Assessments and Findings • Medication Requirements • Personal Care Requirements • Language Use and Methods of Communication • Safety Issues • Mobility • Interaction and Play Skills with Peers • Likes and Dislikes: social, recreation and leisure pursuits • Participation in Previous Programs and Services – preferred activities, successes, challenges • Current Emotional Health • Current Mental Health • Relationships with Family • Educational History • Cultural and Religious Background. 	Y
16.3	<p>The organization makes available to family members/guardians, as appropriate, information about:</p> <ul style="list-style-type: none"> • The child's disability • Community resources • Behaviour support and management • Networking opportunities, counseling, and support groups • Early intervention techniques and services • In-home support • Financial entitlements • Respite services. 	P
16.4	Service Plans for each child and family are current, reviewed regularly and identify outcomes that are individualized, flexible and provide consistent support to children and their families.	Y
16.5	Children receive continuous supervision, and levels of staffing are appropriate for the types of activities in which the children are involved.	Y

16.6	Where residential services are provided, living space is planned for and provided with respect to the child's gender, age, social and emotional needs, and personal preferences; and provided in keeping with relevant legislation and current government policies.	Y
16.7	Specialists/professionals are involved in planning for the child and family where a particular type of expertise is needed. Involvement may include participation in planning meetings, training of staff and delivery of services where appropriate.	Y
16.8	Family members or guardian are provided with the name, telephone number and an email address of a contact person from the organization.	Y
16.9	Safety precautions are taken to prevent children from having accidents and from getting injured. (For example, proper instruction and supervision are provided; life jackets are worn when swimming, etc.).	Y
16.10	Emergency procedures for supporting children while in the community are documented, and are followed by staff (for example, separation from the group, search for missing child, vehicle accident, and medical emergency).	Y
16.11	Where special activities, such as day trips and holidays, are offered, family members or guardians provide approval, and measures are taken to minimize risks. Measures include: <ul style="list-style-type: none"> • Written itinerary of activities is provided to family members or guardians, and is available at the organization • Contact numbers being distributed to family members or guardians and staff facilitating the trip • Staff facilitating the trip carry and make available at the organization: list of children and staff participants, including photos of each person; each child's health care number, and health care requirements including medications and allergies; a search and rescue plan. 	Y
16.12	Children's Services staff have a work-related diploma or degree, or sufficient work-related skills and experience.	Y
16.13	Children's Services staff have training in: <ul style="list-style-type: none"> • Child development • Behaviour management • Individualized issues, such as the effects of separation on the child and family, conditions and syndromes • Current first aid and cardiopulmonary resuscitation certification (CPR), including training specific to infants and children where appropriate. 	P
16.14	A copy of the organization's policy and procedures manual is available at places where Children's Services are provided, and Children Service specific directives are written, available, reviewed and implemented by staff.	Y
16.15	Policies and procedures promote the maintenance of comfortable relationships among organization representatives, children and family members or guardians, and this is demonstrated among stakeholders.	Y

Achievements

- CLDN recognized a gap in the service system – the lack of respite services for children – and dedicated resources to address it by providing respite on weekends to children in one of the organization’s homes. The home is used for adult respite during weekdays. The ministry has waived the need for a license to provide children’s services.
- In addition to respite, CLDN provides case management and transitional supports to assist families to be aware of MCSS initiatives and services such as Developmental Services Ontario.
- Family members are very pleased to have these services available to them.

Areas for Improvement

- 16.3 While many parents are informed about their child’s disability prior to engaging CLDN, offering families information specific to their child’s disability was identified as an area for further improvement.
- 16.13 While CLDN staff who work with children are trained in developmental disabilities, they do not receive specific training in the area of child development.

Recommendations

- 16.3 Offer families of children information specific to their child’s disability, as needed.
- 16.13 Provide CLDN staff responsible for supporting children with training opportunities in the area of child development.

DOMAIN #17

CLINICAL SERVICES

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
17.1	<p>The organization has policies and procedures in place which articulate clinical guidelines pertinent to the clinical services provided by the organization. Some examples include clinical policies and procedures which require:</p> <ul style="list-style-type: none"> • A clear definition of the area of clinical concern • A clear description of agreed clinical service intervention(s) • A description of intended objectives and benefits from the clinical service • Measurements of success • Case plans based on assessment and data • Case plans which follow the least restrictive/intrusive model reasonably possible • Case plans which note the role and responsibilities of people involved in the design, implementation and evaluation of the plan • Case plans which identify method(s) and timing for evaluating the effectiveness of the plan. 	NA
17.2	The organization has policies and procedures in place regarding required documentation of clinical cases.	Y
17.3	The organization verifies that clinical documentation is completed within a reasonable time frame and is compliant with professional and regulatory requirements.	Y
17.4	<p>Documentation for the person using clinical services includes:</p> <ul style="list-style-type: none"> • Signed consent form(s) • Appropriate assessment(s) including data (where applicable) • Clinical case plan • Evaluations • Progress reports • Final report (where applicable). 	Y
17.5	The organization has policies and procedures in place pertaining to respecting and safeguarding the privacy and confidentiality of people using clinical services.	Y
17.6	<p>The organization has policies and procedures in place pertaining to ethical practices in clinical services, including:</p> <ul style="list-style-type: none"> • Ethical review of clinical treatment and case plans • Informed consent • Restrictive practices • Respect for the rights of people using clinical services • Abuse prevention and reporting. 	Y
17.7	The organization conducts regular review of clinical treatment and case plans including ethical review.	Y

17.8	The organization has policies and procedures outlining expectations for ongoing professional development for clinical service staff.	NA
17.9	The organization provides staff with opportunities to participate in training relevant to clinical services.	Y
17.10	The organization verifies that all clinical staff meet the qualifications established in the relevant job description, ensures that staff belong to the relevant Professional College and encourages staff to belong to the relevant Professional Association.	NA
17.11	The organization supports its clinicians to comply with Professional College Standards of Practice.	NA
17.12	The organization ensures that each clinical service complies with relevant legal and regulatory requirements.	NA
17.13	The organization obtains informed consent, for all clinical service(s) provided, from people using clinical services or their substitute decision maker (where appropriate).	Y
17.14	Best practice is followed when obtaining informed consent: <ul style="list-style-type: none"> • Informed consent is obtained in compliance with relevant legislation • Informed consent is time limited • Informed consent is obtained from each person using clinical services for each different type of clinical service. 	Y
17.15	The organization informs people using clinical services of their rights specific to clinical services. For example (but not limited to): <ul style="list-style-type: none"> • Informed consent • Confidentiality • Refusing or withdrawing consent. 	Y
17.16	The organization respects the rights of people who use clinical services.	Y
17.17	The organization employs the following practices in clinical services: <ul style="list-style-type: none"> • Comprehensive assessment (for example, using the bio-psycho-social model) • Generally accepted best practices • Person-centered practices • Evidence-based practices (where possible). 	Y
17.18	People using clinical services are consulted with about who they would like to involve in the planning and implementation processes of clinical services.	Y
17.19	People using clinical services and their support person(s) (where appropriate) are involved in the planning and implementation of clinical services.	Y
17.20	A qualified professional approves clinical plans and provides ongoing monitoring of their implementation.	Y
17.21	The organization ensures that clinical services are provided in a comprehensive manner such that clinicians in different disciplines work collaboratively to ensure the best clinical outcome possible for the person using services.	NA

17.22	The organization has policies and procedures in place which address the appropriate use of restrictive clinical support measures. Some examples include polices around: <ul style="list-style-type: none"> • What constitutes restrictive measures • When restrictive measures can be appropriately used • Opportunities for debriefing for staff and people using services following a restrictive clinical intervention • Regular review of restrictive clinical support measures • Requirements for staff training in restrictive clinical support measures • Required documentation of incidents using restrictive clinical support measures. 	Y
17.23	Where restrictive measures are being considered as part of a clinical plan, consent is obtained from either the person using clinical services or their substitute decision maker (where appropriate).	Y
17.24	Where restrictive measures are part of a clinical service provided, people using clinical services or their substitute decision maker (where appropriate) are provided with documentation of the plan.	Y
17.25	The organization conducts an annual review of its clinical services, identifying successes, challenges and learning for the purpose of future planning and evidence-based decision-making.	NA
17.26	Where the organization is involved in or permits research that involves people using clinical services, policies and procedures pertaining to research are in place and are followed. Policies address: <ul style="list-style-type: none"> • Privacy • Informed and voluntary consent • Right of refusal to participate in research (including emphasis on the fact that receipt of clinical services is not contingent upon participation in research) • Right to withdraw consent • Ethical conduct of researches. 	P

Achievements

- CLDN was commended by community partners for addressing the need for supports for people who have unique and sensitive support requirements.
- The organization uses a collaborative approach when working as part of multi-faceted teams of professionals involved in creating behavioural support plans.
- Policies, procedures and practices emphasize using positive behavioural approaches, as was observed by the validators.
- Where rights are restricted, CLDN's Rights Committee follows a rigorous review process. The committee meets monthly and each restriction is part of the review process at least annually. The person supported and staff are invited to attend and discuss restrictions at these meetings.

- The Rights Committee is comprised of professionals external to CLDN, including one police officer, one retired police officer/CLDN Board member/family member, a person using service, a pharmacist, a behaviour therapist, among other skilled and informed stakeholders that are both internal and external to the organization.

Areas for Improvement

- 17.4 While documentation is in place for all people using services that have a behavioural support plan, some inconsistencies in the way in which the reports were filed and signed off were noted, as previously mentioned in FOCUS domain 13 – records management.
- 17.26 As noted in FOCUS domain 1, CLDN has not formalized a policy pertaining to where people using services are involved in research.

Recommendations

- 17.4 See recommendation 13.5
- 17.26 See recommendation 17.26

DOMAIN #18**INTERVENOR SERVICES FOR PEOPLE WHO ARE DEAFBLIND**

The evidence from the FOCUS on-site validation demonstrates that:

Standards		Finding
18.1	An initial assessment for the person who is deafblind is facilitated by a professional with relevant training and experience working with people who are deafblind.	NA
18.2	The initial assessment includes collaborating with the person who is deafblind and others, to gather holistic information about individual service needs, previous use of Intervenor Services, and modes of communication.	NA
18.3	The organization provides services that reflect the service requirements, activities, needs and desires of the person who is deafblind.	NA
18.4	Within a reasonable time frame of beginning or transitioning to service, a qualified professional/Intervenor provides the person who is deafblind with a comprehensive orientation, that includes: <ul style="list-style-type: none"> • Introduction to staff • Explanation of the services the organization offers • An orientation to the physical space where services are to be provided • Orientation to community • Information about community (if applicable). 	NA
18.5	The organization provides services in an environment which is safe and physically accessible for the person who is deafblind.	NA
18.6	All direct service staff that work with people who are deafblind have successfully completed Orientation and Mobility training, including sighted guide training.	NA
18.7	The organization promotes inclusion and accessibility for the person who is deafblind, both within the organization and in the community.	NA
18.8	Services are provided in a manner that enables the person who is deafblind to receive non-biased, non-distorted feedback about their environment and their choices.	NA
18.9	Services are provided using the preferred mode of communication of the person who is deafblind.	NA
18.10	The organization actively seeks knowledge sharing opportunities, and has built partnerships with other professionals and organizations for the benefit of people who are deafblind.	NA

18.11	Intervenors have training in the following: <ul style="list-style-type: none"> ▪ Knowledge of deafblindness and its impact on learning and development ▪ Knowledge of the process of intervention, the role of the Intervenor and the ability to facilitate the process ▪ Knowledge of communication, including methods and adaptations, and the ability to facilitate the development and use of communication skills ▪ Knowledge of the eye and ear ▪ Knowledge of assistive devices and current technology ▪ Professionalism and ethical practices ▪ Demonstrated competency in modes of communication utilized by the person who is deafblind ▪ Orientation & Mobility ▪ Sighted Guide training. 	NA
18.12	A Code of Ethics has been developed specific to Intervenor Services and people who are deafblind, and Intervenors are aware and adhere to the Code of Ethics.	NA
18.13	The organization provides all employees with general information about deafblindness.	NA

Achievements

- NA

Areas for Improvement

NA

Recommendations

NA

E. Synopsis of Recommendations

- 1.17 CLDN formalize a policy regarding the involvement of people using services in research that covers:
- Intended benefit of research
 - Privacy
 - Informed and voluntary consent
 - Right of refusal to participate or withdraw
 - Ethical conduct of researchers
 - Adherence to research guidelines and agreements.
- 7.14 CLDN customize and begin using a risk management tool that reflects the organization's risk profile, and report to stakeholders on findings, actions taken, and lessons learned.
- 8.10 CLDN share the Management Report in ways that are accessible and understandable to people using services, their families and other key stakeholders.
- 9.7 Determine the desired frequency of staff meetings at homes where people with unique support requirements live, and adjust the schedule accordingly.
- 9.8 Develop a process that ensures all agency employees have regular performance reviews involving input from people using services, other employees, the employee and supervisor.
- 9.14 Conduct exit interviews with all employees and volunteers leaving the organization in order to gather information and feedback about their experience during their involvement with CLDN.
- 11.19 CLDN implement a way to ensure all staff are informed of the types and side effects of medications they are administering to people using services.
- 12.7 CLDN build on the work begun in the area of accessibility by reflecting on findings from the organization's self-assessment, identifying trends and other learning for the purpose of future planning and evidence-based decision making.
- 13.5 CLDN implement an improved system for ensuring written records are consistently completed, signed, and dated.
- 16.3 Offer families of children information specific to their child's disability, as needed.

16.13 Provide CLDN staff responsible for supporting children with training opportunities in the area of child development.

17.4 See recommendation 13.5

17.26 See recommendation 17.26

F. Quality Improvement Plan

Organizations are responsible for submitting a Quality Improvement (QI) plan to FOCUS 90 days following receipt of the accreditation report. The plan should outline timelines and actions that are planned, to address the recommendations made in the report. In the instance that a recommendation is flagged for immediate action, the recommendation needs to be addressed within 60 days of submitting the plan, or 90 days following receipt of the accreditation report. If it is not received, accreditation may be suspended or revoked.

No recommendations were flagged for immediate action within this report.

On the anniversary of accreditation, a QI plan needs to be submitted to FOCUS, providing an update on the status of recommendations, and other plans underway to improve the quality of service. The QI plan should also outline any substantial changes that have occurred in the organization that could impact upon the quality of services. Agencies are required to submit an updated QI plan for the duration of the 4-year accreditation period.



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