



Community Services

Services for Persons with Disabilities

A large graphic of a house shape composed of four interlocking puzzle pieces. The top-left piece is green and contains a teddy bear and a box. The top-right piece is purple and contains a person in a wheelchair being pushed by another person. The bottom-left piece is blue and contains three people looking up at a star. The bottom-right piece is yellow and contains a house with a chimney and a tree.

**Cheticamp Association of
Community Living
Report**

January 2009

Disclaimer

A review was carried out by the Department of Community Services (DCS) with the approval of the Board of Directors of Cheticamp Association for Community Living (CACL). The purpose of this report subsequent to the review, is to assist the Board in the improvement of the operations of CACL. The report is thorough and comprehensive and identifies areas for improvement specific to the management and operations of CACL.

The report resulting from the review is submitted and received by the Board in confidence and is embargoed until the Board and DCS have discussed the findings and recommendations. The Board may make a decision on disclosure, at their discretion once the embargo has been lifted.

Disclosure of any or all parts of this document by the Department of Community Services is subject to provisions of the *Nova Scotia Freedom of Information and Protection of Privacy Act*.

Introduction

Subsequent to a number of issues and concerns raised by families of persons served by the Cheticamp Association of Community Living (CACL) the Board Chair agreed to have the Department of Community Services (DCS) undertake a review of the presenting circumstances. The review was conducted November 3, 4, 5 and 6, 2008.

The review team was comprised of Donna Pettipas, Complex Case Co-Ordinator Central Region and Anne Black, Program Co-Ordinator of Alternative Family Living and Independent Living Support Programs, both of Halifax.

The purpose of the review was to clarify and provide an objective assessment of the issues and concerns that had been raised by families, members of the community and CACL. Many of the recommendations go beyond the licensing requirements of the *Homes for Special Care Act* and Departmental standards for residential settings. However, the recommendations are consistent with the future framework for residential services, which can be found in the Department's "Report of Residential Services" of June 2008.

Background

The Cheticamp Association of Community Living is incorporated and registered with the Registry of Joint Stocks under the Societies Act of Nova Scotia. There are nine members on the Board of Directors including the Board Chair and Vice Chair. The Executive Director of CACL is an ex-officio member of the Board and also acts as the recording secretary.

The Board of CACL currently oversees the operation of three residential settings and one Adult Service Centre (ASC) that provide services to adults with intellectual disabilities in the Cheticamp area. La Chemoi Group Home (9 residents) and La Residence Cap Rouge (4 residents) operate under the licensing requirements of the *Homes for Special Care Act*. La Maison Roderique (3 residents) is a Small Option home that operates subject to the provisions set out in the *Interim Standards for Community Based Options (1996)*.

The Executive Director is responsible for the daily operation of the three homes and the ASC. Supervisors in each of these sites report to the Executive Director.

Methodology

Information from a number of sources informed this Review and provided the basis for the recommendations outlined in this report, including:

- seven in-person interviews and one telephone interview with family members.
- three in-person interviews and three telephone interviews with other members of the community that have/had an affiliation with CACL.

- individual in-person interviews with the CACL Board Chair and Vice Chair, the Executive Director and each of the three Residential Supervisors.
- site visits were made to La Chemoi, La Maison Rodrigue, La Residence Cap Rouge and the The Green Door.

The following information was made available to the review team by staff of CACL: CACL Policy Manual, Board Meeting Minutes, staff communication logs, staff shift schedules, staff meeting minutes, resident daily/running notes, Individual Program Plans, Quarterly Reports, Incident Reports, weight charts, correspondence, menus etc.

The information gathered through the review process was categorized and examined under the following subject headings, from which the recommendations on the following pages resulted:

- Organizational Structure
- Financial
- Residential Sites
 - Abuse/Neglect
 - Nutrition
 - Physical Environment
 - Skill/Behaviour Program Development
 - Health/Medical Services
- The Green Door Adult Services Centre

Organizational Structure

The distinction between the roles and responsibilities of the Board and those of the Executive Director appear unclear. This lack of clarity is evident in the extent to which the Board has undertaken an active role in the day-to-day operation of the residential sites. This level of involvement in CACL's daily operations has limited the time and resources the Board has been able to dedicate to strategic planning, leadership, higher level policy development of a long term vision for CACL, and the creation of a culture of excellence in service delivery initiatives in concert with the Executive Director.

The lack of clarity also impacts on the extent to which the Executive Director can be expected to effectively carry out the duties as dictated by the Position Description (CACL Policy B-35).

The Board is comprised of nine members. The Board has met eight times since May 2007; three of those times between August 2008 and November 2008. The practice appears to be that the Board meets "as required". However, the Board meeting provides the forum by which the Board can be kept apprized of issues and the response that has been directed to the resolution of these issues by the Executive Director. There have been allegations that, at some point in the past, the Board

Executive has routinely made decisions concerning CACL without providing an opportunity for discussion with the full Board.

Recommendation 1

That the respective roles and responsibilities of the Board and the Executive Director be clarified so that the functions of the Board remain distinct from the role of the Executive Director in the daily operation of CACL.

Recommendation 2

That the Board develop a parent/resident advisory group that can be called on to provide counsel to the Board on issues that pertain to service delivery and service planning for persons with intellectual disabilities. The Chair of the parent/resident advisory committee will have the opportunity to meet with the full Board to report on their work/issues at their request.

Recommendation 3

That the Board meet at least ten times annually to discuss all issues appropriate to the input of the Board as a whole and that the role and responsibilities of the Board Executive be clarified by the Board.

Recommendation 4

That the Board relieve the Executive Director from the position of Secretary to the Board and appoint another Board member to the Secretary position.

Residential Sites

The following issues were either 1) raised as concerns by families and/or others during the course of this review, or, 2) have been identified as areas requiring attention based on the assessment and observations of the review team.

The issues raised by families and others included, but were not limited to, neglect, abuse, nutrition, adequacy of the physical environment to support residents pursuit of individual (and often competing) interests, the approach to resident assessment, skill development, balance between age appropriate and developmentally appropriate approaches utilized in the homes, behaviour change initiatives, resident choice/input regarding the daily life of the home, the philosophical approach to service delivery, the inclusion of parents/guardians in decision making and the life of their family members residing at the homes, the establishment of visiting hours, medical oversight/follow-up, incident reporting, formal mechanisms to regularly apprise residents and family/guardians on resident achievements/progress, communication and relationships with the community and families, and conflict management.

Abuse/Neglect

The review team found no evidence of neglect or abuse of residents served by CACL. During site visits it was noted that residents appeared to be in good physical condition, were conversant and readily engaged with the team. Unsolicited, many of the residents express satisfaction with their home and the services that they receive. The homes were very clean, tidy and well appointed. Resident rooms were reflective of their personal interests and possessions.

A number of the residents attend the Green Door Adult Service Center and most residents pursue a variety of activities and interests in the community. CACL has several organized group activities/events annually that are well attended by residents, their families and members of the community.

Nutrition

Each home has posted menus that are followed by the staff responsible for meal preparation. The menus are reviewed by a dietician/nutritionist as per Department of Community Services requirements. The menus rotate over a series of weeks.

A number of the concerns that were raised during the review process were as follows; persons were malnourished and a number of residents had experienced significant weight loss, resident's food preferences and/or special diet requirements are not taken into account in the development of menus, posted menus read like a special diet (include serving size), prescribed food portions do not reflect individual activity levels, residents have been refused "seconds" or larger portions, the menus lacked variety, the meals are low in protein, fresh fruit and fresh vegetables/salads, there is an absence of alternatives available if a resident does not eat the particular food/lunch/snack that is posted.

Based on information gathered during the review, the review team did not find evidence of resident malnourishment, and did find that residents with weight loss had an accompanying health/medical issue or requirement that accounted for the weight loss.

The following recommendations are made with respect to addressing concerns related to nutrition:

Recommendation 5

Posted menus be illustrated in an appealing fashion and that serving size portions be removed from the descriptions. Larger portions and/or "seconds" should be a choice available to residents, within reason.

Recommendation 6

Information related to individually prescribed special dietary considerations be posted in a discreet location near the house menu (i.e.) allergy /sensitivity alerts. Portion sizes for 1500 or 2000 calorie diabetic diet etc. can be posted for general reference by staff.

Recommendation 7

Residents, or other individuals on behalf of residents as appropriate, have opportunities for

input regarding the menus on an on-going basis (i.e.) monthly menu planning meeting. This approach may address the need for on-going “substitutions”. However, alternative foods can still be made available for lunches and snacks.

Recommendation 8

Resident food preferences/dislikes, allergy /sensitivity alerts, special dietary requirements should be established at the time of admission to the home and updated as required on the residents’ file.

Recommendation 9

Where CACL is advised that a resident has/may have a food allergy/sensitivity, verification by a medical doctor will not be required before the menu for this resident can be altered accordingly. Whether the individual does or does not have additional medical follow-up is a matter that will be determined on an individual basis.

Recommendation 10

The menu should reflect a variety of foods, include fresh fruit and vegetables wherever possible and reflect seasonal and culturally meaningful food selections.

Financial

There is a public perception that the Board of CACL lacks transparency and accountability with respect to financial matters. The review heard concerns about discrepancies in income from fund raising activities, “secrecy”/inaccessibility of information or records pertaining to residents, Personal Use Allowance, previous history of unaudited financial reports being submitted to the Board, a variance in the reported financial status of CACL and its actual status, poor accounting practices, overdue accounts, that staff of CACL are being paid 40 hours weekly for working 32.5 hours and shifts are over-booked on statutory holidays to take advantage of the mandatory additional rate of pay.

The review team acknowledges that the Board has taken steps to investigate a number of these issues and has provided an explanation to the review team on their findings. However, it appears that the overall perception of the public remains unchanged with respect to these matters. It is in the interest of restoring public confidence and trust in Board and staff activities related to financial matters that the following two recommendations are made.

Recommendation 11

That the CACL Board continue its practice to enlist the services of an Auditor and regular audits of all operations overseen by the Cheticamp Association of Community Living .

Recommendation 12

That the term “volunteer hours” be removed from the scheduling of staff so that all expected activities, regardless of location (for example in-house or a fund raising event) all comprise a part of the scheduled hours of work for a given week.

Physical Environment

The review team found that the common space available in both La Residence Cap Rouge and Residence Roderique is adequate in both size and availability for the residents use. However, the common space available for resident use in La Chemoi is limited in relation to the larger number of people living there. This likely limits the extent to which people can pursue individual, and often competing, interests. The downstairs area of the home has been inspected by officials from the Provincial Fire Marshall’s Office and they have recommended that a sprinkler system be installed before this space is made available for the use of the residents. A request for funding related to the installation of a sprinkler system was submitted to the Department of Community Services and has subsequently been approved. Pending the installation of this system CACL has had the space painted in readiness for residents’ use.

Recommendation 13

That the lower floor of La Chemoi be appropriately furnished and equipped with a variety of items that will promote the interest of residents in utilizing this space (ie) TV, music, comfortable chairs, tables appropriate for crafts/puzzles etc.

Recommendation 14

That consideration be given to adapting residents’ bedroom space, where appropriate and desired by individual residents, to create an area where they may pursue leisure interests eg. adding a desk.

Skill/Behaviour Program Development

Each resident of CACL has a completed Individual Program Plan (IPP) on file. The initial IPP is completed within three months of admission to the home. Residential staff discuss the IPP process with the resident and seek their opinion and wishes with respect to the plan. IPP meetings are generally held at the home of the resident and are attended by the Supervisor of the home, front-line staff, the Executive Director, family/guardians and others (i.e.) ASC staff. The resident does not attend the IPP meeting. Individualized programs are developed based the IPP. The review team noted that in some cases the same goals have been repeated year after year as the IPP is only revised when the resident has achieved the goals of that particular IPP.

The purpose of the IPP is to provide a formal mechanism for identifying a person’s particular areas

of strength, as well as the skill areas that may require support/intervention. A person centered approach places the person/resident central to the IPP process. The resident leads the process and is supported, to the extent that they may require, to identify the goals they wish to achieve. Persons attending the IPP meeting form the network of support to that individual. Individualized skill enhancement programs are developed based on the goals identified through the IPP process. These programs are aimed at maximizing the person's ability to function as independently as possible and identify specific and achievable immediate, short and long term goals to that end.

“Failure” of a resident to progress within a goal area is generally an indicator that the objectives that relate to that area of development, for that resident, were set too high, lack focus or lack the resources necessary to support the resident's efforts toward achieving their goal. An objective must be reasonably achievable for that person within that time-frame, thereby providing the person with an on-going sense of success toward greater goal attainment. Quarterly reports are directly linked to the IPP process in that they represent a formal mechanism by which the resident, family and DCS are apprized of the progress and achievements that individuals make with respect to their IPP.

Recommendation 15

IPP's be completed within the first three months of admission and annually thereafter.

Recommendation 16

Individualized program goals be observable, measurable, achievable and have a short-term review date to allow for revisions and/or next-step goals.

Recommendation 17

Residents, families/guardians and others, who may be identified by the resident as part of their personal support network, be given the choice to attend any IPP planning meetings that pertain to that resident. This does not preclude residential staff from meeting with the individual at any point prior to the meeting to assist them in identifying the goals they wish to set for themselves.

Recommendation 18

That CACL staff, Supervisors and the Executive Director have specific training in IPP and behavioural change programming and planning.

Recommendation 19

That the Executive Director of CACL develop ongoing working relationships with other Providers of licensed residential services in Nova Scotia for support and assistance in enhancing the services offered by CACL based on best practice evidence.

Health/ Medical Services

Information provided through the review process indicated concern that families are not notified

of incidents and/or injuries in a timely manner. The current CACL policy “Resident Accident or Injury” (D-13) provides no provision for contacting family in these instances.

Residents are seen at least annually by their primary physician and otherwise on an “as needed basis”. The review team noted that residential staff, often the supervisor, will consult with the primary physician in person and by phone regarding individual residents around medical issues deemed to be minor. The primary physician will provide direction to staff on medical issues based on the information he/she has been provided by the supervisor/residential staff.

The review team noted that many family members frequently, or consistently, accompany their family member/resident to a variety of health/medical related appointments and report back to CACL on the outcome of the appointment.

Recommendation 20

That CACL establish a policy regarding notification of family/guardian, which establishes the person(s) responsible for, and time lines related to, contacting next of kin in the event of resident incident, accident or injury.

Recommendation 21

That CACL develop a policy, standard reporting form and practice related to resident/accident injury that includes the careful investigation and documentation of all such events.

Recommendation 22

That residents be seen/assessed in person by a physician for all medical/health related issues unless otherwise directed by the attending/primary physician.

Recommendation 23

That CACL develop a form for residents’ files that will be used to detail the outcome of medical appointments. The information will be completed and signed by the staff or family member that was in attendance.

Communication/ Relationships

The issue that was most consistently raised over the course of this review was related to the visiting hours that have been recently established for the three residential sites. The primary opinions expressed were that established visiting hours are not in keeping with respecting family as an integral part of the resident’s life and/or fails to recognize that each family establishes its own patterns of contact with each other.

The review team acknowledges that there are intervals of the day in any household that may not be conducive to people visiting because of activity levels, social norms, etc. Family/friends are generally aware of the rhythms and routines of the homes and the expectation would be that visits to the home would be planned with this in mind. Visitors must acknowledge that, while this is the home of their family member/friend, it is also the home of other people and they are expected to conduct themselves accordingly. The department recognizes that in the most extreme instances where the presence of an individual presents a threat to the personal safety of residents or staff, the Board may be required to take appropriate action

The review team examined the “Request for Disclosure of Information” Policy. It appears to pertain to all information regarding resident, even the sharing of relevant and appropriate information with respect to the residents. It appears to apply even to those requests for information that may require only a brief verbal response as the policy makes no distinction among the types of requests for information that might be made. This leaves no room for ongoing dialogue between CACL staff, families and community partners.

The “Request for Disclosure Policy” also contains a statement that CACL is “...permanently responsible for the residents” and “is not obligated to act or react to any recommendations made or provided by the guardian/parent and do so in accordance with medical, nutritional and other government policies”. The review team found this to be troublesome in that it does not reflect the principles of law or management for adults with disabilities in residential settings. The review team suggests using an approach that places the resident central to decision making concerning them, with input and consensus from their guardians/parents.

At La Chemoi the review team noticed a sign posted near the kitchen that advised the kitchen is ‘for employees only’. Signage like this is inconsistent with management practices in a ‘home-like’ residential setting.

Recommendation 24

That CACL revisit their “Visitors Policy” and consider consulting with a parent/resident advisory group in the development of guidelines and/or a revised policy statement that takes into account operational requirements, and avoids the use of structured visiting hours.

Recommendation 25

That the Board develop a “Respectful Workplace Policy” that governs the workplace interactions and behaviors of Board, Management, staff and all visitors.

Recommendation 26

That the Board encourage the verbal exchange of resident information between CACL staff and residents’ designated next of kin/guardian provided that the resident has made no objection or placed any specific limits on the sharing of any information that pertains to them. Requests by family/guardians for regular updates on resident information should be provided

readily or, as may be the case occasionally, within a time frame that is reasonable based on the time required to retrieve that information.

Recommendation 27

That the Board develop a comprehensive policy regarding requests for hard copies of records that comprise any part of the residents' file. This policy should clarify the form that the request must take, who the request must be made to, the wait-time, the resident's right to refuse disclosure and/or limit the information that is disclosed, and CACL's responsibility to ensure that any reference to other residents be duly edited from these records before they are released.

Recommendation 28

Signage, if used in CACL homes, be in respectful and inclusive language.

Recommendation 29

That Supervisors receive training in supervisory roles and responsibilities and conflict resolution.

Recommendation 30

That the Executive Director, with the support of the Board, develop a professional skills acquisition plan that includes formal management training and conflict resolution training.

Recommendation 31

That CACL, families/guardians, the community and DCS partner in the resolution of communication/relationship issues and a move-forward plan that reflects our common goal of supporting persons with disabilities to live as independently as possible in the community.

The Green Door Adult Services Centre

The review team did not complete an in-depth assessment of the Green Door program, but did hear a number of concerns. These included inadequate admission procedures, a lack of clarity about and availability of programs to address basic/pre-vocational skill development, a lack of programs geared to more fully integrating persons into the greater community, work place harassment, a rigid and non-inclusive management style of supervision.

The review team suggests that the Board, Executive Director and Supervisor may benefit from contact with the Directions Council of Nova Scotia regarding information on both policy and practice in Adult Service Centres around the Province. The review team suggests as well that the Supervisor of the Green Door receive training in supervisory roles and responsibilities and conflict resolution.

In closing, the review team wishes to thank the Board, Executive Director, staff, and residents of

CACL, families and other members of the Cheticamp community for the their time and for the valuable contributions they made to this review.