

### 1.A. 1: Mission, Vision and Values

#### Our Mission

Kardel's mission is to help people with developmental disabilities have a good life and to respect their personal choices.

#### Our Vision

Kardel's vision is that of a community where all members live a full life, feel included, and are empowered to make personal choices in their lives.

#### Our Values

Kardel's commitment is to enhance a high quality of life for the people supported. Kardel believes in the following core values:

- Respect
- Community Inclusion and Participation
- Human Connection
- Person-Centered Approach
- Open and Transparent Communication
- High Standards and Quality

### 1.A. 2: History

Kardel is an incorporated company started October 15, 1987 by Dr. Karl Egner. As a psychologist at Glendale Lodge Society, Dr. Egner established Kardel to support people leaving institutions and moving to community-based settings. The first services contracted to Kardel by the Ministry for Children and Family Development (MCFD) were to provide professional support for people living in community based setting. From this first contract, Kardel expanded to offer supported employment services, augmentative and alternative communication services, and home and day programs for people with developmental disabilities. In 2003, community living services became a separate service, known as CLBC. Kardel maintained its focus on the provision of homes and programs. Services were further expanded in 2007 with the development of the Individual Support Network and in 2008 we began engaging in home share provision.

Our emphasis remains toward informed choice, increased independence, and community inclusion for the people we support as well as maintaining a high quality of health care, safety and security.

### 1.A. 3: Accreditation

In January 2004, Kardel's homes and Futures Club day program were accredited for a period of three years by CARF. CARF is an independent, not-for-profit accrediting body whose mission is to promote the quality, value, and optimal outcomes of services through a consultative

accreditation process that centres on enhancing the lives of the persons served. CARF establishes consumer-focused standards to help organizations measure and improve the quality of their programs and services. We have been through a rigorous peer review process and have demonstrated to a team of surveyors during an on-site visit that we are committed to conforming to CARF's accreditation conditions and standards. We have received further accreditations for three year periods the most recent being in January 2017. We are now accredited under the following classifications:

- Community Housing
- Community Integration
- Supported Living
- Host Family/Shared Living
- Respite

### 1.B. Profile of Homes and Programs

All of the homes are integrated in residential areas and maintained to neighbourhood standards. Where required, the homes are licensed under the Community Care and Assisted Living Act. We work towards cordial relationships with neighbours to ensure community acceptance of the people we support. The people we support are encouraged to have input into the decorating of their private rooms, common areas, and yard to the level of their interest.

#### *Amelia Home*

Amelia is home to four people with extensive medical/physical support requirements. The home is designed for complete wheelchair accessibility. It is equipped with a Wispa lift system, Hydraulic lift tub and has access to a wheelchair adapted van. Both in-home and community based activities occur. The people are dependent on staff for personal care, feeding and monitoring of their health concerns. A variety of outings occur daily and an annual vacation is a highlight for the people in the home.

#### *Dustin Court Home*

Dustin is the home to 5 people. The home is wheelchair accessible and has a manual bath lift, a floor lift to assist with transfers and a wheelchair adapted van. Three people attend a day program in the community and the others participate in in-house and community activities. The people are non-ambulatory and some are support through augmentative communication. Varying degree of support is required for personal care. The staff ensures an active atmosphere that meets the needs of the people who reside at Dustin Court.

#### *Futures Club*

Futures Club is a day program that provides community based activities including volunteering, with variations based on the needs of the individuals. The program has two vans and one is wheelchair accessible. People are assisted in volunteer work and newspaper routes. Basic work skills are encouraged and people are referred to supported work programs as appropriate.

Educational groups and programs are offered for social and life skills. Photography, swimming and music are just some of the routine recreational activities.

### *Henry Home*

Henry is a ranch style home for five people. The home is wheelchair accessible and has a wheelchair accessible van. The home is equipped with a Wispa lift system and the shower and bath have chair lifts. Many activities are planned within the home and in the community with an emphasis on individualizing programs to the interests of the people.

### *Hillside Home*

Hillside is an apartment suite. It is home to a married couple that has lived there since 1992. The suite is designed to accommodate wheelchairs and many adaptations have been made for easy mobility and to ensure safety. Support is provided to the couple to assist them with their daily routines while respecting their privacy as a couple.

### *Lakes Road Home*

Lakes Road is home to 3 people. It is designed for wheelchair mobility and has an Arjo tub and a Wispa lift system. The home and van is wheelchair accessible. The home is situated on a beautiful large property in a rural setting, a short drive from downtown Duncan.

### *Maryland Home*

Maryland is home to 5 people who are supported, and is designed for wheelchair accessibility. Special adaptations include a Wispa lift system, Arjo tub and a wheelchair accessible van. Activities take place in the home and in the community. Staff members provide support for all aspects of personal care, feeding and monitoring of health concerns.

### *Paskin Home*

Paskin is located in the Royal Oak area and is home to five people. The home is designed for complete wheelchair accessibility. The home has a Wispa lift system and wheelchair adapted van. The people at Paskin have high physical and emotional support requirements and are dependent on staff for all aspects of personal care. All of the people at Paskin are verbal although alternate means of communication are also used. Some people attend day programs and also participate several evenings a week in outings.

### *Patterson Home*

Patterson is a ranch style home to 3 people and is located within easy walking distance of Saanichton town centre. There are in-home daily activities as well as regular activities in the community. People are dependent on staff for all aspects of personal care.

## *Sentinel Home*

Sentinel is home to 4 people with extensive medical/physical support requirements. The home is designed for complete wheelchair accessibility. It is equipped with a Wispa lift system and has a wheelchair adapted van. All are dependent on staff for all aspects of personal care, and monitoring of their health concerns. Activities enjoyed by the people include: movies, Imax, swimming, walks, music, shopping and participation in most community and seasonal events.

## *Individual Support Network (ISN)*

ISN was established in May 2007 in response to the change in service delivery offered by CLBC. Kardel is a designated host agency by CLBC. Kardel works closely with individuals and their families on program development, staffing, and service delivery.

Some examples of services under the Individual Support Network are:

- Supported Living Programs
- Community Integration Programs

Individual Support Network provides life skills training that may include shopping, budgeting, home maintenance, and/or self care. Training also helps people learn social skills to enhance their circles of support. Staff members assist peoples' access to community resources for financial, vocational, health and housing needs. Advocacy is provided as required.

## *Home Share Program*

To expand the range of residential options available within our array of services, Kardel developed a home share program. Kardel recruits, screens, matches and monitors people who choose to support people with developmental disabilities within their home or in a suite in their home. (Refer: Home Share Provider Guidebook)

## *Community Response Team (CRT)*

The CRT is a multi-disciplinary team that supports individuals with development disabilities in the South Vancouver Island area who are in at risk. Referrals for consultations are made through the CRT Coordinator through the Kardel website and passed to the CRT Coordinator. The team consists of a CRT Coordinator, psychiatrist, behavioural consultants and counselors.

### 1.C. Admissions Process and Criteria

#### 1.C. 1: Population Served

Adults are referred to our services by our funder CLBC. The following is their criteria for eligibility:

- Onset of disability before age 18
- Measured significant limitations in two or more adaptive skill areas
- Measured intellectual functioning of approximately 70 or below

Kardel serves people regardless of: race, ancestry, political belief, religion, marital status, age, physical or mental disability, socio-economic status, political affiliation, gender, sexual orientation or criminal or summary conviction with the primary consideration being the ability to meet the needs of the person and the best fit with the other people within the home or program.

Services centre on individual needs and encompass social, physical, spiritual, cultural and psychological aspects of each individual. We aim at supporting people to maintain positive contact, involvement and participation with their family, community and culture.

#### 1.C. 2: Referral Process for Homes & Programs

CLBC refers potential candidates for service. With individualized funding, people may apply for service directly. The process of acceptance into the homes/program operated by Kardel is collaborative. Stakeholders may include: the person requesting service, their family/legal guardian, CLBC, Kardel administration and the program manager. The managers and the staff members of the home/program are most aware of the needs of the existing people supported in the homes and are in a good position to provide input and help determine the fit of a potential new person.

Referrals by the funder, CLBC, are made only when there is availability, we do not utilize a wait list.

Consideration will be given to the best fit based on support needs and match with the other people in the home. A guiding principle is that only people who can be accommodated in a safe and secure fashion with the resources available will be considered. This may require negotiations with CLBC based on the individual needs of the person entering the group home/program.

When potential candidate(s) are referred, the family, the person (if appropriate on a first visit), or people from the person's support network view the home/program and meet the manager, staff members, and potentially the other people in the home/program. This may occur over one or several visits, depending on the needs. In the programs, the CLBC analyst may have the manager contact the person and family/caregiver directly.

If the person and family/caregiver wish to proceed further, the manager will complete the profile, admission form with either the person or their family or caregiver and begin the process of information gathering to make a more informed decision regarding the appropriateness of the placement. The admission checklist form is used as a guide. The manager will be the primary contact and address any questions that arise.

It is understood that at any time the person, their family or the Kardel manager may decide it is not in the best interest of the person or the other people in the home/program to proceed. It is incumbent upon the manager, with the Director of Programs and Quality Assurance, to provide a clear indication of the reasons for not proceeding to assist individual involved an their support network with their search for an appropriate placement.

### 1.C. 3: Transition into homes and programs

The transition process is individualized with utmost consideration to the needs of the person, the placement urgency, the needs of the other people served within the home/program, and the suitability of employees, resources and space to meet the person's needs.

Our goal is to introduce the person to our services in a manner that is most suitable to their needs, in an appropriate timely transition planning. We create a welcoming atmosphere, which ensures the participation of the person in the home/program and fosters their understanding that our aim is to make the home and/or program work for them.

The manager arranges a meeting with the person referred, and family/caregivers or members of their circle of support to determine the most appropriate transition plan.

The manager completes a transition plan for clarity of communication. The transition plan addresses: issues of timing, length of visits, support requirements on visits, communication during transition phase, health, and safety and medication issues. Also it addresses introductions and needs of the other people in the home around the integration of a new person, personal belongings and their management during transitions and parameters to determine suitability of placement. In addition, if the visits are not successful and either the person/family or Kardel staff members do not feel it is an appropriate placement CLBC will be informed.

Families are informed about the policy and procedure manual for further information on our services. Our handbook is made available to the person referred and their family and any questions that arise from that are addressed.

Information such as: social history, relevant reports and medical history information are collected to understand the person's social, cultural, emotional, spiritual and physical needs for service. If the person has a history of aggressive behaviour, a written behavioural plan is required that will be shared with staff members prior to the transition process and if necessary a safety plan.

All people are required to present: an up to date immunization record, a TB screening test (licensed facilities), and a medical form stating that they are free of communicable diseases (including hepatitis) that would place staff or other people at risk or require special precautions.

Before the person moves in permanently to a home the following are completed: consent to release information form, banking arrangements, health care benefits, consent for health care procedures, and an inventory of personal belongings. An individualized Person Centred Plan (PCP), a comprehensive plan of care, Individual Care Plan (ICP) (within one month) and a health care plan will be developed for the person. Measurable goals are established within three months of a person entering the home/program. The Manager informs the Director of Finance of the admission to arrange for accurate billing.

## Section 1: Overview

Visitors are welcomed and encouraged within the homes to improve the quality of life and decrease the possibility of social isolation for people supported. If desired by the person supported, a private location for a visit will be made available.

### 1.C. 4: Moving On

Kardel recognizes that people change and their needs and desires may also change. To remain sensitive to ongoing planning, a yearly update of the Person Centred Plans and Individual Care Plans is completed, reviewing the desires for the person in the year ahead. If the person expresses an interest in alternative living arrangement, an alternative day program or different services, CLBC is informed and the staff members will assist the CLBC facilitator in understanding the person's needs, so a more suitable placement may be found. The person will be supported emotionally throughout the process and contact will be maintained during the transition period. An exit checklist is completed to help us to understand the needs of people that leave our services. Aside from this yearly review, people may request a new placement/program at any time and this choice will be respected.

It may also become evident that the placement is no longer suitable from the standpoint of the system. Kardel aims to find an appropriate alternative first within our own system, which would ensure a smooth transition with potentially some continuity of staff relationships. If this is not possible, the CLBC facilitator will be contacted, in writing, to seek out an alternative placement for the person, outlining the reasons why this is deemed necessary. A discharge plan will be prepared for CLBC and the new service provider upon discharge from the service; or forwarded to the new service operated by Kardel. The manager will work with the new placement team to ensure a smooth transition. The summary would update: the health care plans, summarize outstanding needs and issues, provide information that would assist the new operator or program in meeting the needs of the person moving on. Our individual profile is passed on as an exit form with relevant information added.

### 1.D. Rights and Responsibilities

#### 1.D. 1: Rights

Our handbook outlines rights and is made accessible to all stakeholders, it is available in hardcopy or via the Kardel website. Our resources contain a number of summaries of rights using a variety of different communication styles. The manager should seek out the best way to explain rights for the comprehension of the person supported. Under the Community Care and Assisted Living Act, a document on the rights of persons supported must be posted in licensed homes. The Island Health Bill of Rights is reviewed annually with the individual supported and is tracked on ShareVision. Additionally, the Island Health Bill of Rights is distributed to family members of people supported in our licensed homes. CLBC has circulated a guide "Rights and Safeguards: A guide for self-advocates" which is useful for people who benefit from pictures. Kardel has developed in conjunction with people supported a rights poster that is in all homes and programs as well as being available on the Kardel website. Our PCP document confirms that the individual understand their rights and are reviewed annually with all people receiving services.

You have rights:

- As a Canadian and BC Citizen
- As a person with disabilities and
- As a person participating in Kardel's services

We review rights with people supported every year and record this on the PCP document. There is no retaliation for reporting a breach of your rights or a complaint.

#### 1.D. 2: Responsibilities for People Supported

- People are responsible for input into their person centred plans and working towards the outcomes they hope to achieve;
- People are responsible for caring for themselves, their personal space and their belongings as much as they are able;
- People are encouraged to follow the process outlined below for the resolution of conflicts

#### 1.D. 3: Family/Support Network Rights

- To attend person centred planning meetings with the permission of their family member;
- To visit the person in their home and to have privacy during their visits;
- To have visits at the family home facilitated and supported upon request;
- To appeal any decision that affects the health, safety or quality of life of their family member

#### 1.D. 4: Family/Support Network Responsibilities

- To bring any concerns to the attention of a staff member and/or manager and follow the process outlined below for the resolution of complaints
- To abide by the home/program rules while visiting
- To provide information that will be helpful in meeting the needs of the person being served
- To support positive team dynamics

#### 1.D. 4 a) Investigation and resolution of alleged infringement of rights

Respect for the rights of the people we support is an important principle of our services. Any breach of rights should be brought forward in the same manner as outlined under our complaint resolution process.

#### 1.D. 4 b) Appeals

People supported or their families may contact external organizations with concerns. Kardel welcomes outside investigation and recommendations pertaining to issues of quality within our services. Depending on the nature of the complaint, people may request external investigation from the following:

- Advocate for Service Quality

1-800-663-7867



- CLBC: Quality Assurance Office 1-855-664-7972
- Community Care Facilities Licensing Branch 1-250-475-2235
- The BC Human Rights Tribunal 1-888-440-8844
- Office of the Information and Privacy Commissioner for BC 1-800-663-7867
- Office of Public Guardian & Trustee 1-604-660-4444
- Ombudsperson BC 1-800-567-3247
- Patient Care Quality Office (Island Health) 1-250 370-8323

#### 1.D. 5: Informed Consent: Risk versus Choice

Services offered by Kardel are voluntary. People served by Kardel choose to use the services offered and are not forced to participate in the services. Kardel adheres to the basic assumption that adults with developmental disabilities are able to direct their affairs and make their own decisions. Adults have the right to self-determination to make decisions pertaining to their life.

It is important upon staff members to provide information in plain language and in a manner the person understands to assist them with decision-making. People must be educated about the potential risks and benefits involved in decisions for informed decision making. For people to make decisions independently, facts must be provided, and coercion avoided.

In situations where the person is requesting, requires, or is agreeing to assistance with decision-making, family or advocates will be invited to participate with the person.

In situations where people have been judged by the Courts not to be capable, a Committee of the Person may be appointed to act on their behalf. In these situations, the Committee has the right to make all decisions pertaining to the person within the guidelines laid down in legislation. Our role as service providers is to ensure the Committee is involved in decision-making on the person's behalf.

In situations where people have signed a Representation Agreement appointing a person(s) to be involved as their representative, the Representative ensures the wishes and values of the people are honoured. The Representative may assist the person supported to make financial, legal, health or personal care decisions. Our role as service providers is to involve the Representative in decision-making.

Consent to provide health care is sought by the professional providing the health care, including physicians, dentists, nurses, physiotherapists, psychologists, occupational therapists, optometrists, chiropractors and others. Our role as service providers is to provide information that may assist the professional. For example, service providers that are very familiar with the person may be able to clarify the person's communication to assist the professional in assessing level of understanding of the treatment. Staff members should inform the practitioner when the courts have appointed a Committee and the name and phone number of that person for consent; or the name and phone number of Representative if a Representative Agreement is in place. Staff members should also provide the information on the appropriate Temporary Substitute Decision Maker if required.

#### 1.D. 6: Confidentiality

The people supported, their families and outside agencies entrust Kardel with important personal information. It is essential that staff members maintain the highest degree of confidentiality when they are dealing with personal information. Personal information is not shared outside the support team for the person.

Upon hire, every employee must sign a “Confidentiality Agreement”; this agreement will be kept on their personnel file. Confidentiality will be explained to the new employee and by signing, they are agreeing to maintain confidentiality, even after they have terminated their employment with Kardel. Violations of confidentiality betray the trust of people receiving support and injure the reputation of Kardel. Breaches of confidentiality may result in discipline up to and including termination.

Staff members should respond in a friendly manner to people inquiring about the general well being of the person supported, but they must be careful not to speak on the person’s behalf or divulge any information that could be construed as private.

The records of people supported are highly confidential and accessed only by staff members who have a need to know, in order to provide high quality support. CLBC, the Medical Health Officer and their delegates may request to access records when required to fulfill their obligations under the Community Care Facility Act and the Adult Care Regulations.

When a situation arises where an individual supported asks a staff member to keep certain information confidential, it is expected the staff person will respect the request, except in situations where staff not sharing the information could result in that individual’s or someone else’s, health or safety being in jeopardy.

For details pertaining to the confidentiality of staff members records, refer to 3.G.1: PIPA or consult with the PIPA officer, Director of Human Resources. Cross reference 7.H: records of the persons supported.

#### 1.D. 7: Consent for Release of Information

All people have access to their own records by requesting access from the manager. With the person’s permission, families and/or support network may also have access to the person’s records by request to the manager.

If a Representation Agreement is in effect, the Representative has the legal right to act on behalf of the person’s best interest and may assist in making decisions pertaining to the release of information. Access to information is on a need to know basis when the person supported is no longer able to give permission. A Committee appointed by the courts also has legal authority to make decisions on behalf of the person supported.

Relevant information concerning people being served may be shared with health care professionals and social service providers after obtaining the appropriate consents. The

information shared relates to what is needed to provide high quality service. Consent for release for information should be signed on the relevant Kardel form, which stipulates the information to be released, to whom, and is time limited.

## 1.E: Complaint Resolution

### 1.E. 1: Overview

Kardel will make every effort to address the concerns of the people we support and stakeholders of our services in a comprehensive, timely, professional and sensitive manner. Complaints will not result in retaliation or barriers to service.

The people we support, families, employees, contractors, volunteers/students, advocates, and community members are encouraged to bring their concerns forward. The complainant is encouraged to speak directly to the person involved; however, in many instances this may not be possible or appropriate. For instance, if a person in the community expresses a concern regarding his/her conduct or that of the person being supported, the staff member should respond respectfully and request the complainant contact the Director of Programs and Quality Assurance.

Kardel staff members must report any stakeholder complaint on the Conflict Resolution Form designed to track complaints and their resolutions.

### 1.E. 2: Rights and Responsibilities regarding complaints

It is the responsibility of all Kardel staff members to deal with complaints in a prompt, effective, comprehensive and objective manner. Kardel staff members are to inform any complainant of the Complaint Resolution Process. All parties have a responsibility to deal with complaints with mutual respect. Any private and personal information is disclosed only where it is essential to the resolution of the complaint and is otherwise kept confidential. All efforts at complaint resolution will be guided by the following considerations:

- compliance with applicable legal and other regulatory requirements
- compliance with applicable Kardel policy
- the best interests of the person(s) being supported
- cultural sensitivity and inclusion
- general principles of fairness and practicality

Anyone who may wish assistance with the presentation of a complaint may contact the Director of Programs and Quality Assurance at the Kardel administrative office (telephone: 250-382-5959 ext. 232 or email [dpqa@kardel87.com](mailto:dpqa@kardel87.com))

### 1.E. 3: Compliance with Regulations

It is recognized that issues may arise where there are differences in the assessment of the best interest of the person served and the best methods for service delivery. Our goal is to work cooperatively whenever possible toward an acceptable resolution of the complaint. As service

providers, however, we are required to meet standards for licensing, CLBC, health care plans developed by Home Community and Care, relevant provincial government ministries, accreditation, collective agreements, provincial and federal legislation and occupational health and safety. External bodies may have requirements that we are obliged to meet. Where these dictate the course of our actions, the details of the information will be provided to the complainant in writing for their information and consideration.

#### 1.E. 4: Procedure

In situations of urgent health and safety concerns or rights violations, the complainant should make immediate contact with the Program Manager, whose contact information can be obtained through the administrative office.

If the Program Manager is unavailable the Director of Programs and Quality Assurance (DPQA) should be contacted. Otherwise, the following steps apply.

Step 1: When a complaint is brought to the attention of a front-line staff member, they will:

- Listen to the concern and clarify the issue(s);
- Resolve the complaint if possible;
- Complete the Complaints Resolution Form.
- Forward the form to the Manager/Designate within two days of the complaint and if concerns remain, ensure the Manager has the necessary information to follow up.

Step 2: The Manager will meet with the complainant within seven days to:

- Verify whether or not a satisfactory resolution has been achieved
- If unsatisfactory, further explore the concerns and clarify the issues;
- Resolve the complaint if possible
- Within seven days, provide a written summary to the complainant as to the outcome and reasons for any administrative decisions taken with respect to the complaint resolution.
- Complete the Complaints Resolution Form.
- Forward the form and copy of the written summary (along with any pertinent supplementary information) to the Director of Programs and Quality Assurance within two days of the meeting.

Step 3: If the complaint is unresolved, the DPQA will follow up with the complainant within seven days of the Manager's completed Complaints Resolution Form

- The DPQA will review the Complaints Resolution Form and related information
- Contact the complainant; the DPQA may propose the participation of an independent third party (e.g. CLBC analyst)
- Resolve the complaint if possible
- Provide a written summary of the issue, conclusions and reasons to the complainant within seven days of their meeting/discussions.

Step 4: If the complaint remains unresolved after Step 3, the complainant will be advised that an external review will be required and the complainant will be provided with the following contact information for their follow-up; a person supported or their families always have the option of approaching the following directly:

Advocate for Service Quality	1-800-663-7867
CLBC: Quality Assurance Office	1-855-664-7972
Community Care Facilities Licensing Branch:	1-250-475-2235
The BC Human Rights Tribunal	1-888-440-8844
Office of the Information and Privacy Commissioner for BC	1-800-663-7867
Office of Public Guardian & Trustee	1-604-660-4444
Ombudsperson BC	1-800-567-3247
Patient Care Quality Office (Island Health)	1-250 370-8323

Kardel representatives will make themselves available and provide relevant documentation to third party investigators/mediators in support of a final resolution. Complaints will not result in retaliation or barriers to service.

#### 1.E. 5: Complaints in the community

If a person in the community complains to a staff member about their conduct with a person they are supporting, the staff member should provide them with contact information for the purpose with directions for them to follow up. Staff members should not argue with a person in the community.

#### 1.E. 6: Tracking Complaints

Managers of each home/program keep a file for all complaints received, as does the Director of Programs and Quality Assurance (DPQA). The DPQA is responsible for an annual review of complaints and identification of trends with respect to complaints, outcomes, resolutions process and recommendations. This review will occur as part of the planning phase for the annual strategic planning session. Our goal is to ensure that we create a community that is receptive to people with disabilities. Action taken to address complaints will be reflected in our annual Continuous Quality Improvement Plan.

#### 1.F. Monitoring and Safeguards

Each home and program is monitored by a variety of means to ensure high quality service is provided within our organization and that safeguards are in place for the protection of the people we serve.

##### 1.F. 1: Hiring

Kardel works toward hiring exceptional employees who are committed to people with developmental disabilities. Employees are required to have relevant education i.e. community support worker certificate, resident care aide/home support worker certificate, licensed practical nurses certificate, university degree, college certificate in the human services field or relevant experience. All candidates submit a resume and an employment application. A minimum of two work-related references are required and checked. Prior to hiring, the following documentation is submitted and checked:

- Tuberculosis test
- Current signed Doctor's authorization
- Criminal Record Check
- Valid First Aid including C.P.R. certification
- Driver's Abstract

Panel interviews are coordinated by Human Resources. Whenever possible, the Human Resource Director, two managers and an individual supported participate in the interview. The Human Resource Director coordinates the interview panel for manager positions and other excluded positions. The panel members consult to make a recommendation to hire/not hire.

The Human Resources Department coordinates and completes document processing, reference checks and introduction of new staff members to homes/programs in order to arrive at the best match possible. New employees are provided customized orientations of up to forty hours in each home/program they are registered to work. In addition, newly hired employees are required to attend Central Orientation. Employees serve a probationary period for the first three calendar months of continuous service or 520 hours of part time or casual hours. At minimum, a performance evaluation is completed prior to the completion of the probationary period. No staff member works alone on night shift until a performance evaluation has been completed.

Where possible, new Managers are scheduled to work with the outgoing manager in order to receive a detailed introduction/orientation to the home/program, individuals served and team members. Where this is not possible, Directors of Human Resources, Programs and Quality Assurance and Finance complete orientation with new Managers.

#### 1.F. 2: Internal Monitoring

Frontline staff are responsible for monitoring the quality of service provided within the home and for bringing concerns to the attention of the manager.

Employees are oriented to the philosophy of the company and to the need to protect and empower the individuals they support. The manager is responsible for monitoring staff members with respect to their performance of their duties and their conduct.

The manager is responsible for completing annual evaluations and the Director of Human Resources is responsible for completing annual evaluations of managers and administrative staff. The CEO oversees evaluations for; Directors and Home Share Coordinators

All persons visiting, or involved with the people served i.e. relatives, advocates, day program staff members etc., are welcome to offer feedback regarding service quality through the manager and also receive an annual survey regarding the quality of service.

#### 1.F. 3: Community Living British Columbia (CLBC)

CLBC is the funding agency of the services operated by Kardel. CLBC assigns a number of analysts who are responsible for overall monitoring of our homes and programs. CLBC specifies

expectations for reporting to the homes/programs and monitors for compliance. CLBC has established guidelines for the use of behavioural techniques.

#### 1.F. 4: Community Care and Assisted Living Act

In a licensed home (i.e. three or more people) a licensing officer is responsible for ensuring that the home operates according to the regulations pertaining to the Community Care and Assisted Living Act. A licensing officer will visit the home periodically for inspection and review of operating procedures. The “Incident Report for Community Care Licensed Facilities forms” is to be used in accordance with the instructions printed on the forms. A copy of this form is also sent to the CLBC representative. All records kept within the homes/programs are legal documents and may be reviewed by the licensing officer. They may also be subpoenaed in a court of law.

#### 1.F. 5: Workers Compensation Act

Kardel has an Occupational Health and Safety Committee and worker representatives for each site. Safety issues are referred monthly in each home as required by the Workers Compensation Act. The goal is to monitor and analyze workplace health and safety and recommends procedures and protocols to reduce risk. The committee visits each home annually. Kardel works with WorkSafe BC to develop workplace safety programs. There is a night shift “buddy system” where employees phone during the night to a designated house to ensure staff working alone are safe.

#### 1.F. 6: Fire Inspections

Fire inspections occur at least annually, and fire extinguishers and sprinkler systems are inspected according to established standards.

#### 1.F. 7: Pharmacist Review

The pharmacist and the Medication Safety and Advisory Committee review the management of medications within the homes annually.

#### 1.F. 8: Policy, Procedure and Other Material/Manuals

*Reference: Kardel Introduction regarding documentation.*

#### 1.F. 9: Health Monitoring

Health tracking is completed for all individuals supported in Kardel which is based on the individual’s needs. Examples may include; being weighed monthly, bowel movements, menstrual cycles and seizures.

## 1.F. 10: Accessibility of leadership

The leadership of the organization make themselves accessible to persons served and personnel on a regular basis. Examples include: visiting staff team meetings, focus groups, family and home share provider gatherings.

Managers are available at each home and program site. Contact information for the CEO, Director of Programs and Quality Assurance, Director of Finance and Director of Human Resources is readily available in all homes and programs. Home Share Coordinators leave contact information with the persons served as part of their regular visits. The ISN manager provides contact information to staff and people supported.