



Accreditation Report
Quality Improvement Plan
& Benchmarking Data

Accreditation Report

**Quality Improvement Plan
& Benchmarking Data**

**Prepared for
Arbour Heights**

Accreditation Decision

Three-Year Accreditation
Expiration: June 30, 2019

Organization

Arbour Heights
564 Tanner Avenue
Kingston ON K7M 0C3
CANADA



Three-Year Accreditation

Organizational Leadership

Christine Sellery, Administrator

Survey Dates

June 9-10, 2016

Survey Team

Judith V. Braun, Administrative Surveyor
Jennifer Lee, Program Surveyor

Programs/Services Surveyed

Person-Centred Long-Term Care Community
Person-Centred Long-Term Care Community: Dementia Care Specialty
Program

Previous Survey

June 20-21, 2013
Three-Year Accreditation

Survey Summary

Areas of Strength

Arbour Heights has strengths in many areas.

- There is a strong sense of belonging and involvement between the residents and their community. Arbour Heights provides many opportunities for residents to contribute to the well-being of others, including making sandwiches for a local homeless shelter and elementary school, donating to charitable organizations, and providing a wish tree at Christmas where suggestions for gifts for residents in need are available for families and/or residents.
- Arbour Heights is a relatively new, attractive, well-kept community with a majority of private rooms, and it is located in a residential area. Staff members at Arbour Heights know their residents. The personalized care and attention they provide was mentioned numerous times by residents, families, staff members, and other service providers. There is a strong sense of commitment among the organization's community partners, who see themselves as valued members of the care team. This strong sense of teamwork and respect shown by the external partners and direct care staff was evident during the site visit.
- Resident programs and activities are continually planned with resident input and feedback. The recreation department is commended on its ongoing work to develop new programs to meet various needs and interests. For example, the Living Tapestry program includes pets, plants, and children, bringing a homelike element to the community that is pervasive and greatly appreciated by the residents and staff members. Six cats entertain and comfort the residents and staff members while an on-site child day program operated by the YMCA adds an intergenerational aspect to the residents' lifestyle. Also, with a relatively high-functioning resident population, activities at Arbour Heights are creative and person centred. A men's fishing group, a Red Hat Society® group, a Generation X group (for young residents), and visiting the casinos are examples of the activities geared toward the preferences and interests of the residents.
- The organization is commended for its linkages with the local community as it demonstrates a commitment to education and community integration. Some examples include resident outings/activities; connections with secondary and post-secondary institutions for placement students; providing space for a day care; and inviting the community in to educate families, residents, and staff members about issues that affect the elderly through health fairs. High school and college student involvement at Arbour Heights provides not only nursing and social services experiences in long-term care, but also gives Arbour Heights the opportunity to preview and solicit potential new staff persons.
- The staff turnover at Arbour Heights is low, with no current vacancies in staff positions. This is a result of the concerted efforts that management makes to recruit staff in a tight market and retain exceptional staff members. Identifying leadership opportunities for nursing students in clinical programs, such as wound care, behaviour responsiveness, and continence, is an example of its retention strategies. Contributing to these efforts is Arbour Heights' belief in supporting staff

development and paying for staff members to take courses that will enhance their abilities and job performance. It is apparent that supporting staff education and promoting from within is valued and practiced at Arbour Heights.

- The use of technology at Arbour Heights includes most aspects of operations. It employs software for payroll and finances, staff scheduling, electronic medical records, maintenance work orders, and staff education. The organization is well on its way to having a paperless electronic medical record and is encouraged to continue its planning process for scanning appropriate documents into the record.
- Arbour Heights has a highly engaged leadership team and owners who are resident and staff focused. They appear to be deeply committed to quality of care and services. They communicate freely and often among themselves, with staff at all levels of the organization, with residents, and with families. Residents and families expressed a high level of satisfaction with how the organization communicates and follows up on expressed concerns or suggestions. Leadership supports a team environment where residents and staff members feel comfortable. Leadership encourages everyone to work together and to create solutions to resident needs. Its actions reflect its encouragement to first do the right thing.

Areas for Improvement

Arbour Heights should seek improvement in the following areas.

- The organization is urged to expand the strategic plan so that it reflects the organization's financial position at projected points in the future.
- Although the organization has a broad risk management plan and biweekly reporting of risks, plans, and resolution, the organization should review the plan at least annually for relevance.
- Although the organization has an accessibility plan with ongoing activities and there is evidence that it resolves accessibility barriers quickly, the organization is urged to incorporate timelines into the accessibility plan.
- Although the organization keeps a record of the complaints it receives and might identify where there is a pattern occurring with the complaints, it does not analyze the information to determine why this pattern of complaints is occurring. The organization should analyze all complaints in order to address trends and to better identify areas for improvement.
- The organization's emergency procedures include an accounting for the nursing department via a daily roster. The organization is urged to include procedures that address accounting for all persons involved.
- Although the organization documents annual critical incidents and has identified patterns that have occurred with incidents, it does not analyze the information to determine why this pattern of incidents is occurring. The organization should analyze the data for all critical incidents in order to address trends and to better identify areas for improvement.
- Currently, comprehensive health and safety self-inspections are conducted on day and evening shifts only. The organization should include the night shift in this process so that the inspections are conducted at least semi-annually on each shift and result in a written report that identifies areas inspected, recommendations for areas needing improvement, and actions taken to respond to the recommendations.

Accreditation Decision

Arbour Heights has earned a Three-Year Accreditation. On balance, Arbour Heights is an attractive, well-maintained community with an engaged resident population and capable and committed owners, management, and staff. It is creative in its approaches to providing person-centred care and is highly communicative with staff, residents, and families. The organization demonstrates conformance to the vast majority of standards. The team is committed to and capable of addressing the few areas identified for improvement and is encouraged to continue to use the CARF standards to further enhance services to persons served.

Consultation

Section 1. ASPIRE to Excellence®

A. Leadership

- Given the organization's experience with stakeholders and prospective residents who are transgender, the organization may benefit from conducting training for appropriate stakeholders on this aspect of diversity with follow-up training as necessary.

C. Strategic Planning

- Although the organization has shared its strategic plan with all stakeholders, the organization might also consider sharing its reviews and updates of the plan with persons served, personnel, and other stakeholders, as relevant to the needs of the specific group.

F. Financial Planning and Management

- The organization might consider adding to the quarterly billing verification audit form any indication of corrective actions that were taken and/or the resolution of any discrepancy noted in the audit.

J. Technology

- Given the potential exposure of various electronic threats, it is suggested that the organization implement measures to identify and block ransomware hackers from accessing its system.

L. Accessibility

- There are various approaches to track accommodations to the environment that assist with accessibility. The organization may consider doing so through its maintenance work order system. Tracking results could also be communicated regularly to the diversity/accessibility committee.

M. Performance Measurement and Management

- Although the organization distributes surveys to individuals who have left the community, the organization may also consider a survey of families of residents who have died at Arbour Heights, requesting feedback on areas for performance improvement.

N. Performance Improvement

- The organization conducts an annual staff satisfaction survey. Based upon on the results of the survey, it is suggested that it incorporate strategies to enhance staff satisfaction into its performance improvement plan and communicate the results and plan to the staff.

Section 3. Program Specific Standards

D. Person-Centred Long-Term Care Communities

- The organization does receive feedback from residents about staff in an informal fashion and is encouraged to consider additional ways of actively seeking input from residents regarding personnel performance. Possible options to obtain feedback may be via suggestion boxes or feedback forms.

Section 4. Specialty Population Designations

A. Dementia Care Specialty Programs

- The organization has a number of higher-functioning residents with a diagnosis of dementia who are actively involved in a variety of social causes. The organization is encouraged to consider exploring opportunities for its residents to coordinate with local, regional, provincial, national, or international resources in their advocacy efforts.

Consultation does not indicate non-conformance to standards but is offered as a suggestion for further quality improvement.

Standards Conformance

This section of the Accreditation Report displays the specific reasons for any partial or non-conformance to standards identified as a result of the survey. The standards listed in this section are addressed in the organization's Quality Improvement Plan, which can be accessed at customerconnect.carf.org.

Below are the possible reasons for partial or non-conformance to standards, along with an explanation of why each reason is cited.

To receive the information contained in this section in an alternate format, please contact editing@carf.org.

Reason for partial or non-conformance	Is cited:
Credentials inadequate	When a standard element requires that an individual possess a specific credential or level of credential, the specific credential is not possessed, or the credential possessed is below the specified level.
Data or information necessary to address conformance not collected and/or evaluated	When the issue addressed by the standard element has not been considered and, consequently, the information necessary to address conformance has not been collected and/or evaluated in connection with the issue addressed.
Documentation inadequate	When a standard element requires documentation or that documentation contain specific information, the documentation either does not exist or does not contain the specific information.
Effort not comprehensive	When a standard element requires an activity to occur, the performance of the activity is insufficient to address the full scope of the activity.
Financial ratio calculation below the median	When the standard element rating is based on the calculation of a specific financial ratio, such ratio is below the 50th percentile.
Forms inadequate	When a standard element requires use of a specific form or that the form contain specific information, the form is not used or does not contain the specific information.
Frequency inadequate	When a standard element requires that an activity occur with a specific frequency or some unspecified regularity, the performance of the activity does not occur, occurs less frequently than required, or occurs less frequently than appropriate if regularity unspecified.
Information not communicated understandably	When a standard element requires that information be shared with certain persons, the information is either not shared or not shared in a manner that allows for comprehension by the recipient.
Involvement by appropriate person(s) inadequate	When a standard element requires the involvement of certain persons, those persons are either not involved or not involved in a sufficient manner.
Non-compliance with law, regulation, or other rule	When a standard element requires compliance with a legal requirement or a process for achieving legal compliance, sufficient evidence of compliance or the compliance process is not demonstrated.
Policy/plan/procedure/practice not consistently implemented	When a standard element requires a policy/plan/procedure/practice, it exists but the actual performance does not occur with sufficient regularity to be deemed standard operating procedure.
Policy/plan/procedure/practice not developed	When a standard element requires a policy/plan/procedure/practice, it is not in existence.
Policy/plan/procedure/practice not implemented	When a standard element requires a policy/plan/procedure/practice, it exists but there is no actual performance.
Policy/plan/procedure/practice recently implemented	When a standard element requires a policy/plan/procedure/practice, it exists but the actual performance has not been in place for sufficient time to establish a track record.
Training inadequate	When a standard element requires that certain training occur, it either does not occur or does not occur with sufficient regularity to be deemed standard operating procedure.
Evidence of conformance inadequate	When the requirement of a standard element is not satisfied, or is inconsistently satisfied and no other reasons apply.

Standard Number	Standard Text	Reasons for Partial or Non-conformance															
		Credentials inadequate	Data or information necessary to address conformance not collected and/or evaluated	Documentation inadequate	Effort not comprehensive	Financial ratio calculation below median	Frequency inadequate	Information not communicated understandably	Involvement by appropriate person(s) inadequate	Non-compliance with law, regulation, or other rule	Policy/plan/procedure/practice not consistently implemented	Policy/plan not developed	Procedure/practice not developed	Policy/plan/procedure/practice not implemented	Policy/plan/procedure/practice recently implemented	Training inadequate	Evidence of conformance inadequate
1.C.2.b.(2)	A written strategic plan: Reflects the organization's financial position: At projected point(s) in the future.										X						
1.G.1.b.(1)	The organization implements a risk management plan that: Is: Reviewed at least annually for relevance.						X				X						
1.H.5.c.(5)	There are written emergency procedures: That address, as follows: Accounting for all persons involved.				X						X						
1.H.10.b.(2)	A written analysis of all critical incidents is provided to or conducted by the leadership: That addresses: Trends.	X	X														
1.H.10.b.(3)	A written analysis of all critical incidents is provided to or conducted by the leadership: That addresses: Actions for improvement.			X							X						
1.H.14.a.	Comprehensive health and safety self-inspections: Are conducted at least semiannually on each shift.						X				X						
1.H.14.b.(1)	Comprehensive health and safety self-inspections: Result in a written report that identifies: The areas inspected.			X							X						
1.H.14.b.(2)	Comprehensive health and safety self-inspections: Result in a written report that identifies: Recommendations for areas needing improvement.			X							X						
1.H.14.b.(3)	Comprehensive health and safety self-inspections: Result in a written report that identifies: Actions taken to respond to the recommendations.			X							X						
1.K.4.b.(1)	A written analysis of all formal complaints: Determines: Trends.	X	X														
1.K.4.b.(2)	A written analysis of all formal complaints: Determines: Areas needing performance improvement.			X							X						
1.L.2.a.(2)	The organization implements an accessibility plan that: Includes, for all identified barriers: Time lines.			X													

Benchmarking

This section of the Accreditation Report benchmarks your organization's conformance to standards. By comparing strengths and areas for improvement with various comparator groups, benchmarking encourages your organization to improve effectiveness, efficiency, satisfaction, and access. This information should also stimulate discussions among stakeholders focused on better meeting the needs and preferences of the persons served. In addition, benchmarking:

- Encourages a culture of continuous evaluation and improvement.
- Accelerates understanding of and agreement on areas for improvement.
- Helps prioritize improvement opportunities.
- Shifts internal thinking towards a focus on outcomes.
- Provides a reference to increase performance expectations.
- Motivates your team to work collaboratively to surpass benchmarks.

This report provides benchmarks (mean % of conformance) for each section of the ASPIRE to Excellence® quality framework.

* When available, benchmark comparison groups include:

- All surveyed organizations.
- All surveyed organizations in the same primary CARF customer service unit.
- Surveyed organizations with the same ownership type.
- Surveyed organizations in the same geographic region.
- Surveyed organizations with similar number of persons served annually.
- Surveyed organizations with similar staff size.

In addition, standards conformance for each organization undergoing resurvey is benchmarked against its previous survey in all standards areas.

Benchmark Comparison Groups

Primary area of accreditation: Aging Services (AS)

Ownership type: Private, For Profit

Geographic region: Canada-ON

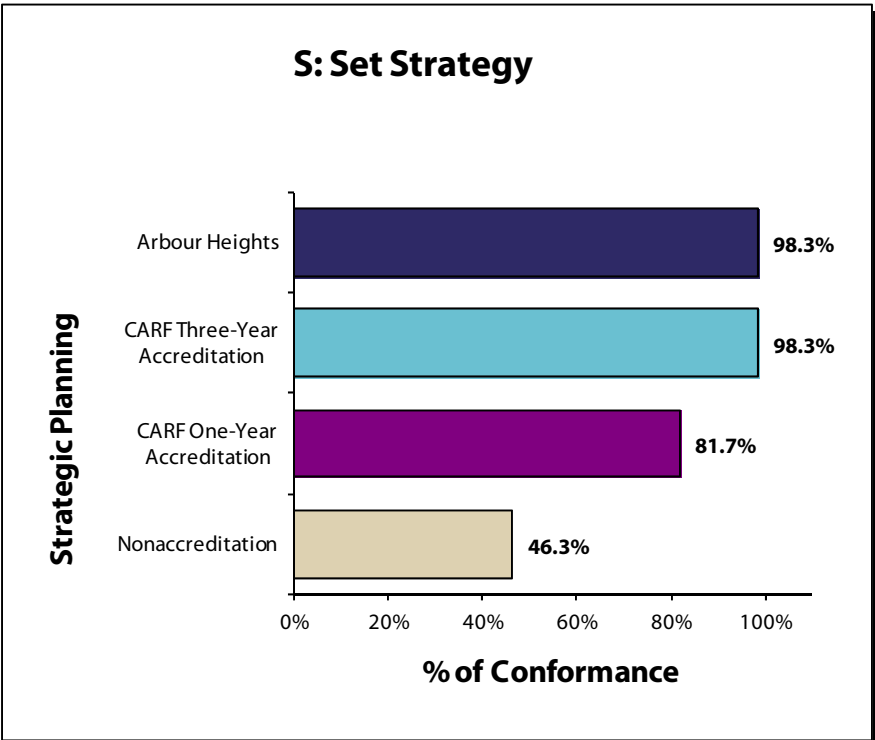
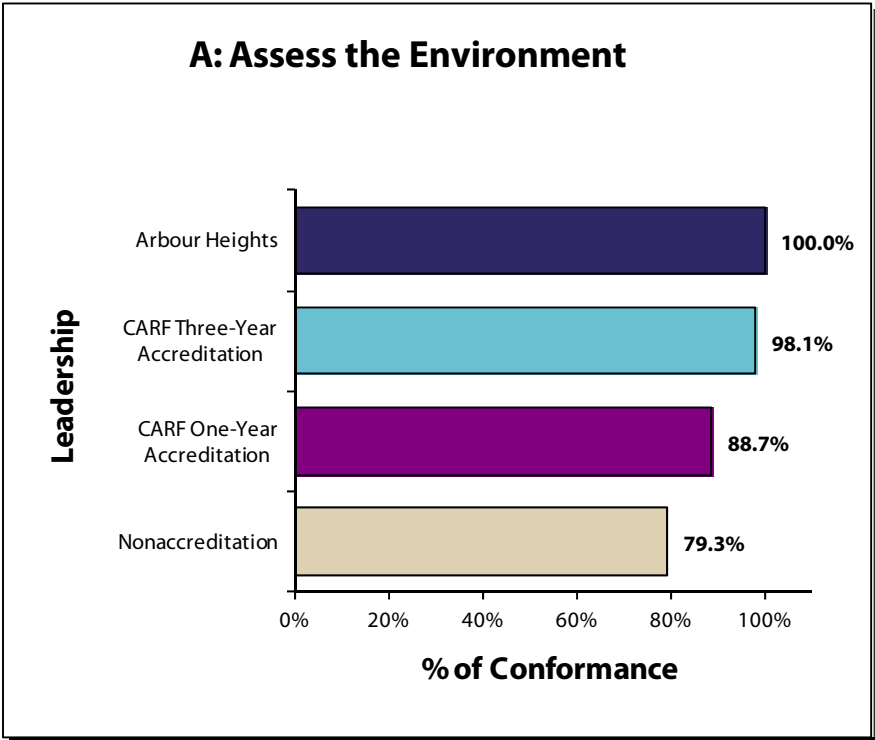
Staff size (FTEs): 50-99

Persons served annually: 100-499

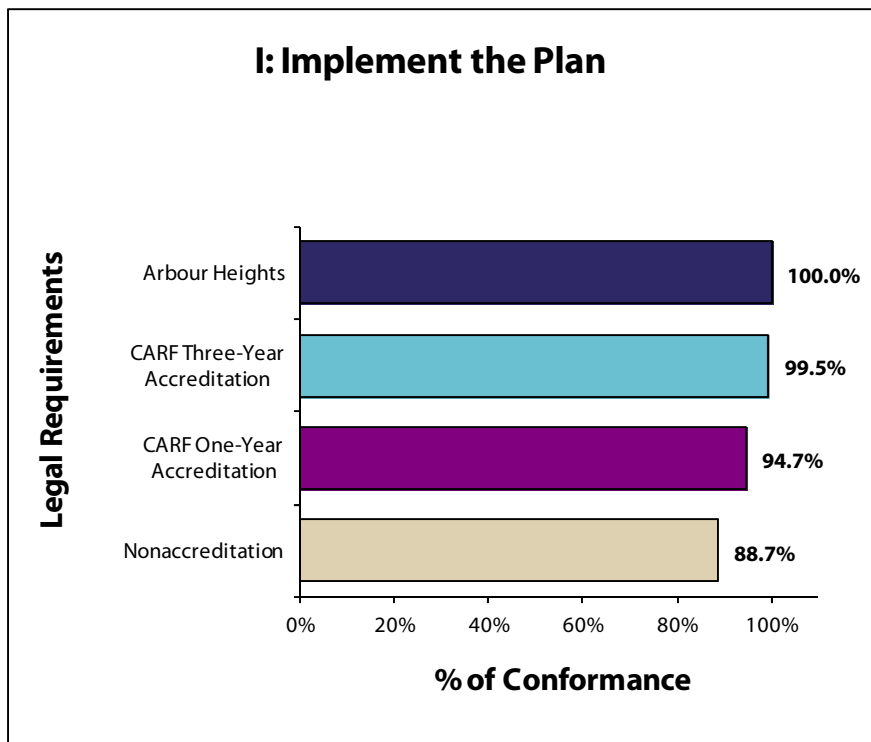
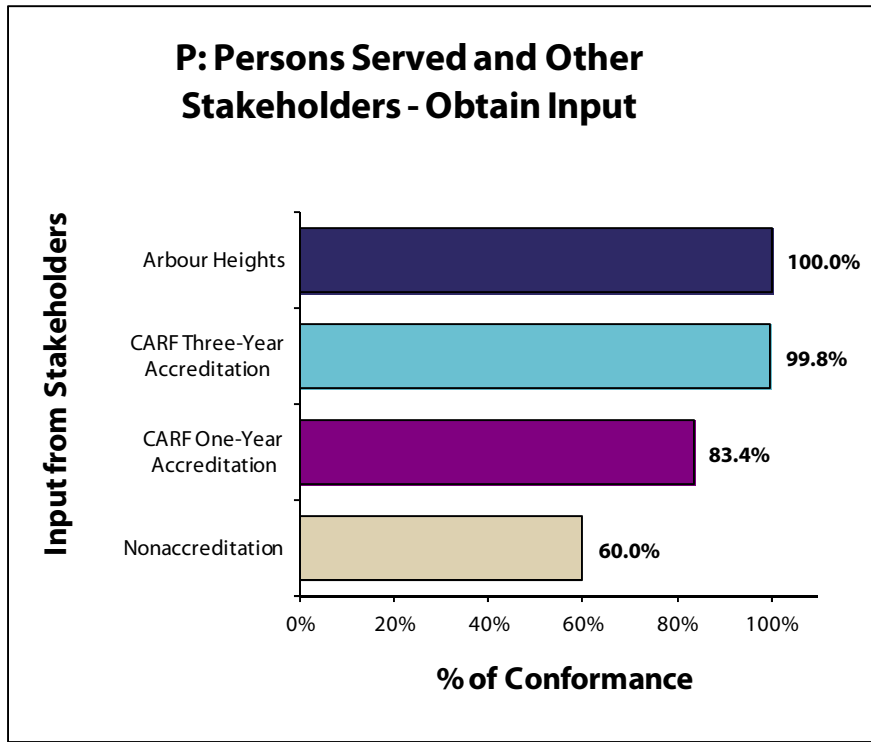
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* Excluding Governance.

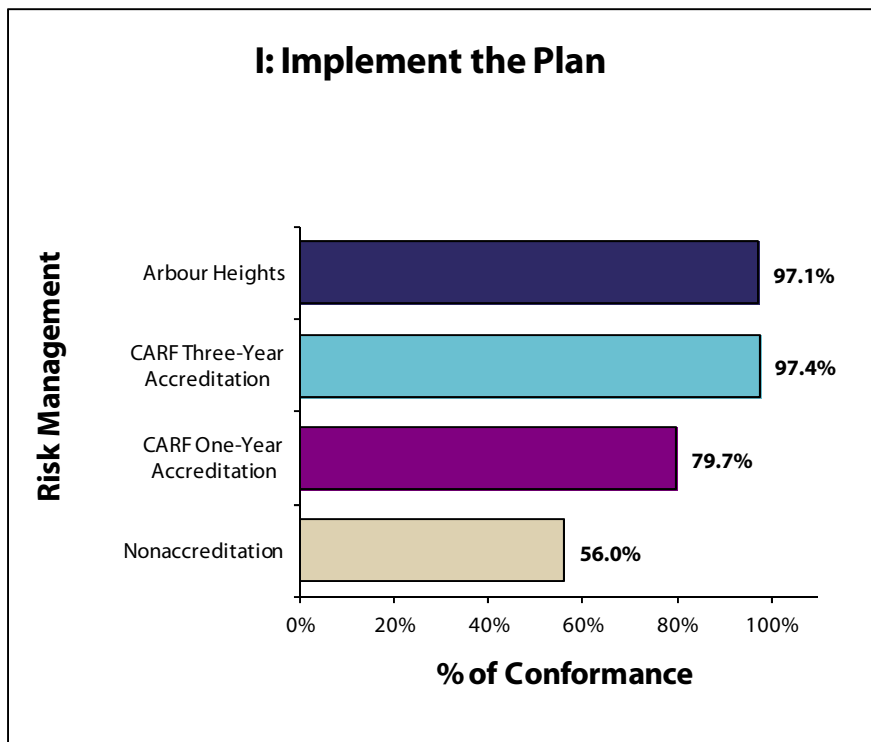
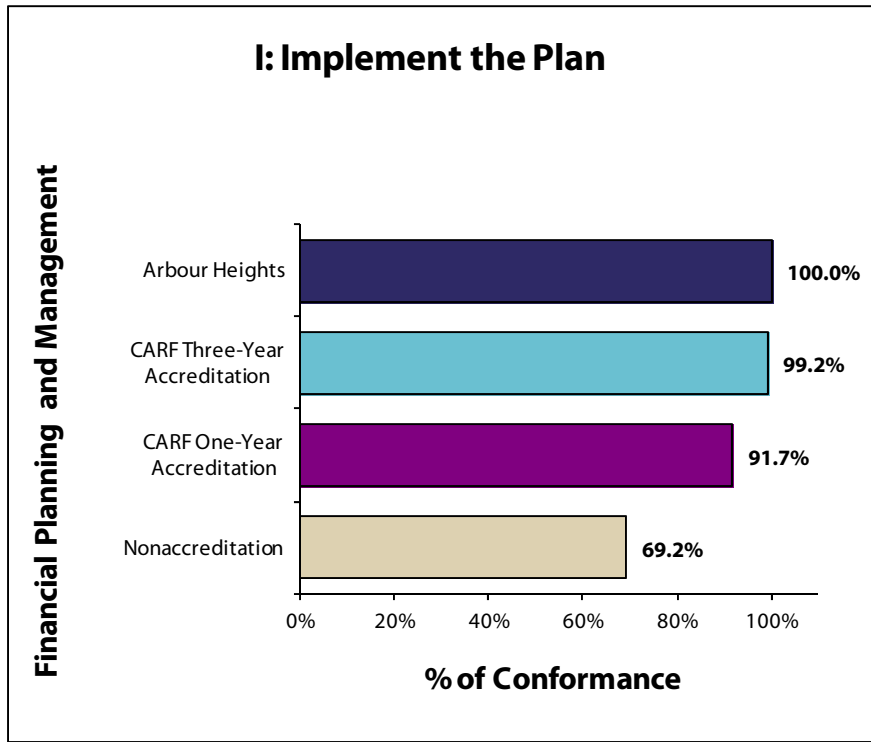
All surveyed organizations



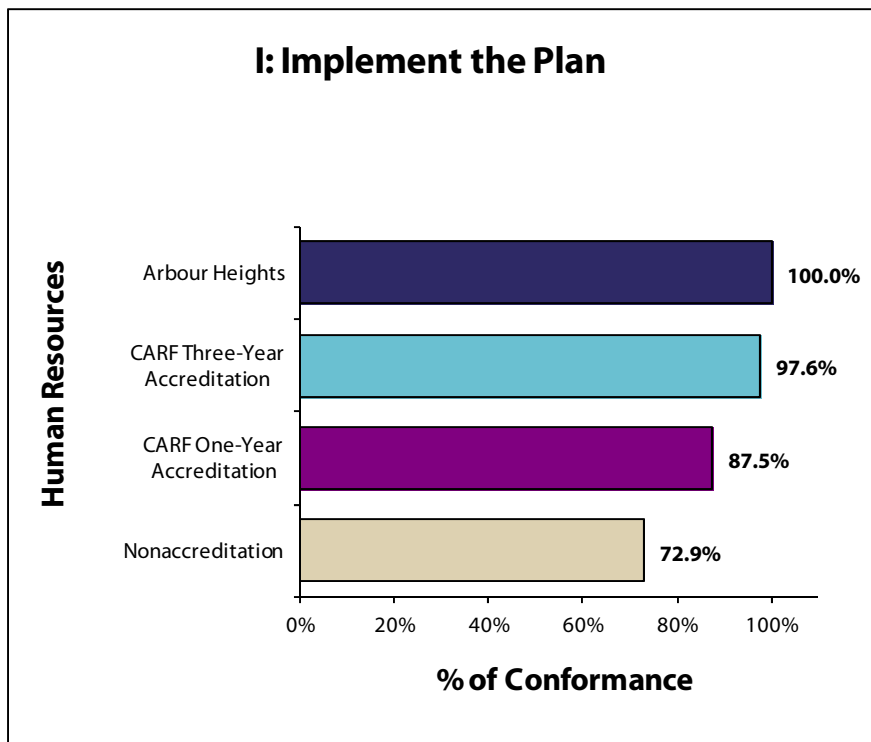
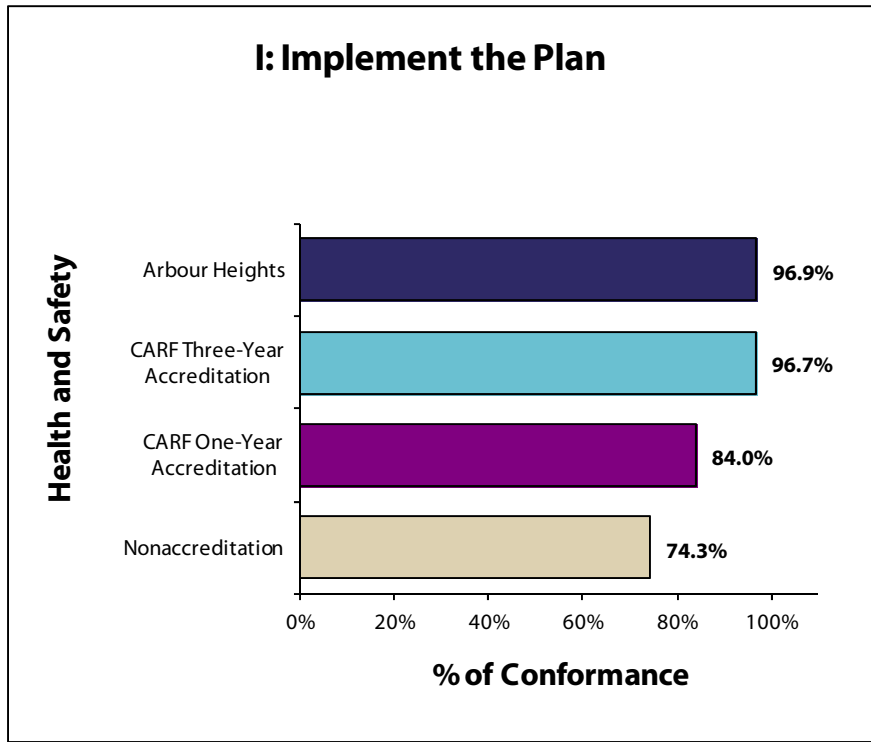
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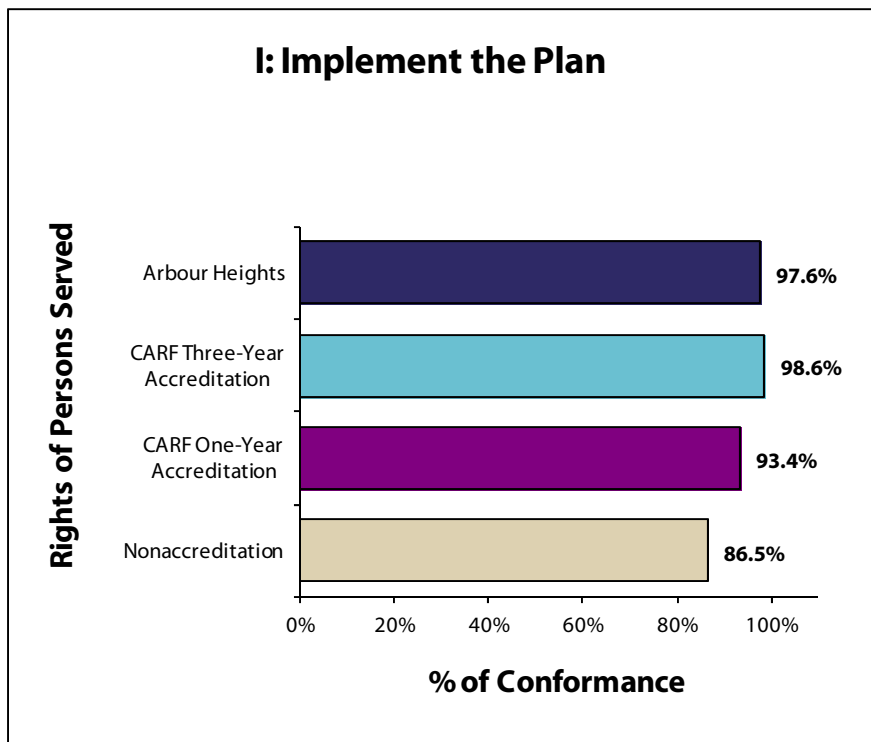
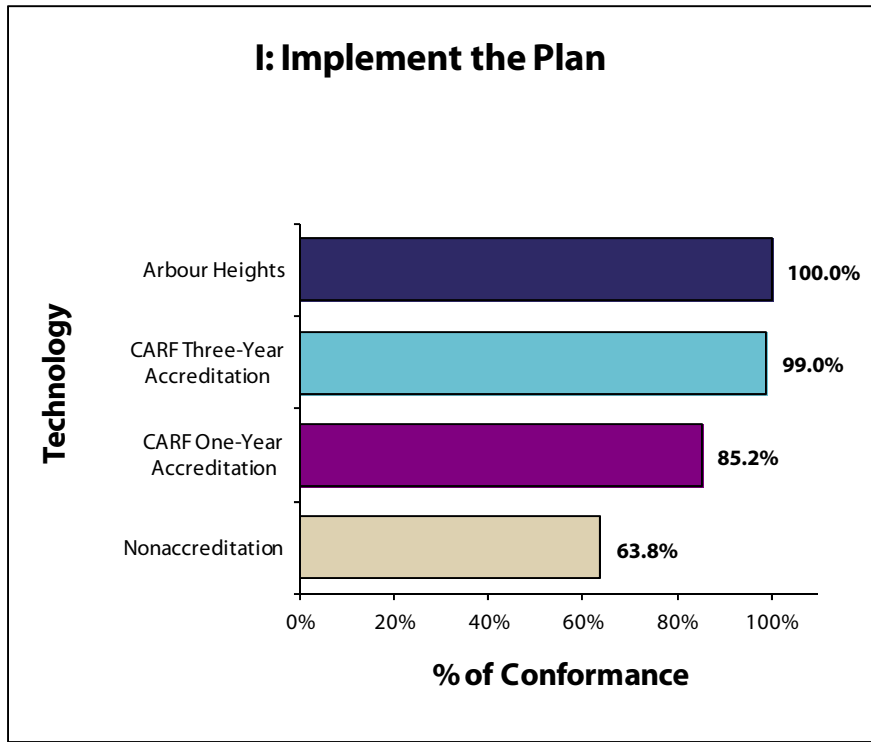
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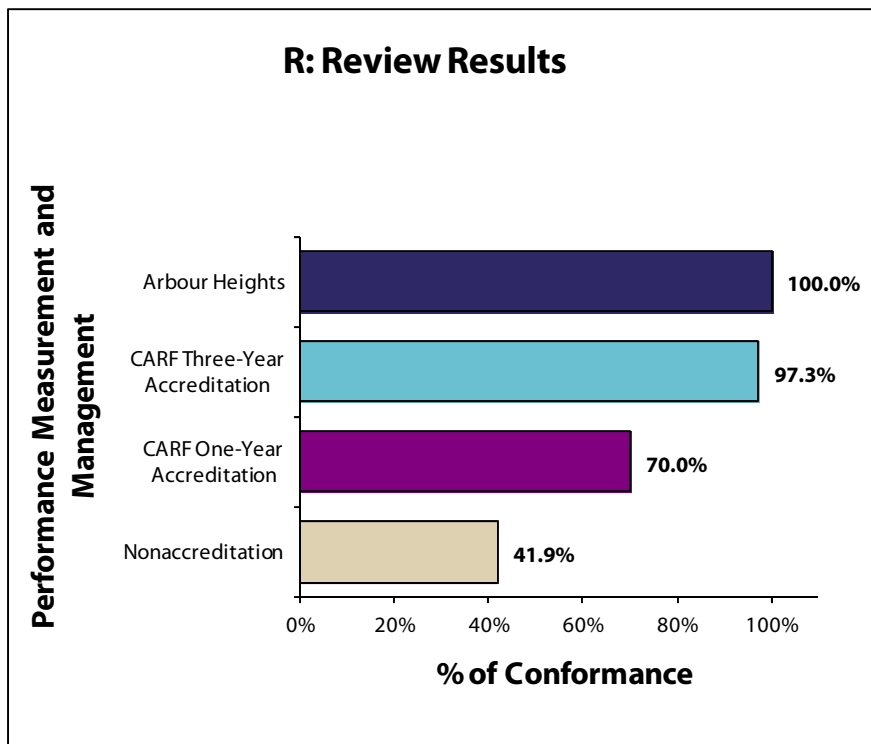
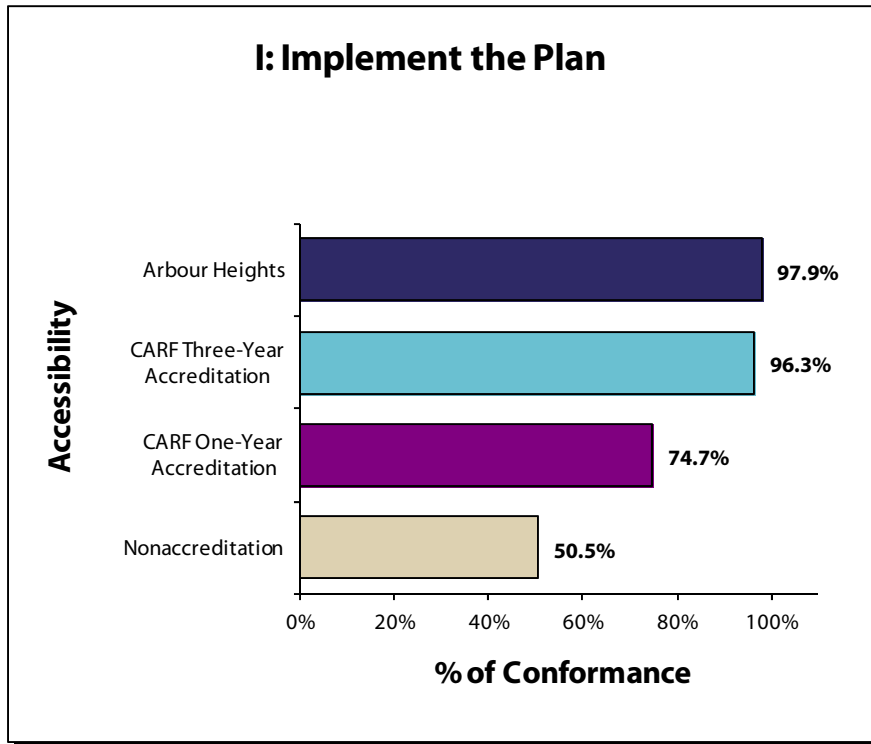
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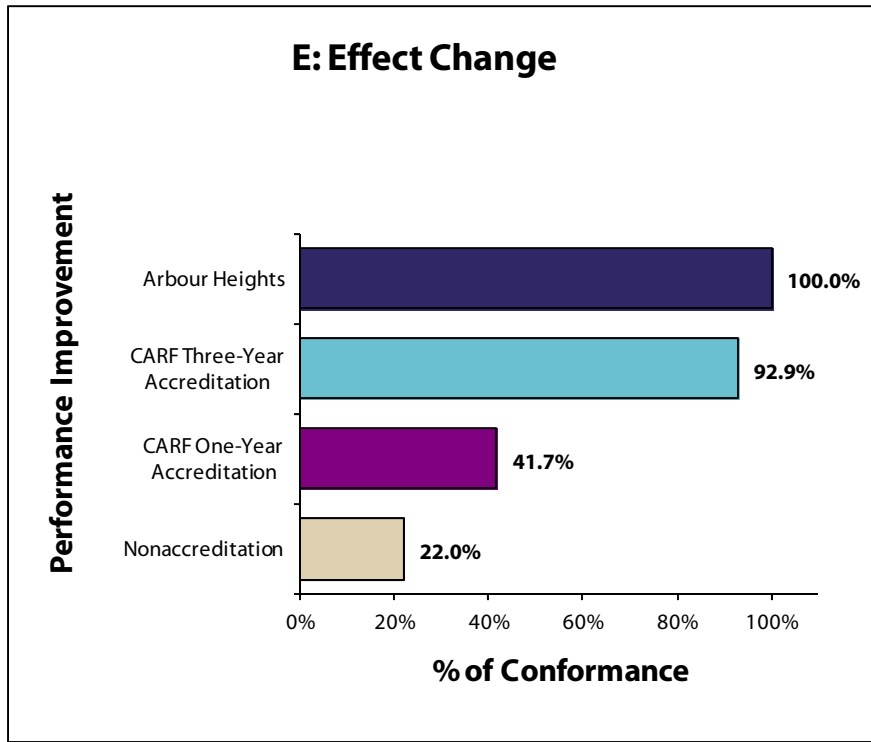
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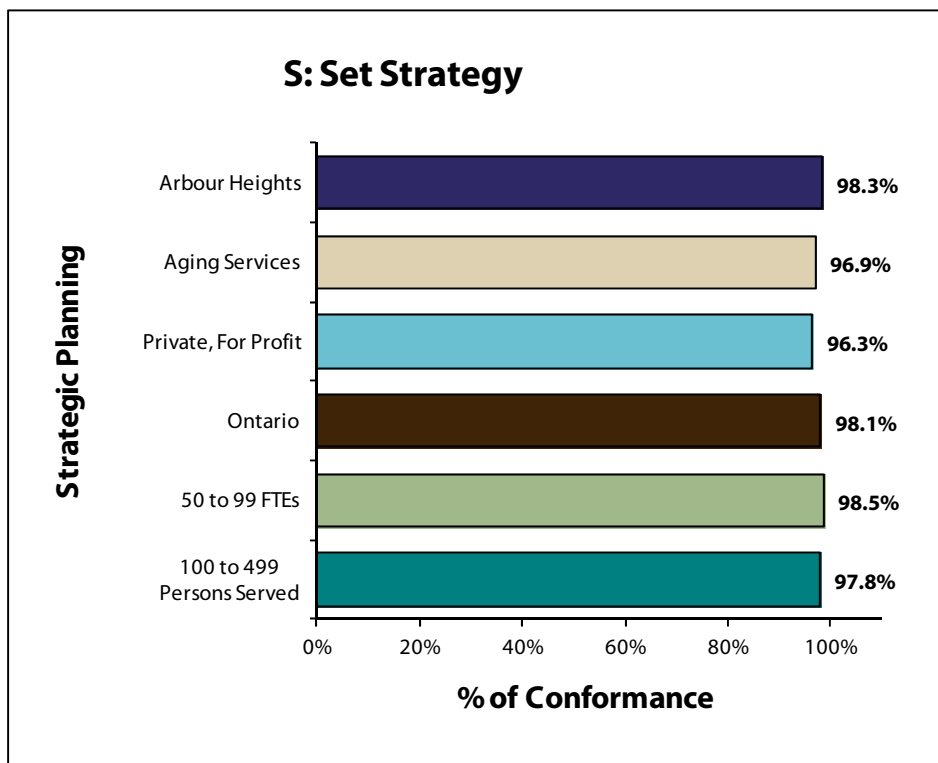
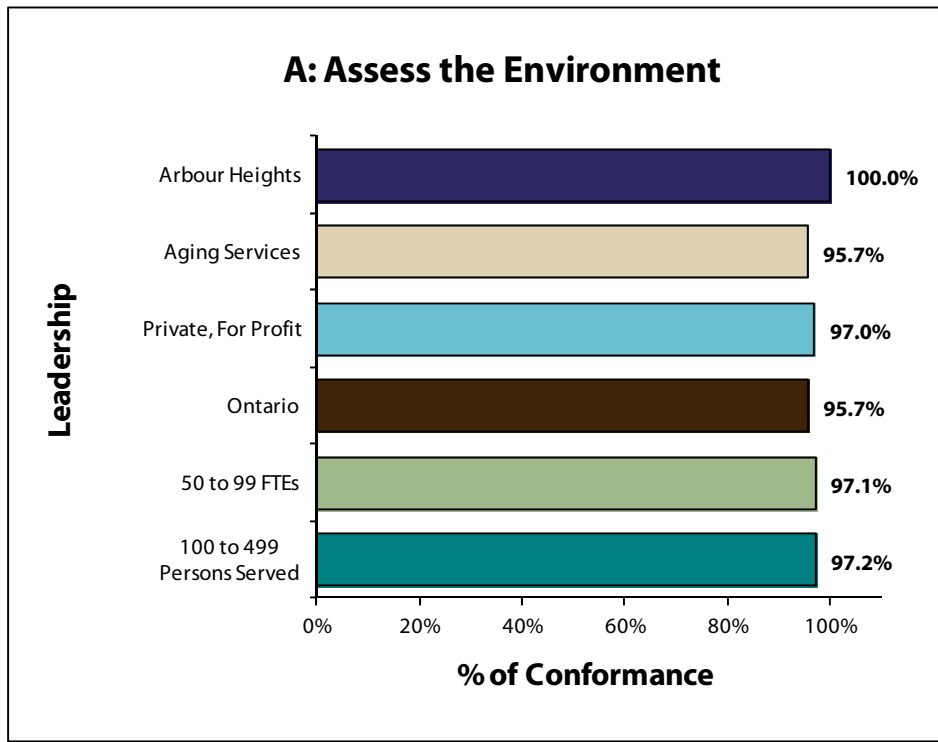
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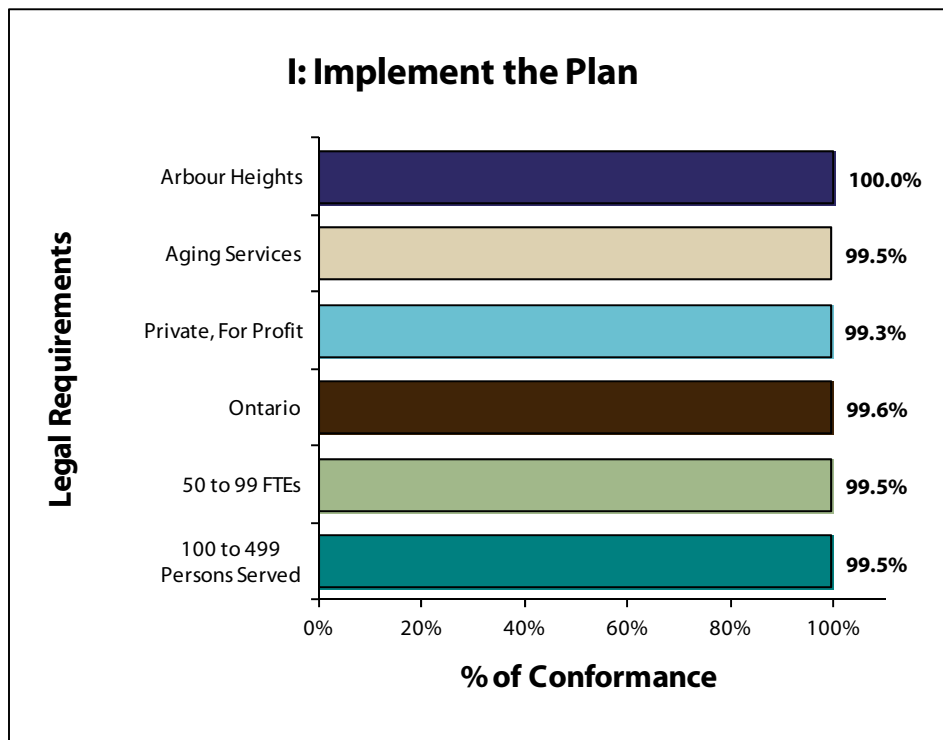
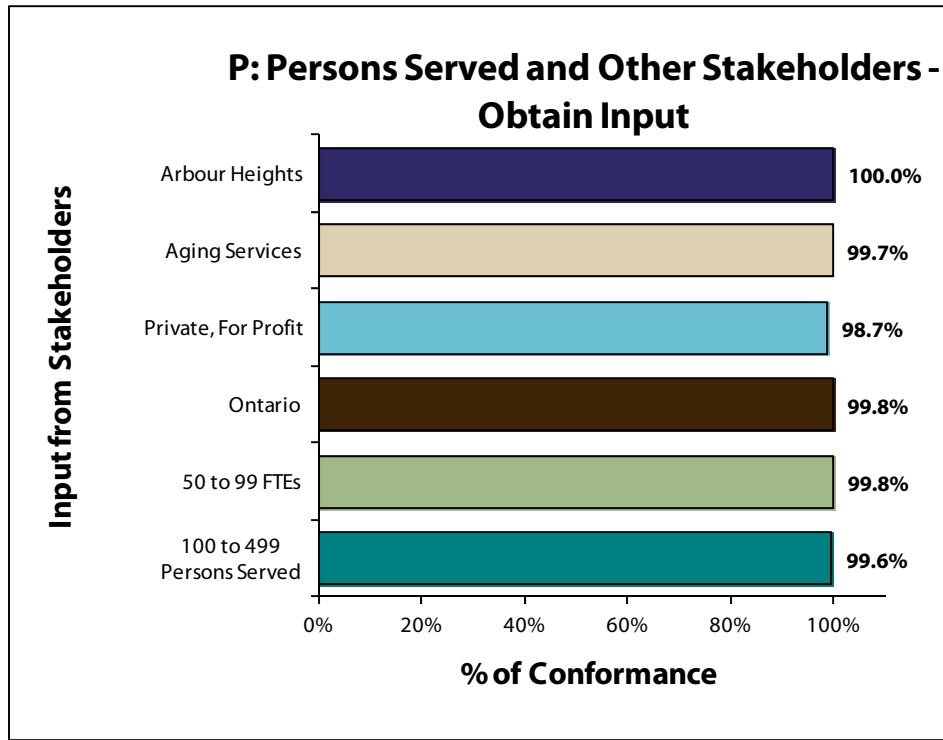
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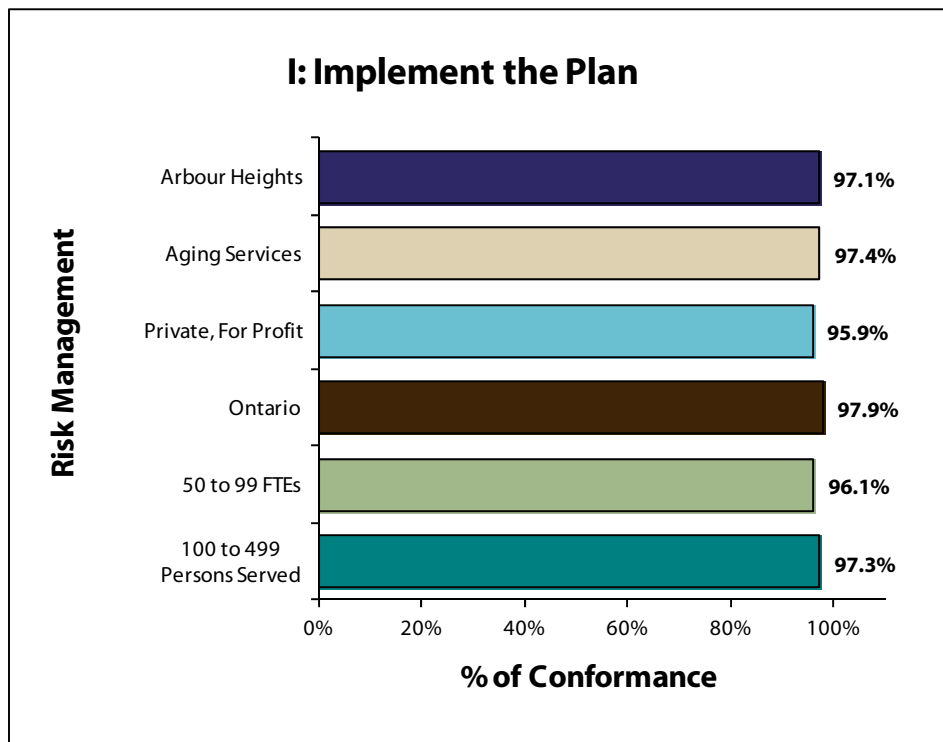
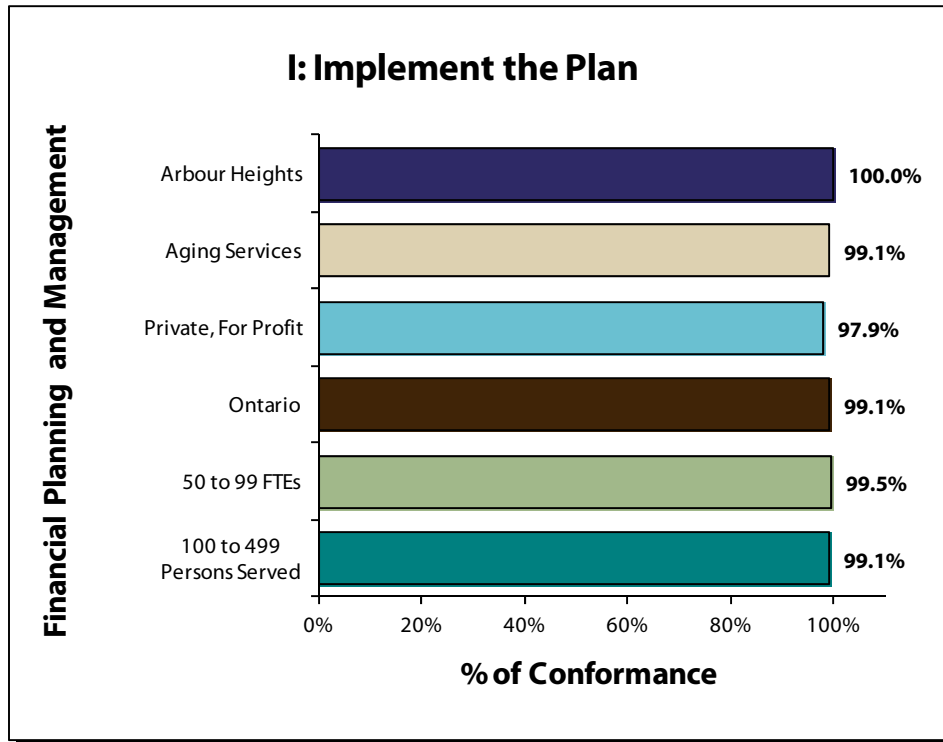
Other benchmarks



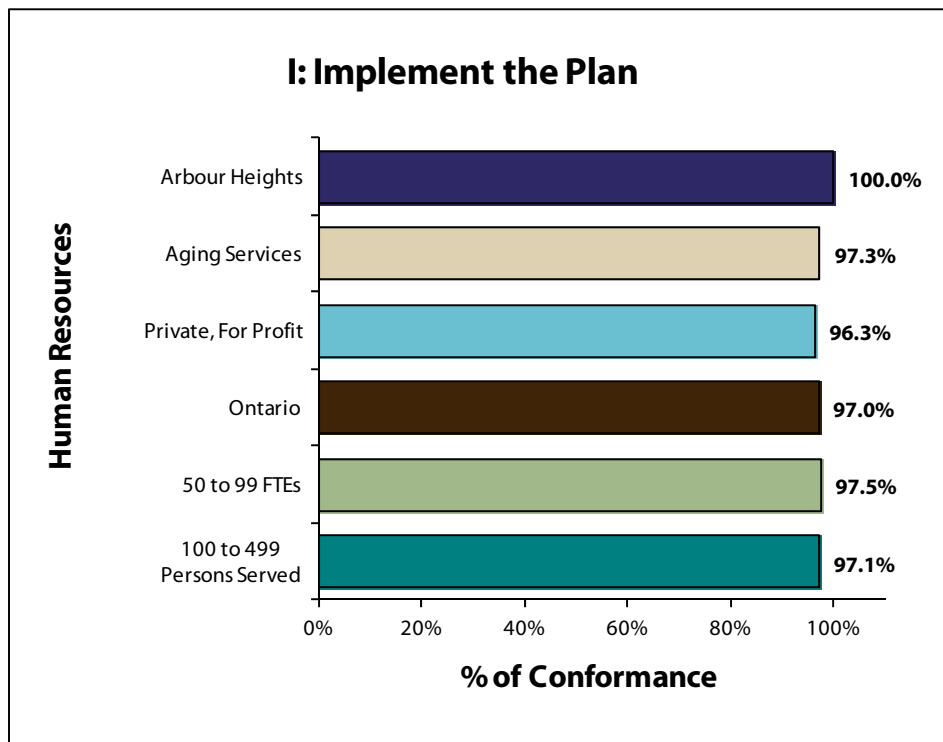
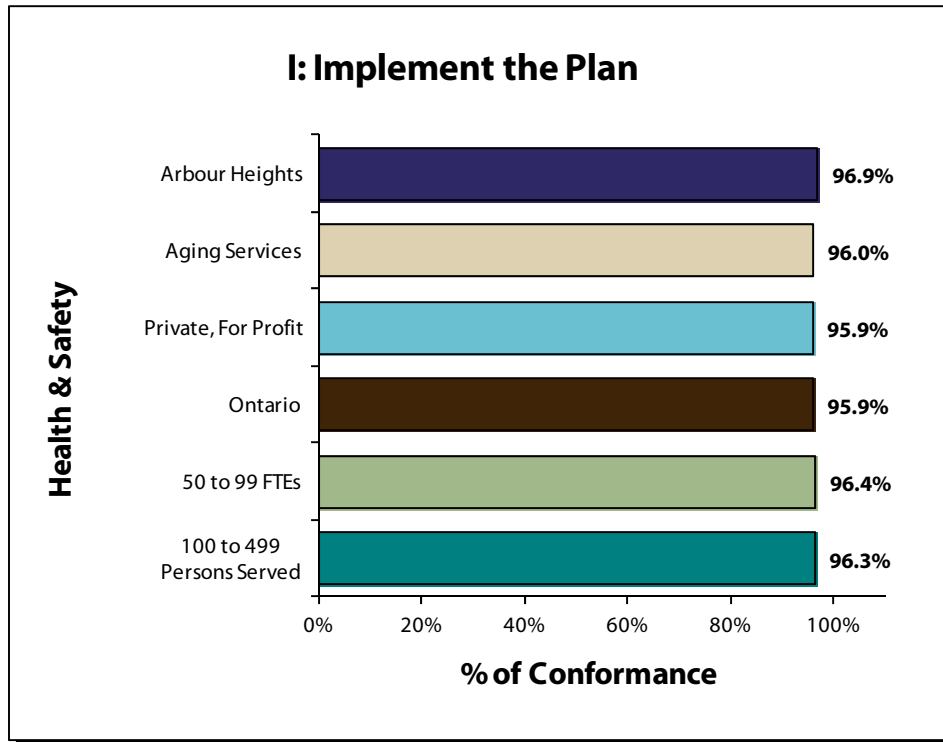
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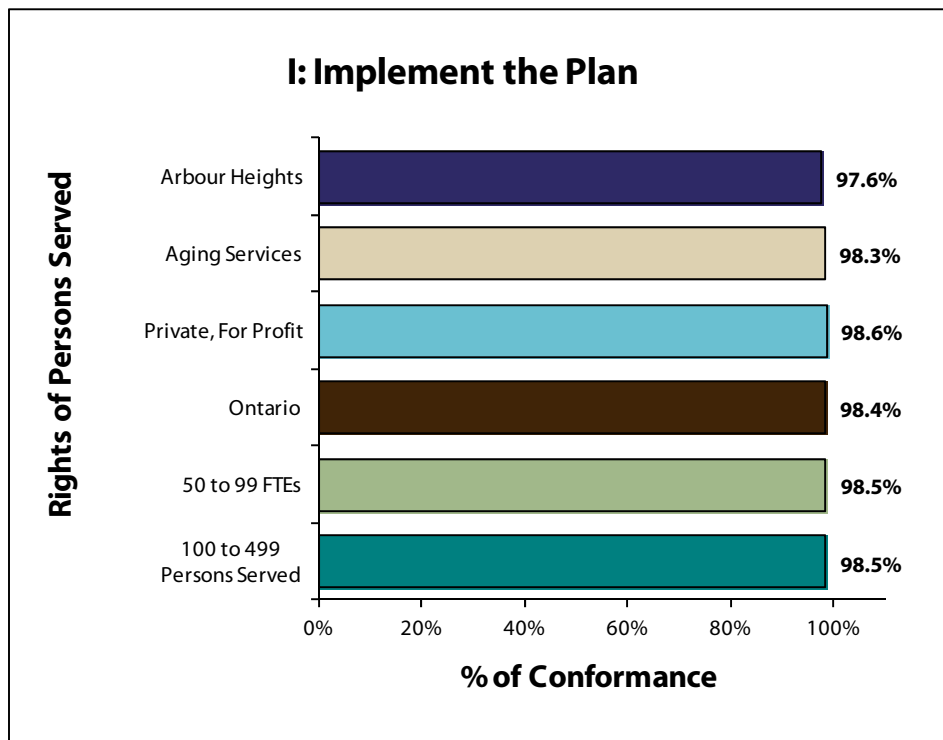
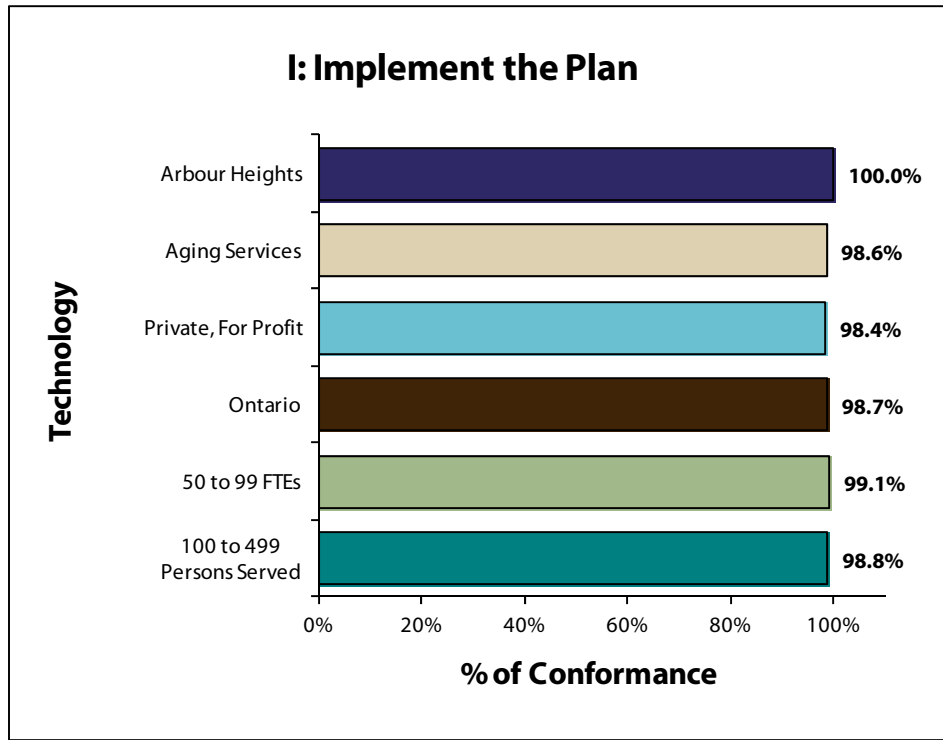
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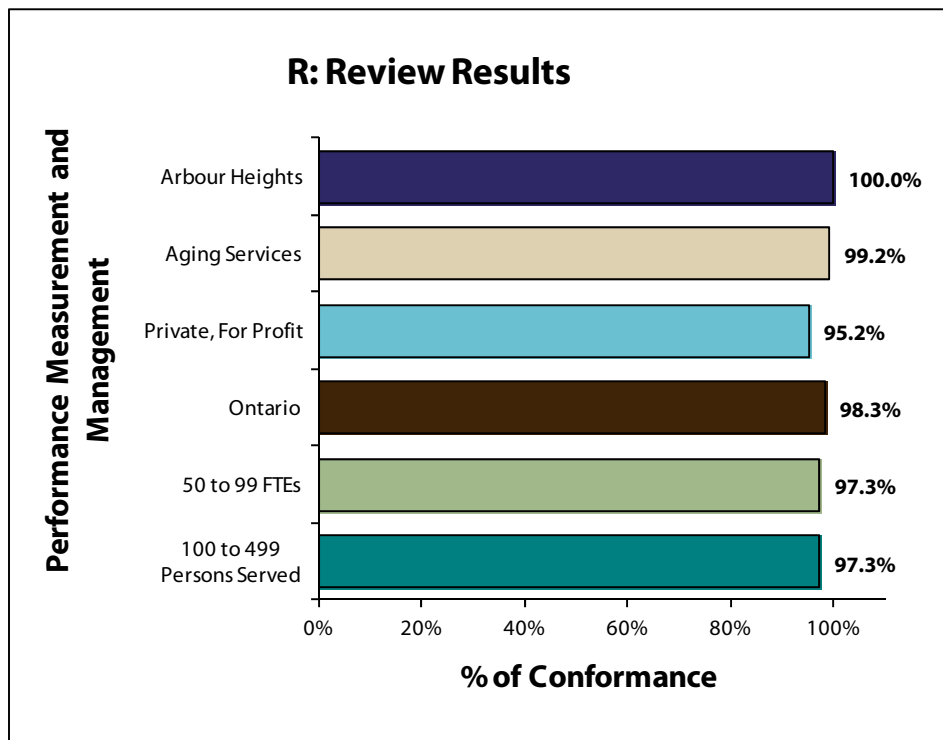
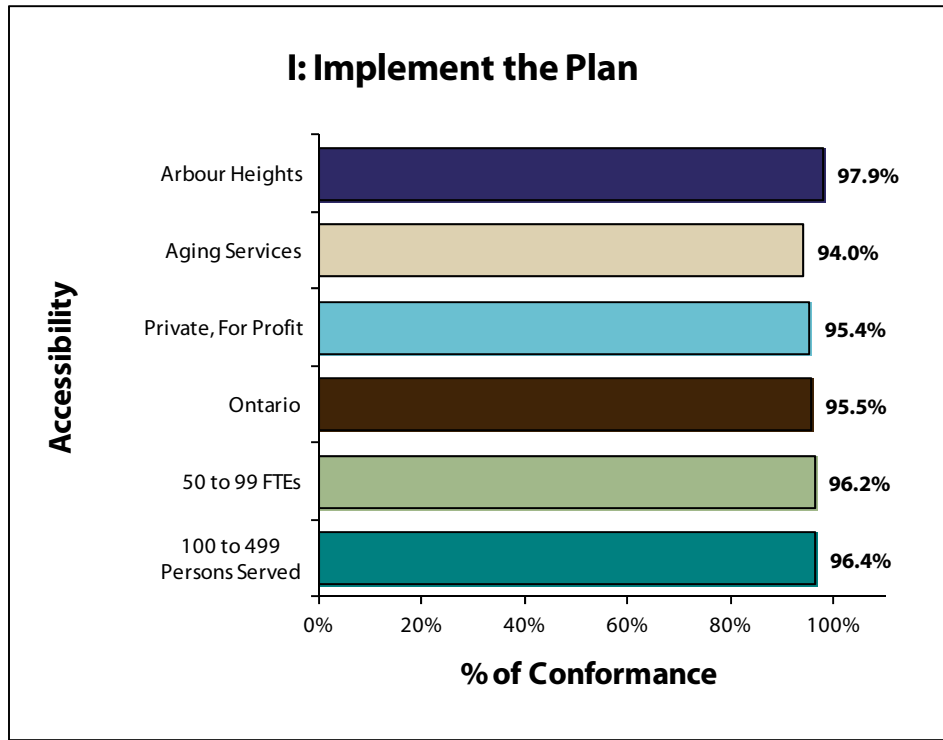
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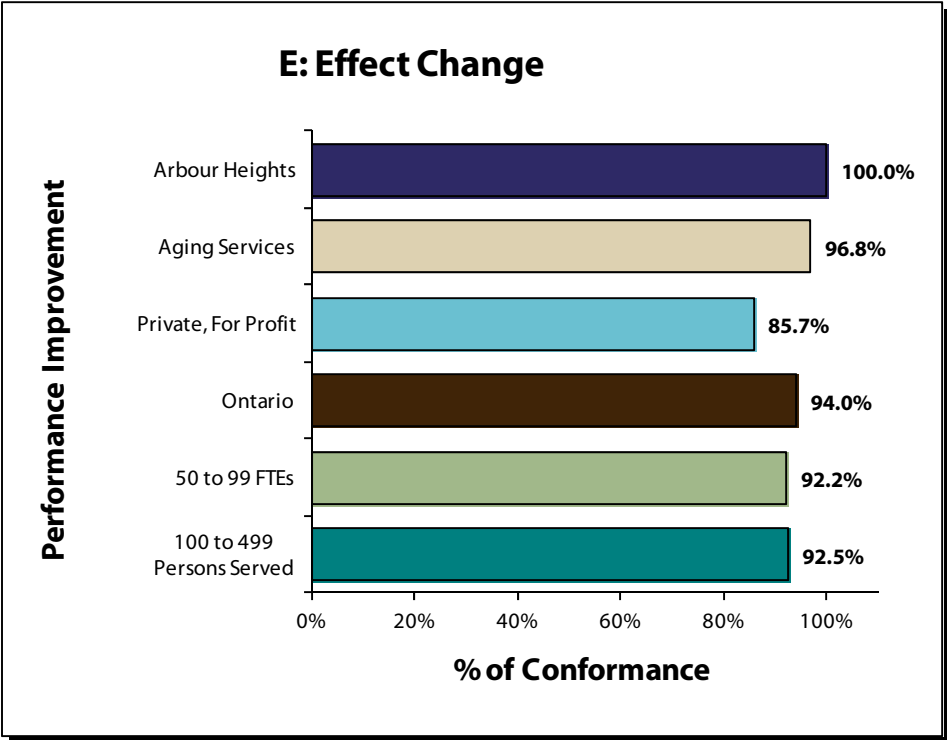
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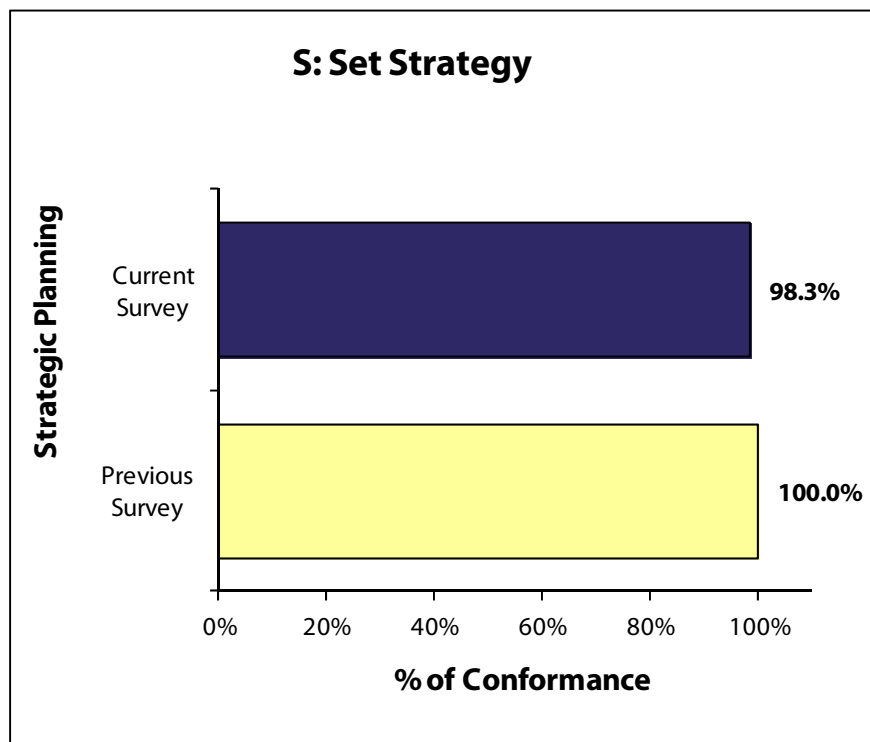
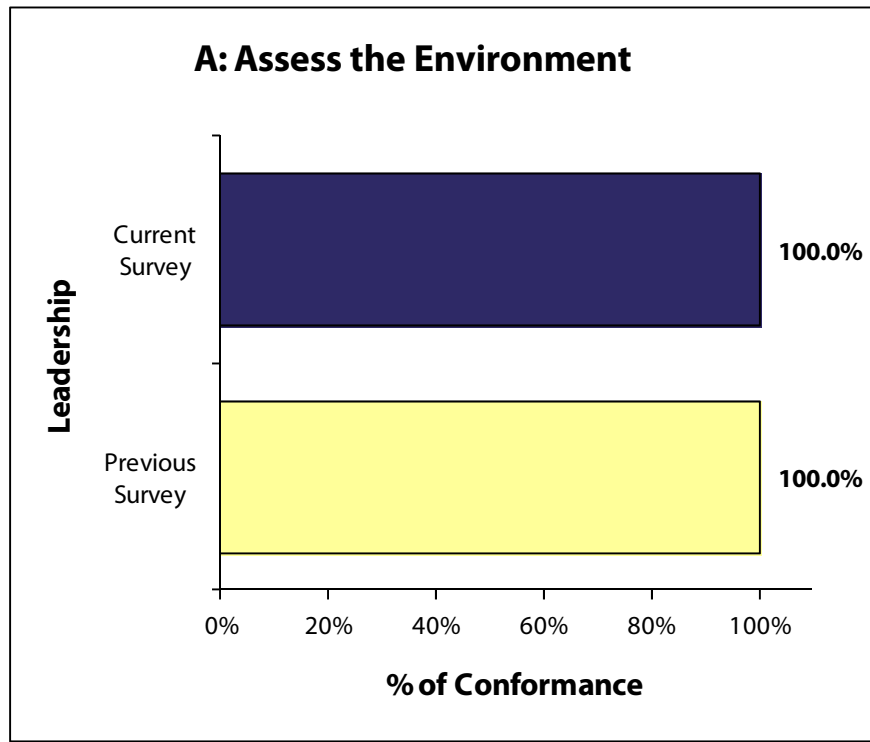
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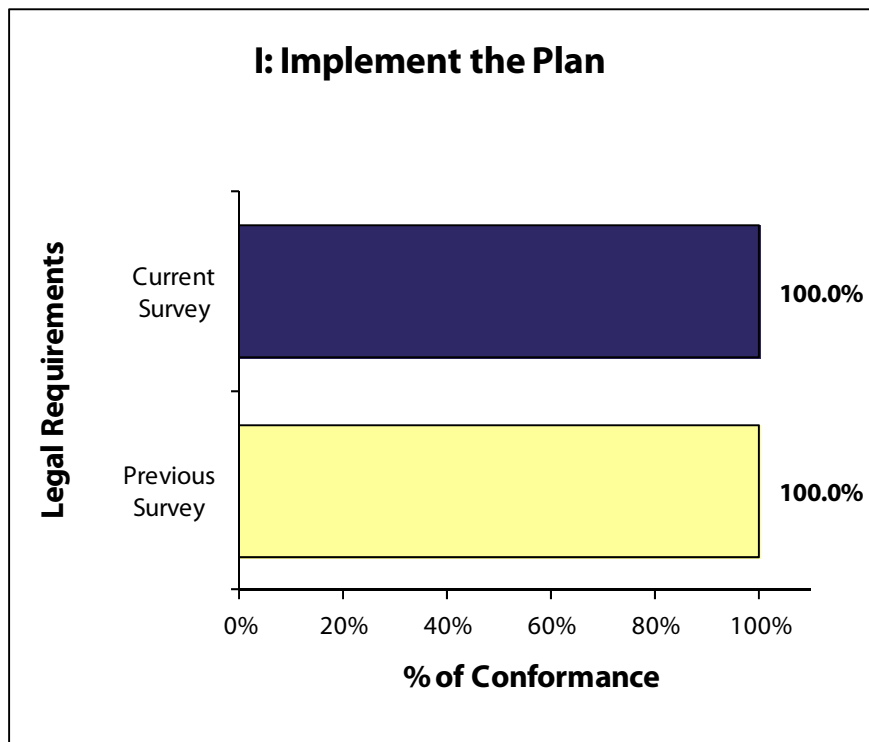
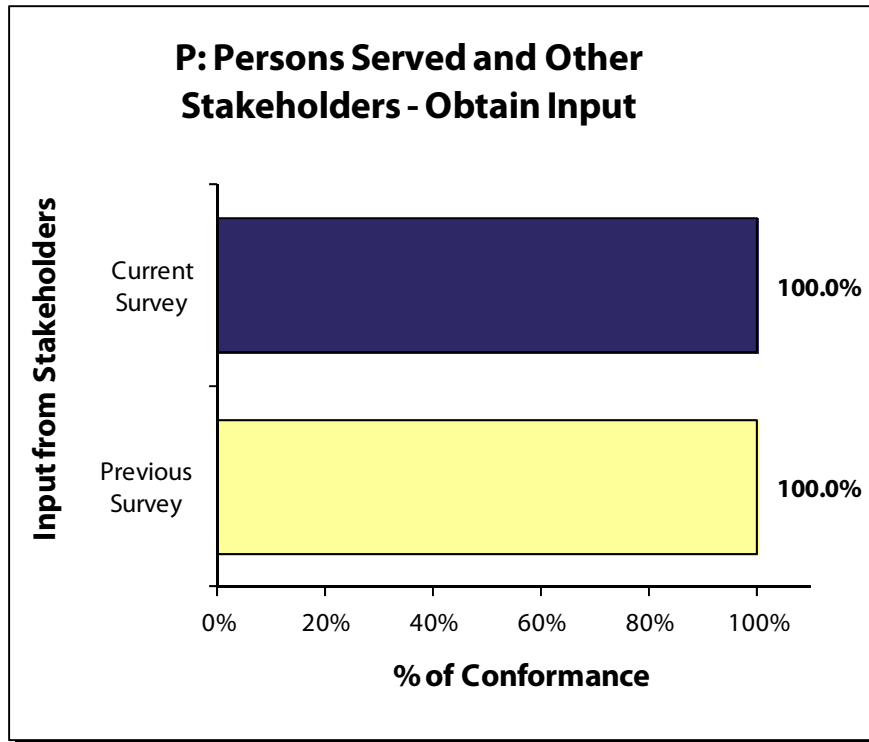
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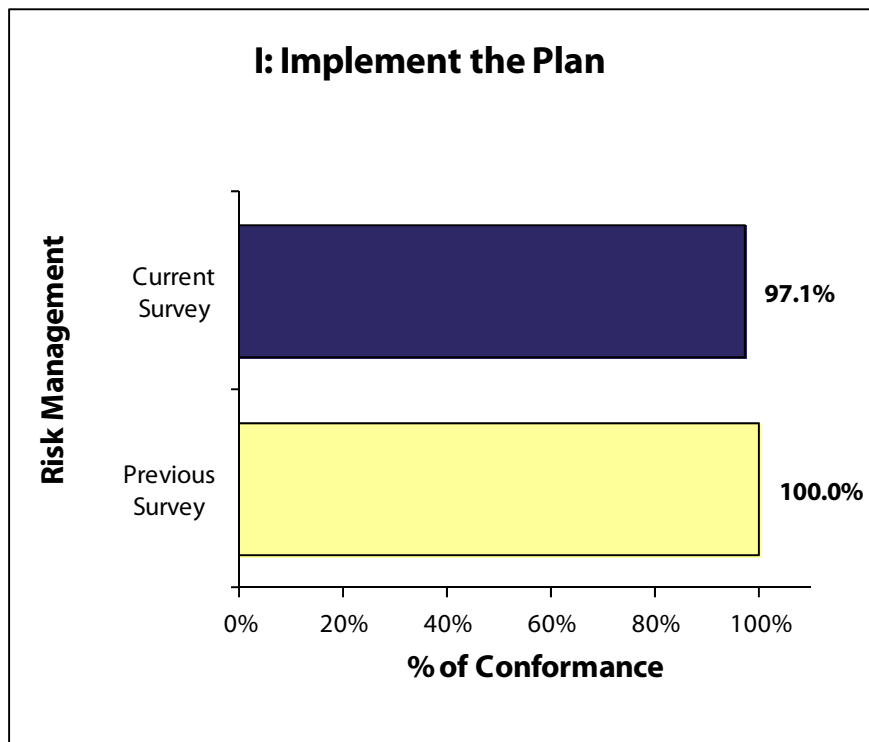
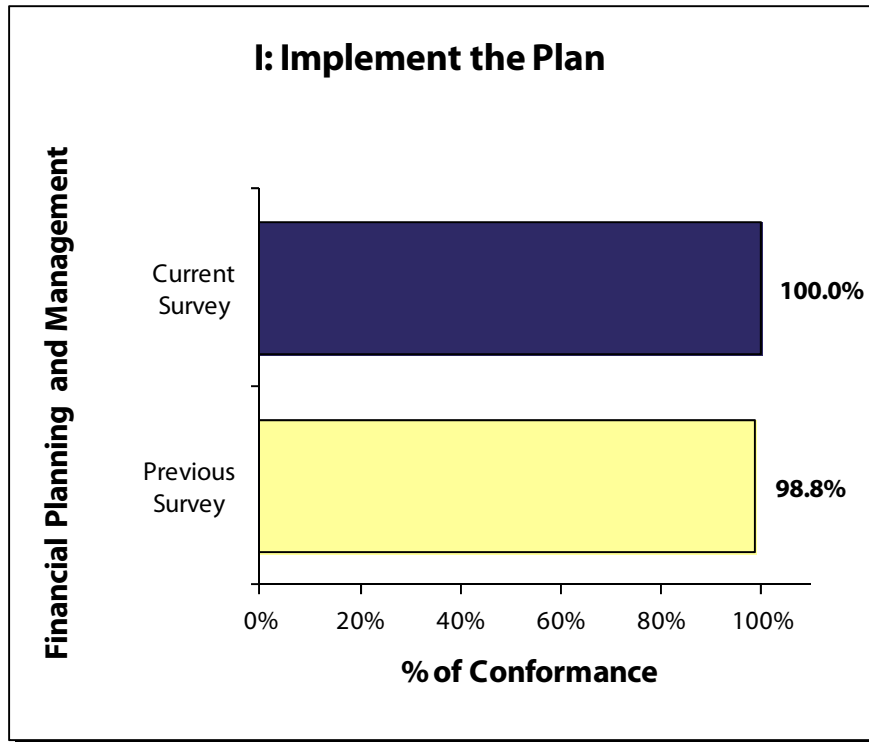
Previous survey



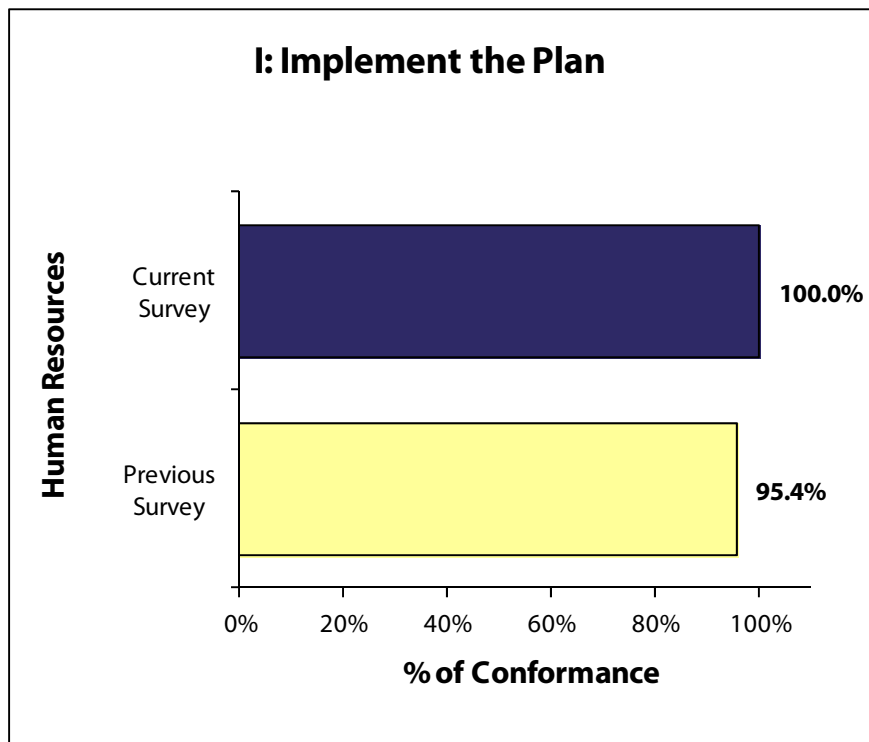
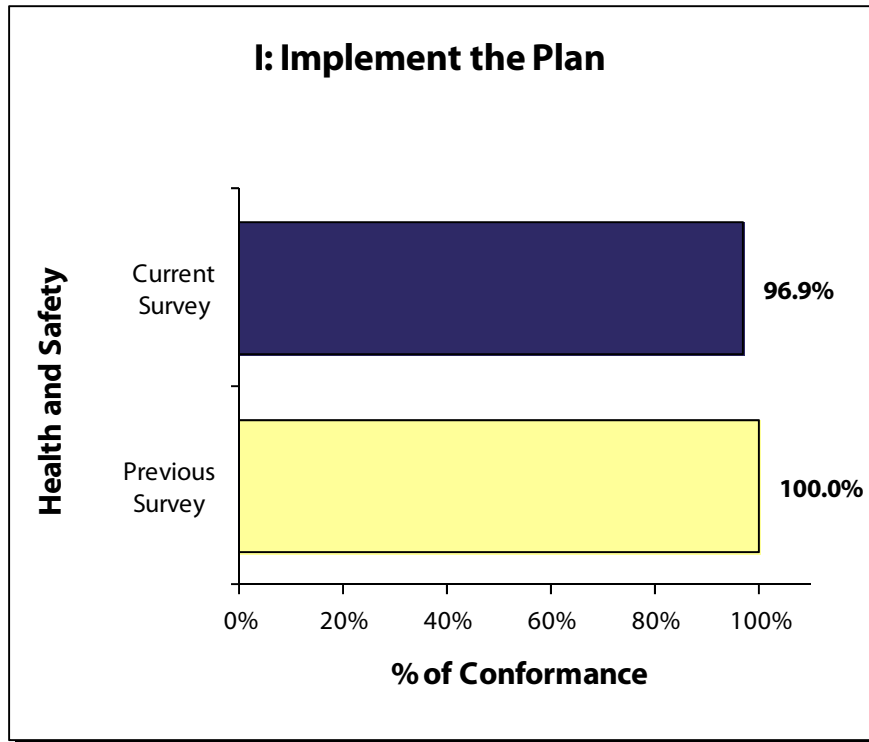
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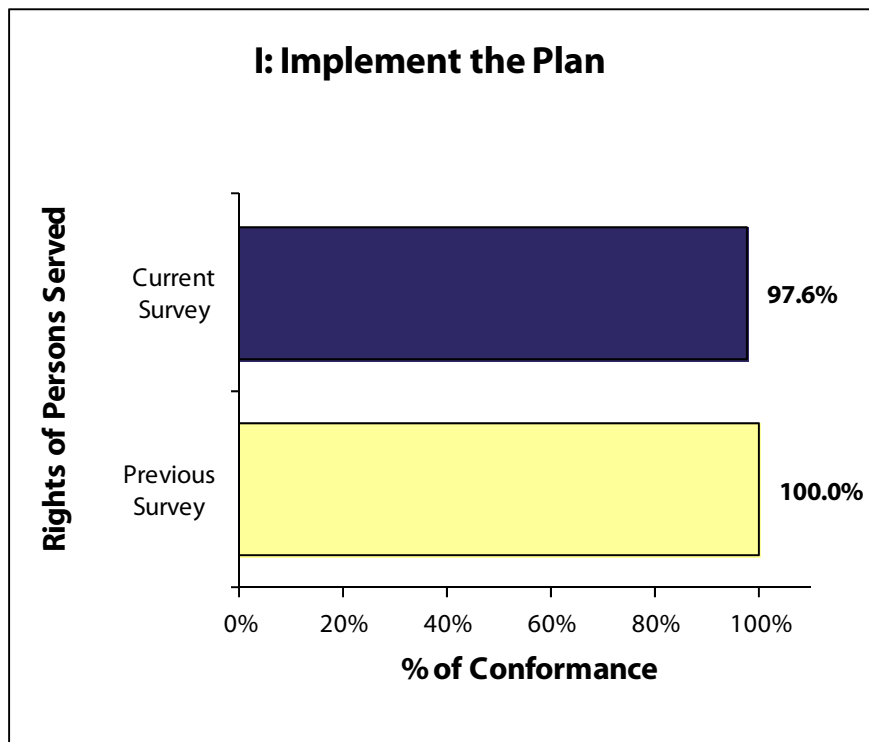
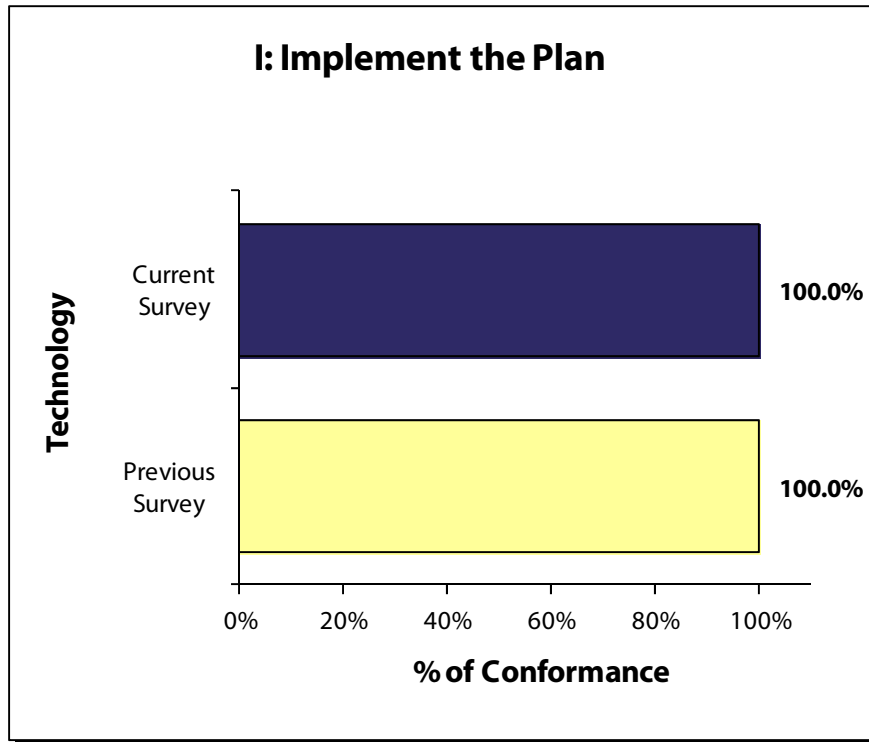
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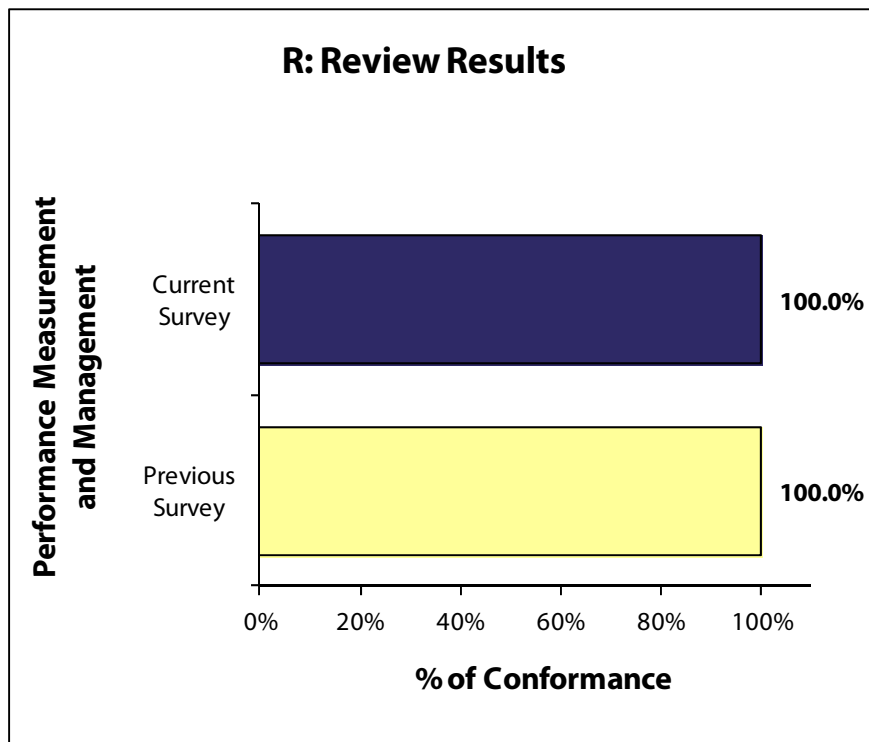
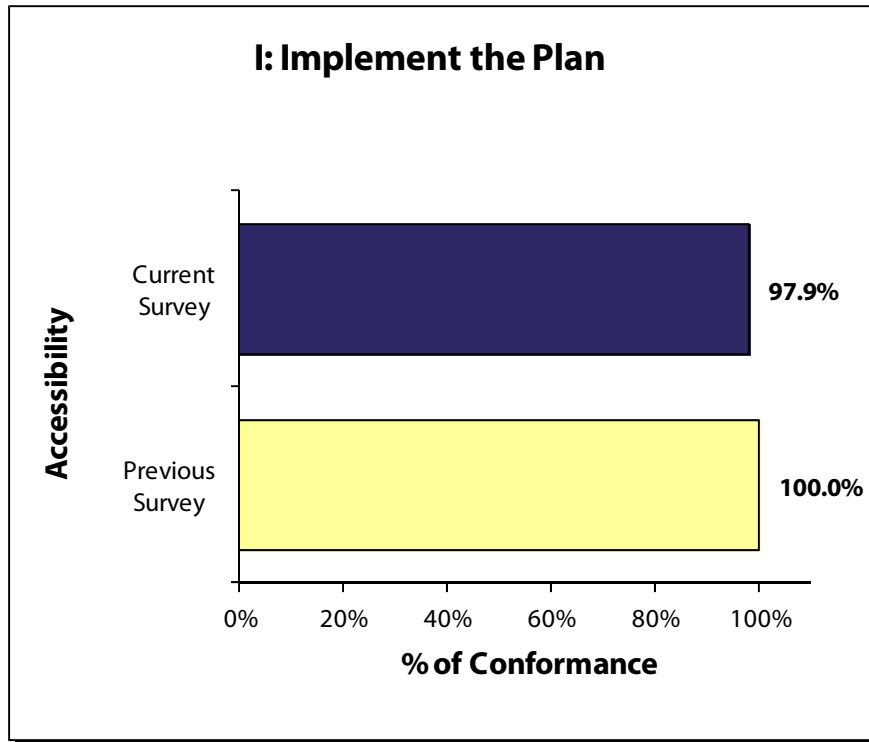
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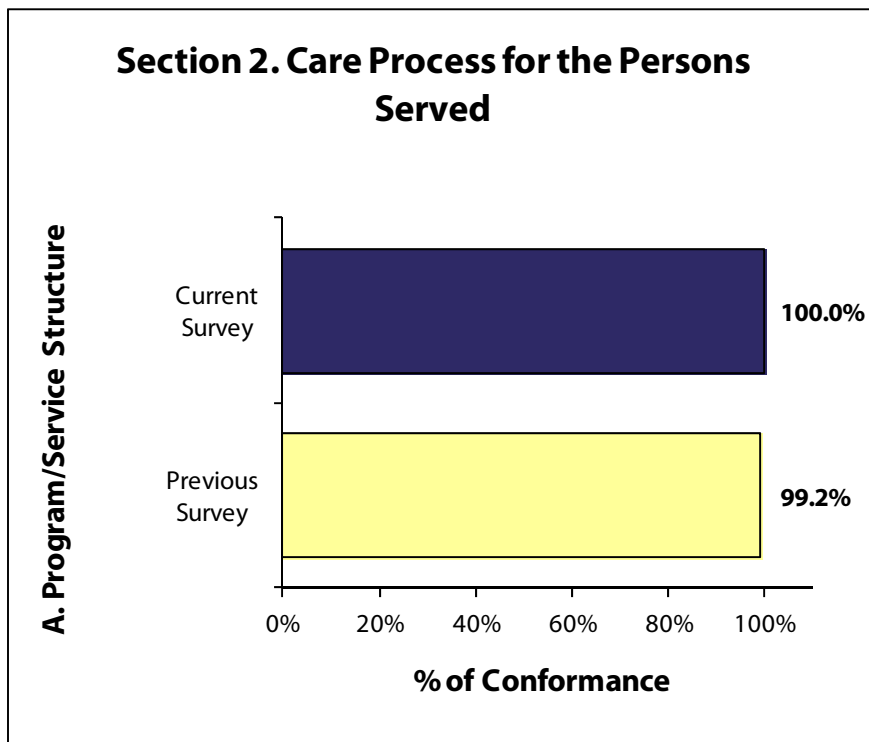
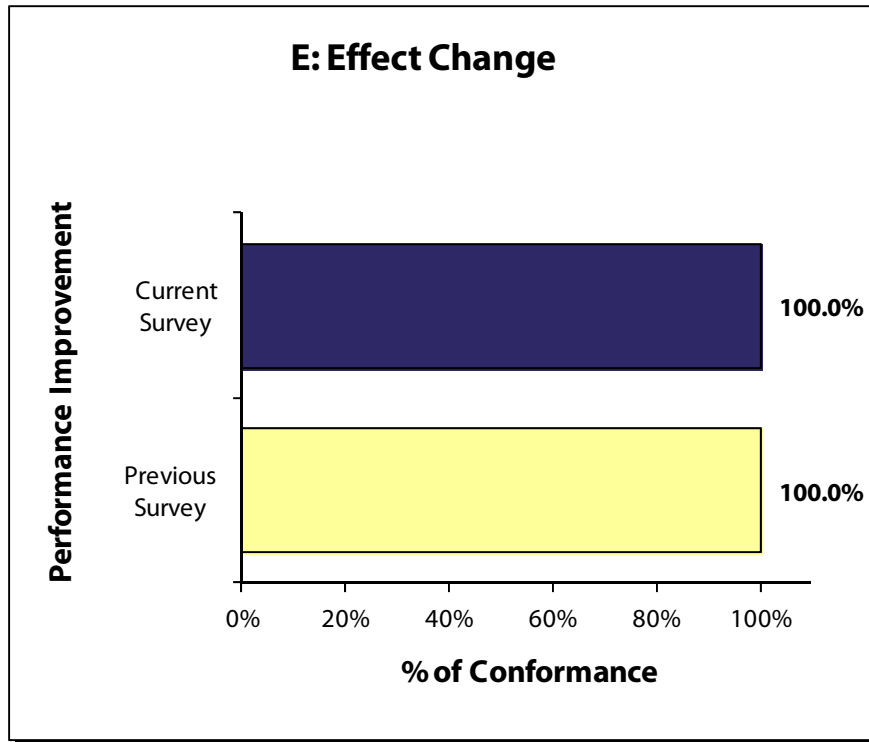
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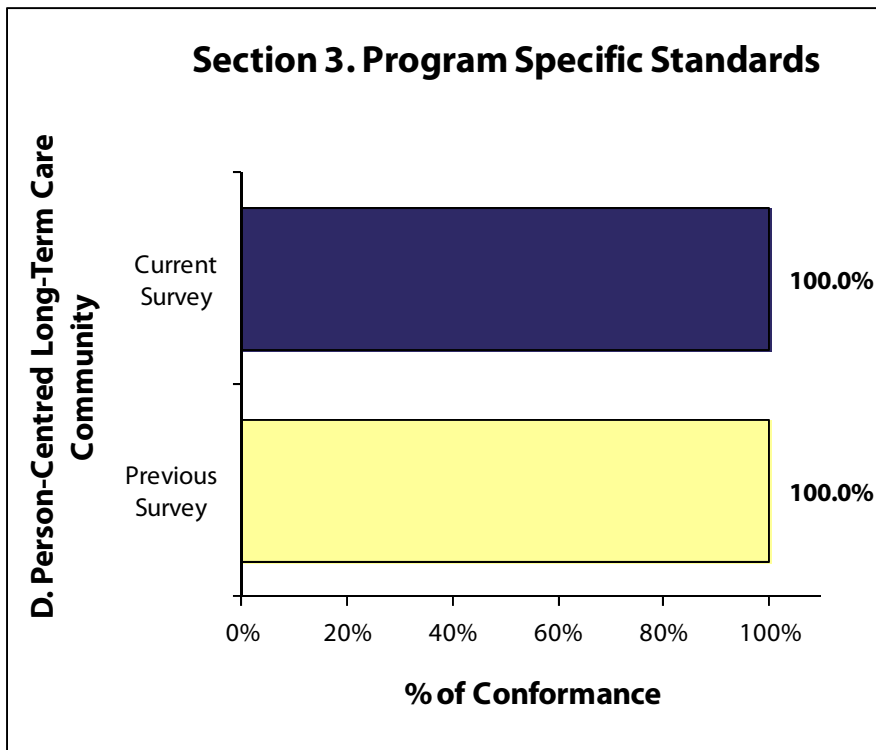
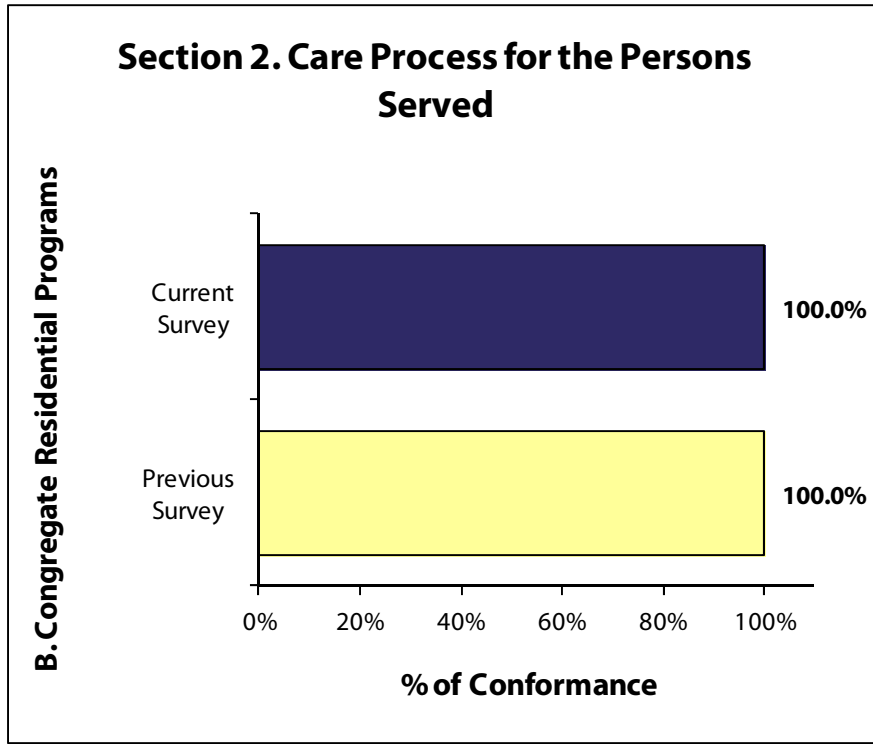
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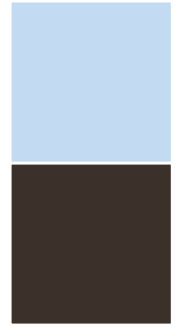
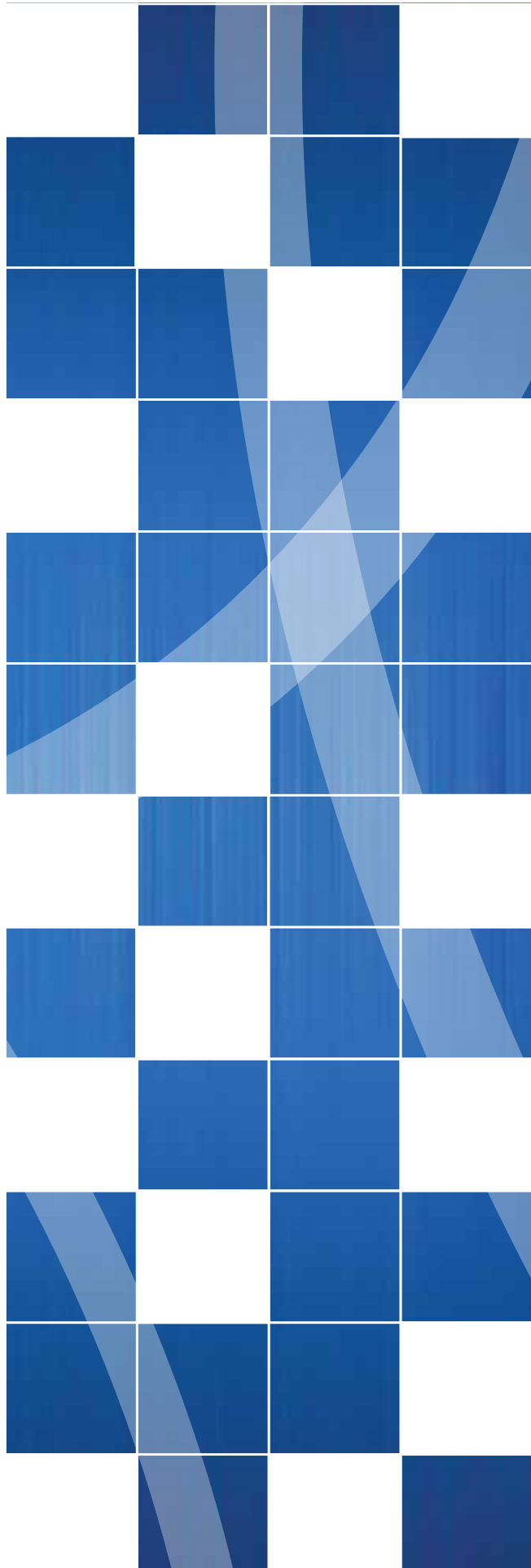
Previous survey — continued



Previous survey — continued



enhancing PEOPLE'S LIVES



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