

Section 1: Overview

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OVERVIEW

1.A. 1: Mission, Vision and Values

Mission

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

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.

Values

Kardel's is committed to enhancing the quality of life of 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 individuals 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 individuals living in community-based settings. From this first contract, Kardel expanded to offer supported employment services, augmentative and alternative communication services, and home and day programs for individuals 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 individuals we support as well as maintaining a high quality of health care, safety, and security.

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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 centers on enhancing the lives of the individuals supported. 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 (Kardel withdrew for accreditation purposes as of 2018)

1.B. Profile of Homes and Programs

All of the homes are integrated into 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 individuals we support. The individuals 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 individuals with extensive medical/physical support requirements. The home is designed for complete wheelchair accessibility. It is equipped with a Wispa lift system, a hydraulic lift tub, and has access to a wheelchair adapted van. Both in-home and community-based activities occur. Individuals are dependent on staff for personal care, feeding, and monitoring of their health concerns.

Dustin Court Home

Dustin is home to five individuals. 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 supported through augmentative communication. Varying degrees of support are required for personal care.

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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. Individuals 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 home for five individuals. 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.

Hillside Home

Hillside is an apartment suite. It is home to a married couple. 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 three individuals. It is designed for wheelchair mobility and has an Arjo tub and a Wispa lift system. The home and van are wheelchair accessible.

Maryland Home

Maryland is home to five individuals. It 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 individuals. The home is designed for complete wheelchair accessibility. The home has a Wispa lift system and wheelchair adapted van.

Patterson Home

Patterson is a home to three individuals 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.

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Sentinel Home

Sentinel is home to four individuals with extensive medical/physical support requirements. The home is designed for complete wheelchair accessibility. It is equipped with a Wispa lift system, Arjo tub, and has a wheelchair adapted van. All are dependent on staff for all aspects of personal care, and monitoring of their health concerns.

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 individuals learn social skills to enhance their circles of support. Staff members assist people's 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 has a home share program. Kardel recruits, screens, matches, and monitors people who choose to support individuals with developmental disabilities within their home or in a suite in their home. (Refer: Home Share Provider Guidebook)

Respite

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 at risk. Referrals for consultations are made through the Kardel online referral form and are directed 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:

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- 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 individuals 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 individuals and the best fit with the other individuals supported 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 individuals 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, individuals may apply for services directly. The process of acceptance into the homes/programs operated by Kardel is collaborative. Stakeholders may include: the person requesting a service, their family/legal guardian, CLBC, Kardel administration, and the manager. The managers and the staff members of the home/program are most aware of the needs of the existing individuals 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 compatibility with the other people in the home. A guiding principle is that only individuals 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 individual entering the group home/program.

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

If the individuals and family/caregiver wish to proceed further, the manager will complete the profile and admission form with either the individual 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.

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It is understood that at any time the individual, their family, or the Kardel manager may decide it is not in the best interest of the person or the other individuals in the home/program to proceed. It is incumbent upon the manager, with the Director of Programs and Quality Assurance, to provide clear reasons for not proceeding to assist individuals involved and their support networks with their search for an appropriate placement. With regard to the referral process for home share and respite, refer to the respective guide books.

1.C. 3: Transition into homes and programs

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

Our goal is to introduce the individual to our services in a manner that is most suitable to their needs, using appropriate, timely transition planning. We create a welcoming atmosphere, which ensures the participation of the individual 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 individual 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 the transition phase, health and safety, and medication issues. It also addresses introductions and the needs of the other individuals in the home around the integration of a new individual, personal belongings and their management during transitions, and parameters to determine suitability of placement. If the visits are not successful and either the individual/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 individual 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 individual moves in permanently to a home, the following are completed: a 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

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health care plan will be developed for the individual. Measurable goals are established within three months of an individual entering the home/program. The manager informs the Director of Finance of the admission to arrange for accurate billing.

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

In regards to the referral process for home share and respite, refer to the respective guide books.

1.C. 4: Moving On

Kardel recognizes that individuals change and their needs and desires may also change. To remain sensitive to ongoing planning, a yearly update of the Person Centred Plan and Individual Care Plan is completed, reviewing the desires for the individual in the year ahead. If the individual expresses an interest in alternative living arrangements, an alternative day program, or different services, CLBC is informed and the staff members will assist the CLBC facilitator in understanding the individual's needs so a more suitable placement may be found. The individual 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 individuals that leave our services. Aside from this yearly review, individuals 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 ongoing 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/coordinator will work with the new placement team to ensure a smooth transition. The summary will include: up-to-date health care plans, a summary of outstanding needs and issues, and any 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 the relevant information added.

1.D. Rights and Responsibilities

1.D. 1: Rights

Kardel's 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/designate or coordinator should seek out the best way to explain rights for the comprehension of the individual supported. Under the Community Care and Assisted Living Act, a document on the rights of individuals supported must be posted in licensed homes. The Island Health Bill of Rights is reviewed

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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 individuals 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 individuals understand their rights and is reviewed annually with all people receiving services. The review includes rights:

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

There is no retaliation for reporting a breach of your rights or a complaint.

1.D. 2: Responsibilities for Individuals 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 individuals 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.

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1.D. 4 b) Appeals

Individuals supported or their families may contact external organizations with concerns. Kardel welcomes outside investigations and recommendations pertaining to issues of quality within our services. Depending on the nature of the complaint, people may request external investigations 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 vs Choice

Services offered by Kardel are voluntary. Individuals supported 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 for staff members to provide information in plain language and in a manner the person understands to assist them with decision-making. Individuals must be educated about the potential risks and benefits involved in decisions for informed decision making. For individuals to make decisions independently, facts must be provided, and coercion avoided.

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

In situations where individuals 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. Kardel's role as a service provider is to ensure the committee is involved in decision-making on the person's behalf.

In situations where people have a Representation Agreement, the representative ensures that the wishes and values of the people are honoured. The representative may assist the individual supported to make financial, legal, health or personal care decisions. Kardel's role as a service provider is to involve the representative in decision-making.

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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. Kardel's role as a service provider is to provide information that may assist the professional. For example, service providers that are very familiar with the individual may be able to clarify the individual's communication to assist the professional in assessing their level of understanding of the treatment. The manager/designate should inform the practitioner when the courts have appointed a committee and the name and phone number of that individual for consent, or the name and phone number of the representative if a Representative Agreement is in place. Staff members should also provide the information on the appropriate Temporary Substitute Decision Maker if required.

Cross reference: section 7.A. 1: Informed Consent

1.D. 6: Confidentiality

Individuals 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 individual.

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 individuals inquiring about the general well-being of the individual supported, but they must be careful not to speak on the individual's behalf or divulge any information that could be construed as private.

The records of individuals 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 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.

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1.D. 7: Consent for Release of Information

All individuals have access to their own records by requesting access from the manager. With the person's written consent, families and/or support networks may also have access to the individual'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 individual's best interest and may assist in making decisions pertaining to the release of information. Accessing information is on a need to know basis when the individual 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 individuals being supported may be shared with stakeholders 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 individuals 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.

A formal complaint is defined as an event or incident that has allegedly occurred.

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

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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)

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

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- 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 the staff member's conduct with an individual they are supporting, the staff member should provide them with contact information for this 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 document all complaints received in ShareVision, 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.

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1.F. Monitoring and Safeguards

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

1.F. 1: Hiring

Kardel works toward hiring 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, the 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.

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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 the 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 individuals) a Licensing Officer is responsible for ensuring that the home operates according to the regulations of 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" form 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.

Section 1: Overview

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 and 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 leaders of the organization make themselves accessible to individuals supported 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.