

COMMUNITY LIVING
Fort Erie



YEAR THREE QUALITY IMPROVEMENT PLAN

SUBMITTED NOVEMBER 2013

COMMUNITY LIVING ~ FORT ERIE

YEAR TWO QUALITY IMPROVEMENT PLAN

DOMAIN # 1 ETHICAL PRACTICES, RIGHTS AND RESPONSIBILITIES

RECOMMENDATION:

- 1.3** Employ strategies to increase the level of familiarity internal stakeholders have with the CLFE written Code of Ethics and Conduct.

ACTION:

- 1. All employees will receive a copy of the written Code of Ethics and Conduct to read and sign off on. A copy of which will be placed in their personnel file.**

Completed: October 2012

- 2. The Code of Ethics and Conduct will be reviewed at all Team Meetings at least once per year and will be documented in the Team Meeting Minutes.**

Completed: March 2012

- 3. The Code of Ethics and Conduct will be reviewed at CLFE's 2012 AGM.**

Completed: June 2012

Next Step:

- 1) Review CLFE written Code of Ethics and Conduct at an Advocates In Motion meeting. Seek assistance from the group on simple language to use when educating others on this document.**
- 2) Seek assistance from Volunteers/Students to develop a plain language brochure or presentation to assist internal stakeholders to understand and become familiar with the CLFE written Code of Ethics and Conduct.**
- 3) Present on CLFE's Code of Ethics and Conduct for the 2014 Annual General Membership Meeting.**
- 4) Post a copy of CLFE written Code of Ethics and Conduct in the Board Room and Training Room.**

RECOMMENDATION:

1.17 Develop policies and procedures addressing the involvement of people using services in research, and include:

- 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

ACTION:

1. Policies and procedures addressing all noted points above will be written.

Completed: March 2012

2. All employees will review and sign off on the new policies and procedures.

Completed: July 2012

3. The new policy and procedure will be reviewed at aAdvocates In Motion meeting.

Completed: 2013

4. The new policy and procedure will be reviewed with all people supported listed on the 2012-2013 person centered planning schedule at that plan. Staff will review this P&P using language understandable to the person.

This process has started October 2012, as indicated in the Year One Pan.

5. The review will be noted in the person's PCP, including the date it was reviewed and the staff who reviewed it with the person.

Points itemized in the recommendation above were added to our Consent procedures as of April 2012.

DOMAIN #2 OUTCOMES FOR PEOPLE USING SERVICES

RECOMMENDATION:

- 2.3 Expand the current person-centered planning process to include prioritization of goals, measurable indicators of success persons responsible and timelines for achievement.**

ACTION:

- 1. The person centered planning process will be updated to include the above noted points.**

Person Centered Planning process updates address the items noted in the recommendation above were included in the Person Centered Planning Guide as of April 2012. A copy of the revised Guide is going out with every PCP Package to be completed as per the 2012-2013 Calendar.

- 2. The new planning process will commence use as per the 2012-2013 person centered planning schedule.**

The new requirements in the PCP process are being compiled while completing Plans, as of October 2012.

- 3. The new planning process will be reviewed at all Direct Support Team meetings prior to commencing its use. The review will be noted in the team meeting minutes.**

Completed: September 2012

Next Step:

We piloted the use of electronic PCP collection of information with our Community Support Team over the past year. Our intent was to simplify the internal system of information collection, Manager Review/approval and information access throughout the organization.

Upon completion of the pilot and its review, it was determined that the PCP needed further revising and to be shortened. A task group was formed to work on this. The results are as follow.

- 1) Move to Person Direct Planning.**
- 2) Develop shorter documents for PDP recording**
- 3) Have the new documents converted to electronic forms.**
- 4) Shorten the turnaround time to have the approved and completed PDP document on file.**

DOMAIN #3 EFFECTIVE COMMUNICATION

RECOMMENDATION:

3.1 Increase the consistency of the support that staff provide to the people using services, in order for the people to further develop and use their communication skills.

ACTION:

1. Expand information in the PCP guide to include more detail on communication.

More detail has been added to the PCP to promote a person's communication methods/style and consistent support around this. Completed April 2012

2. Ensure communication documentation is reviewed and challenged when PCP are being completed.

This is being monitored as Managers review plans being completed.

Next Step:

- 1) We now have a Residential Manager trained as a training in Person Centered Thinking.**
- 2) We are training all employees once again in Person Centered Thinking.**
- 3) We are moving to Person Direct Planning.**
- 4) All new plans will include communication methods (where needed).**
- 5) Program Managers will be encouraging the use of Communication Charts and documenting communication methods while planning.**

RECOMMENDATION:

3.5 CLFE provide staff who work with people who use sign language with training in its use.

ACTION:

1. Staff working with people who use sign language will receive training in its use, specific to the person.

Staff working with people who use sign language receive training in its use, specific to the person during orientation and review of PCP. More descriptive instructions and procedures have been in place as of June 2012.

2. Specific sign language communication details will be included in the person's PCP.

As per Actions specified for recommendation 3.1, communication methods/styles including sign language specific to the person will be clearly indicated in each person's PCP. As of April 2012 procedures have been updated to include this expectation.

3. Training for people specific sign will be included in the site orientation checklist.

Effective as of June 2012

Next Steps:

- 1) Program Managers will be diligent in ensuring communication methods/styles are well document in "How to Support Me" sheets and ensure steps to expand on current communication is also well documented in the person's plan.

DOMAIN# 5 GOVERNANCE, LEADERSHIP & ACCOUNTABILITY

RECOMMENDATION:

- 5.1 CLFE increase the involvement of people using services in the review of the organization's values, vision and mission and development of its strategic plan.

ACTION:

1. Develop a plain language brochure on the agency's Vision, Mission and Commitment Statement.

The organizations Commitment Statements were reviewed and revised in spring of 2012. The revised Commitment Statements were circulated in July 2012. As a result **the target date for the development of a plain language brochure or visual learning material on the agency's Vision, Mission and Commitment Statement has been moved to June 2014. We will seek assistance from Volunteers/Students in the development of this learning material.**

2. Direct Support Staff will provide education to people supported on the agency's the Vision, Mission and Commitment Statement on an individual bases. (review brochure/learning material)

This will commence following the development of the learning material.

DOMAIN #7 RISK MANAGEMENT

RECOMMENDATION:

- 7.9 Develop a technology plan to assess the organization's current IT needs, and to guide the future IT development.

ACTION:

1. CLFE will survey what stakeholders feel are IT needs.
2. From the results of the survey, CLFE will develop and commence implementation of the IT plan.
3. The IT plan will also identify:
 - 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 sites and email
 - System maintenance – back-up systems, recovery plans

- Valid licenses (for computer programs, etc...)
- Driving with hand held devices

4. The IT plan will be included into the next strategic plan.

In the spring of 2012 we took a different path to addressing this recommendation. We hired an I/T Support Person to assist with maintaining the current I/T systems; and to provide regularly accessible skills/resources for the improvement of I/T within the organization. This position ended in Spring of 2013. An IT Plan was developed in December 2013. The IT Plan will be included in the next strategic plan.

DOMAIN #9 HUMAN RESOURCES

RECOMMENDATION:

9.8 Expand the current performance appraisal process to include input from people supported and co-workers.

ACTION:

- 1. CLFE will develop questions for Managers to circulate and collect information from people supported, other Managers and co-workers in preparing for employee evaluations.**

A Peer Evaluation and a Service Evaluation was developed in May 2012. We have begun using both evaluation tools as staff evaluations come due.

RECOMMENDATION:

9.15 Develop and implement an annual assessment and improvement plan for CLFE's human resource structures and processes.

ACTION:

- 1. CLFE will explore options for an annual assessment and improvement plan format.**

Completed: Winter of 2012

- 2. The chosen format will be brought forth to the Management Team to deliberate on next steps.**

Completed: April 2012

- 3. Our Strategic Plan will itemize the step and target dates to commence the roll out of Core Competencies within the organization. Education, job descriptions, interviews, orientation and a Core Competency Committee will be the items targeted in the plan.**

- Managers and Executive Director's Core Competency Evaluations tools have been developed and are in use.
- A Core Competency Plan has been developed.

- A new interview process is underway. This process includes Core Competency component.

Next Steps:

- 1) **The Core Competency Plan will be included in the next Strategic Plan.**
- 2) **Other Core Competency initiatives as noted in the plan will continue to be worked on.**
- 3) **Improvement needs on annual training will reviewed and implemented.**

DOMAIN #10 COMMUNITY CONNECTIONS AND PARTNERSHIPS

RECOMMENDATION:

- 10.1 CLFE explore and identify current communication challenges that exist between the organization and families, and develop potential solutions.**

ACTION:

1. **Develop key questions, a documentation mechanism and a timeline to check in with family members on a regular basis.**

February 2012 the Managers Documentation Form for Communication with Family Member form was developed.

2. **Begin use of system developed**

As of February 2012 Program Managers are ensuring random check-ins with family members on a monthly basis. Every effort will be made to reach each family of a person supported (where appropriate) at least once per year. The check-ins are documented on the Managers Documentation Form for Communication with Family Member form. Managers will keep these forms on file and bring any issues or concerns forth at Quality Improvement meetings.

The Managers Documentation Form for Communication with Family Member has been converted to an electronic form.

Managers now store completed forms in a folder in the M (Managers) drive.

DOMAIN # 11 HEALTH, SAFETY & WELLNESS

Recommendation:

- 11.2 Assess and formalize a practice for staff to follow, in the event that the elevator in one of the CLFE homes become inoperable.**

Action:

1. **CLFE has contacted Motion Specialty and they have completed an in home evaluation of our emergency exit needs.**

Completed: December 2011

2. Motion Specialty has recommended an Evacu-Track Emergency Evacuation Chair.

Completed: December 2011

3.

4. CLFE has applied for funding to MCSSto cover the cost of this chair.

Completed: December 2011

5. Approval received and chair ordered

Chair purchased January 2012

6. Training on the use of the chair will be provided to Direct Support Staff and will become part of the house orientation.

Training completed January 2012

Training on the use of the chair has become part of the house orientation as of January 2012.

7. Instructions on the chairs use will be included in “shareddocs and posted near the chair.

Completed: January 2012

DOMAIN #12 ACCESSIBILITY

Recommendation:

12.2 Expand the new CLFE Accessibility Self-Assessment to include the full spectrum of accessibility, and include space to note successes, gaps, improvements needed, proactive and corrective actions taken, and whether these actions achieved the desired results.

Action:

1. CLFE’s Accessibility Self-Assessment (ASA) will be revised to include customer service, buildings, environment, transportation and information and communication. The ASA will also include space to note successes, gaps, improvements needed, proactive and corrective actions taken, and whether these actions achieved the desired results.

Accessibility Self-Assessment revised April 2012

2. A copy of completed ASA will be distributed the Program Manager and the Manager of Operations where applicable. The original will be forwarded to the Manager of Quality Assurance along with any follow up reports.

Process being followed as of May 2012

3. CLFE will update Procedure Y3.10 to include details around the above noted points.

Completed: April 2012

- 4. Procedure update will be reviewed and signed off by all Direct Support Staff.**

Completed: July 2012

- 5. Procedure update will also be reviewed at all Team Meetings and noted as such in Meeting Minutes.**

Completed: February 2012

DOMAIN #17 CLINICAL SERVICES

Recommendation:

- 17.7 CLFE will establish a formal mechanisms to regularly review the status and effectiveness of behavioural support plans in use.**

Action:

- 1. P2 Policy and Procedures will be revised to include mechanisms to regularly review the status and effectiveness of behavioural support plans in use.**

Procedures were revised in April 2012, then once again in August following MCSS Compliance.

- 2. P2 Policy and Procedure revisions will be reviewed and signed off by all Direct Support Staff.**

Completed: July 2012

- 3. P2 Policy and Procedure revisions will also be reviewed at all Team Meetings and noted as such in Meeting Minutes.**

Completed: October 2012

- 4. The QAAC Terms of Reference will be revised to include this responsibility.**

Completed: April 2012

- 5. Further revisions to the P&P to provide addition details on the follow up in all areas identified in P2.**

Completed: Fall 2013

17.22 See 17.1

17.26 See 1.17

QUALITY IMPROVEMENT INITIATIVES

DOMAIN # 1 ETHICAL PRACTICES, RIGHTS AND RESPONSIBILITIES

Initiative#1:

CLFE will provide additional explanation about its position regarding supporting segregated groups and promoting inclusion.

Action:

- 1. Develop a statement that describes our position.**

Completed: February 2012

- 2. Use this statement as much as possible to provide a consistent message when discussing this issue with partners.**

Completed: February 2012

- 3. We have appointed a Manager as a lead for education on Inclusion. She is the go to person in the organization when people are struggling with or are having difficulty understanding our position on promoting Inclusion.
We are using this Manager to provide education to staff at Team Meetings and individually when needed.**

Completed: February 2012

- 4. We will be exploring the development of an educational piece on Inclusion to be added to our Orientation and Annual Training.**

Completed: Fall 2013

DOMAIN #2 OUTCOMES FOR PEOPLE USING SERVICES

Initiative#2:

CLFE will provide additional education on the use of all tools used to gather and document information in Person Centered Plans.

Action:

- 1. CLFE Direct Support Staff are scheduled for Person Centered Thinking Training in February of 2012.**

Completed: March 2012

SEE 9.15 OF THIS DOCUMENT FOR FURTHER UPDATES.

- 2. As of March of 2012 CLFE will have an employee trained in training others on Person Centered Thinking.**

Completed: March 2012

3. CLFE will develop an Instruction Manual on our Person Centered Planning process, including all tools available and samples of their use. This will be completed and available to employees as they begin planning identified on the 2012-2013 PCP Schedule.

Completed: June 2012

4. The new Manual will form part of the Direct Support Staff's Annual Training.

Completed: July 2012

5. PCP will be reviewed monthly at Quality Improvement Meetings so Managers have the opportunity to discuss planning, progress and the use of tools on a regular basis. This should also help in providing consistent feedback to Direct Support Staff.

Started October 2012 when the 2012-2013 PCP Schedule started.

6. The new PCP Manual will be stored on "shareddocs" so all employees have access at all times.

Completed: July 2012

Initiative#3:

CLFE will provide additional information and education on the different committees established and their purpose.

Action:

1. CLFE will develop a written document explaining the function of each committee and the process for their use.

Completed: March 2012 – See Communication Methods and Flow Chart located on shareddocs in the Document folder.

2. This document will be reviewed at all Team Meetings and documented in meeting minutes when reviewed.

Completed: August 2012

3. This information will be presented at a "Advocates In Motion" Meeting.

Completed: November 2012

4. Committee information will also be included in an upcoming issue of the agency's Newsletter.

Completed: Fall 2012

5. This information will be stored on "shareddocs" so all employees have access at all times.

Completed: May 2012

- 6. *The Communication Methods and Flow Chart is reviewed with all new employees by the Manager of Quality Assurance during New Hire Orientations.***

Completed: June 2012

NEW INITIATIVE

DOMAIN # 11 HEALTH, SAFETY & WELLNESS

Initiative#4:

CLFE will review and update the Health and Safety Manual

Actions:

- 1. All Health and Safety P&P will be added to the Operational Manual.**

Completed: Fall 2013

- 2. Each P&P will be review to ensure its necessity and relevance, as well as to ensure its content is actual practise.**

Completed: Fall 2013

- 3. Updates and changes needs will be reviewed and decided upon by the Management Team.**

Completed: Fall 2013

- 4. All employees will be trained on the new Policies and Procedures. The final copy will be made available on shareddocs for everyone's quick access and referral.**

Completed: December 2013