

BASIC ASSURANCES MONITORING PLAN UPDATE

A P R I L 2 0 2 0

1. RIGHTS PROTECTION AND PROMOTION

- ▶ The Rights Basic Assurances working group will review and update evidence for their factor and update evidence for their factor on an annual basis.
- ▶ The group will conduct rights focus groups with people supported at least once every 2 years.

RIGHTS AUDITS

- Supervisors will ensure that, as required, annual rights audits are completed for people supported.
- Rights audits are utilized to inform the outcome support plan and if education or goals are needed.

RIGHTS COMMITTEE

- Will review the Rights Committee Policy on an annual basis and make any recommended changes to the agency.
- Provide external due process to people supported for any agency imposed rights restrictions and monitor the implementation of these restrictions.
- Annual rights committee data is documented in the agency's annual general report and is provided in a report to our Board of Directors.

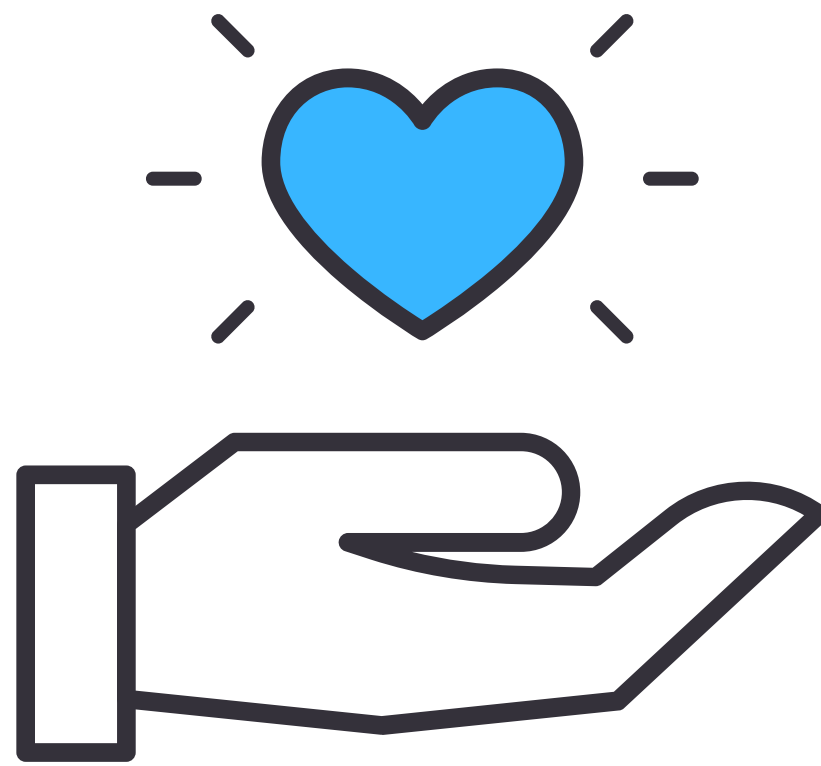
- ▶ Staff continues to support people to exercise their rights and understand their responsibilities. This is documented through the Personal Outcomes Support Plan, the Individual support Plan or specific goals for the person.
- ▶ Each person we support will be provided with a copy of the agency's Bill of Rights on an annual basis through the Quality Assurance Measures (QAM) package.
- ▶ Rights training (group or individual) will be offered on a regular basis by the agency. This training will be overseen by the Basic Assurances Rights working group.
- ▶ A schedule of Personal Outcome Interviews is completed on an annual basis and this data on rights and treated fairly will be used by the Basic Assurances Rights working group as information to inform any changes in policy, training or procedures.

UPDATE

- ➔ Outcome interview data continues to show that People Exercise Their Rights and People are Treated Fairly remain strengths of the organization.
- ➔ Both the people supported and staff training packages have updated their training PowerPoint in the past year to reflect changes in the agency.
- ➔ The Rights Committee remains an integral part of the agency and has been in existence for over 20 years. Two new members were trained in the past 2 years.

2. DIGNITY AND RESPECT

- ▶ The Respect Basic Assurances working group will review and update evidence for their factor on an annual basis. The group will conduct respect focus groups with people supported at least once every 2 years.
- ▶ Self-advocates, along with the Respect Basic Assurances working group, will conduct satisfaction surveys with people supported and report findings/recommendations to the Person Centered Excellence Committee.
- ▶ Supervisors and Directors will monitor their locations to ensure that the environments in which people are supported are respectful.
- ▶ All formal and informal concerns/complaints and resolutions regarding disrespectful treatment will be tracked using the AIMS database. There is an annual review of complaints that is conducted by the Senior Management team.
- ▶ During each reliable Personal Outcome Measures Interview, as well as during each annual rights assessment, people we support will be asked questions in order to determine the presence of time, space and opportunities for privacy, respectful treatment by staff, and timely response to complaints or concerns.



UPDATE

- ➔ A Satisfaction Survey is included with the Personal Outcomes Support Plan. A Satisfaction Survey was completed in January-February 2020 with 128 returned surveys. The main trend identified was people wanting more time with staff, but mostly people not wanting a change in the staff support, and if the change has to occur, increasing communication.
- ➔ Annual complaints analysis has been completed each year for previous year with no unresolved concerns.
- ➔ Outcome interviews show no concerns. Language is addressed in orientation. This is now done to help new staff who have never worked in developmental services learn what is respectful and what is seen as degrading or derogatory.

3. NATURAL SUPPORTS NETWORKS

- ▶ The Natural Supports Basic Assurances working group will review and update evidence for their factor on an annual basis.
- ▶ Support teams, with support and monitoring from Supervisors, will assess the barriers getting in the way of each person having this outcome present. They will identify supports that are necessary and ensure that there are strategies developed and implemented.
- ▶ Staff will continue to support people to build, develop and reconnect with natural support networks. This will be documented through the Personal Outcomes Support Plan, the Individual Support Plan, or specific goals for the person.
- ▶ A schedule of Personal Outcome Interviews is completed on an annual basis and this data on natural support networks will be used by the Basic Assurances Natural Supports working group as information to inform any changes in policy, training or procedures.

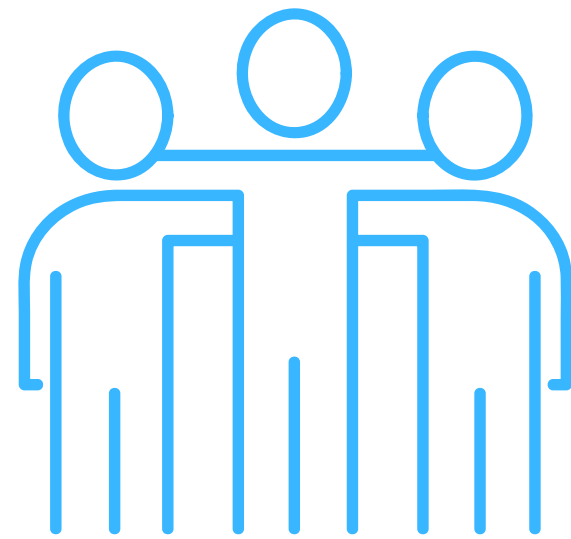


UPDATE

- ➔ We continue our learning and working with new parents. We have helped women stay connected to their children and navigate systems. New mother connections are made to local grassroots organizations, such as Parker's Project and Margot's Place, where new mom's participate in Triple P Parenting, Peer to Peer, and have access to resources.
- ➔ Through the City of Brantford partnership, housing supplements remain in place for 14 people who moved to their own home for the first time.
- ➔ We have a Sibling Support Network that was started by a sibling of a person we support. They hold monthly meetings and work together through advocacy and learning opportunities.

4. PROTECTION FROM ABUSE, NEGLECT, MISTREATMENT AND EXPLOITATION

- ▶ The Abuse Basic Assurances working group will:
 - + review and update evidence for their factor on an annual basis.
 - + conduct annual group and individual training sessions for people supported.
- ▶ All allegations of abuse, neglect, mistreatment and/or exploitation will be investigated according to agency policy.
- ▶ All allegations of abuse, neglect, mistreatment and exploitation will be tracked on the AIMS database to ensure that policies, procedures, and plans of support are followed, and that each allegation is responded to within the required time frame. Any allegations of abuse are also reviewed on an annual basis by the Senior Management Team through its annual complaint analysis summary report.
- ▶ All incidents of injury of unknown origin will be tracked on our AIMS database and quarterly will be analyzed for patterns or trends that may be indicative of abuse.
- ▶ Each person supported is provided with information regarding abuse, neglect, mistreatment and exploitation on an annual basis through a booklet provided in the annual QAM package.
- ▶ All new employees of Community Living Brant are provided with a half day of training on the agency policy and presorting procedures, as well as specific training on recognizing abuse, neglect, mistreatment and exploitation.
- ▶ All staff, through an annual agency policy review process and refresher training, receive an annual review of the agency's policy and procedures, as well as specific training on recognizing abuse, neglect, mistreatment and exploitation



UPDATE

- ▶ Continue to be in compliance with our provincial Ministry (funder) expectations for training of staff and people supported in abuse.
- ▶ Use of internal resources for training, which have been updated in the past year.
- ▶ Quarterly Incident Management System for Injury and Complaint Analysis showed no concerns in the area of abuse.
- ▶ Our internal training package for people supported was updated this past year with a new self-advocate added to the committee.

5. BEST POSSIBLE HEALTH

- ▶ The Best Possible Health Basic Assurances working group will review and update evidence for their factor on an annual basis.
- ▶ All potential health hazards will be identified through agency health and safety inspections, safety audits and people will be supported to live, work and spend leisure time in areas that promote good health.
- ▶ All people will be supported to ensure that age appropriate proactive, preventative medical screenings/appointments are scheduled, as required. Screening and test results are documented on the clinical section of the AIMS database.
- ▶ All medical emergency situations, hospitalizations, medication errors, and refusal of treatment are documented on the AIMS database, and are reviewed and analyzed through the agency quarterly Incident Management Review System.
- ▶ Supervisors ensure site specific training and orientation are provided to staff based on the health needs of people supported (including training on controlled acts).
- ▶ Staff will continue to support people to have the best possible health. This will be documented through the Personal Outcomes Support Plan, the Individual Support Plan, or specific goals for the person.
- ▶ A schedule of Personal Outcome Interviews is completed on an annual basis and this data on best possible health will be used by the Basic Assurances Natural Supports working group as information to inform any changes in policy, training or procedures.
- ▶ The Senior Management Team through Quarterly Incident Management Reports analyzes annual medication error data and makes recommendations for changes to policy, training and procedures.



UPDATE

- ➔ Engagement in local universities and colleges have led to several student initiatives. Student Nurses updated our Medication policy and our Social Work students updated our Mindfulness resources.
- ➔ Site specific training on health and medication specific to the person remains a best practice.
- ➔ An additional half-day of training has been added for new staff to introduce them to mindfulness techniques that we have embedded in the agency.

6. SAFE ENVIRONMENTS

The Safe Environments Basic Assurances working group will review and update evidence for their factor on an annual basis.

The Emergency Preparedness Plan Policy #15, Health and Safety Policy Binder, will be evaluated and revised as needed (at least annually) by the Joint Health and Safety Committee and the Senior Management Team.

There is a comprehensive system of internal inspections and reports that are completed on a regular basis and findings are provided to the Joint Health and Safety Committee for review and recommendations. These regular practices include:

Monthly site inspections

Risk hazard registry

Violence in the workplace

All routine external inspections will be completed by the Fire Department, Brant County Health Unit, Ministry of Community and Social Services, Environmental/ Building Inspector and others as required by law and Ministry Guidelines.

The agency has an annual schedule for staff of health and safety policies to be reviewed and specific health and safety refresher training. As well, there is a comprehensive required health and safety training for all new employees.

There is an annual agency work plan that is created and reviewed for our involvement in the provincial Public Services Health and Safety Association Safety Group, of which we are members.

The agency's Safety Audit Committee conducts a series of audits on people supported providing feedback and recommendations to the support team. This data is analyzed, recommendations are made on an annual basis and a report filed with the Joint Health and Safety Committee.

Staff will continue to support people to have safeguards in place. This will be documented through the Personal Outcomes Support Plan, the Individual Support Plan, the individual Safety Audit, or specific goals for the person.

A schedule of Personal Outcome Interviews is completed on an annual basis and this data on people are safe will be used by the Basic Assurances Safe Environment working group as information to inform any changes in policy, training or procedures.

Community Living Brant has participated in the Safety Group program for over 15 years. In 2019, Community Living Brant completed their final year with the program as the Safety Group Program has ended. Reports were reviewed by the Joint Health and Safety Committee for approval and then reviewed at the Senior Management Level.

□ Quarterly Reports – evaluating our Health and Safety Management System were completed. These reports were sent to Senior Management for review of the progress of our Continual Improvement Plan.

□ Audit schedule with timelines was completed. This schedule identified areas of our Health and Safety Management System that was to be reviewed, evaluated and updated.

□ Progress Report was completed on a quarterly basis that is submitted to Public Services Health and Safety Association (P.S.H.S.A) for review.

□ Year End Report submitted in December.

6. SAFE ENVIRONMENTS CONTINUED

➤ In 2020, a new program was introduced by WSIB called the “Excellence Program”. Community Living Brant choose topics to complete for the 2020 year. WSIB will give a rebate based on the topics completed.

➤ The program integrates the strengths of previous voluntary programs (Small Business, Workwell and Safety Groups) into a single health and safety program with more service and delivery options, as well as rebates and recognition, for workplaces. The program connects businesses of all sizes with WSIB-approved providers to help them develop a program that is suitable for their organization. It’s designed as a road map for employers, taking them from awareness of health and safety laws to developing a complete program or management system based on best practices in health and safety.

➤ Successfully completing health and safety topics can lead to improved health and safety performance, which can lower premium rates and provide a rebate on WSIB premiums, and recognition.

- Joint Health and Safety Committee to review all the Health and Safety Policies annually.
- Environmental Assessments are completed annually with a summary report. This will be reviewed at the Joint Health and Safety Committee once all summaries are in from all locations.
- Annual Health and Safety Audit is completed. Sections are reviewed monthly throughout the year until the audit is completed.
- Health and Safety Updates are given at Supervisors’ meetings as required with any action plans and follow up that is required.



UPDATE

- ➔ In 2019, we received a rebate of over \$8000 to go towards premiums (this was for the work completed in 2018).
- ➔ All procedures and organizational systems remain active and in place.
- ➔ All provincial and municipal safety requirements continue to be met.
- ➔ Health and Safety Policies have been updated as required to continue to meet legislative requirements.
- ➔ Each worksite location now has site specific procedures in place connected to our Personal Safety Response System.
- ➔ Safety audits for people supported have shown no major deficits or areas of concern.
- ➔ Community Living Brant continued work with employees on Return to Work and Modified Duties to reduce the number and duration of lost time claims for 2019 - the total number of incidents decreased. What is of significance is the decrease in the lost time hours. In conjunction with the Safety Group, we continue to update our Early and Safe Return to Work Policy and Procedure.
- ➔ We continue to provide 1:1 supports and continue to not use restraints.

7. STAFF RESOURCES AND SUPPORTS

- ▶ The Staff Resources Basic Assurances working group will review and update evidence for their factor on an annual basis.
- ▶ People supported are provided training through an internal training process to be part of the agency's hiring of new staff.
- ▶ Staff will continue to be offered external training opportunities as they relate to the work that they do and/or that relate to their interests.
- ▶ Bi-weekly payroll reports are produced using our in-house system to track all new hires, resignations and terminations, seniority, sick time, vacation time, and leaves of absence.
- ▶ To determine the presence of dignity, respect, and fairness to our employees, we will use: formal and informal check-ins by Supervisors; team meeting visits by the Executive Director, Senior Director, and Directors of Services; feedback through performance reviews and supervisions; periodic satisfaction surveys; career development counselling with our employees; and feedback from probationary employees to demonstrate the presence of these values within our organization.
- ▶ The Human Resources department tracks all employee turnover and reasons for this. The data will be analyzed by the Human Resources Assistant to determine trends and patterns. Based on this data, recommendations to facilitate positive change will be brought to the agency through various mechanisms for changes in hiring practices, training, or policy.
- ▶ Senior Management uses the information gathered through Personal Outcomes Interviews, staff feedback, focus groups and feedback mechanisms to seek out and conduct broad-based agency training for staff and our community partners to facilitate long-term change in our delivery of services.

UPDATE

- ➔ People supported remain active in the hiring process for new staff.
- ➔ A three-point staff probation check-in evaluation continues to ensure new employees are meeting needs of people and agency expectations.
- ➔ Also, an additional half day of training is now offered to new employees after the first 3 months of work to reflect, answer questions and ensure good matches have been made between staff and people supported.
- ➔ Employee training remains a priority with key agency-wide training in the past year being with: Michael Kendrick; Washington Initiative for Supported Employment; Asset Based Community Development with Joe Erpenbeck, Cormac Russell and Nick Maisey; Bruce Anderson conducting Core Gift training; Diane Randall conducting Trauma based Services; and FASD Training.
- ➔ Continue to meet provincial compliance and labour requirements.
- ➔ Successfully negotiated a 2-year Collective Agreement for our unionized employees, which was ratified on January 28, 2019.

8. POSITIVE SERVICES AND SUPPORTS

- ▶ The Positive Services Basic Assurances working group will review and update evidence for their factor on an annual basis.
- ▶ The process of Person-Directed Planning will continue to be individualized so that all needs and expectations of the person are met. Individual Support Plans and goals are documented and tracked on the AIMS database.
- ▶ The agency's Quality Support Consultants complete annual audits of a cross section of Individual Support Plans. The Committee provides feedback and recommendations to the support team for changes or to highlight successes. The committee also makes recommendations for changes in policy, staff training and training for people supported.
- ▶ All Behaviour Support Plans are reviewed and approved by the external Rights Committee, signed off by a qualified professional and will meet all necessary requirements in Community Living Brant's Policies and Procedures.
- ▶ The use of all psychotropic medications (and PRN protocols) administered by staff are approved and reviewed by the external Rights Committee.
- ▶ Staff will continue to support people to choose and realize goals. These will be documented through the Personal Outcomes Support Plan, the Individual Support Plan, or specific goals for the person.
- ▶ All reliable Personal Outcome Measures interview data is input on the AIMS database. This information is reviewed and analyzed on an annual basis and is presented to the Person-Centered Excellence Committee to assist in the development of recommendations for change and for the development of quality improvement initiatives for the agency.
- ▶ Teaching about the psycho-social model from Al Vecchione, Dr. Pat Frawley and Brandon Pedigo, and Dave Siever, on audio and video-entrainment.

UPDATE

- ➔ The Agency has no Behaviour Support Plans at this time.
- ➔ All psychotropic medications and PRN's are reviewed and approved by our external Rights Committee. We continue to see reductions in the use of psychotropic PRN's and we connect that to providing more person-centered supports, less congregate services and developing relationships.
- ➔ The agency's Person-Centered Plans and Personal Outcome Support Plans for people are current and also meet all Provincial compliance and legislative requirements.
- ➔ Work continued through our Support Plan Consultants and our Quality Support Committee to improve the quality of personal goals for people in the past year. The goal of these two groups over the next year will be the implementation of Core Gifts and learning tools/strategies for asset based community development. In 2019 and 2020, we have engaged in the following topics, trainings and guest speakers: Core Gift Discussion with Cristin Ladner; Guidelines for Individualized Funding Supports with Katie Gard and Jason Clark; Healthy Aging with Deanna Renn from the Brant County Health Unit; Canada's New Food Guide with Carol Haberman, Dietitian, BCHU; Stress Management for Health Care Professionals with Lil Petrella from CMHA; How to Stay on Your Feet – Fall Prevention – with Deanna Renn from the BCHU; Medication Q&A with Kim Portelli, Pharmacist; and ABCD with Joe Erpenbeck.

9. CONTINUITY AND PERSONAL SECURITY

- ▶ The Continuity and Security Basic Assurances working group will review and update evidence for their factor on an annual basis.
- ▶ All fiscal practices are monitored through an external financial audit to ensure sound practices. All recommendations and corrective action from the external financial audits will be completed.
- ▶ The Supervisor, along with the finance department, complete an annual budgeting process with quarterly reviews to ensure the supports are in place. The process is effective for each person and the goals and outcomes that are most important to them are addressed. Consolidated budgets are reviewed by Senior Management to ensure financial targets are within available resources.
- ▶ Through the annual Quality Assurance Measures package, all people supported are provided with a document called "Your Personal Information" that outlines how personal information is collected and shared at Community Living Brant.
- ▶ The agency has an afterhour's emergency on-call procedure. Data on calls received by Supervisors and Directors is tracked and analyzed by Senior Management twice yearly. Changes are made to policies and practices as required based on findings.



UPDATE

- ➔ All financial practices remain in place. Financial audits and accountability systems met Provincial compliance guidelines, as well as our external financial audit completed each year.
- ➔ New online payroll system in place to allow for more individualized tracking of support hours by person supported.
- ➔ After-hours calls continue to be monitored. There have been no significant concerns around services or supports. Most calls continue to be related to staffing and scheduling.
- ➔ Confidentiality policy is reviewed annually with staff and people supported and reviewed each year with people supported.
- ➔ Completed an agency cyber security audit in 2020 that resulted in a comprehensive plan for the agency.
- ➔ BA Monitoring plan shared on our Website.