

Accreditation Report
Quality Improvement Plan
& Benchmarking Data



enhancing PEOPLE'S LIVES

Accreditation Report

Quality Improvement Plan
& Benchmarking Data

Prepared for
Arbour Heights

enhancing PEOPLE'S LIVES

Accreditation Decision

Three-Year Accreditation

Expiration: June 2016

Organization

Arbour Heights

564 Tanner Avenue

Kingston, ON K7M 0C3

Canada

Organizational Leadership

Christine Sellery, Administrator

Survey Dates

June 20-21, 2013

Survey Team

Frank E. Gainer, M.H.S., OTR/L, FAOTA, Administrative Surveyor

Linda Adamson, M.P.A., Program Surveyor

Programs/Services Surveyed

Person-Centred Long-Term Care Community

Survey Summary

Areas of Strength

Arbour Heights has strengths in many areas.

- ◆ The organization is commended for doing a thorough job of including persons served in the development of its strategic plan. In addition to persons served, all levels of staff were involved as well as family members. The end product is comprehensive and is guiding the organization through a turbulent time. In addition, the annual evaluation of the strategic plan also involved a strong representation of the persons served. Significant progress has been made in meeting the identified goals.
- ◆ The organization is commended on its beautiful and expansive facility. The facility is almost three years old and is impeccably maintained. Much thought was put into the development and design of the facility. The nursing units and bedrooms are expansive, and there are outdoor seating areas throughout the facility. All resident neighbourhoods, named after actual areas in Kingston, have their own separate dining area and living room that residents are encouraged to utilize. There is a large sitting area in the entranceway with a café, and there is a child daycare attached. This allows for much intergenerational interactions. In addition, cats, birds, and fish are present throughout the facility.
- ◆ All direct care personnel, including the Personal Support Workers (PSWs) and activities staff, are CPR certified.
- ◆ The organization is complimented for its practice of promoting from within. There is a definite career progression available for those personnel interested.
- ◆ The organization is complimented on how it has embraced the performance improvement process.
- ◆ The organization has numerous initiatives that it is evaluating in order to improve various processes that impact the quality of services offered to persons served.
- ◆ The administrator is very well respected. She has been in this position for approximately two years, and the feedback from family members, residents, and staff has been outstanding. In addition, the management team is highly thought of and is cohesive and strongly committed to the provision of quality service. Opportunities for improvement are continually sought, and the organization is committed to moving the program forward. Management has an open-door policy for staff, residents, and family members.
- ◆ The owners are commended on their involvement and desire to support the staff and management in creating a centre of excellence. They both take great pride in the quality of services offered.
- ◆ There is a comprehensive accessibility plan in place that is serving the organization well. It is monitored on a regular basis in order to ensure that the organization remains fully accessible.
- ◆ There is a very robust student program that makes a significant contribution to the programming for the persons served. The extensive student program allows young adults an excellent opportunity to evaluate whether or not a career in long-term care is a good fit for them.

- ◆ The organization is complimented on its exceptional ethics committee. The committee meets quarterly, or more often as necessary. There is excellent documentation of the issues discussed and outcomes of its decisions. Follow-through is noted as needed, and the ultimate goal is to ensure the safe and respectful care of the residents.
- ◆ The organization is complimented on its informative newsletters that are available on a monthly basis.
- ◆ The residents and families speak well of the home. They feel a sense of trust in the facility and that staff and management are approachable and any concerns are addressed in a timely manner.
- ◆ Staff members overall are positive about Arbour Heights as a place to work. They feel that the management team is approachable and that quality resident care is a common goal.
- ◆ The organization has an obvious commitment to health and safety. Inspections are completed monthly, areas for improvement are summarized, and follow-up action is evident. There is also documented follow-up to fire drills and external inspections.
- ◆ There is a comprehensive tracking system for education that allows the organization to ensure that all staff members receive the necessary training.
- ◆ The organization makes good use of community resources for education and support of residents and families.
- ◆ The residents identified improvements in the food services over the past two years. There is an obvious commitment in the food service department to meet resident needs and provide an enjoyable dining experience for all residents, including those with special nutritional needs.

Areas for Improvement

Arbour Heights should seek improvement in the following areas.

- ◆ Although the organization is conducting a financial audit of resident records on a semi-annual basis, it is urged to increase this frequency to quarterly.
- ◆ During the performance evaluation process, the organization should ensure that there is evidence of input from the personnel being evaluated. In addition, evaluations should include measurable objectives that are used to assess performance. Although the organization knows how it would proceed if a student needed to be dismissed, it is urged to develop policies and written procedures for dismissal.
- ◆ The organization is urged to include information regarding entry, transition, and exit criteria within its admission agreement.

Accreditation Decision

Arbour Heights has earned a Three-Year Accreditation. On balance, Arbour Heights has made a commitment to conform to the CARF standards and is commended for its efforts to provide quality services. The organization has a strong performance improvement process and appears to be meeting the needs of its residents and other stakeholders. The positive attitude with which the management and staff

prepared for and participated in the survey and their receptivity to the consultation, suggestions, and recommendations that were offered instill confidence that the organization will use the results of this survey to further improve organizational and service quality.

Exemplary Conformance

Section 2. Care Process for the Persons Served

A. Program/Service Structure

- ◆ The organization is recognized for its creativity in meeting the needs of its younger residents. Recognizing that this was a small group in its overall population with unique needs, the organization reached out to other homes and created joint opportunities for these residents. This partnering with other homes has allowed the organization to share resources and create opportunities for this group. The residents value these programs, and their families recognize how these programs have helped their relative adjust and improved his or her quality of life.

Consultation

Section 1. ASPIRE to Excellence®

D. Input from Persons Served and Other Stakeholders

- ◆ It is suggested that the organization evaluate shortening its resident satisfaction survey. This may encourage greater participation rates. In addition, the organization is encouraged to look at additional methods to gather satisfaction data; e.g., online tools.
- ◆ The organization may want to consider collecting email addresses from family members in order to provide an additional avenue for communication.

J. Technology

- ◆ It is suggested that the organization evaluate the need for a contract with a local IT provider in order to receive 24-hour-a-day, 7-day-a-week technical support.

N. Performance Improvement

- ◆ It is suggested that the organization discuss with the persons served what format they would prefer to have the performance improvement information shared with them.

Section 2. Care Process for the Persons Served

A. Program/Service Structure

- ◆ It is suggested that the organization look at expanding its educational opportunities for promoting wellness of the persons served.
- ◆ The home has provided a computer and internet access for resident use. However, this is located in a high traffic area of the home. The organization may want to consider providing residents with a greater degree of privacy when they are accessing the computer.

- ◆ Although activities are posted throughout the home, residents do not appear to always understand what a particular program entails. It is suggested that the home explore ways to ensure that residents are aware of the content of various activities.

Section 3. Program Specific Standards

D. Person-Centred Long-Term Care Community

- ◆ It is suggested that the home strengthen its existing policy on the use of essential oils and other complimentary therapies to make it more comprehensive.

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:
All components not addressed	When a standard element requires more than one item, at least one item (but not all) is not in full conformance.
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 50 th 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																
		All components not addressed	Credentials inadequate	Data or information necessary to address conformance not collected and/or evaluated	Documentation inadequate	Effort not comprehensive	Financial ratio calculation below median	Forms inadequate	Frequency inadequate	Information not communicated understandably	Involvement by appropriate person(s) inadequate	Noncompliance with law, regulation, or other rule	Policy/plan/procedure/practice not consistently implemented	Policy/plan/procedure/practice not developed	Policy/plan/procedure/practice not implemented	Policy/plan/procedure/practice recently implemented	Training inadequate	Evidence of conformance inadequate
1.F.7.a.	If the organization bills for services provided, a review of a representative sampling of records of the persons served is conducted: At least quarterly.								X									
1.1.6.d.(3)(b)	Performance management includes: Performance evaluations for all personnel directly employed by the organization that are: Conducted: With evidence of input from the personnel being evaluated.										X							
1.1.6.d.(4)(a)	Performance management includes: Performance evaluations for all personnel directly employed by the organization that are: Used to: Assess performance related to objectives established in the last evaluation period.													X				
1.1.6.d.(4)(b)	Performance management includes: Performance evaluations for all personnel directly employed by the organization that are: Used to: Establish measurable performance objectives for the next year.													X				
1.1.7.f.	If students or volunteers are used by the organization, there is a system of management that includes: Policies and written procedures for dismissal.			X														
2.A.11.e.(1)	Based on the scope of services, there is a written agreement: That contains information regarding: Entry criteria.													X				
2.A.11.e.(2)	Based on the scope of services, there is a written agreement: That contains information regarding: Transition criteria.													X				
2.A.11.e.(3)	Based on the scope of services, there is a written agreement: That contains information regarding: Exit criteria.													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 toward 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

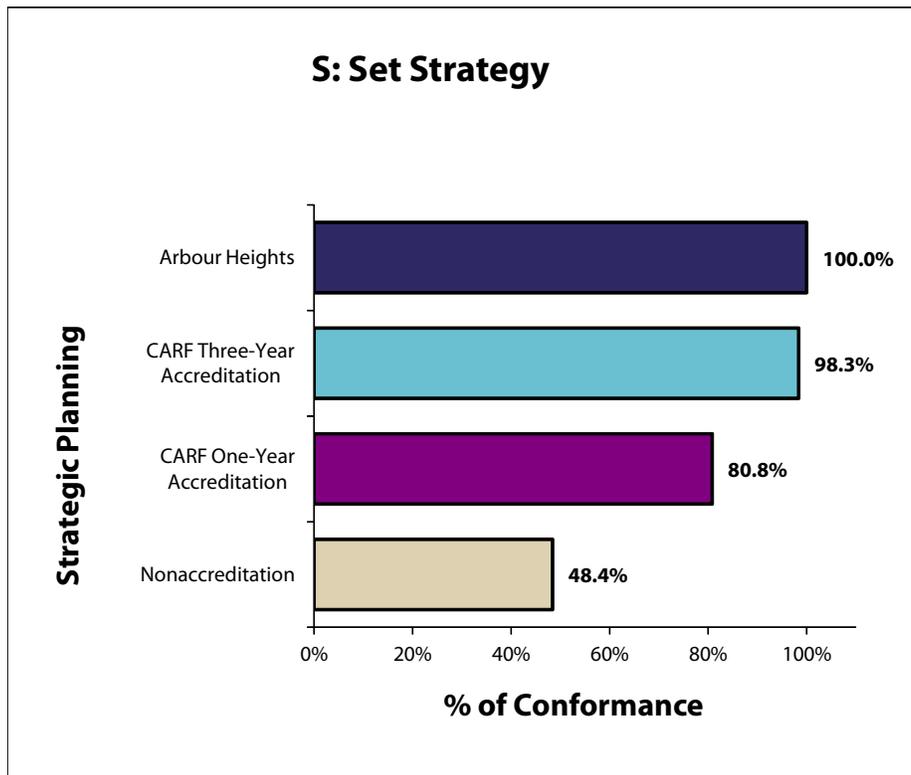
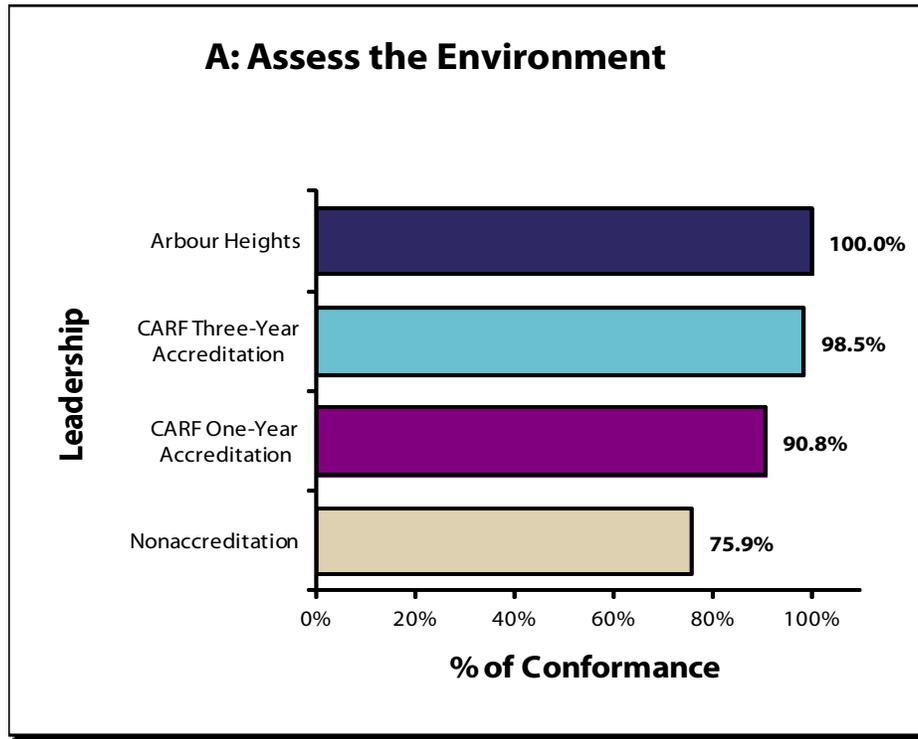
Staff size (FTEs): 50-99

Persons served annually: 100-499

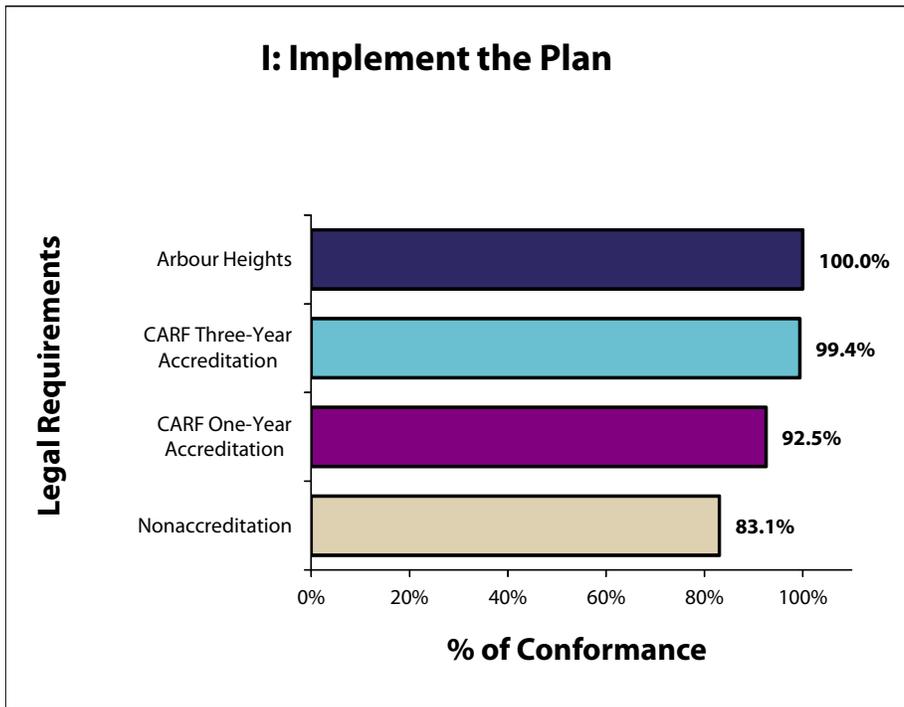
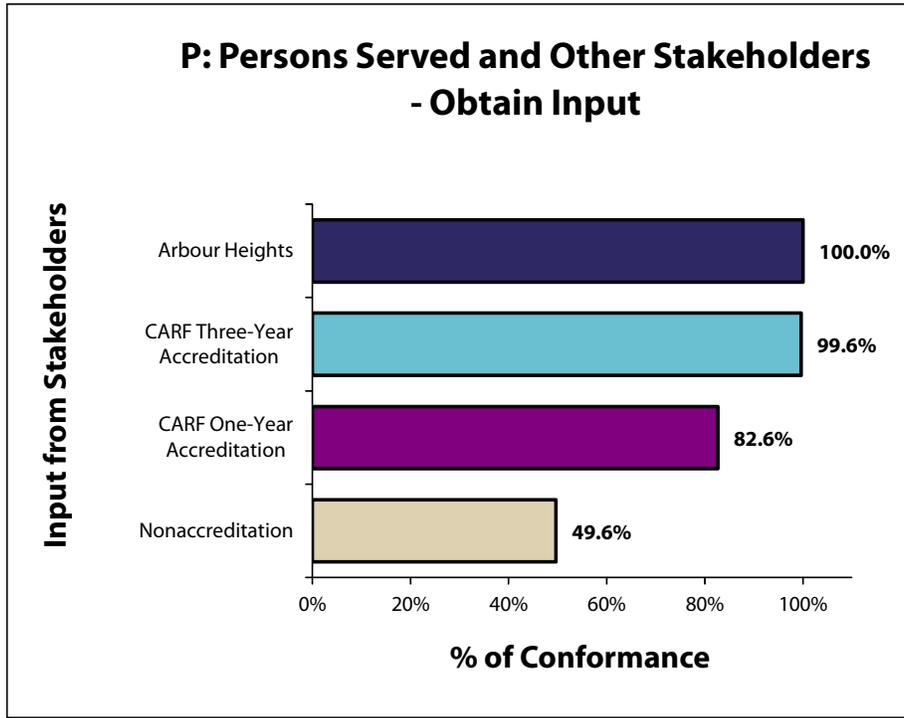
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^{*} Excluding Governance and Strategic Integrated Planning.

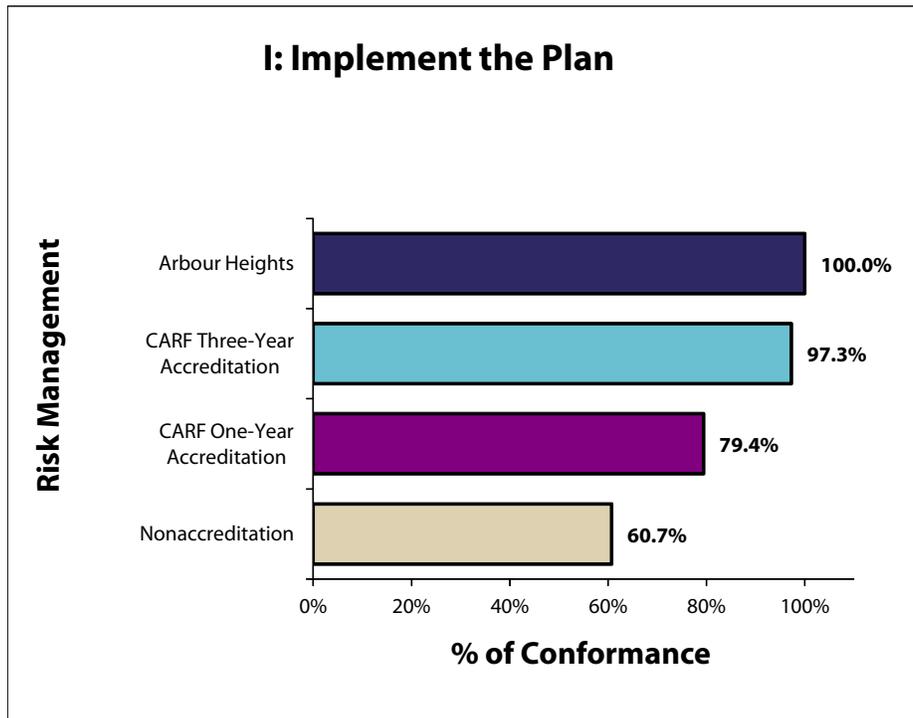
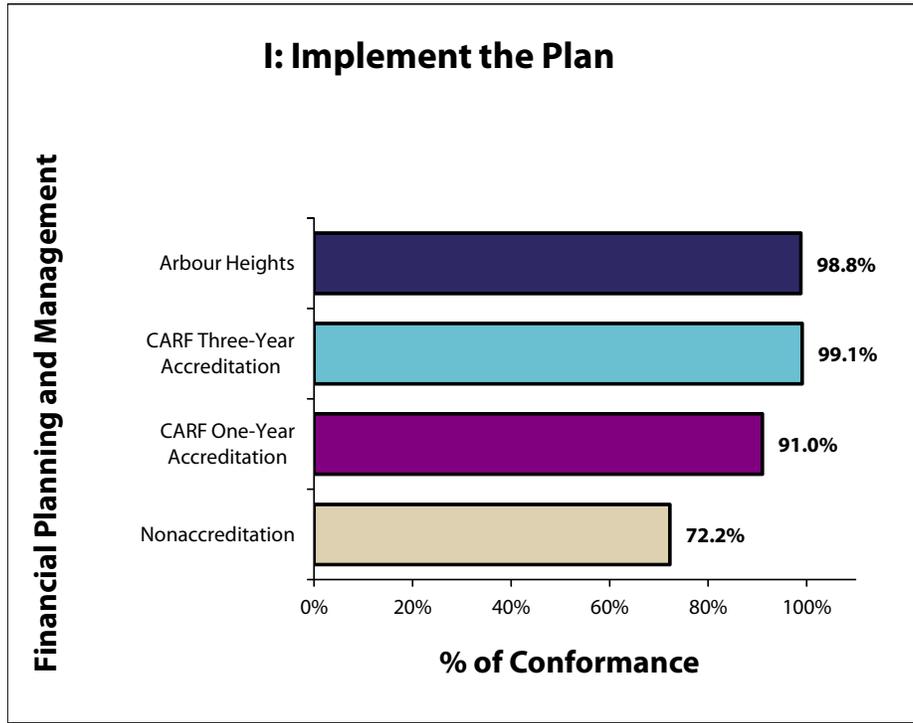
All surveyed organizations



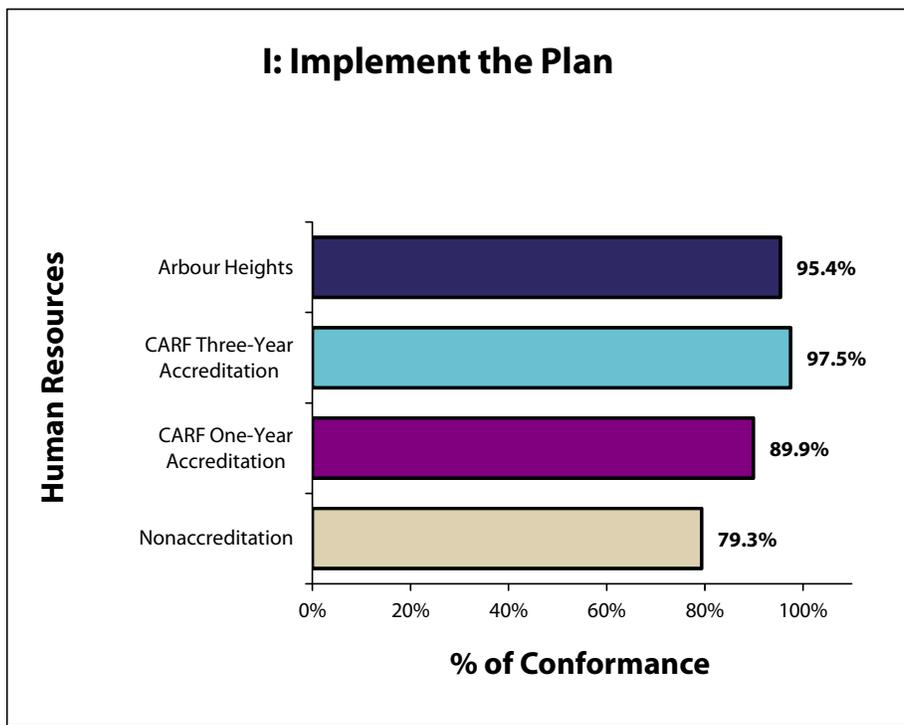
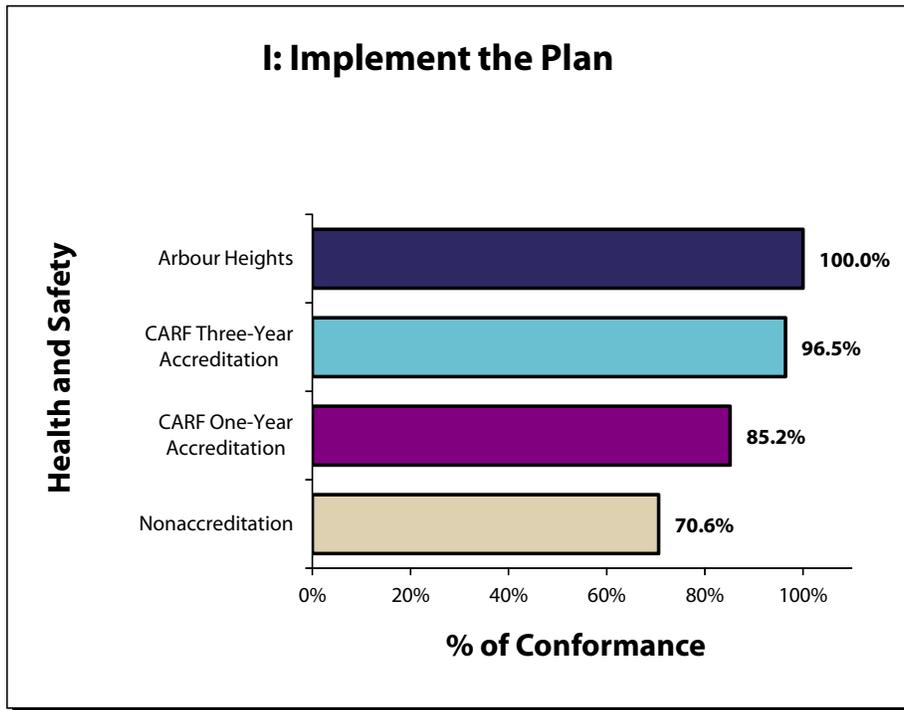
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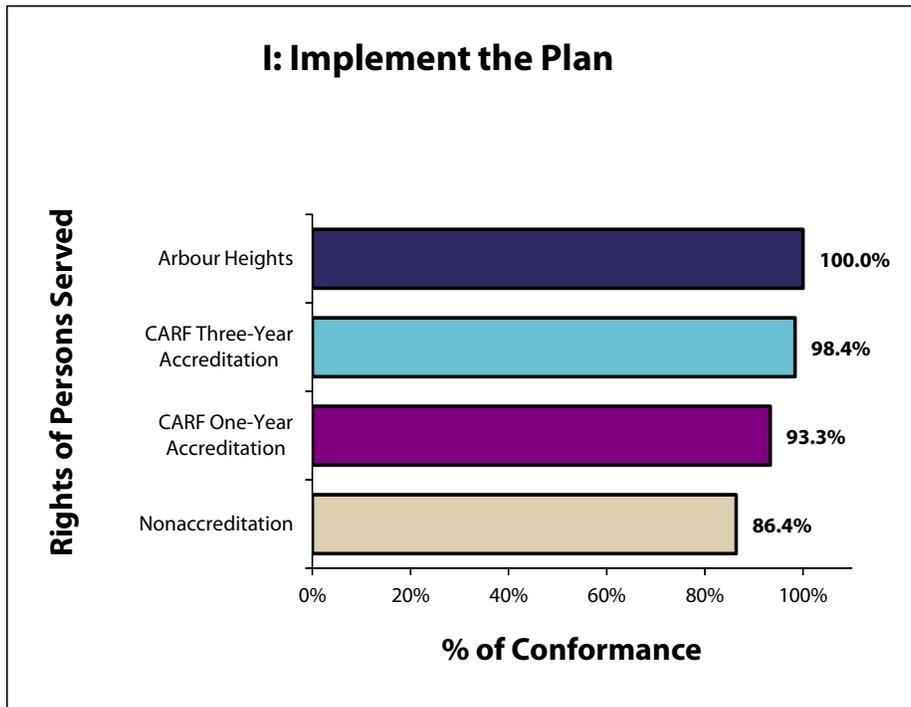
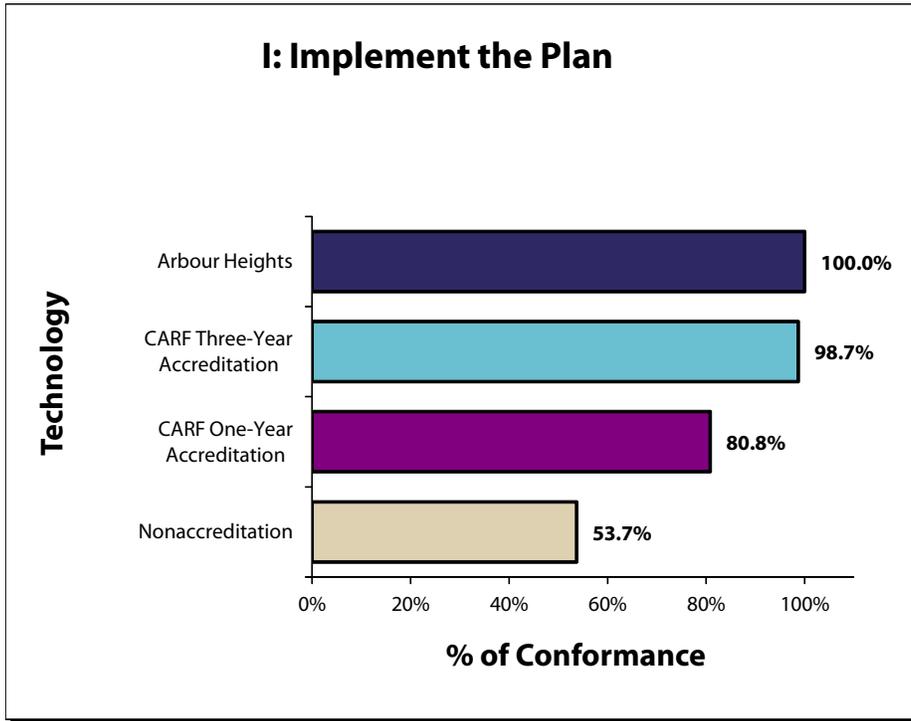
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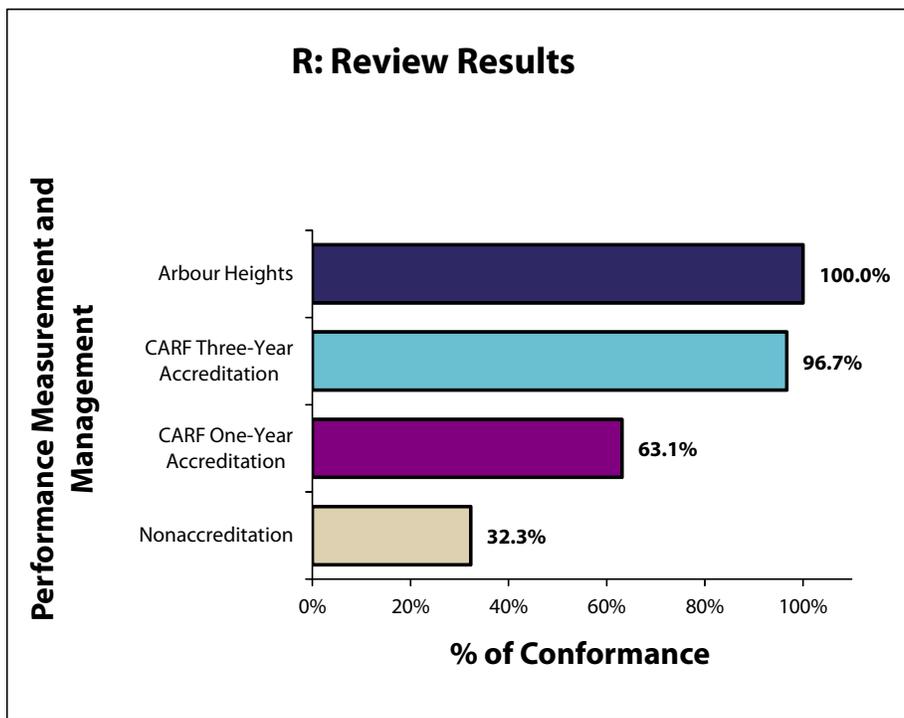
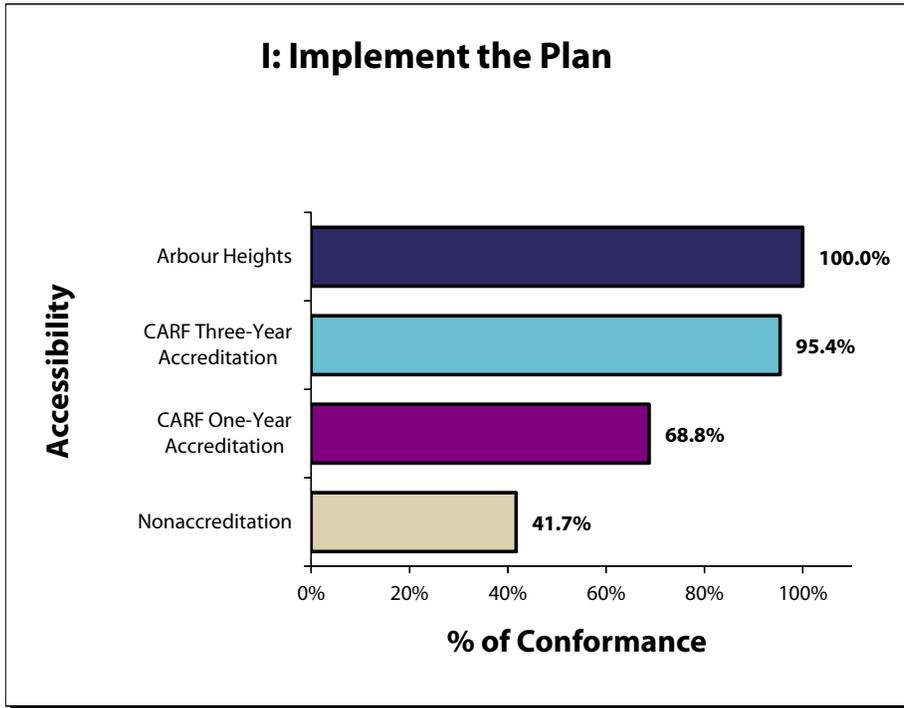
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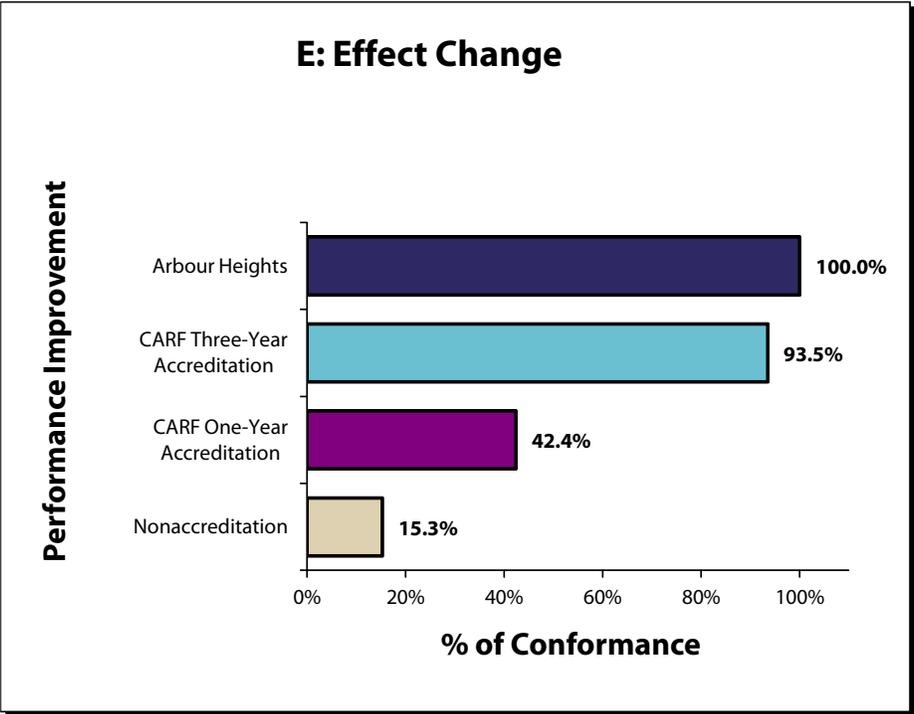
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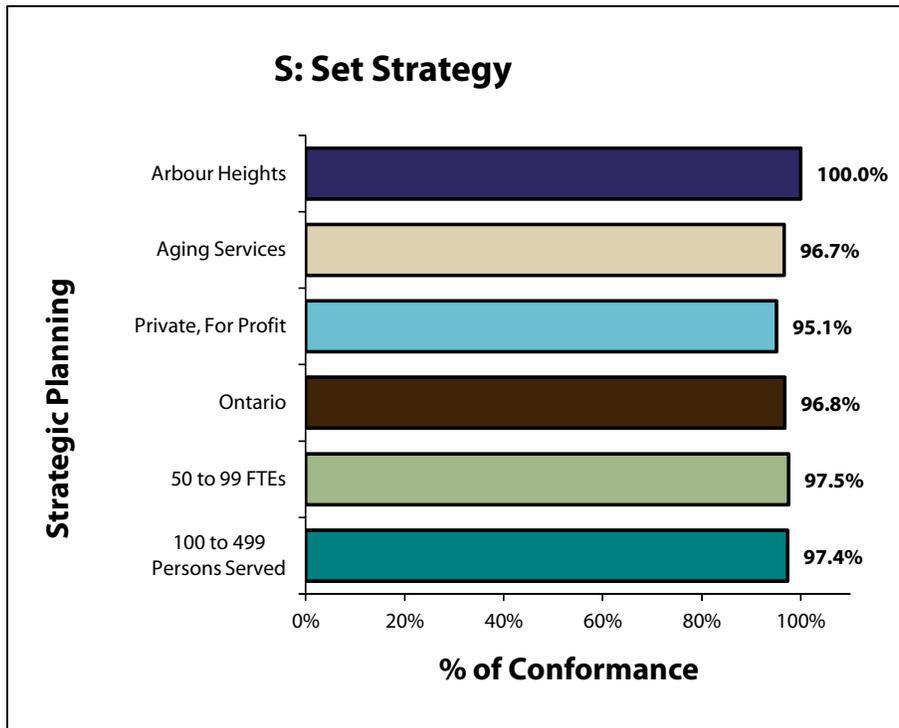
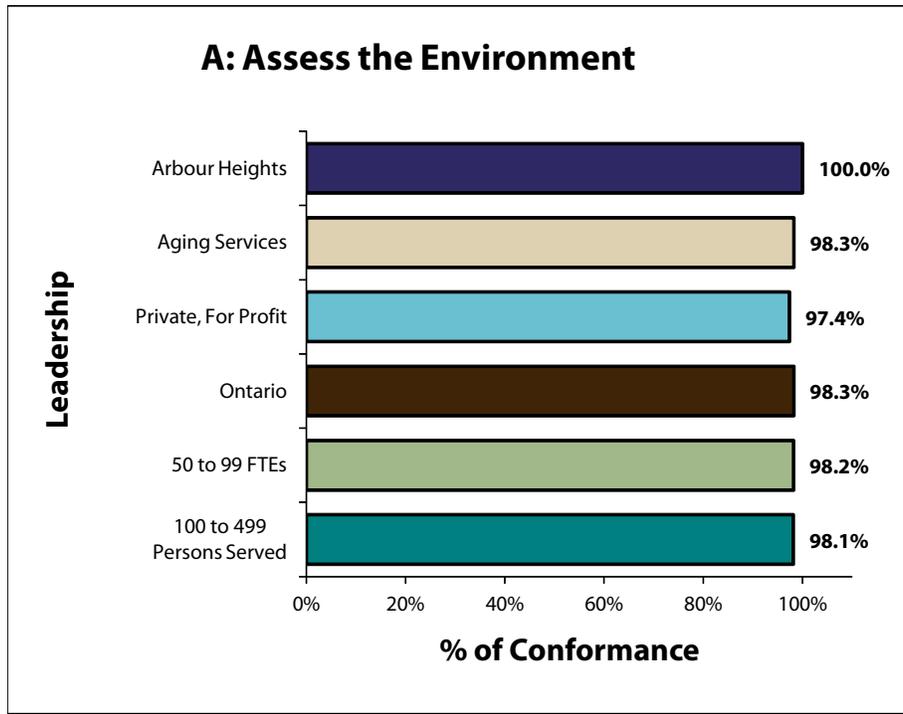
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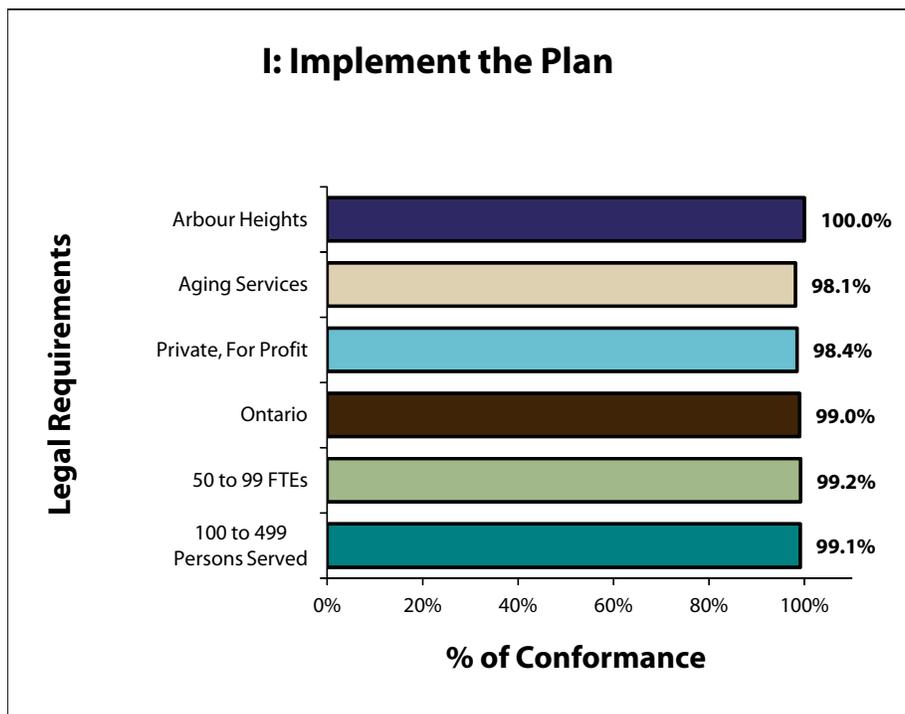
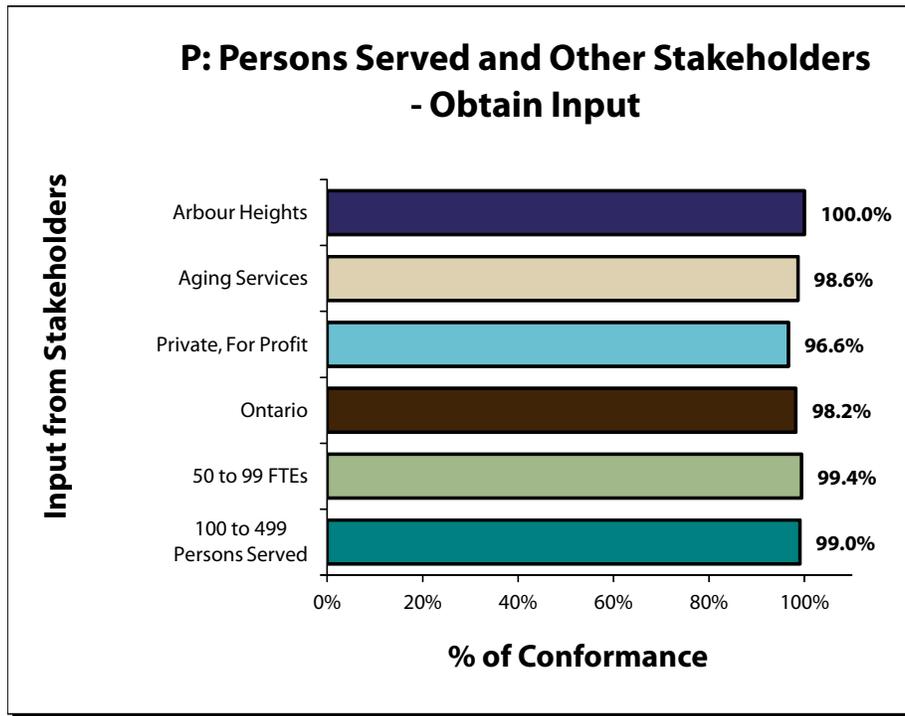
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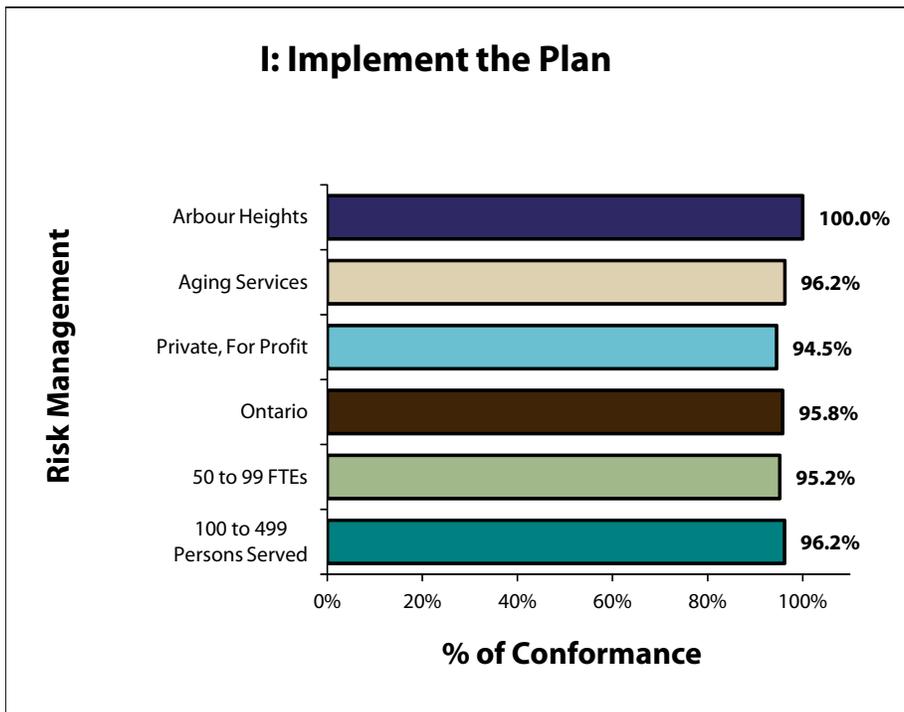
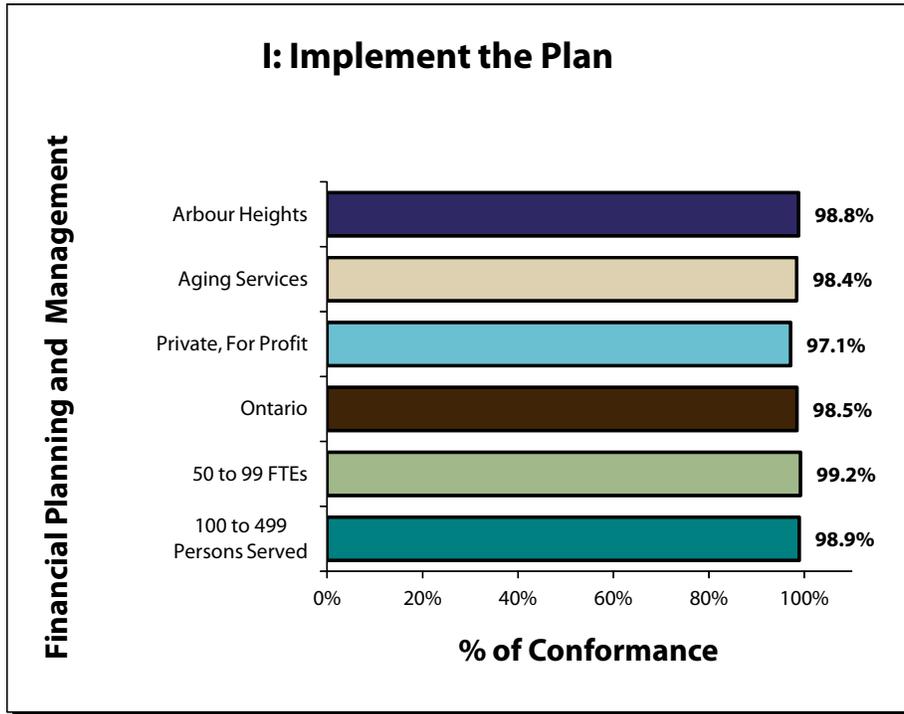
Other benchmarks



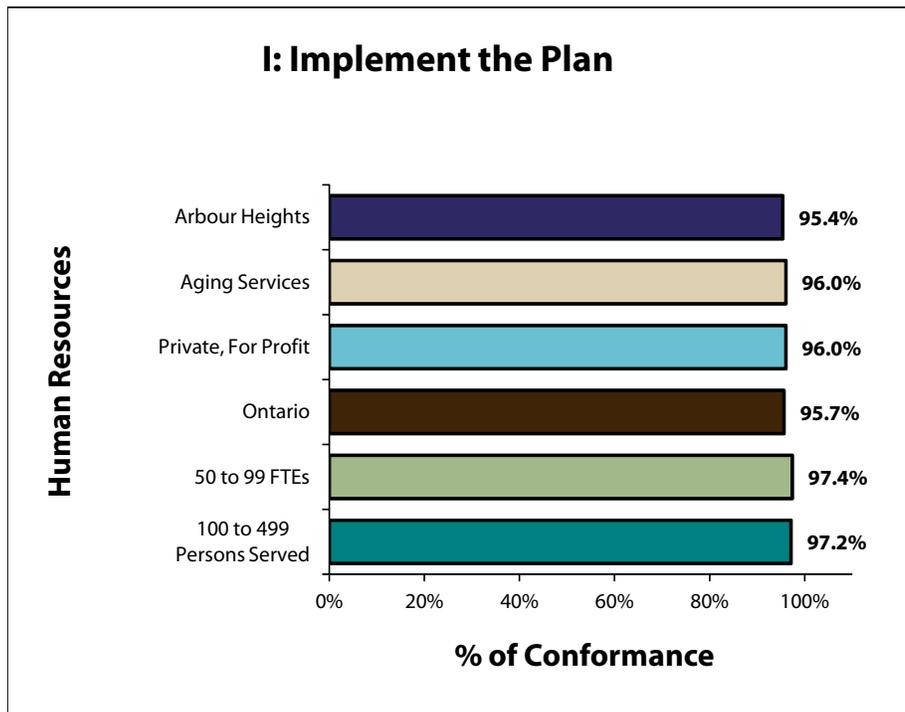
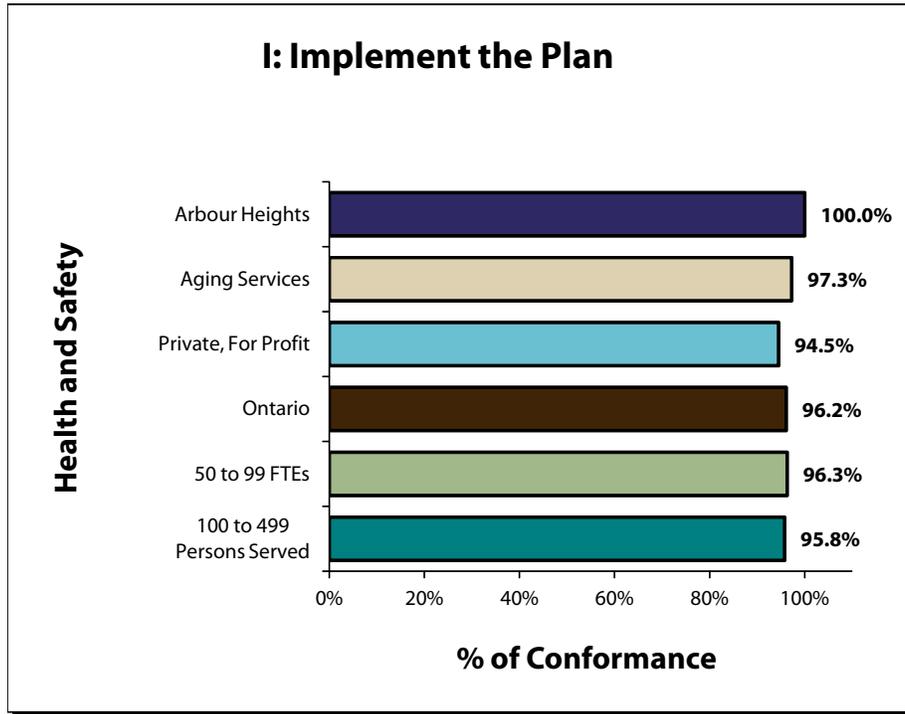
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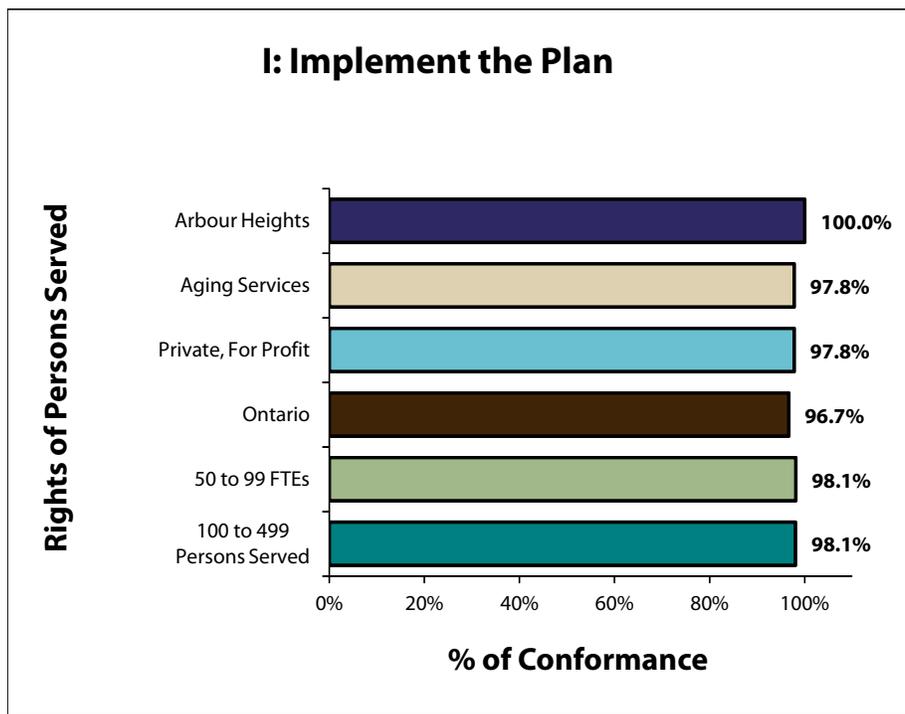
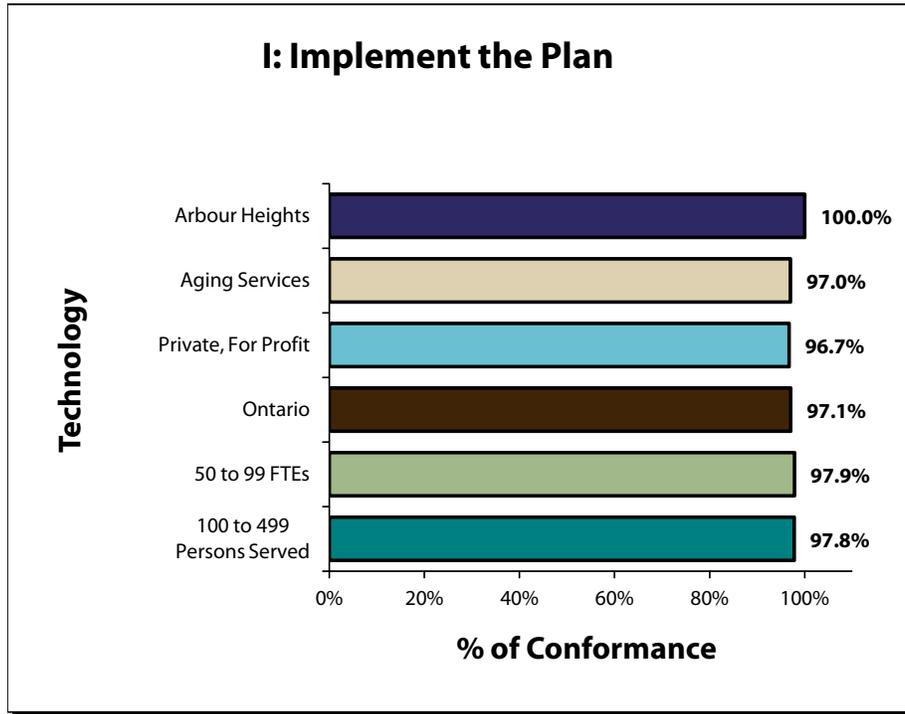
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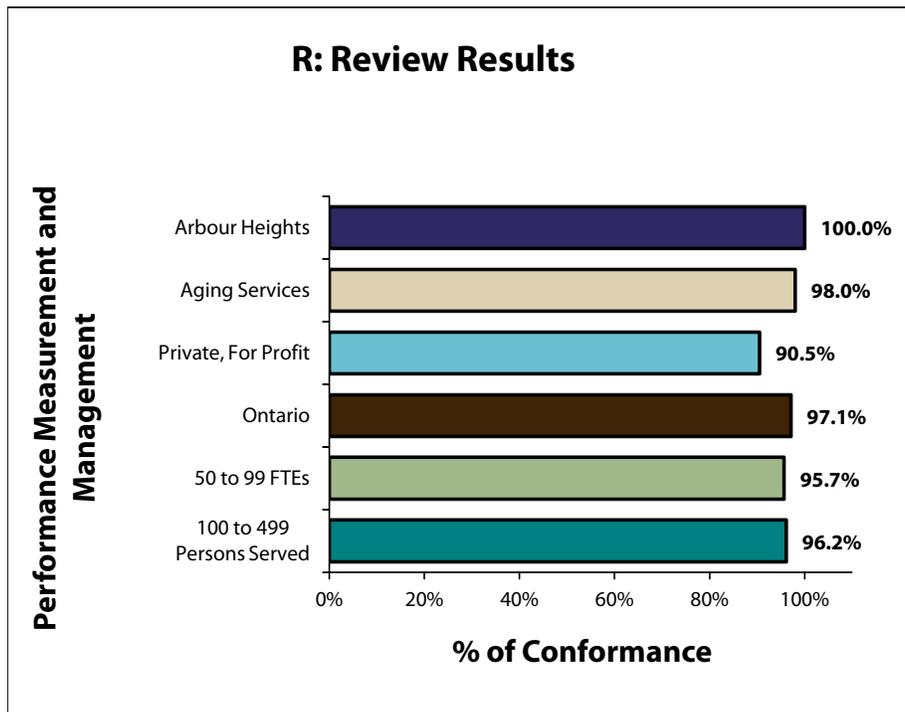
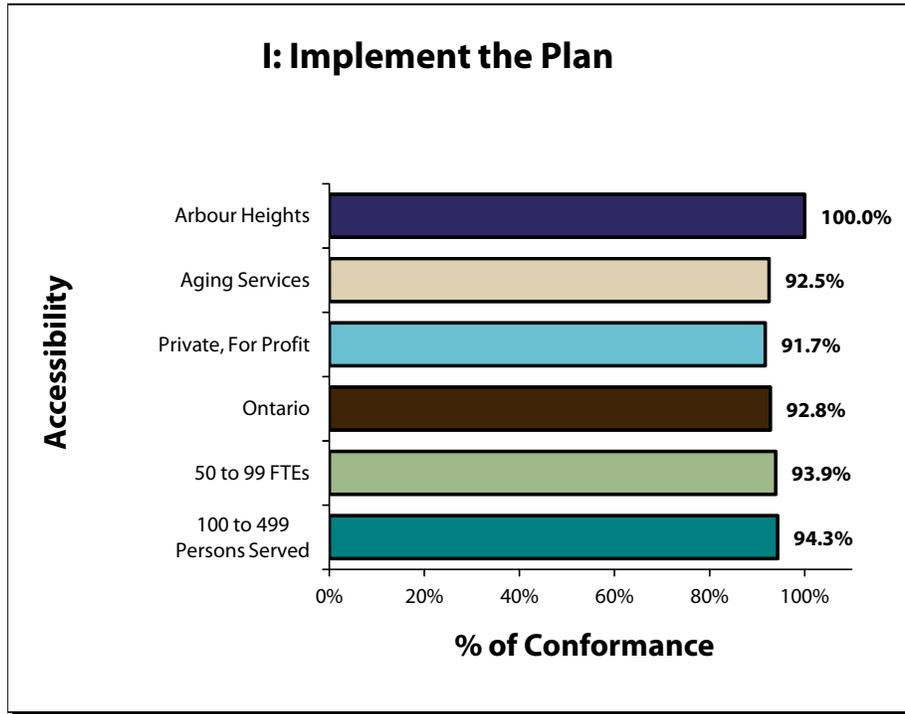
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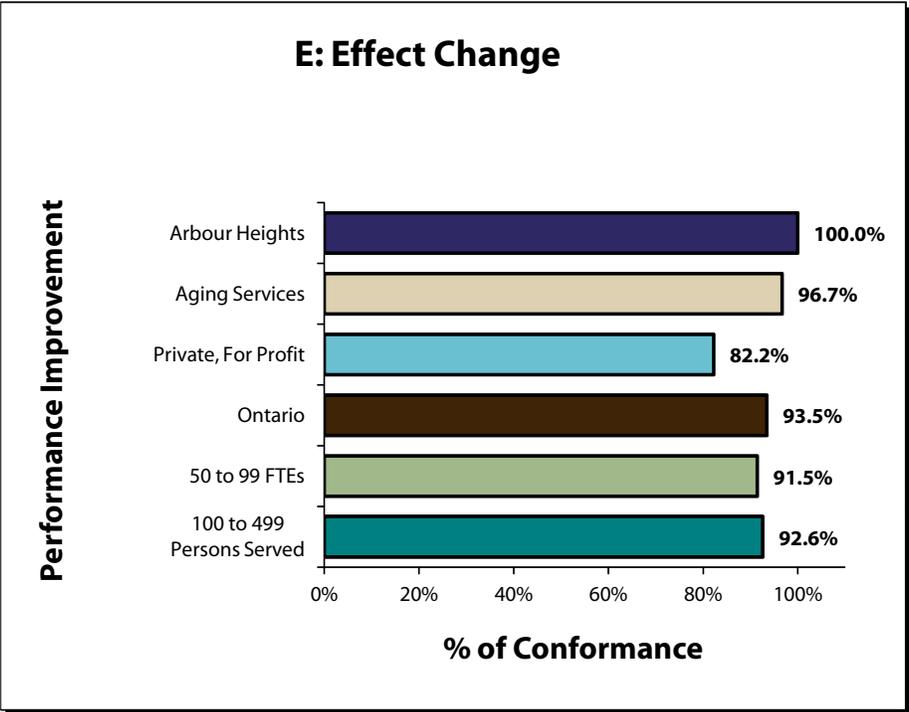
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Other benchmarks – continued



Other benchmarks – continued



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