

Accreditation Report
Quality Improvement Plan
& Benchmarking Data



enhancing PEOPLE'S LIVES

Accreditation Report

Quality Improvement Plan
& Benchmarking Data

Prepared for
West Neighbourhood House

enhancing PEOPLE'S LIVES

Accreditation Decision

Three-Year Accreditation

Expiration: June 2017

Organization

West Neighbourhood House

588 Queen Street West

Toronto ON M6J 1E3

CANADA

Organizational Leadership

Odete Nascimento, Director of Older Adult Centre

Lambrina Nikolaou, Director of Adult Community Programs

Survey Dates

June 11-13, 2014

Survey Team

Frank E. Gainer, M.H.S., OTR/L, FAOTA, Administrative Surveyor

Jeremy Neely, Program Surveyor

Programs/Services Surveyed

Case Management

Home and Community Services

Programs/Services by Location

West Neighbourhood House

588 Queen Street West
Toronto ON M6J 1E3
CANADA

Case Management
Home and Community Services

Older Adult Centre

248 Ossington Avenue
Toronto ON M6J 3A2
CANADA

Case Management
Home and Community Services

Springhurst Supportive Housing - Satellite

1447 King Street West
Toronto ON M6K 3K5
CANADA

Home and Community Services

Westlodge Supportive Housing

20 Westlodge Avenue, 1st Floor
Toronto ON M6K 3K5
CANADA

Home and Community Services

Survey Summary

Areas of Strength

West Neighbourhood House has strengths in many areas.

- ◆ The senior management team is a cohesive group that has an open-door policy and provides support to the front-line team. It is not only responsive to staff, but also to persons served, family members, and other stakeholders. Opportunities for improvement are continually sought, and the organization is committed to moving the various programs forward and serving the needs of the persons of the west end of Toronto.
- ◆ The organization has developed a comprehensive strategic plan that effectively guides its operations. The annual planning cycle is comprehensive and serves the organization well as it deals with an increasingly complex population and multiple payer sources.
- ◆ There is a comprehensive accessibility plan in place that is serving the organization well. It is monitored on a regular basis in order to ensure that the organization remains fully accessible. The organization does not focus on just physical accessibility but is also constantly assessing the way in which it can provide additional services to this very culturally and socio-economically diverse catchment area.
- ◆ The organization is commended for its extensive volunteer program. The organization has over 400 consistent volunteers. Although some volunteers are family members of persons served, many are former persons served and want to give back to West Neighbourhood House.
- ◆ There are a significant number of staff members who have been with the organization for many years, speaking to the fact that they love what they do; this is evident in their interaction with persons served, family members, volunteers, and co-workers. Persons served and family members interviewed commend the staff on the excellent care and concern shown. There is a true sense of community within the organization. There is a loyalty to maintain and uphold the value of each person served regardless of his or her level of comprehension or functional abilities. Staff members have a compassion for the persons served and create a positive environment for services and programs to occur.
- ◆ The organization is commended for its large number of bilingual staff, which allows the organization to provide culturally sensitive care to the very diverse clientele that is served. This makes a major contribution to the overall quality of care provided.
- ◆ West Neighbourhood House is complimented on its reputation in the community and how its programs serve the many needs of this very diverse community that is undergoing a transformation. The organization is committed to maintaining its presence in the various neighbourhoods of west Toronto and is constantly striving to keep up with the changing demographics. It works hard at maintaining a collaborative relationship with its various neighbours.

- ◆ Despite being housed in older buildings with high utilization, West Neighbourhood House is well maintained, and enhancements have been made to give the buildings a warm feel. The organization provides outdoor spaces for persons' enjoyment and makes very good use of its programming space. The organization makes good use of capital equipment funds when these become available from various funding sources.
- ◆ West Neighbourhood House is complimented on how it has embraced the performance improvement process. The organization has numerous initiatives that it is evaluating in order to improve various processes that impact the quality of care and services offered.
- ◆ There are very few formal complaints and those that are received are handled immediately.
- ◆ The organization is complimented on its aggressive risk management program. This program has significantly contributed to the organization's excellent safety record.
- ◆ The organization is complimented on its very robust student training program for all types of trainees.
- ◆ The opportunities that the organization provides its students offer a rich learning environment for their clinical training.
- ◆ The organization is commended for its practice of promoting from within. The majority of managers have served in other positions within the organization. There is a definite career progression at West Neighbourhood House, and the organization benefits from the longevity and experience of the staff.
- ◆ The organization is complimented on its aggressive pursuit of additional funding to further improve the services offered to the west end community. The organization is a strong advocate for this neighbourhood and is willing and able to be an advocate for policy changes at the local and provincial level.
- ◆ The St. Christopher House Community Endowment generously supports the organization by providing annual funds for its operating expenses.
- ◆ The organization is commended for its comprehensive transportation services. This service is an excellent community resource and is cost effective for members of the community.
- ◆ The organization is complimented on its comprehensive cultural competency and diversity plan. It is thorough and addresses all issues related to its particular demographics.
- ◆ The organization is commended for its policy of having all direct care personnel be trained in first aid.
- ◆ West Neighbourhood House has a dedicated and committed leadership team. It is evident that it cares for the well-being of all persons served.
- ◆ The staff is very innovative with problem solving and dedicated to its persons served. This was evident with the implementation of the Meals on 2 Wheels program. This addition to the Meals on Wheels of Ontario program added bicycles as an option to maneuver through the busy streets of downtown Toronto. With the use of ten cycling volunteers, it was able to continue delivering hot meals to persons served in a timely manner, while bypassing traffic.
- ◆ West Neighbourhood House is commended for its presence within the community. It has a good reputation, and the public views it as a resource when in need. It has developed strong community partnerships and effectively advocates for persons served.

- ◆ Longevity of the staff creates consistent relationships with the persons served, and the persons served value and appreciate these relationships. Staff members of the Meeting Place and the Older Adult Centre make it a priority to develop relationships with persons served, thus earning their trust and loyalty.
- ◆ The organization's staff is commended for its commitment to providing services, even in inclement weather.

Areas for Improvement

West Neighbourhood House should seek improvement in the following areas.

- ◆ The organization is urged to include the witnessing of documents in its written ethical codes of conduct.
- ◆ The organization should develop a written emergency procedure for bomb threats.
- ◆ The organization should conduct unannounced tests of all emergency procedures at least annually, at all locations, and on each shift. These tests should be analyzed for performance improvement.
- ◆ Currently, the organization is not conducting verification of credentials for its social workers throughout employment. The organization is urged to implement written procedures that address time frames for verifications of backgrounds and credentials, including throughout employment.
- ◆ The organization should ensure that performance evaluations for all personnel directly employed by the organization are performed annually. Similarly, the organization should conduct an annual review of all contract personnel utilized by the organization.
- ◆ The organization should develop policies regarding informed consent or refusal or expression of choice regarding involvement in research projects that provide protections for the persons served.
- ◆ The organization is urged to communicate performance improvement information to persons served, according to their needs, including the format, content, and timeliness of the information communicated.
- ◆ Although the Older Adult Centre programs are consistent and up to date with written screenings/assessment, the Meeting Place was not, resulting in some members having incomplete assessments or none at all. The organization is urged to consistently conduct written screenings/assessments prior to the initiation of services, at a frequency that is consistent with the needs of the persons served, in response to changes in care needs and preferences of the persons served.

Accreditation Decision

West Neighbourhood House has earned a Three-Year Accreditation. On balance, West Neighbourhood House has effectively demonstrated a commitment to using the CARF standards to the benefit of the person served, families, staff, and volunteers. The positive attitude with which the management and staff prepared for and participated in the survey and their receptivity to the consultation, suggestions, and areas for improvement that were offered instil confidence that the organization will use the results of this survey to further improve organizational and service quality. The organization is commended for its

efforts to provide quality services to the west end of Toronto and is encouraged to use its resources to address the improvements noted in this report and to use the CARF standards as guidelines for continuous quality improvement.

Consultation

Section 1. ASPIRE to Excellence[®]

A. Leadership

- ◆ The organization is encouraged to clearly identify and document the time of completion for various action items in the cultural competency and diversity plan.

D. Input from Persons Served and Other Stakeholders

- ◆ The organization is encouraged to evaluate developing a more formalized method for gathering input from personnel.

G. Risk Management

- ◆ The organization is encouraged to explore increasing its social media presence in order to increase awareness of its numerous program offerings.

I. Human Resources

- ◆ The organization may want to consider shortening its performance evaluation tool. The current tool is very long and, as a result, the organization has challenges completing it on an annual basis. If the tool was shorter, the organization may be more successful in conducting performance evaluations on an annual basis.

J. Technology

- ◆ The organization is encouraged to continue to work on making its website more robust. This could provide an opportunity for the organization to share its performance improvement information with the greater community.
- ◆ The organization is encouraged to evaluate upgrading its server capacity in order to better protect its electronic resources.

Section 2. Care Process for the Persons Served

A. Program/Service Structure

- ◆ West Neighbourhood House is encouraged to explore options to provide more space for programming in an effort to accommodate the increasing future demands for its services.
- ◆ The organization may want to consider a plan to address challenges with office space. It was observed that multiple employees share a single office space where telephone and/or in-person interviews occur. Separate office spaces could help increase privacy.
- ◆ West Neighbourhood House is encouraged to explore alternate ways to communicate activities to its members in a timely, accessible manner so that persons served can attend all the activities that interest them.

Consultation does not indicate non-conformance to standards, but is offered as a suggestion for further quality improvement.

Standards Conformance

This section of the Accreditation Report displays the specific reasons for any partial or non-conformance to standards identified as a result of the survey. The standards listed in this section are addressed in the organization's Quality Improvement Plan, which can be accessed at customerconnect.carf.org.

Below are the possible reasons for partial or non-conformance to standards, along with an explanation of why each reason is cited.

To receive the information contained in this section in an alternate format, please contact editing@carf.org.

Reason for partial or non-conformance	Is cited:
All components not addressed	When a standard element requires more than one item, at least one item (but not all) is not in full conformance.
Credentials inadequate	When a standard element requires that an individual possess a specific credential or level of credential, the specific credential is not possessed, or the credential possessed is below the specified level.
Data or information necessary to address conformance not collected and/or evaluated	When the issue addressed by the standard element has not been considered and, consequently, the information necessary to address conformance has not been collected and/or evaluated in connection with the issue addressed.
Documentation inadequate	When a standard element requires documentation or that documentation contain specific information, the documentation either does not exist or does not contain the specific information.
Effort not comprehensive	When a standard element requires an activity to occur, the performance of the activity is insufficient to address the full scope of the activity.
Financial ratio calculation below the median	(CCAC only - standard 1.F.13.) When the standard element rating is based on the calculation of a specific financial ratio, such ratio is below the 50 th percentile.
Frequency inadequate	When a standard element requires that an activity occur with a specific frequency or some unspecified regularity, the performance of the activity does not occur, occurs less frequently than required, or occurs less frequently than appropriate if regularity unspecified.
Information not communicated understandably	When a standard element requires that information be shared with certain persons, the information is either not shared or not shared in a manner that allows for comprehension by the recipient.
Involvement by appropriate person(s) inadequate	When a standard element requires the involvement of certain persons, those persons are either not involved or not involved in a sufficient manner.
Non-compliance with law, regulation, or other rule	When a standard element requires compliance with a legal requirement or a process for achieving legal compliance, sufficient evidence of compliance or the compliance process is not demonstrated.
Policy/plan/procedure/practice not consistently implemented	When a standard element requires a policy/plan/procedure/practice, it exists but the actual performance does not occur with sufficient regularity to be deemed standard operating procedure.
Policy/plan not developed	When a standard element requires a policy/plan, it is not in existence.
Procedure/practice not developed	When a standard element requires a procedure/practice, it is not in existence.
Policy/plan/procedure/practice not implemented	When a standard element requires a policy/plan/procedure/practice, it exists, but there is no actual performance.
Policy/plan/procedure/practice recently implemented	When a standard element requires a policy/plan/procedure/practice, it exists, but the actual performance has not been in place for sufficient time to establish a track record.
Training inadequate	When a standard element requires that certain training occur, it either does not occur or does not occur with sufficient regularity to be deemed standard operating procedure.
Evidence of conformance inadequate	When the requirement of a standard element is not satisfied, or is inconsistently satisfied, and no other reasons apply.

Standard Number	Standard Text	Reasons for Partial or Non-conformance																
		All components not addressed	Credentials inadequate	Data or information necessary to address conformance not collected and/or evaluated	Documentation inadequate	Effort not comprehensive	Financial ratio calculation below median	Frequency inadequate	Information not communicated understandably	Involvement by appropriate person(s) inadequate	Non-compliance with law, regulation, or other rule	Policy/plan/procedure/practice not consistently implemented	Policy/plan not developed	Procedure/practice not developed	Policy/plan/procedure/practice not implemented	Policy/plan/procedure/practice recently implemented	Training inadequate	Evidence of conformance inadequate
1.A.6.a.(4)(f)	Corporate responsibility efforts include, at a minimum, the following: Written ethical codes of conduct in at least the following areas: Service delivery, including: Witnessing of documents.				X													
1.H.5.a.(2)	There are written emergency procedures: For: Bomb threats.				X								X					
1.H.6.a.(1)	Unannounced tests of all emergency procedures: Are conducted at least annually: On each shift.	X																
1.H.6.a.(2)	Unannounced tests of all emergency procedures: Are conducted at least annually: At each location.	X																
1.H.6.b.	Unannounced tests of all emergency procedures: Include complete actual or simulated physical evacuation drills.	X																
1.H.6.c.(1)	Unannounced tests of all emergency procedures: Are analyzed for performance that addresses: Areas needing improvement.	X																
1.H.6.c.(2)	Unannounced tests of all emergency procedures: Are analyzed for performance that addresses: Actions to be taken.	X																
1.H.6.c.(3)	Unannounced tests of all emergency procedures: Are analyzed for performance that addresses: Results of performance improvement plans.	X																
1.H.6.c.(4)	Unannounced tests of all emergency procedures: Are analyzed for performance that addresses: Necessary education and training of personnel.	X																
1.H.6.d.	Unannounced tests of all emergency procedures: Are evidenced in writing.	X																
1.I.2.b.(2)	The organization implements written procedures that address: Time frames for verification of backgrounds and credentials, including: Throughout employment.				X								X					
1.I.6.b.(5)	Performance management includes: Performance evaluations for all personnel directly employed by the organization that are: Performed annually.							X										
1.I.6.c.(4)	Performance management includes: Reviews of all contract personnel utilized by the organization that: Are performed annually.						X											

Standard Number	Standard Text	Reasons for Partial or Non-conformance																
		All components not addressed	Credentials inadequate	Data or information necessary to address conformance not collected and/or evaluated	Documentation inadequate	Effort not comprehensive	Financial ratio calculation below median	Frequency inadequate	Information not communicated understandably	Involvement by appropriate person(s) inadequate	Non-compliance with law, regulation, or other rule	Policy/plan/procedure/practice not consistently implemented	Policy/plan not developed	Procedure/practice not developed	Policy/plan/procedure/practice not implemented	Policy/plan/procedure/practice recently implemented	Training inadequate	Evidence of conformance inadequate
1.K.2.e.(5)	The organization implements policies promoting the following rights of the persons served: Informed consent or refusal or expression of choice regarding: Involvement in research projects, if applicable.												X					
1.K.2.g.	The organization implements policies promoting the following rights of the persons served: Adherence to research guidelines and ethics when persons served are involved, if applicable.												X					
1.N.3.a.(1)	The organization communicates performance information: To: Persons served.							X										
1.N.3.b.(1)	The organization communicates performance information: According to the needs of the specific group, including: The format of the information communicated.							X										
1.N.3.b.(2)	The organization communicates performance information: According to the needs of the specific group, including: The content of the information communicated.							X										
1.N.3.b.(3)	The organization communicates performance information: According to the needs of the specific group, including: The timeliness of the information communicated.							X										
2.A.13.a.	Based on the scope of services, written screenings/assessments are conducted: Prior to the initiation of services.											X						
2.A.13.b.	Based on the scope of services, written screenings/assessments are conducted: At a frequency that is consistent with the needs of the persons served.											X						
2.A.13.c.	Based on the scope of services, written screenings/assessments are conducted: In response to changes in care needs.											X						
2.A.13.d.	Based on the scope of services, written screenings/assessments are conducted: In response to changes in preferences of the persons served.											X						

Benchmarking

This section of the Accreditation Report benchmarks your organization's conformance to standards. By comparing strengths and areas for improvement with various comparator groups, benchmarking encourages your organization to improve effectiveness, efficiency, satisfaction, and access. This information should also stimulate discussions among stakeholders focused on better meeting the needs and preferences of the persons served. In addition, benchmarking:

- ◆ Encourages a culture of continuous evaluation and improvement.
- ◆ Accelerates understanding of and agreement on areas for improvement.
- ◆ Helps prioritize improvement opportunities.
- ◆ Shifts internal thinking towards a focus on outcomes.
- ◆ Provides a reference to increase performance expectations.
- ◆ Motivates your team to work collaboratively to surpass benchmarks.

This report provides benchmarks (mean % of conformance) for each section of the ASPIRE to Excellence^{*} quality framework.^{*} When available, benchmark comparison groups include:

- ◆ All surveyed organizations.
- ◆ All surveyed organizations in the same primary CARF customer service unit.
- ◆ Surveyed organizations with the same ownership type.
- ◆ Surveyed organizations in the same geographic region.
- ◆ Surveyed organizations with similar number of persons served annually.
- ◆ Surveyed organizations with similar staff size.

In addition, standards conformance for each organization undergoing resurvey is benchmarked against its previous survey in all standards areas.

Benchmark Comparison Groups

Primary area of accreditation: Aging Services (AS)

Ownership type: Private, Not for Profit

Geographic region: Canada - ON

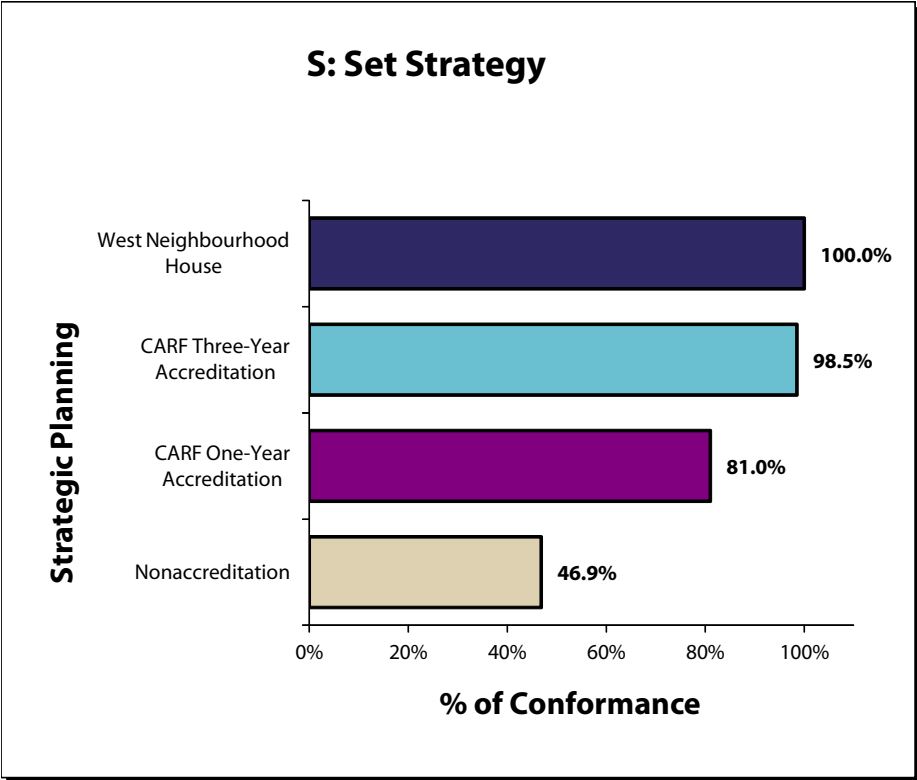
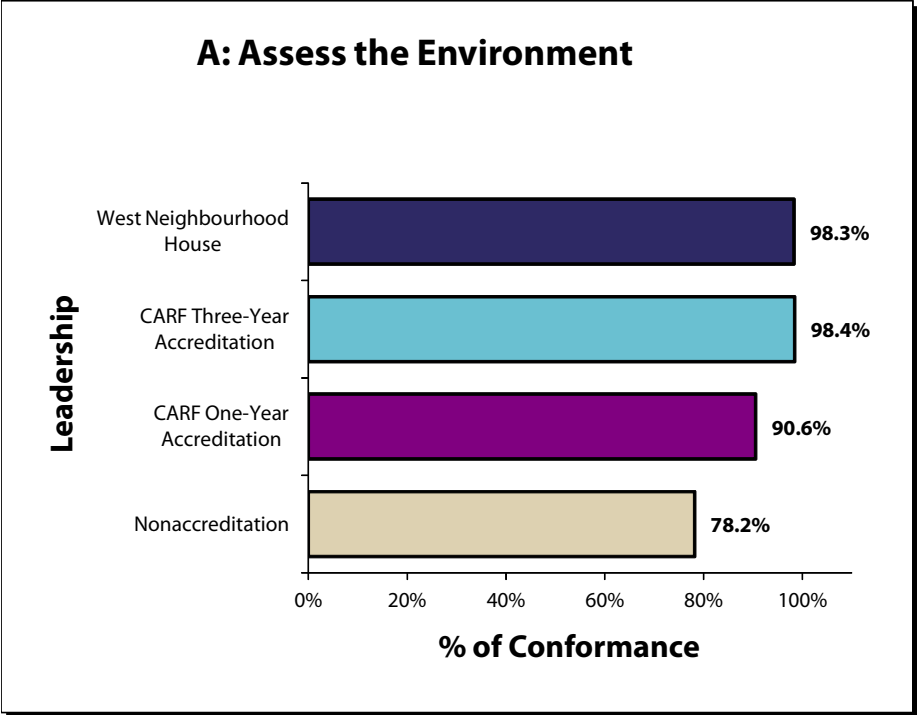
Staff size (FTEs): 50-99

Persons served annually: 1,000–4,999

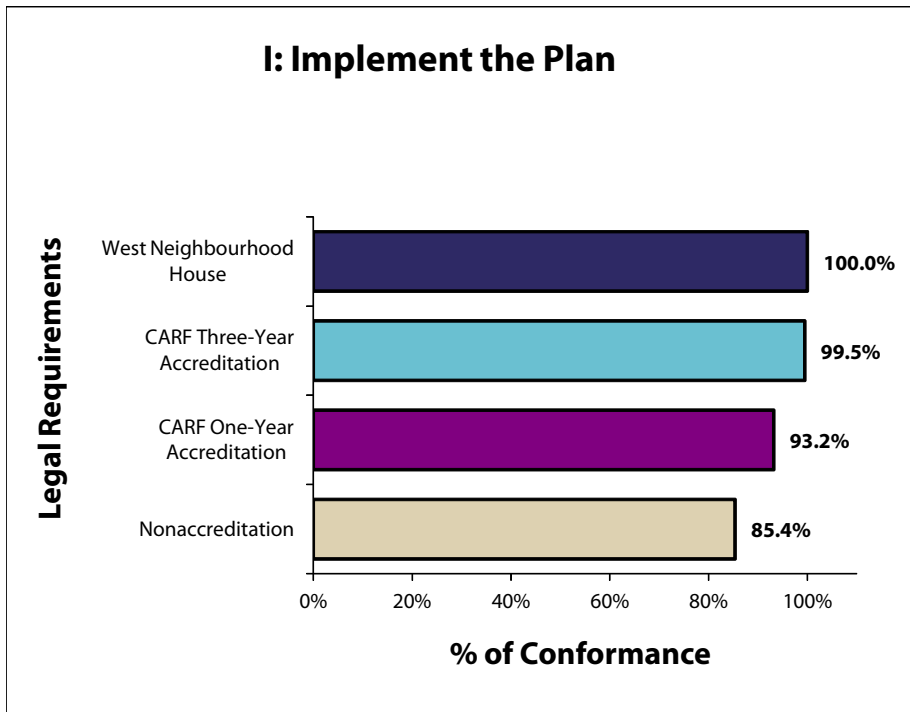
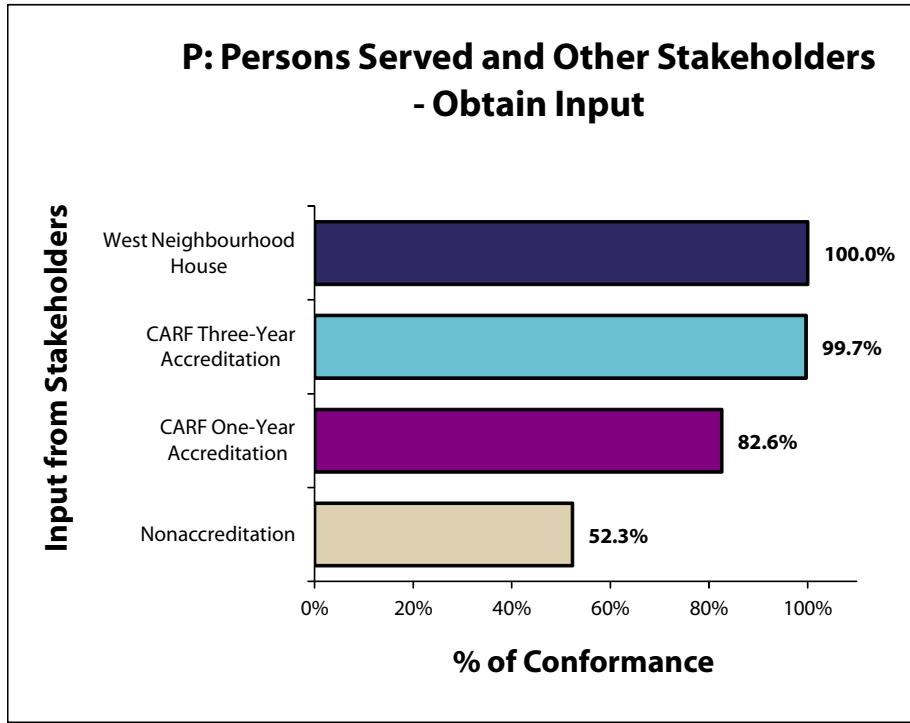
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^{*} Excluding Governance

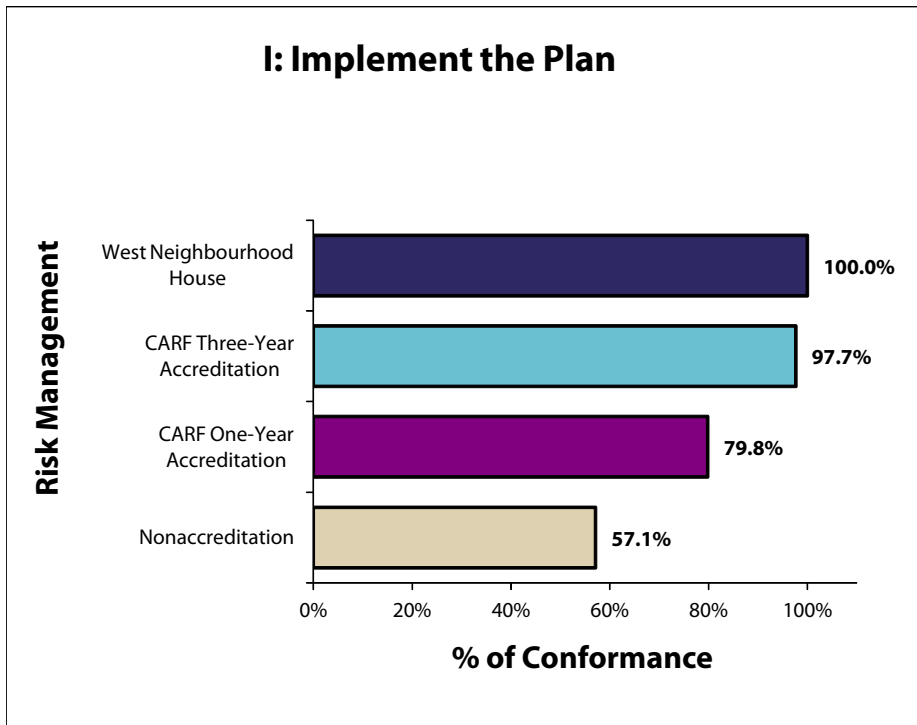
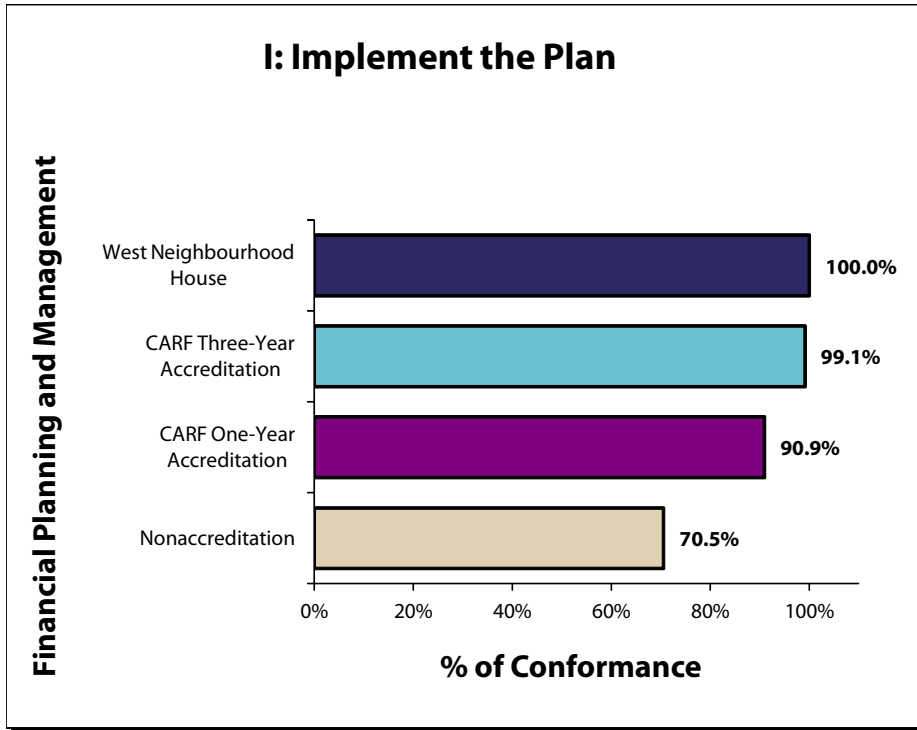
All surveyed organizations



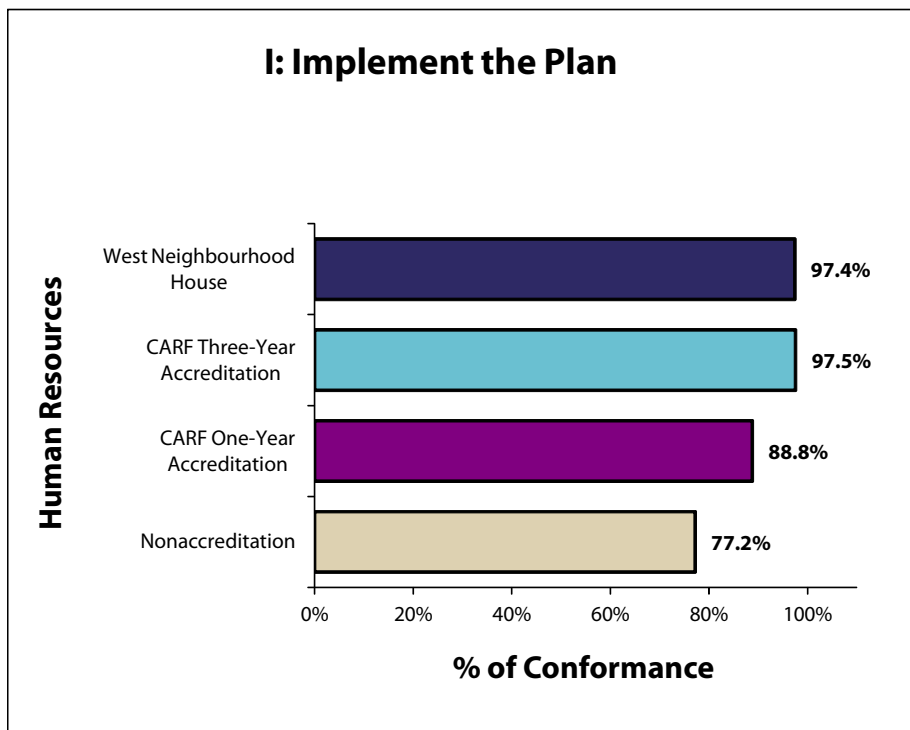
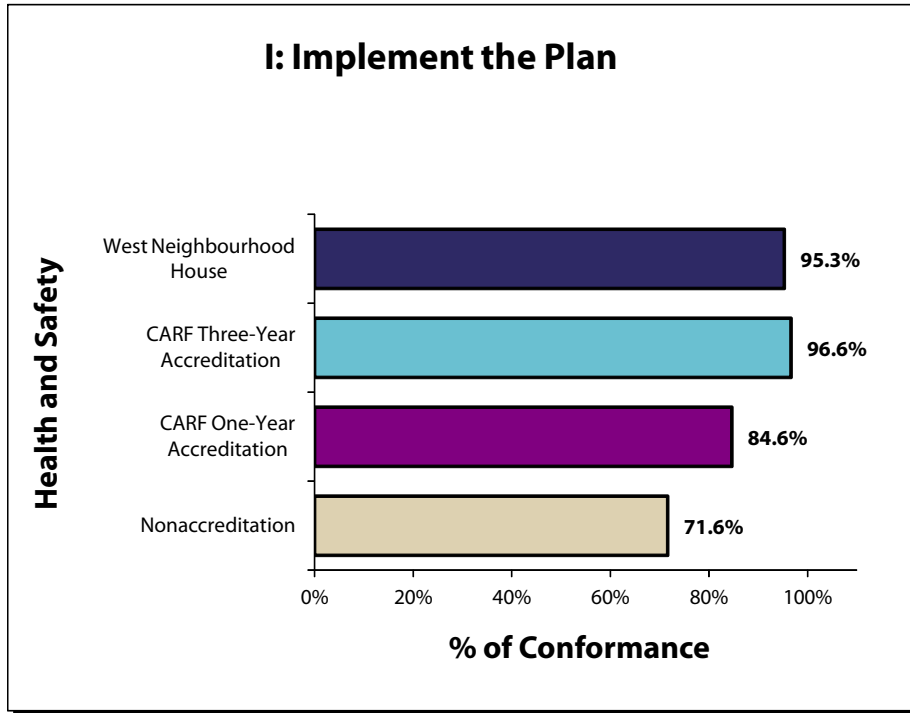
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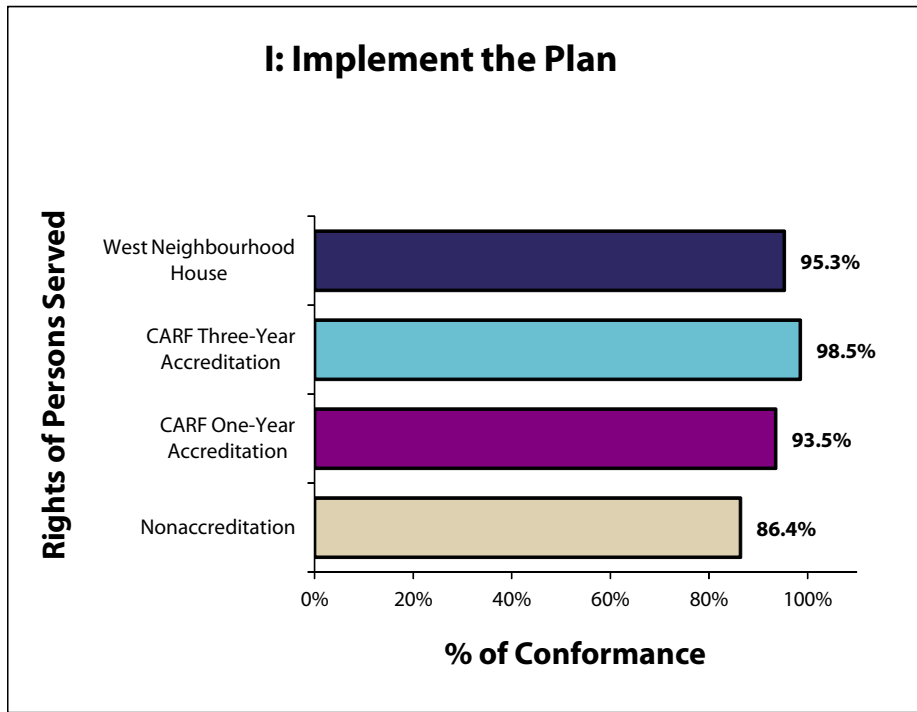
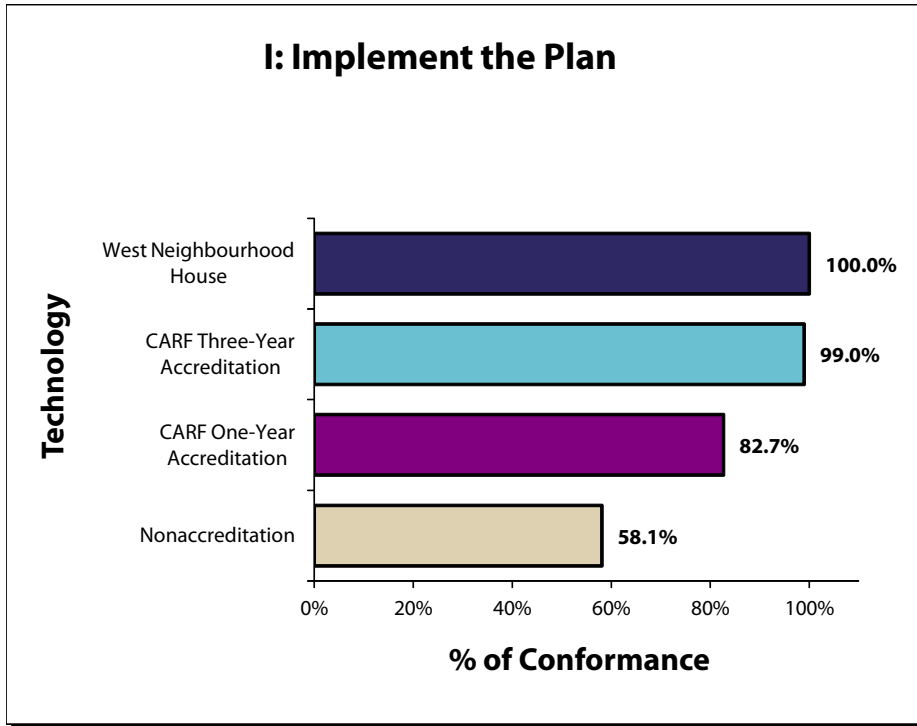
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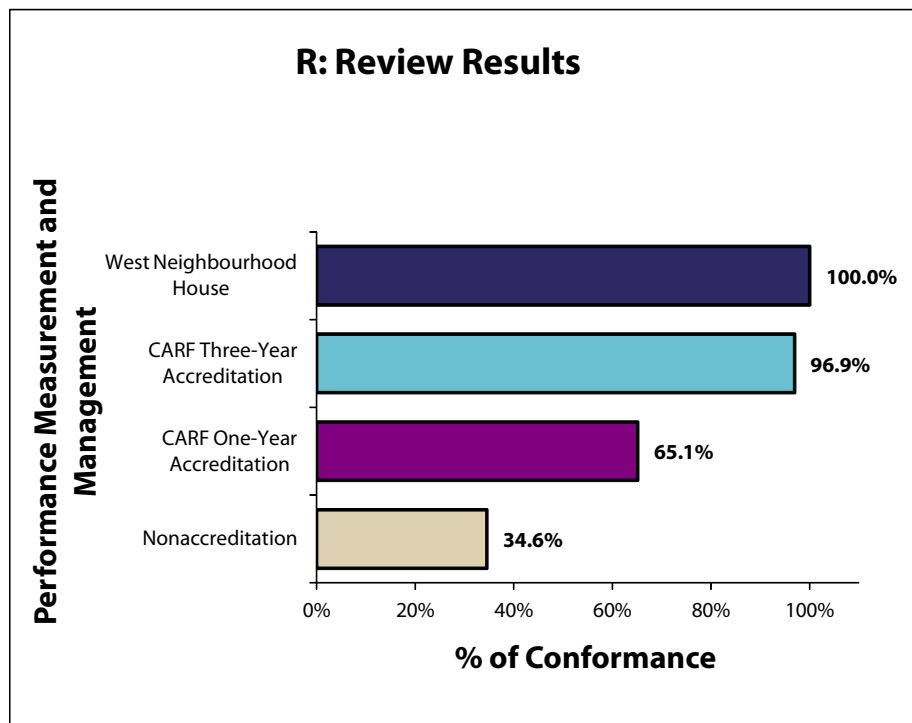
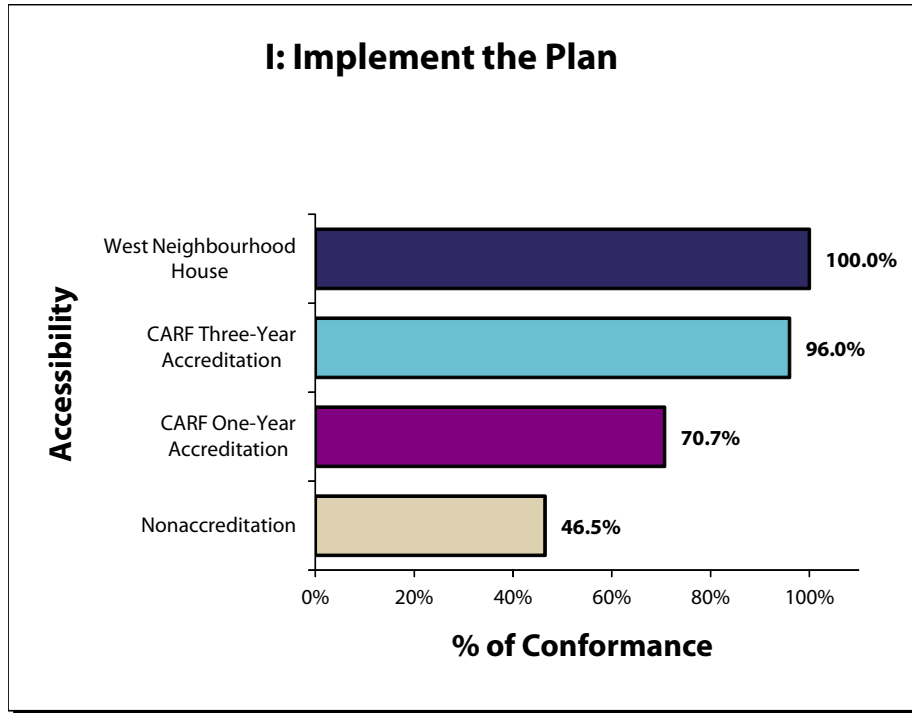
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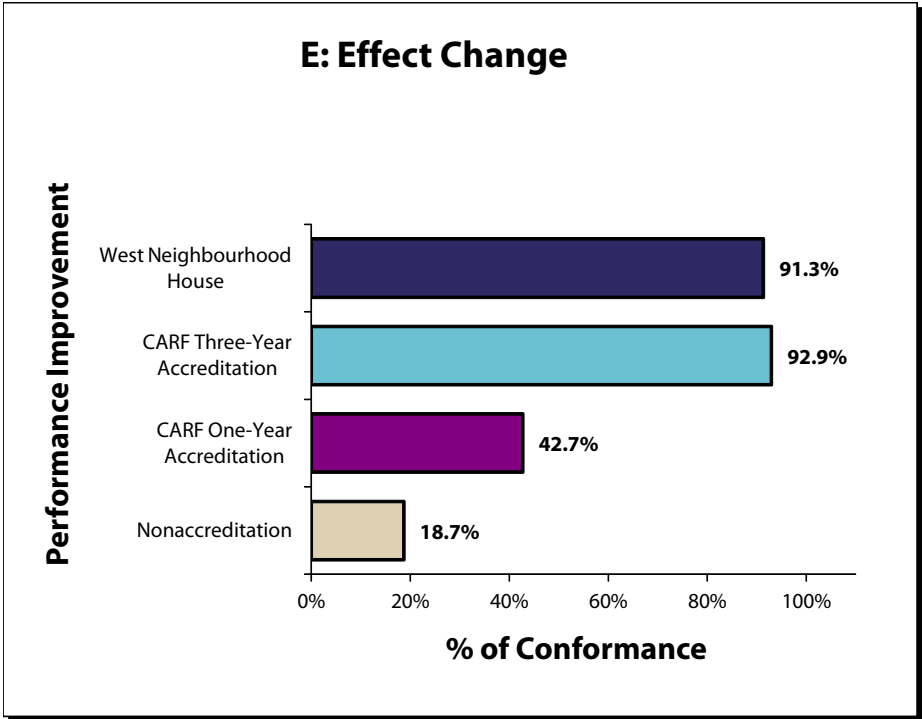
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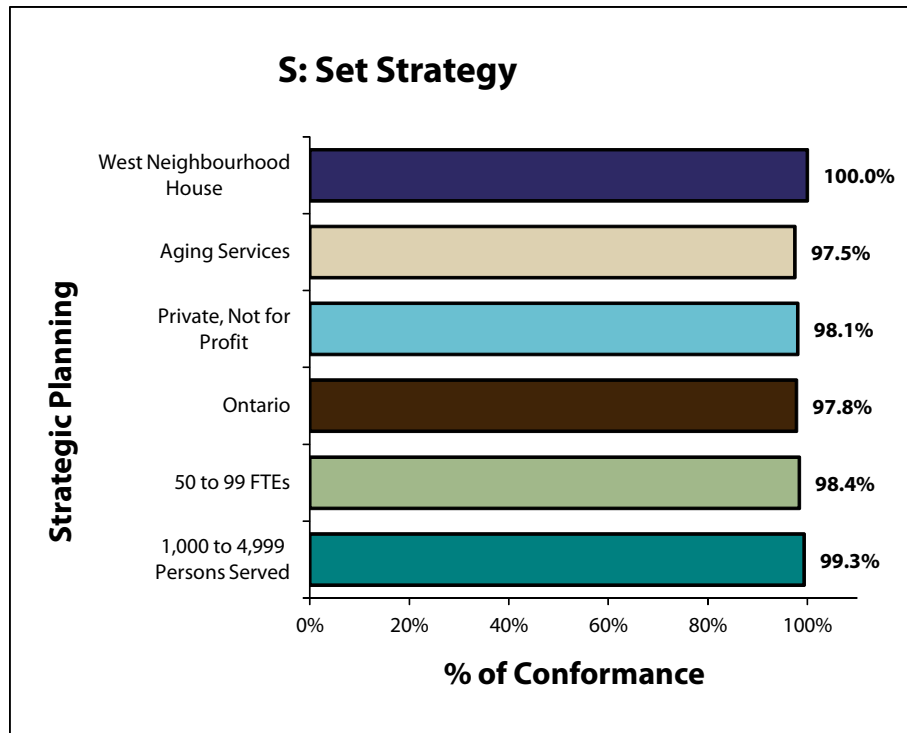
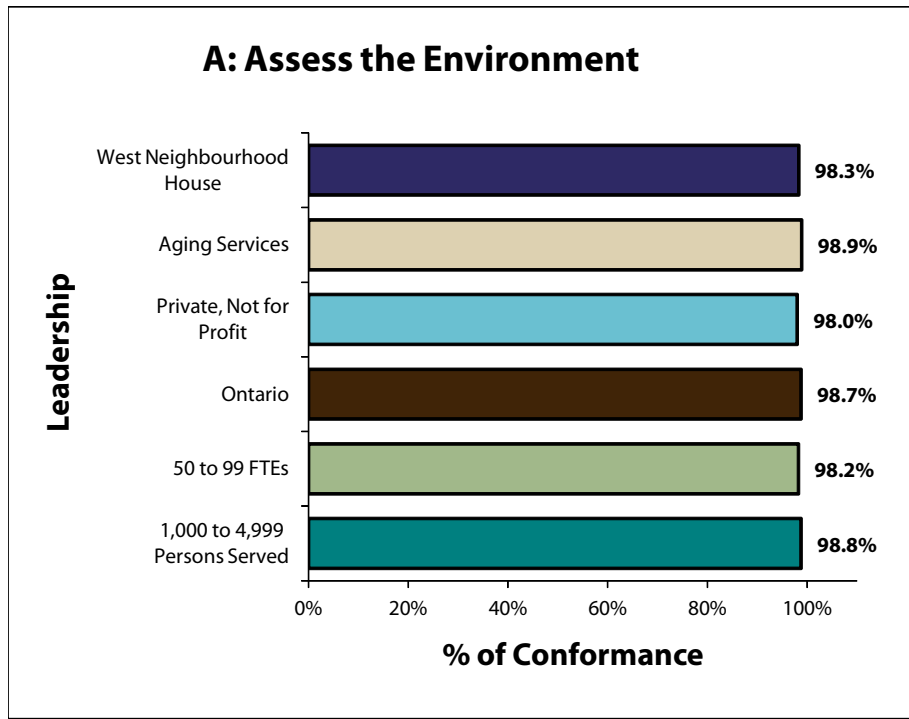
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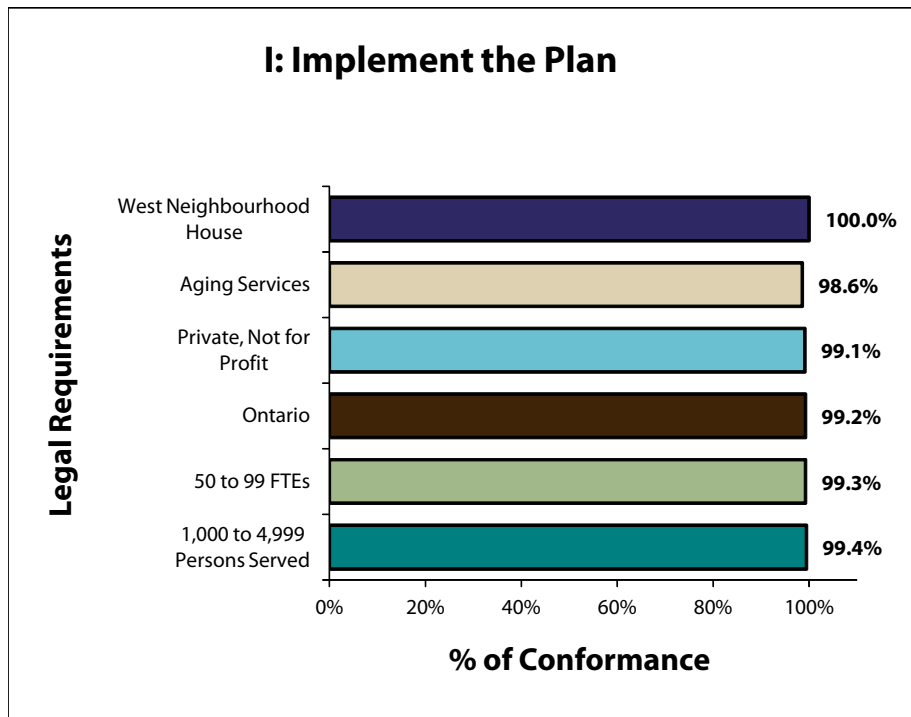
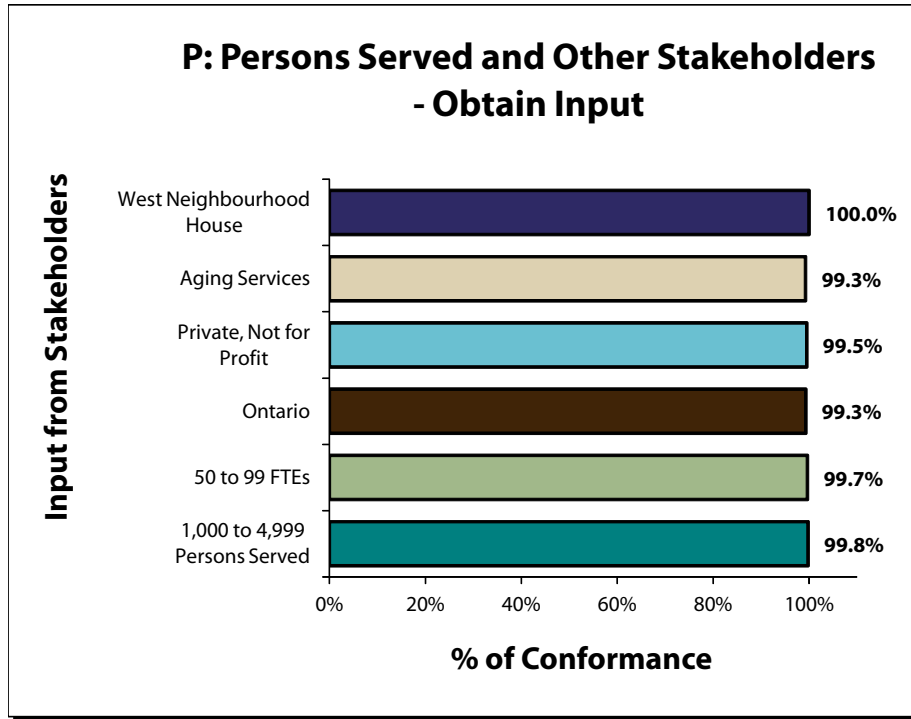
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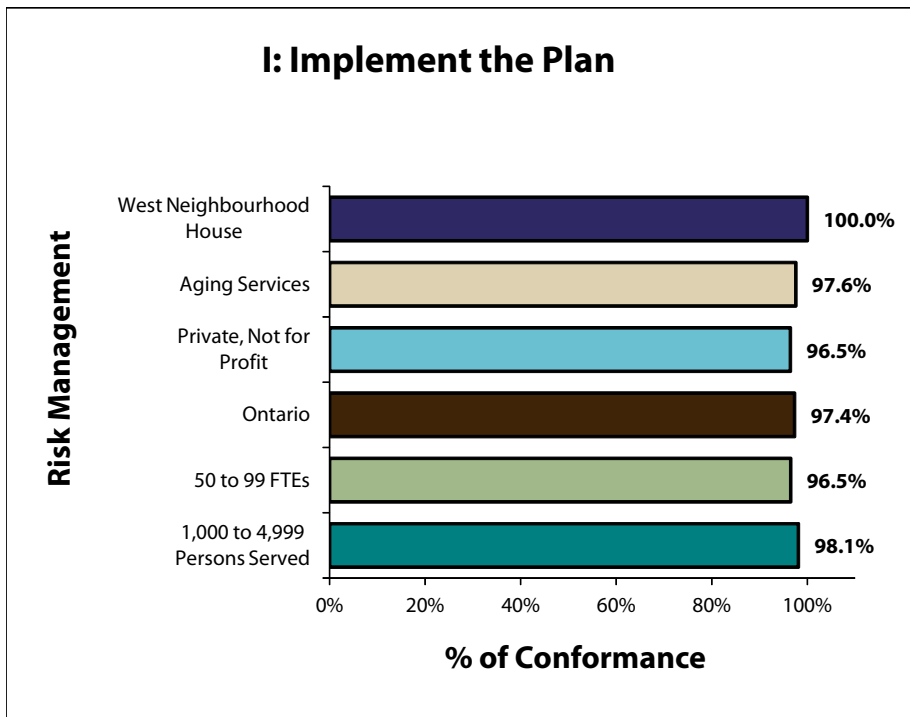
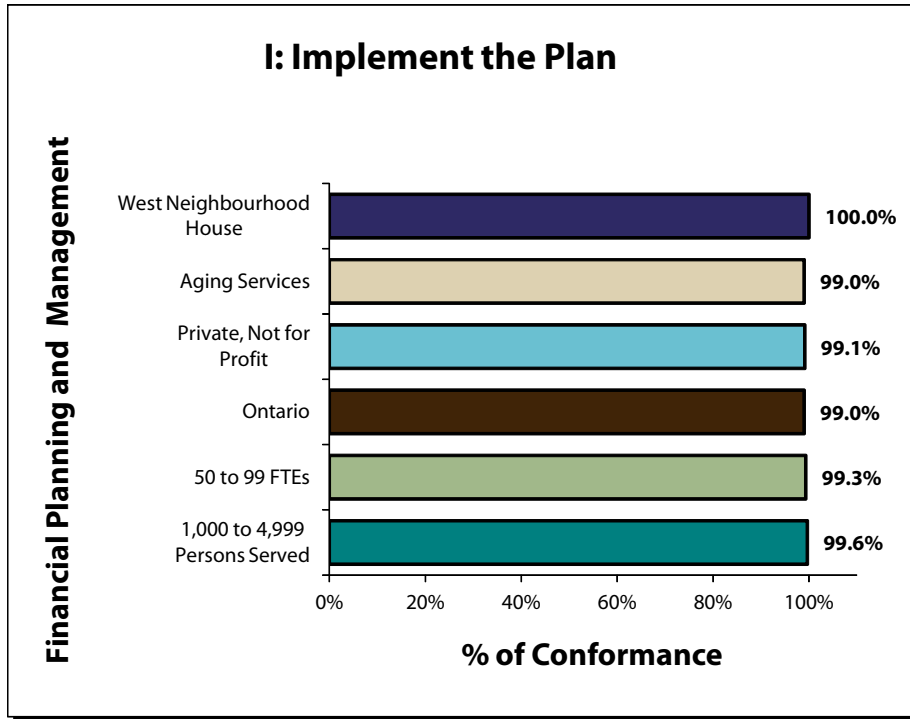
Other benchmarks



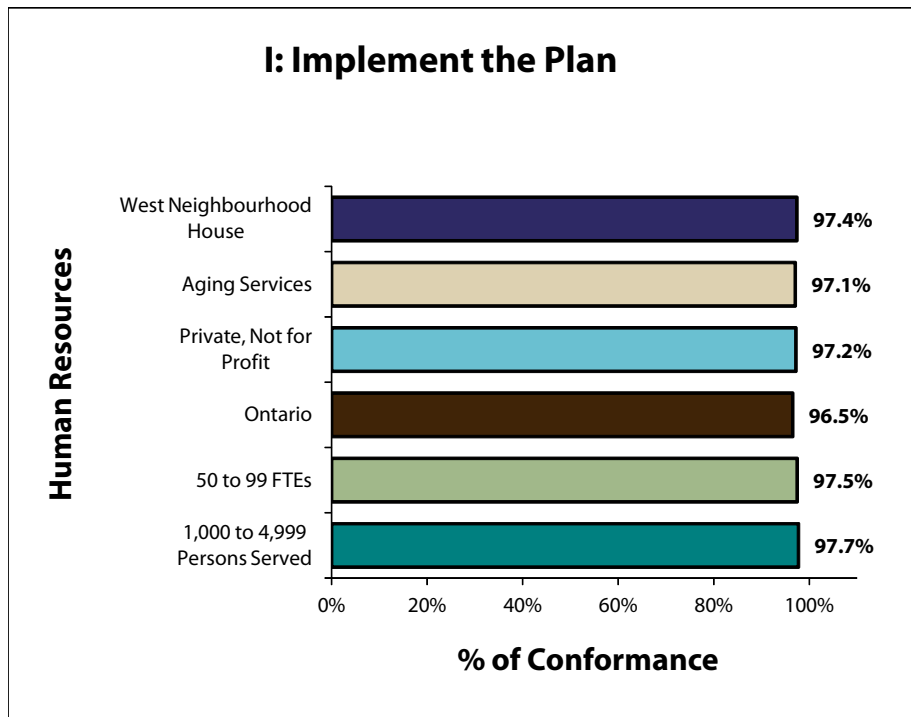
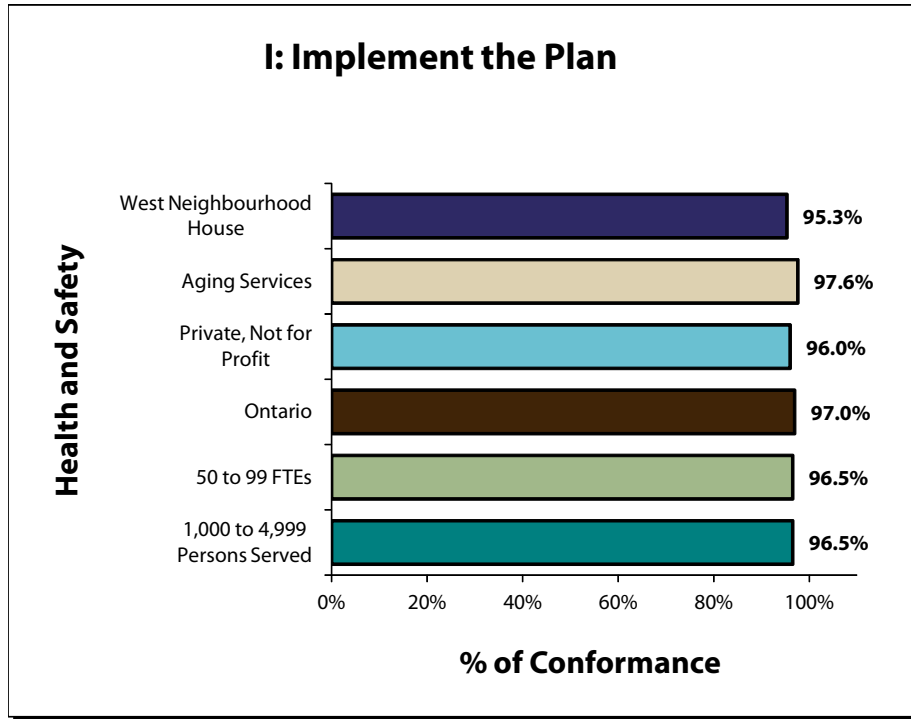
Other benchmarks – continued



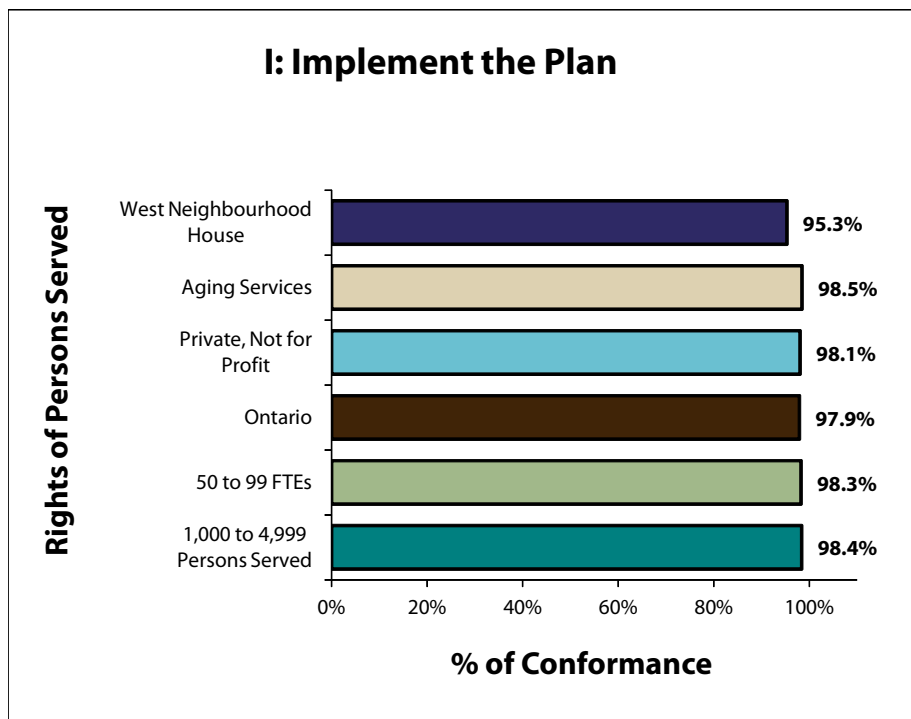
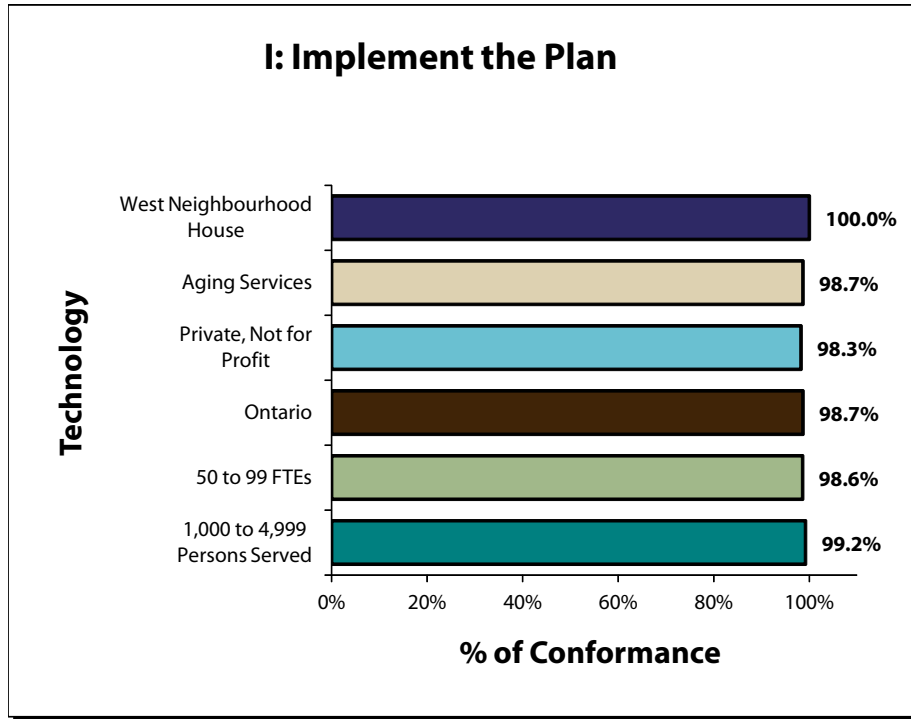
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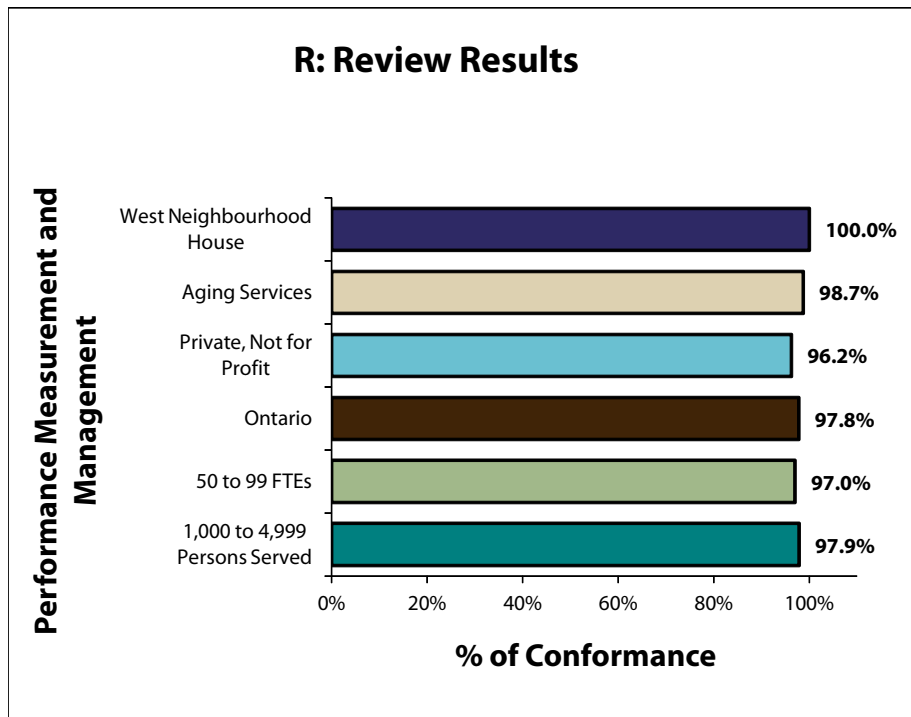
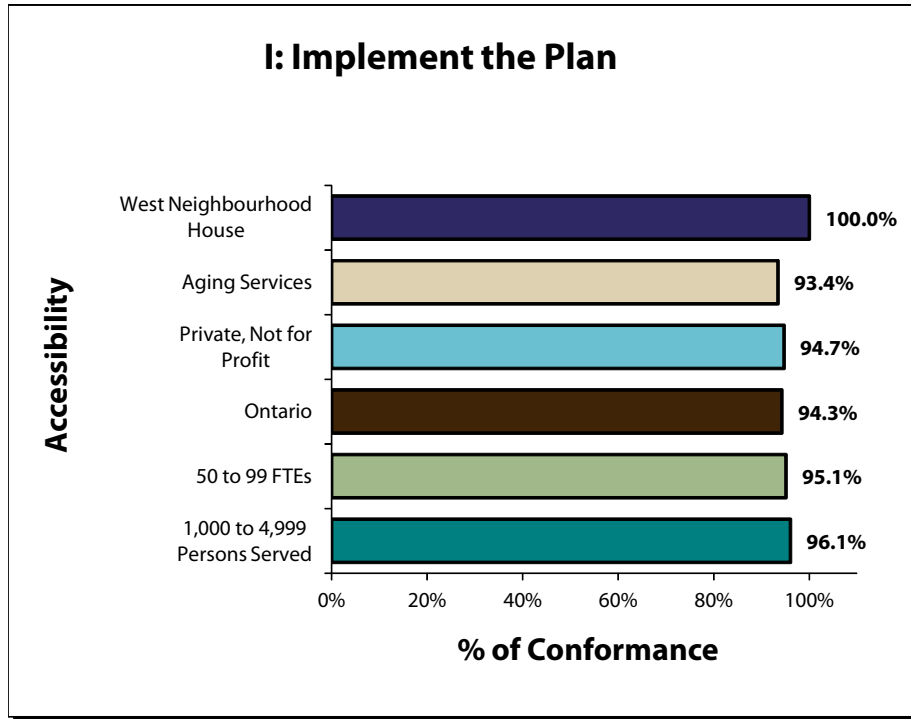
Other benchmarks – continued



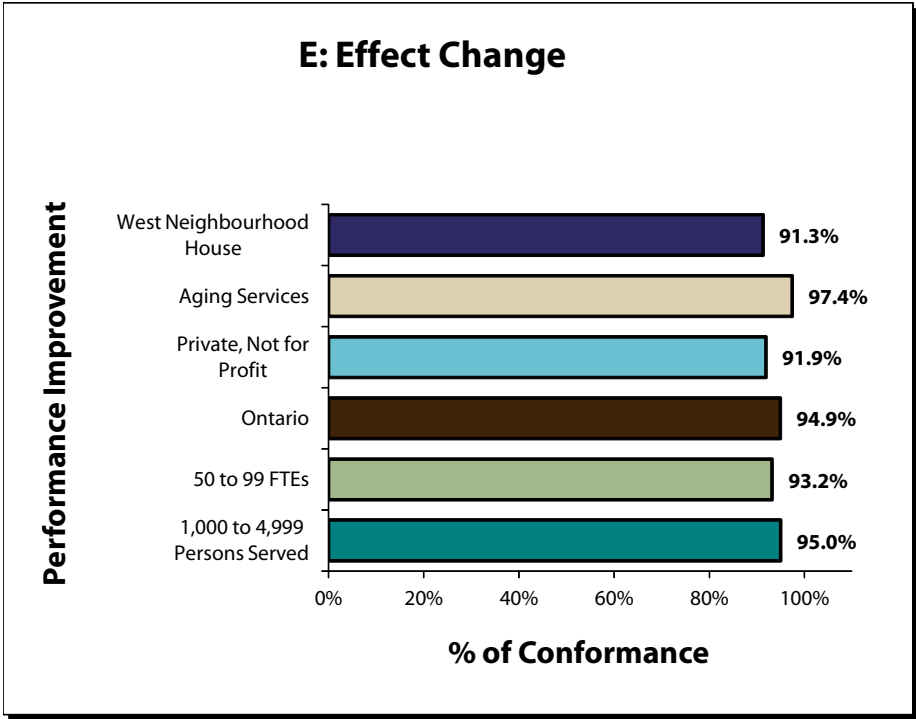
Other benchmarks – continued



Other benchmarks – continued



Other benchmarks – continued



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