



CARF Accreditation Report for St. Joseph's at Fleming Three-Year Accreditation



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About CARF

CARF is an independent, non-profit accreditor of health and human services, enhancing the lives of persons served worldwide.

The accreditation process applies CARF's internationally recognized standards during an on-site survey conducted by peer surveyors. Accreditation, however, is an ongoing process that distinguishes a provider's service delivery and signals to the public that the provider is committed to continuous performance improvement, responsive to feedback, and accountable to the community and its other stakeholders.

CARF accreditation promotes providers' demonstration of value and Quality Across the Lifespan® of millions of persons served through application of rigorous organizational and program standards organized around the ASPIRE to Excellence® continuous quality improvement framework. CARF accreditation has been the recognized benchmark of quality health and human services for more than 50 years.

For more information or to contact CARF, please visit www.carf.org/contact-us.

Organization

St. Joseph's at Fleming
659 Brealey Drive
Peterborough ON K9K 2R8
CANADA

Organizational Leadership

Carolyn Rodd, Interim CEO
Cathy Lessard, RN, Director of Resident Care
Cindy Doris, RN., B.Sc.N., M.H.S., Manager Quality and Education
Mathew Boyles, Financial Analyst
Vicki Barrow, Manager of Strategy & Special Projects

Survey Date(s)

May 10, 2018–May 11, 2018

Surveyor(s)

Debra Adkins, Administrative
Jennifer Lee, Program

Program(s)/Service(s) Surveyed

Person-Centred Long-Term Care Community

Accreditation Decision

Three-Year Accreditation
Expiration: May 31, 2021

Executive Summary

This report contains the findings of CARF's on-site survey of St. Joseph's at Fleming conducted May 10, 2018–May 11, 2018. This report includes the following information:

- Documentation of the accreditation decision and the basis for the decision as determined by CARF's consideration of the survey findings.
- Identification of the specific program(s)/service(s) and location(s) to which this accreditation decision applies.
- Identification of the CARF surveyor(s) who conducted the survey and an overview of the CARF survey process and how conformance to the standards was determined.
- Feedback on the organization's strengths and recognition of any areas where the organization demonstrated exemplary conformance to the standards.
- Documentation of the specific sections of the CARF standards that were applied on the survey.
- Recommendations for improvement in any areas where the organization did not meet the minimum requirements to demonstrate full conformance to the standards.
- Any consultative suggestions documented by the surveyor(s) to help the organization improve its program(s)/service(s) and business operations.

Accreditation Decision

On balance, St. Joseph's at Fleming demonstrated substantial conformance to the standards. St. Joseph's at Fleming's leadership, board, and staff have shown a commitment to the CARF standards, utilizing them to connect to their programs, services, and decision-making process. St. Joseph's at Fleming presents an open environment for persons served, family, visitors, and staff. It is obvious by the interactions observed that it exemplifies caring and respect and these traits are ingrained in the leadership and staff. Reactions of persons served indicate this is a normal and ongoing experience. There is also respect and commitment to the mission, vision, and values of the organization and legacy of the sisters. Opportunities for improvement are identified in the following areas: updating the code of ethics and written legal procedures; testing emergency procedures; and competency-based training for personnel, including volunteers. The organization has the competence and the commitment to make these improvements.

St. Joseph's at Fleming appears likely to maintain and/or improve its current method of operation and demonstrates a commitment to ongoing quality improvement. St. Joseph's at Fleming is required to submit a post-survey Quality Improvement Plan (QIP) to CARF that addresses all recommendations identified in this report.

St. Joseph's at Fleming has earned a Three-Year Accreditation. The leadership team and staff are complimented and congratulated for this achievement. In order to maintain this accreditation, throughout the term of accreditation, the organization is required to:

- Submit annual reporting documents and other required information to CARF, as detailed in the Accreditation Policies and Procedures section in the standards manual.
- Maintain ongoing conformance to CARF's standards, satisfy all accreditation conditions, and comply with all accreditation policies and procedures, as they are published and made effective by CARF.

Survey Details

Survey Participants

The survey of St. Joseph's at Fleming was conducted by the following CARF surveyor(s):

- Debra Adkins, Administrative
- Jennifer Lee, Program

CARF considers the involvement of persons served to be vital to the survey process. As part of the accreditation survey for all organizations, CARF surveyors interact with and conduct direct, confidential interviews with consenting current and former persons served in the program(s)/service(s) for which the organization is seeking accreditation. In addition, as applicable and available, interviews may be conducted with family members and/or representatives of the persons served such as guardians, advocates, or members of their support system.

Interviews are also conducted with individuals associated with the organization, as applicable, which may include:

- The organization's leadership, such as board members, executives, owners, and managers.
- Business unit resources, such as finance and human resources.
- Personnel who serve and directly interact with persons served in the program(s)/service(s) for which the organization is seeking accreditation.
- Other stakeholders, such as referral sources, payers, insurers, and fiscal intermediaries.
- Community constituents and governmental representatives.

Survey Activities

Achieving CARF accreditation involves demonstrating conformance to the applicable CARF standards, evidenced through observable practices, verifiable results over time, and comprehensive supporting documentation. The survey of St. Joseph's at Fleming and its program(s)/service(s) consisted of the following activities:

- Confidential interviews and direct interactions, as outlined in the previous section.
- Direct observation of the organization's operations and service delivery practices.
- Observation of the organization's location(s) where services are delivered.
- Review of organizational documents, which may include policies; plans; written procedures; promotional materials; governing documents, such as articles of incorporation and bylaws; financial statements; and other documents necessary to determine conformance to standards.
- Review of documents related to program/service design, delivery, outcomes, and improvement, such as program descriptions, records of services provided, documentation of reviews of program resources and services conducted, and program evaluations.
- Review of records of current and former persons served.

Program(s)/Service(s) Surveyed

The survey addressed by this report is specific to the following program(s)/service(s):

- Person-Centred Long-Term Care Community

A list of the organization's accredited program(s)/service(s) by location is included at the end of this report.

Representations and Constraints

The accreditation decision and survey findings contained in this report are based on an on-balance consideration of the information obtained by the surveyor(s) during the on-site survey. Any information that was unavailable, not presented, or outside the scope of the survey was not considered and, had it been considered, may have affected the contents of this report. If at any time CARF subsequently learns or has reason to believe that the organization did not participate in the accreditation process in good faith or that any information presented was not accurate, truthful, or complete, CARF may modify the accreditation decision, up to and including revocation of accreditation.

Survey Findings

This report provides a summary of the organization's strengths and identifies the sections of the CARF standards that were applied on the survey and the findings in each area. In conjunction with its evaluation of conformance to the specific program/service standards, CARF assessed conformance to its business practice standards, referred to as Section 1. ASPIRE to Excellence, which are designed to support the delivery of the program(s)/service(s) within a sound business operating framework to promote long-term success.

The specific standards applied from each section vary based on a variety of factors, including, but not limited to, the scope(s) of the program(s)/service(s), population(s) served, location(s), methods of service delivery, and survey type. Information about the specific standards applied on each survey is included in the standards manual and other instructions that may be provided by CARF.

Areas of Strength

CARF found that St. Joseph's at Fleming demonstrated the following strengths:

- The leadership team at St. Joseph's at Fleming has come together during the past year with the promotion of a long-term member of leadership to the CEO position. This allowed an opportunity to develop a synergy in the team, create a sense of accountability and ownership on the part of each member, and open the door to enhanced transparency with the stakeholders. It is evident that each member has an investment in the success of the organization.
- The leadership team at St. Joseph's at Fleming demonstrates its commitment to the mission, vision, and values of the organization. It speaks of them often, utilizing them to drive its planning and decision making. It holds dear the philosophy of the sisters who founded St. Joseph's at Fleming of turning no one away, while also being realistic about how to do that within its financial and regulatory environments.
- The leadership and staff at St. Joseph's at Fleming utilizes the spaces at the organization to enhance the programs, services, and opportunities for the persons served. There was opportunity to view gardens and outside spaces that were enhanced for persons served, a space for the organization's pets, and an openness by the staff and leadership to try those things that are important to persons served and other stakeholders.

- St. Joseph's at Fleming provides person-focused care and services in an enviable environment that was designed with the needs of the persons served in mind. Private and public spaces are well designed with the partnership between the home and community partners in mind. By partnering with the local college's Institute for Healthy Aging, a multitude of different placement students provide services that benefit the persons served in a physical environment that was designed with the needs of the persons served in mind. The home excels at bringing in the community through its on-site daycare and activities, such as the Annual Remembrance Day Ceremony where the community is invited to participate in a service that closely mirrors the service organized by the city.
- The organization recently implemented a digital library through a partnership with the local public library. Persons served and/or their caregivers are able to easily access library resources and materials using the organization's wireless internet, tablets, and laptops in a mobile charging cart that can travel throughout the home. The organization considers how technology can benefit and improve the quality of life for persons served.
- The organization excels at seeking out and applying for different subsidies and grants to improve the quality of life for persons served. St. Joseph's at Fleming successfully applied for and received funding through the Enabling Accessibility Fund to pay for automatic doors, ramp improvements, and an accessible playground for the daycare. The organization is commended for utilizing alternate sources of funding to improve and increase accessibility for persons served and community.
- The organization is commended on its efforts to provide frequent opportunities for a person served to continue in cultural-specific activities that are an integral part of his spirituality.

Opportunities for Quality Improvement

The CARF survey process identifies opportunities for continuous improvement, a core concept of “aspiring to excellence.” This section of the report lists the sections of the CARF standards that were applied on the survey, including a description of the business practice area and/or the specific program(s)/service(s) surveyed and a summary of the key areas addressed in that section of the standards.

In this section of the report, a recommendation identifies any standard for which CARF determined that the organization did not meet the minimum requirements to demonstrate full conformance. All recommendations must be addressed in a QIP submitted to CARF.

In addition, consultation may be provided for areas of or specific standards where the surveyor(s) documented suggestions that the organization may consider to improve its business or service delivery practices. Note that consultation may be offered for areas of specific standards that do not have any recommendations. Such consultation does not indicate non-conformance to the standards; it is intended to offer ideas that the organization might find helpful in its ongoing quality improvement efforts. The organization is not required to address consultation.

When CARF surveyors visit an organization, their role is that of independent peer reviewers, and their goal is not only to gather an assess information to determine conformance to the standards, but also to engage in relevant and meaningful consultative dialogue. Not all consultation or suggestions discussed during the survey are noted in this report. The organization is encouraged to review any notes made during the survey and consider the consultation or suggestions that were discussed.

During the process of preparing for a CARF accreditation survey, an organization may conduct a detailed self-assessment and engage in deliberations and discussions within the organization as well as with external stakeholders as it considers ways to implement and use the standards to guide its quality improvement efforts. The organization is encouraged to review these discussions and deliberations as it considers ways to implement innovative changes and further advance its business and service delivery practices.

Section 1. ASPIRE to Excellence®

1.A. Leadership

Description

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

Key Areas Addressed

- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

Recommendations

1.A.6.a.(9)(a)

1.A.6.a.(9)(b)

Although the board policies identify the responsibilities of the CEO to protect the organization from waste and fraud and practices are in place to protect against waste, the organization should include the prohibition of waste and fraud in its employee ethical codes of conduct.

Consultation

- It was observed that the staff at St. Joseph's at Fleming has implemented a plan that considers the culture and diversity of each of its stakeholders. It might consider a more specific identification of each area identified in the plan to ensure that no one element is overlooked as it reviews and updates the plan.

1.C. Strategic Planning

Description

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

Key Areas Addressed

- Strategic planning considers stakeholder expectations and environmental impacts
- Written strategic plan sets goals
- Plan is implemented, shared, and kept relevant

Recommendations

There are no recommendations in this area.

1.D. Input from Persons Served and Other Stakeholders

Description

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

Key Areas Addressed

- Ongoing collection of information from a variety of sources
- Analysis and integration into business practices
- Leadership response to information collected

Recommendations

There are no recommendations in this area.

1.E. Legal Requirements

Description

CARF-accredited organizations comply with all legal and regulatory requirements.

Key Areas Addressed

- Compliance with all legal/regulatory requirements

Recommendations

1.E.2.c.

1.E.2.d.

The organization should develop a process to address how personnel should respond during investigations and other legal action.

1.F. Financial Planning and Management

Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
- Financial results reported/compared to budgeted performance
- Organization review
- Fiscal policies and procedures
- Review of service billing records and fee structure
- Financial review/audit
- Safeguarding funds of persons served

Recommendations

There are no recommendations in this area.

Consultation

- It was observed that the subject of the budget and the financial well-being of St. Joseph's at Fleming is discussed at resident councils. The persons served also indicate that they have a lack of interest in the finances. However, the organization may consider sharing with persons served an overview of the budget and the financial performance from a high-level perspective. This may not only reinforce its practices and the changes it is making, but also demonstrate transparency and may further engage the persons served in supporting its processes and efforts.

1.G. Risk Management

Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

Key Areas Addressed

- Identification of loss exposures
- Development of risk management plan
- Adequate insurance coverage

Recommendations

There are no recommendations in this area.

1.H. Health and Safety

Description

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

Key Areas Addressed

- Inspections
- Emergency procedures
- Access to emergency first aid
- Competency of personnel in safety procedures
- Reporting/reviewing critical incidents
- Infection control

Recommendations

1.H.7.a.(1)

1.H.7.a.(2)

1.H.7.b.

1.H.7.c.(1)

1.H.7.c.(2)

1.H.7.c.(3)

1.H.7.c.(4)

1.H.7.d.

The organization does testing of emergency procedures on an ongoing basis, testing those procedures that are most likely and have the most possible risk on a scheduled basis. There is no evidence of unannounced testing on all emergency procedures nor on all shifts. It is recommended that the organization consistently conduct unannounced tests of all emergency procedures at least annually on each shift and at each location that include complete actual or simulated physical evacuation drills; are analyzed for performance that addresses the areas needing improvement, actions to be taken, results of performance improvement plans, and necessary education and training of personnel; and are evidenced in writing, including the analysis.

1.I. Human Resources

Description

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.

Key Areas Addressed

- Adequate staffing
- Verification of background/credentials
- Recruitment/retention efforts
- Personnel skills/characteristics
- Annual review of job descriptions/performance
- Policies regarding students/volunteers, if applicable

Recommendations

There are no recommendations in this area.

1.J. Technology

Description

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

Key Areas Addressed

- Written technology and system plan
- Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
- Training for personnel, persons served, and others on ICT equipment, if applicable

- Provision of information relevant to the ICT session, if applicable
- Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
- Emergency procedures that address unique aspects of service delivery via ICT, if applicable

Recommendations

There are no recommendations in this area.

1.K. Rights of Persons Served

Description

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

Key Areas Addressed

- Communication of rights
- Policies that promote rights
- Complaint, grievance, and appeals policy
- Annual review of complaints

Recommendations

There are no recommendations in this area.

1.L. Accessibility

Description

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

Key Areas Addressed

- Written accessibility plan(s)
- Requests for reasonable accommodations

Recommendations

There are no recommendations in this area.

1.M. Performance Measurement and Management

Description

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

Key Areas Addressed

- Information collection, use, and management
- Setting and measuring performance indicators

Recommendations

There are no recommendations in this area.

1.N. Performance Improvement

Description

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

Key Areas Addressed

- Proactive performance improvement
- Performance information shared with all stakeholders

Recommendations

There are no recommendations in this area.

Section 2. Care Process for the Persons Served

2.A. Program/Service Structure

Key Areas Addressed

- Scope of the program
- Entry, transition, exit criteria of the program
- Composition of the service delivery team
- Service delivery team communication
- Person-centred planning
- Provision of services to persons served
- Partnering with families/support systems
- Practices for serving individuals with dementia

Recommendations

2.A.52.b.(10)

It is recommended that the organization provide documented competency-based training regarding sexuality.

2.A.53.a.

2.A.53.b.

2.A.53.c.

2.A.53.d.

The organization is urged to implement competency-based training for volunteers that addresses communication, dementia, post-incident debriefing opportunities, and a therapeutic approach to behaviour.

Consultation

- It is suggested that the organization consider providing opportunities for family members to learn about topics that are relevant to caregivers, such as self-care, coping with changes, legal issues, and loss and grief.

2.B. Congregate Residential Program

Key Areas Addressed

- Service delivery planning in a congregate residential program
- Medication management/assistance
- Contracting for outside services
- Safety and security of the living environment
- Procedures for medications and controlled substances

Recommendations

There are no recommendations in this area.

Consultation

- The organization's pet visitation and pet therapy policy references visiting pets or therapy animals. The organization is encouraged to include procedures regarding pets residing with the person served.
- The organization's accessibility policy references service animals in relation to a guest or visitor. The organization is encouraged to consider referencing procedures regarding a service animal belonging to a person served.

Section 3. Program Specific Standards

3.C. Person-Centred Long-Term Care Community

Description

Person-centred long-term care communities, such as nursing homes or long-term care homes, may include freestanding homes, homes that are part of continuums of care, or homes that are part of health systems. Person-centred long-term care communities are residential programs that provide nursing and other services 24 hours a day, 7 days a week. Programs may offer long-term services, short-term services, or both to address a variety of needs.

Person-centred long-term care communities foster a holistic culture that focuses on:

- Autonomy, dignity, and individual choice of the persons served.
- Relationships among persons served, families/support systems, and personnel.
- Understanding what services persons served want, how the services should be delivered, and how the persons served can be engaged in the community.
- Persons served making decisions about the rhythm of their day, the services provided to them, and the issues that are important to them.
- Cultural competence, flexibility, and safety and security of the community.

Persons served are the experts regarding life in their home. Their voices are heard and their life stories, wishes and needs drive service delivery. Persons served and personnel celebrate the cycles of life and connect to the local community to continue relationships that nurture the quality of everyday life.

Leadership commits to continuous learning and growth, team work, empowerment, responsiveness, and spontaneity.

A person-centred long-term care community is a place where persons served want to live, people want to work, and both choose to stay.

Key Areas Addressed

- Person-centred philosophy
- Arrangements for specific services
- Reducing risks for persons served
- Promoting choices of persons served
- Responding to individual needs of persons served
- Nursing services
- Medical management and physician involvement
- Performance measurement regarding long-term care topics
- Palliative care
- End-of-life care

Recommendations

3.C.24.b.(13)

The organization is urged to provide documented competency-based training for personnel on topics that are identified by persons served.

3.C.26.

Although the organization actively seeks out feedback from its staff, it is urged to consider a formal indicator, as it would enable the organization to measure, track, and compare year-over-year the satisfaction level of personnel.

Program(s)/Service(s) by Location

St. Joseph's at Fleming

659 Brealey Drive
Peterborough ON K9K 2R8
CANADA

Person-Centred Long-Term Care Community