



**Alberta Council of
Disability Services**

FINAL REPORT FOR
ACCREDITATION LEVEL 1 FOR ADULTS WITH DISABILITIES
ACCREDITATION LEVEL 2 FOR ADULTS WITH DISABILITIES
COMPLEX SUPPORT NEEDS DESIGNATION

SUPPORTED LIFESTYLES LTD.



**Creating
Excellence
Together**

September 2021

BASIC INFORMATION

Service Provider

Legal Title	Supported Lifestyles Ltd.		
Address	#210 495 36 Street NE		
City	Calgary	Prov. AB	Postal Code T2A 6K3
Region	Cgy	Area Code - Phone 403-207-5115	Area Code - Fax 403-207-5125

Site Survey Details

Survey ID (SID #)	1519	Survey Dates	May 31-June 3 2022	Service Tier	III
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Survey Team

Team Leader	Cindy Kunz	Team Member	Greg Lane
Team Member	Patricia Harding	Team Member	Marina Lynch
Team Member		Team Member	

Services Surveyed

Residential Services	Community Supports
Complex Needs Residential	Adult Relief Services
Support Approach Team	

of Persons with Organization

Individuals accessing service	149
Employees	598
Board Members	0
Volunteers	0

of Files Reviewed

Individuals accessing service	0
Employees	0

of Conversation Participants

Total # Adults accessing service	14
<i>Breakdown</i> # with Complex Needs	12
Family Members and/or Friends	2
Guardians	14
Employees	32
Volunteers	0
Board Members	0
Total Conversations	48

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DECISION AND SITE SURVEY SUMMARY PAGES

Supported Lifestyles has received the following accreditation status for the services reviewed with this survey and for the adults, children, and/or youth currently accessing service.

Accreditation Level 1 Awarded

Accreditation Level 2 3-Year Accreditation Awarded

The Commission on Accreditation is scheduled to review this Level 2 report on Sept 16th, 2022

Complex Support Needs Designation Awarded

SUMMARY TABLES

Abbreviations used in these tables

Standards (STD):	M = Met	PM = Partially Met	NM = Not Met
Quality Measures (QM):		C = Confirmed	PC = Partially Confirmed UC = Unconfirmed
Indicators:	P = Present	NP = Not Present	NA = Not Applicable UC = Unconfirmed

Level 1 Summary

Standards and Quality Measures <i>Click on the hyperlinks to go to that Quality Measure</i>	# of Indicators rated				Ratings for	
	P	NP	NA	UC	QM	STD
Standard 1: Inclusion						M
1.1: Community and Social Inclusion	4	0	0	0	C	
1.2: Employment and Skill Development and Maintenance	3	0	0	0	C	
1.3: Assistive Technology and/or Environmental Interventions	5	0	0	0	C	
Standard 2: Rights						M
2.1: Home and Privacy	5	0	0	0	C	
2.2: Freedom to Express Culture and Religion	5	0	0	0	C	
2.3: Conflict Resolution	5	0	0	0	C	
2.4: Decision Making and Autonomy	3	0	0	0	C	
2.5: Human and Legal Rights	6	0	0	0	C	
Standard 3: Service Planning						M
3.1: Intake and Assessment	3	0	0	0	C	
3.2: Individual Service Planning	5	0	0	0	C	
3.3: Transition Planning	3	0	0	0	C	
3.4: Behaviour Management	6	0	0	0	C	
Standard 4: Relationships						M
4.1: Social Connections	4	0	0	0	C	
4.2: Healthy Relationships	3	0	0	0	C	
Standard 5: Health and Safety						M

5.1: Planning and Engagement in Physical, Emotional and Mental Health	2	0	0	0	C	
5.2: Physical and Psychological Safety	3	0	0	0	C	
5.3: Abuse Awareness and Prevention	3	0	0	0	C	
5.4: Risk Management	2	0	0	0	C	
Standard 6: Human Resources						M
6.1: Human Resources Strategy	2	0	0	0	C	
6.2: Staff Training	4	0	0	0	C	
6.3: Behaviour Management Skills and Procedures	2	0	0	0	C	
6.4: Occupational Health and Safety	2	0	0	0	C	
Standard 7: Governance and Administration						M
7.1: Organizational Risk Management	1	0	0	0	C	
7.2: Organizational Planning	3	0	0	0	C	
7.3: Quality Assurance and Performance Management	2	0	0	0	C	
7.4: Innovation and Continuous Improvement	2	0	0	0	C	

Level 2 Summary

Standards and Quality Measures <i>Click on the hyperlinks to go to that Quality Measure</i>	# of Indicators rated				Ratings for	
	P	NP	NA	UC	QM	STD
Standard 1: Inclusion						M
1.1: Community and Social Inclusion	1	0	0	0	C	
Standard 2: Rights						M
2.5: Human and Legal Rights	1	0	0	0	C	
Standard 3: Service Planning						M
3.2: Individual Service Planning	2	0	0	0	C	
Standard 4: Relationships						M
4.1: Social Connections	1	0	0	0	C	
Standard 6: Human Resources						M
6.1: Human Resources Strategy	7	0	0	0	C	
6.2: Staff Training	2	0	0	0	C	
Standard 7: Governance and Administration						M
7.1: Organizational Risk Management	1	0	0	0	C	
7.2: Organizational Planning	2	0	1	0	C	
7.3: Quality Assurance and Performance Management	2	0	0	0	C	

Complex Support Needs Designation Summary

Standards and Quality Measures <i>Click on the hyperlinks to go to that Quality Measure</i>	# of Indicators rated				Ratings for	
	P	NP	NA	UC	QM	STD
Standard 3: Service Planning						M
3.2: Individual Service Planning	1	0	0	0	C	
Standard 5: Health and Safety						M
5.1: Planning and Engagement in Physical, Emotional and Mental Health	3	0	0	0	C	

SUMMARY OF COMMENDATIONS, SUGGESTIONS & RECOMMENDATIONS

Commendations Specific to the Quality Measures¹

- **QM 1.1:** SLL is commended for the involvement of individuals from outside of SLL in Speak Up self-advocacy group.
- **QM 1.3:** SLL is commended for the thoroughness/completeness of the AT/EI binders that includes a description of all AT/EI in each home and describes how, why, and when staff or individuals should use the equipment, associated documentation of that equipment and how to maintain and monitor it.
- **QM 2.2:** SLL is commended for staff ability and commitment to honouring individual choices, preferences and heritage, even if that means advocating on behalf of the individual against guardian wishes.

Suggestions

- Indicator 1.1.L1.1: Some Guardians of individuals unable to communicate state that their individuals do not have access to community activities or events, and their needs and desires are not considered. Consider that all individuals have the opportunity to participate in some form of community.
- Indicator 5.4.L1. : Many Health and Safety Checklists reviewed included lengthy evacuation times recorded for the fire drills (10-15 minutes) or other concerns noted on the checklist. Although there is a page for supervisor follow-up, there was no follow-up noted. Consider ensuring that all issues noted on the checklist (e.g., repairs needed, issues with a fire drill, etc.) have a comment provided to verify that it is being followed up.
 - SLL management says the issues are being followed up on, but the documentation may be on a past checklist form. It could be beneficial for staff to be aware that the concerns they raise are being addressed. For example, if waiting for a landlord repair, noting this information on the follow-up page, staff can be aware of the situation and know concerns are being addressed.

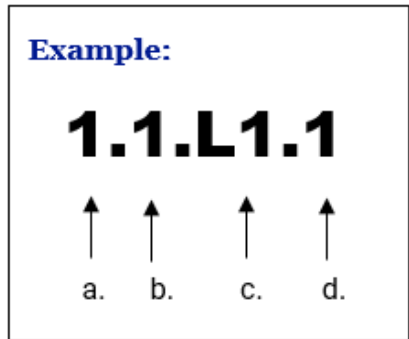
¹ For colour coding, see the next section, *Legend for Colours and Number System*

Recommendations

- Indicator 1.2.L1.3: [Give reason for the recommendation] Ensure that

LEGEND FOR COLOURS AND NUMBERING SYSTEM

1. Standard consists of number and topic (e.g., Standard 1: Inclusion)
 - a. Quality Measures: Subtopics of the standard (e.g., Community and Social Inclusion)
 - b. Survey Type: Colour-coded to be readily visible when using more than one survey type (e.g., L1 and L2, L1 and CSN)
 - i. Level 1
 - ii. Level 2
 - iii. Complex Support Needs
 - c. Indicators
 - d. Comments
2. Number system: Designed to make indicators immediately identifiable as to which section they belong to
 - a. Standard number is first number in string
 - b. Quality Measure number is second number in string
 - c. Survey Type is third number in string
 - i. Level 1 (L1)
 - ii. Level 2 (L2)
 - iii. Complex Support Needs (CS)
 - d. Indicator is fourth number in string
 - i. The numbering for indicators will start at “1” for each Survey Type (e.g., 1.1.CS.1)



SURVEY OVERVIEW

Supported Lifestyles Ltd. (SLL)

- Supported Lifestyles Ltd. (SLL) began providing services to 9 individuals in 1988 under the name of Western Human Resource Alberta. The organization changed its name in 1992.
- SLL now serves 151 individuals and additional individuals through external consultation with SAT. (application states 149 while ROIS state 151).
- SLL provides services in the Calgary Region and is funded by Persons with Developmental Disabilities, Calgary Region (PDD-Calgary region).

Services Provided

Residential Support

- SLL supports Individuals in developing and maintaining meaningful relationships and providing and facilitating opportunities for community inclusion and regular social interaction. Family involvement and positive interactions among roommates are supported and encouraged.
- 78 individuals live in 24-hour staff model homes.
- 17 individuals live in the supported roommate model.
- Two individuals live independently with a supported neighbour present.
- 15 individuals live in a 24-hour staff model suite with CSN. Four individuals with CSN receive day support only.

Residential support models include:

- Overnight staffed homes,
- Supported Roommate or Neighbour,
- Outreach Community Living Supports,
- 24-hour holistic programming (called Res-Career Services),
- Community Supports (formerly Career Services) community-based program which specializes in supporting individuals to engage in constructive activities of their choice.
- Support with managing health, behavioural and medical issues,
- Career planning and career counselling,
- Leisure and social activities,
- Education and training pursuits,
- Volunteer and work experience,
- Paid employment or self-employment.

Complex Needs Residential

- SLL provides individuals with extremely complex needs access to highly specialized, staff and environmentally modified residences. Individuals are also supported to access the community. SLL works with Calgary Complex Needs Collaborative (CCNC) to provide this support.
- Two residential homes within Calgary provide adult relief support. This program meets the relief needs of individuals and caregivers and supports individuals in crisis or who require regularly planned relief support. It is available for hourly and overnight support.
- Support Approach Team (SAT) assists teams with consultation and designing strategies to aid individuals in meeting their needs through alternative behaviour. They provide short-term support to external service providers and family-managed services within the Calgary region when individuals within their services experience difficulties.
- Referrals are typically made for behavioural, emotional or mental health concerns.
- SAT provides workshops and training throughout the region for staff and individuals.
- Facilitate groups for any individual receiving PDD funding for
 - Women's and men's groups,
 - Emotional regulation,
 - Social skills,
 - Sexual education and healthy relationships,
 - Self-advocacy,
 - Cyber safety,
- SAT assign support approach consultants to individuals where one or more behaviours of concern are present and addressed through restrictive procedures in addition to the positive approaches utilized.
- SAT works with teams to complete intake, functional, and risk/hazard assessments.
- Engaged in the development and ongoing monitoring of support plans.
- SAT is the qualified person for outlined support approaches.
- SAT provides psychological services. An agency psychologist consults with the Support Approach Consultants regarding individuals' behavioural and mental health support needs. SAT may also offer counselling services when required by individuals
- Also involved in PDD requested cognitive-functioning eligibility assessments
- Sits as a qualified person for external behaviour review committees for two PDD-funded agencies.
- SLL provides skill development and maintenance activities.

- Services are primarily delivered in the individuals' homes, although some service providers operate out of their own homes.

Individuals Accessing Service

- SLL provides services to adults with developmental disabilities and specialize in providing services to individuals with CSN.
- Individuals may have borderline to severe intellectual and developmental disabilities.
- Most individuals accessing service present with complex behavioural challenges.
- Individuals may have mobility issues and require using AT-EI such as wheelchairs and walkers; however, most are independently mobile.
- Some individuals are considered to be medically fragile.
- Individuals may present with several diagnoses such as
 - Aggressive/Conduct Disorder,
 - Fetal Alcohol Spectrum Disorder,
 - Cerebral Palsy,
 - Autism Spectrum Disorder,
 - Borderline Personality Disorder,
 - Depression,
 - Schizophrenia,
 - Bipolar Disorder,
 - Prader Willi Syndrome,
 - Spastic diplegia,
 - Pervasive Development Disorder NOS,
 - Brain Injury,
 - Addictions.

Accomplishments

- Pandemic preparedness and response have dominated many daily activities for over two of the past three years.
- SLL reflects on their response to the pandemic, and believes the ways in which individual employees and agency teams worked constructively together in meeting this challenge is arguably the most significant accomplishment of the last few years.

- Employees showed generosity in the support and caring extended to each other, especially during severe illness and staff shortages.
- Many service area initiatives went above and beyond in ensuring the safety and security of individuals in service while striving to support and nurture an ongoing acceptable quality of life for all.
- The pandemic challenged all levels of the organization to carefully assess, re-examine and re-affirm our commitment to a quality culture of care for all stakeholders.
- Underwent development of a new website (<http://www.supportedlifestyles.com/>) to enhance information sharing and facilitate staff training and better communication among all agency stakeholders.
 - New website will include an employee portal which will provide access to frequently asked questions, a communication board, and internal job postings. This website is under construction and will launch when the websites for sister organizations (children and brain injury) are ready.

COVID-19

- SLL is proud of its response to the Pandemic. Its management team met three times per week at the start of the Pandemic to ensure a consistent and informed approach.
- Staff went above and beyond by pulling together to ensure services continued by working additional shifts when needed. Staff also volunteered to work in homes during an outbreak.
- Logistics of getting the needed supplies was a challenge; finding XL gloves continues to be an issue.
- SLL brought in portable air conditioners to keep the home and area temperatures cool for staff and individuals who were required to wear full PPE and also provided cooling neck wraps to assist with the warmth of using PPE.
- Supervisors, the SAT, and other support services utilized Zoom meetings and backyard visits to continue accessing individuals and providing support to individuals and staff.
- SLL created and delivered training videos on memory sticks to ensure ongoing training of staff.

Other Items of Note

- SLL is a member of the following groups
 - Alberta Council of Disability Services (ACDS),
 - National Association for the Dually Diagnosed (NADD),
 - Calgary Complex Needs Collaborative (CCNC),
 - Calgary Complex Needs Network (C2N2),
 - Calgary Service Provider Council.

- SLL has added new strategic planning goals to address recent organizational concerns
- SLL anticipates that Residential Services and Community Supports will merge in the coming year
- Provide greater flexibility in meeting the overall needs of individuals while minimizing service area divisions and constraints.
- Negotiating new lease/location for main office location.
- Office employees identified serious health and safety concerns that were more noticeable/extreme during the pandemic.
- New location will address concerns of
 - Security in common areas,
 - Air flow and ventilation,
 - Ability to social distance,
 - Achieving a higher level of cleanliness and security with private washrooms.
- SLL is currently exploring new technology options.
- SLL is experiencing issues with the high mileage cost, housing constraints affecting individuals, and an ongoing shortage of qualified staff, as is prevalent throughout the field.

STANDARD 1: INCLUSION

1.1: Community and Social Inclusion

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- — Not applicable
- ✓ Yes

Level 1 Indicators

[Return to L1 Summary Table](#)

P	1.1.L1.1	Individuals have opportunities for community participation and are engaged in activities based on their needs and desires.
P	1.1.L1.2	Individuals participate in activities and events that are based on their interests and personal enjoyment and that create opportunities for social engagement.
P	1.1.L1.3	The service provider demonstrates engagement techniques and strategies that: a. encourage individuals to be involved in their communities, b. support community engagement and c. can lead to social inclusion in activities that meet the individuals' needs and interests.
P	1.1.L1.4	The service provider maintains positive and constructive relationships with external stakeholders that lend support to community and social inclusion.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 1000 Client Individual Rights is in place to protect and acknowledge the rights of individuals, promote the value of family involvement based on individual choice, ensure all individuals are provided with comprehensive information about their rights and provide information in a manner that supports understanding based on the needs of the individual, e.g., pictures and plain language documents.
- Policy 1005 Client Planning supports individuals in exploring ideas and interests, deciding on a plan, involving support services to make their plan work, and evaluating the plan.
- Empowers individuals to make decisions about their lives and whom to include.
- Individuals may choose whether or not to have a formal lifestyle plan completed.
- Policy 1280, Client Profiles/Procedures, states that the Client Profile/Procedures will provide employees with the information required to support the IAS needs, and to ensure that procedures are systematically reviewed and updated.
- Profiles must be completed with signatures and consent within two months of commencement into service and are reviewed at least annually or as needed.

- Policy 2263 Staff Supporting Client’s Goals is in place to ensure that IAS are participating in activities supporting their goals and are receiving quality services.
- Policy states that all activities must be based on the planned goals and needs of the individual.
- Policy outlines that employees are expected to engage with IAS on an ongoing basis during their scheduled shifts.
- Each IAS has outlined goals to guide the services received, and staff must notify supervisors of any changes to the planned schedule for each individual.
- Relationships with external stakeholders include community partners who offer community inclusion opportunities, such as
 - Calgary Society of Community Opportunities,
 - Rehab Society of Calgary,
 - Rotary Challenger Park,
 - Independent Living Resource Centre of Calgary (LEARN Program),
 - City of Calgary,
 - Calgary YMCA,
 - Calgary Public Library,
 - Community and city-wide events,
 - and many other service providers.

Changes that have been made due to COVID-19

- Many activities were restricted due to COVID-19 and where possible individuals found ways to participate via alternate methods such as Zoom, Skype, online videos (YouTube)

Comments or Examples from

INDIVIDUALS

- Individuals report doing a variety of activities they like to do such as
 - Telus Center,
 - Gardening,
 - Bowling,
 - Miniature golf,
 - Attending movies,
 - Swimming,
 - Karaoke,
 - Drumming,

- Shopping,
 - Walks in their neighbourhood,
 - Outings to local attractions such as Calaway Park, Banff, West Edmonton Mall, Dinosaur museum,
 - Basketball,
 - Walks,
 - Artwork (displayed in homes),
 - Dancing,
 - Attending parties.
- Individuals say the activities they participate in are of their choosing and are things they enjoy.
 - Some guardians say individuals like to do things such as swimming, but that SLL will not support them in those things because of their significant behaviour concerns.

Suggestions

- Indicator 1.1.L1.1: Some Guardians of individuals unable to communicate state that their individuals do not have access to community activities or events, and their needs and desires are not considered. Consider that all individuals have the opportunity to participate in some form of community.

Level 2 Indicator

[Return to L2 Summary Table](#)

P	1.1.L2.1	<p>The service provider facilitates self-advocacy and promotes leadership skill-development by:</p> <ul style="list-style-type: none"> a. initiating and developing individual-driven committees, or b. encouraging individuals to participate in an existing community-based self-advocacy group.
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SLL has met the expectations of this indicator.

Examples of MEASURABLE OUTCOMES

- SAT offers a self-advocacy group for individuals called Speak Up. It is offered to SLL individuals as well as any individuals receiving PDD funding in the Calgary Region.
- Other personal development groups offered and supported by SAT also review self-advocacy. Examples of these groups are
 - BUDS: Building, Understanding and Developing Social Skills including topics like healthy friendships and setting boundaries.
 - Emotional Regulation Group includes communication techniques, crisis situation management and problem-solving strategies.

- Sexual Education and Healthy Relationships group includes topics like healthy relationships and consent, boundaries and abuse prevention, and sexual decision making.
- Speak Up Group includes self-esteem, rights and responsibilities, abuse prevention and reporting, self-awareness, advocacy for individuals in service and voting as topics.
- Conversations are also held during teachable moments as situations arise with individuals to review how they can handle the situation and learn/improve their skills.
- Self-advocacy is discussed during the annual review of the services guide with each individual in service.
- The Annual Client Service Guide/Orientation for Individuals form includes questions such as
 - How does the individual express their emotions?,
 - How does the individual exercise their rights?,
 - How does the individual let you know he or she wants and what is important to them?

There is no specific section on self-advocacy on this form, but these questions would provide some understanding of advocacy.

Comments or Examples from

INDIVIDUALS

- Discussion with the chair of the Speak Up committee (IAS from another service provider) indicates that individuals from SLL are involved in the committee and do activities such as workshops, outings and hold regular meetings.
- Individuals state the purpose of the group is friends helping friends.

STAFF

- Coordinator of Speak Up group (Support Approach Consultant) described the activities and workshops available and stated they have many individuals applying to be part of the groups.

Commendations

- **QM 1.1:** SLL is commended for the involvement of individuals from outside of SLL in Speak Up self-advocacy group.

STANDARD 1: INCLUSION CONTINUED

1.2: Employment and Skill Development and Maintenance

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	1.2.L1.1	Individuals are engaged in competitive employment that supports personal growth and skill development and that fosters a sense of achievement.
P	1.2.L1.2	Individuals are engaged in skill development or maintenance activities that reflect their unique circumstances, support personal growth and foster a sense of achievement.
P	1.2.L1.3	The service provider demonstrates its knowledge of community opportunities and actively manages relationships in the community to support individuals to gain and maintain employment or alternatives to employment that reflect their skills and abilities.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- SLL is a member of the Calgary Employment First Network (CEFN).
- CEFN provides an opportunity for individuals to use the MentorAbility Canada program. This is a program supported by the federal government to assist individuals and employers.
- SLL has a funded position for an employment development specialist whose duties are to assist in assessing individuals for employment skills and interests, teach and review employment preparations skills, and connect with prospective employers. The job description includes all items listed in 1.2.L1.3.
- SLL uses a personal employment skill record assessment with individuals who express an interest in employment or volunteer work. This assessment includes a brief overview of the individual (description, living situations, skills at home, interests), as well as a will-do/won't-do list of skills, including what level of assistance may be needed for will-do items.

Changes that have been made due to COVID-19

- Many individuals were laid off from employment during COVID-19 and have not been able to re-obtain employment due to the competitive market.

Comments or Examples from

INDIVIDUALS

- Individuals involved in the survey are not employed competitively but do participate in skill development or maintenance activities.
- Individuals set their own goals and make plans to learn skills such as
 - Cooking skills
 - Volunteering at local churches or farmer markets
 - Recreation/physical wellness
 - Attending classes such as anger management, and cyber safety through SLL.
- A few individuals have employment in the community such as flyer routes or working in a job assisting with maintenance. These individuals report getting paid and enjoying having a paycheck and a job.
- Some individuals say they have applied for jobs but have not been successful in achieving employment.
- Some individuals volunteer at churches or farmer's markets (shredding, making rosaries, packaging vegetables, etc.).
- Individuals say they do things within their homes such as recycling, making lunches, baking, cleaning up the yard, and assisting with laundry.
- Some individuals and/or guardians say there are no real learning activities and would like to see more activities aimed at skill development.

STAFF

- Staff say that activities are planned with IAS involvement.
- Staff report trying to find new and meaningful activities in the community and will make suggestions to individuals as to things to try.

STANDARD 1: INCLUSION CONTINUED

1.3: Assistive Technology and/or Environmental Interventions (AT and/or EI)

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No:

Level 1 Indicators

[Return to L1 Summary Table](#)

P	1.3.L1.1	When individuals require AT and/or EI, a qualified professional assesses what is required or is most appropriate to meet the individuals' needs.
P	1.3.L1.2	Individuals have access to AT and/or EI which increases their independence and social integration.
P	1.3.L1.3	The service provider demonstrates that it advocates for and requests reasonable accommodations, AT and/or EI for individuals.
P	1.3.L1.4	The service provider is knowledgeable about the AT and/or EI used by individuals, and it promotes the maintenance of any that are in use.
P	1.3.L1.5	A qualified person or staff member has evaluated, supported and monitored the use of AT and/or EI to achieve appropriate outcomes that are based on the assessment conducted by the qualified professional. Outcomes may include but are not limited to, maintaining personal safety, increasing capacity, reducing barriers, and demonstrating independence.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Qualified professionals are accessed internally and externally to assess and prescribe AT/EI.
- AT/EI for behavioural issues is reviewed and authorized by the agency psychologists and SAT.
- Client safety coordinator is consulted regarding AT/EI related to individual safety
- External professionals such as an occupational therapist and speech-language pathologists are accessed through referral from family physicians.
- SLL is a member of the Calgary Complex Needs Collaborative (CCNC) and has requested the completion of research into the ethical considerations of the use of SmartHome technology in support services for individuals' complex needs.
- SLL is following the reported guidelines with their policies and procedures.

- Each specific AT/EI in use has an information sheet that provides an overview, including
 - Rationale,
 - Goals,
 - Training,
 - Equipment,
 - Safety Tips,
 - Instructions for use,
 - and Procedure if the item breaks down.
- AT/EI orientation and practicum form includes information on maintenance, cleaning, and safety precautions and requires that staff demonstrate skills related to inspecting the equipment, safe use of the equipment and cleaning the equipment.
- AT/EI Procedure is thorough and includes information on the required training/practicum, how to acquire AT/EI for individuals, maintenance and monitoring.
- Policy 1025 Assistive Technology and Environmental Interventions (AT/EI) describes SLL's commitment to ensuring that individuals have access to AT/EI when necessary, ensure that staff have the training for proper use, and ensure that AT/EI is monitored on a regular basis.
- SLL maintains documentation regarding AT/EI in various ways and places to ensure the information is available. For example,
 - Specific AT/EI is described in the individual's profile.
 - Each home has an AT/EI binder that includes information on the relevant AT/EI, its designed use and maintenance requirements. AT/EI binders are present and were viewed in the homes visited.
 - AT/EI information sheets explain what to do should a piece of equipment break down.
 - Agency client safety checklist tracks if any maintenance for the AT/EI was completed with the month.
- AT-EI is reviewed annually.
- SLL provides training to staff on alternative communication and visual supports, as well as sign language.
- SAT reviews monthly log notes to monitor the use of, or need for AT/EI, and AT/EI is reviewed at monthly meetings.

Comments or Examples from

INDIVIDUALS

- Individuals have a variety of AT/EI in use, including
 - Door chimes,
 - Video monitoring,
 - Locked areas (kitchen, staff room) where IAS are not able to go,
 - Guardian locks,
 - CPAP machine,
 - iPad (for communication),
 - Wheelchairs,
 - Walkers,
 - Padding on corners of walls, and sharp edges to allow IAS to move about without injury,
 - Bath chair.
- Some individuals have environmental modifications made to their homes, such as reinforced doors, covered televisions, padded areas on corners and furniture but no other kinds of AT/EI.
- Some individuals use Ipads or PECs systems for communication. Staff support using this communication assist and work with individuals on it.

STAFF

- Staff are aware of the procedures for monitoring the use and maintenance of any AT/EI.
- Staff can describe how to obtain new AT/EI if needed for an individual.
- Staff say they received training on using the PECs system and the strategies to assist individuals with their progress.
- SAC (Support Approach Consultant) reviews the monthly logs regarding AT/EI
- AT/EI is reviewed regularly at monthly meetings.

Commendations

- **QM 1.3:** SLL is commended for the thoroughness/completeness of the AT/EI binders that includes a description of all AT/EI in each home and describes how, why, and when staff or individuals should use the equipment, associated documentation of that equipment and how to maintain and monitor it.

STANDARD 2: RIGHTS

2.1: Home and Privacy

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	2.1.L1.1	Individuals have or are supported to attain, safe, quality housing that aligns with community standards within the areas where they live and that supports their social and cultural inclusion.
P	2.1.L1.2	The individuals' unique needs are addressed by providing access to appropriate adaptations, AT and/or EI in order to create barrier-free environments in their homes. Examples of adaptations, AT and/or EI include, but are not limited to, functional floorplans and furniture placement, interior and exterior ramps, adapted handles, and adequate space requirements.
P	2.1.L1.3	Individuals have their own private space within their homes, and their space has been personalized by or for the individuals and is balanced with their specific needs. For example, individuals who are more independent may be sexually inclined/active and need private time in their rooms while individuals who are medically fragile may need more monitoring to ensure their safety (e.g., from choking or seizures).
P	2.1.L1.4	In recognition of the individuals' privacy, they are given access to staff and supports as needed and desired, and staff demonstrate respect for the individuals' autonomy and independence. Examples of staff's respect include, but are not limited to, knocking before entering the individuals' room; and supporting individuals to do what they can, as they can, without intervening.
P	2.1.L1.5	The service provider demonstrates its use of policies and procedures that promote the individuals' right to privacy, dignity and respect, as well as their freedom from coercion.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- During the intake process, or during subsequent moves within the agency, individuals and guardians are provided with information, including tours of possible homes.

- Homes with four or more individuals are required to meet licensing standards.
- Hazard assessments on homes are completed annually and updated as needed. These assessments include both current/real hazards and potential hazards.
- SLL tries to pair individuals with roommates or housemates with similar interests and backgrounds.
- Individuals are supported and encouraged to express their cultural beliefs and practices.
- Any required AT/EI required is reviewed during Intake Process and annually thereafter.
- Information is included in the profiles for individuals as well as the AT/EI information binders in each home
- Referrals are sought for additional AT/EI as needed.
- AT/EI consideration form is available for staff to bring forward any possible need for AT/EI that may be required.
- IAS have their own bedrooms and can personalize them based on their likes, wants and needs. This can include paint colour, décor, bedding, etc. May also include safety needs such as bedrails, commode, mechanical life, and surveillance (audio or visual).
- Profiles identify any specific sexual activity considerations or the need for private time and outline staff supervision at those times to allow for uninterrupted time.
- Safety plans are created for those who may have partners.
- Policy 1017 Individual Relationships and Sexuality acknowledges and supports an individual's right to exercise choices regarding sexual expression and social relationships.
 - Includes the requirement that individuals may need access to information and support.
 - Includes the statement that staff will respectfully interrupt clearly self-harming actions and act to protect individuals from victimization or foreseeable harm.
- IAS has access to staff or a support person at all times.
- Needs and supports are assessed at intake, and at annual Therapeutic Advisory Committee/Therapeutic Review Committee (TAC/TRC) reviews with PDD. They are also assessed/reviewed with individuals and guardians during the annual profile review.
- Needs and supports are listed in individual profiles and are examined during the annual risk assessment review.
- When required, IAS are assigned a SAC to assist the individuals and their team with skill development to support greater independence.
- Policy 1000 Client Individual Rights describes SLL's commitment to acknowledging and protecting the rights of individuals, promoting the value of family involvement (to the extent the

individual chooses) and ensuring that all individuals are provided with information about their rights in a manner that individuals understand.

- All new staff must attend abuse prevention and response training within the first month of employment.
- Cheers Committee provides a rights and responsibilities workshop for individuals that includes the right to privacy, dignity and respect.
- Rights and responsibilities powerpoint is well done, in plain language, and thorough.
- Self-advocacy groups are offered by the SAT for individuals if they choose to attend.

Comments or Examples from

INDIVIDUALS

- Most Guardians indicate that when concerns have been raised regarding the home living situation, the concerns have been handled. For example, if the restrictions required by a roommate interfered with the freedom of their IAS, they are addressed.
- Individuals report being happy with their living situations/homes.
- Homes that were viewed are modified to meet the needs of the individuals (e.g., some homes have sensory rooms to allow for a quiet place for individuals to go if needed).
- Individuals have private areas they can access when they want to be alone, whether in their bedroom or a living area.
- Some individuals report they have periods where they can be independent without staff.
- Homes are safe for individuals with complex needs.
- Residences are decorated with pictures and items of the individual's choice when possible.
- Individuals have spaces they can call their own if they are able to do that. Even individuals with complex needs have private rooms, although staff may monitor through video surveillance if needed.

STAFF

- Staff say homes for individuals are safe for both the individual and the staff, with secure spaces where staff can go if the individual is being highly aggressive.
- Staff say they discuss modifications such as guardian locks with associated guardians and find another way to keep the individual safe when valid concerns are raised.
- Staff say the video monitoring allows them to observe and monitor the agitated or aggressive individual and respond when the individual begins to calm down.
- Staff note that they encourage individuals to be as independent as possible and will enable them to do things (such as bathing) as much on their own.
- Staff honour requests from some individuals who express their need for privacy.
- During conversations, staff were respectful and honoured individuals' requests.

STANDARD 2: RIGHTS CONTINUED

2.2: Freedom to Express Culture and Religion

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- Yes
- No:

Level 1 Indicators

[Return to L1 Summary Table](#)

P	2.2.L1.1	Individuals freely express their religious beliefs and practices, including their choices around attending places of worship, ceremonies, religious events, and activities.
P	2.2.L1.2	Individuals freely express their culture: <ul style="list-style-type: none"> a. in their use of language, b. in their choice of food and clothing, c. in how they personally express themselves in their homes, and d. in how they choose to connect to their cultural community and families.
P	2.2.L1.3	Individuals freely express their gender, gender identity, and sexual orientation in a way that is safe and supports their personal identity.
P	2.2.L1.4	The service provider promotes personal expression and engagement in activities that support the individuals according to their needs and wants in the areas of <ul style="list-style-type: none"> a. gender, gender identity, and sexual orientation b. religious beliefs, and c. cultural identity. <p>This is particularly relevant for Indigenous individuals in recognizing and acknowledging efforts and actions towards reconciliation.</p>
P	2.2.L1.5	The service provider engages in program development, staff training, and service delivery that is respectful and inclusive of the individuals' sexual, religious, and cultural identities.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Information regarding an individual's religious, cultural or other considerations (gender, deaf culture, etc.) is gathered during the intake process.
- Individuals are encouraged and supported to express their beliefs and to attend faith-based services, ceremonies and activities of their choosing.

- During the interview process for prospective staff, they are asked about their willingness to support people who may have different religious beliefs or practices from their own.
- Each Individuals' religious and cultural beliefs and practices are included in their profile.
- Individuals are supported to express and celebrate their culture through the foods they eat, their clothes, the language spoken and how they express themselves.
- If individuals cannot communicate their beliefs or practices, input is gathered from family, guardians, and friends to ensure the individuals' cultural practices are implemented.
- Policy 1005 Client Planning describes the commitment of SLL to provide quality individualized services to individuals that reflects their personal choice.
- Gender identity and sexual orientation is discussed during the intake process. This information is included in the Relationships and Sexuality and Cultural Respect section of the Individual profile.
- SAT provides a personal development group for individuals around sexual education and healthy relationships.
- When appropriate, staff will support individuals to explore their identity by supporting them to attend medical and counselling appointments with professionals who specialize in this area.
- Policy 1017 Individual Relationships and Sexuality states the organization is responsible for affirming and respecting each individual's right to exercise choices regarding sexual expression and social relationships.
- Policy supports individuals to pursue and form relationships, including sexual relationships. It supports individuals to have private time with the understanding that staff will interrupt self-harming actions (relating to relationships and sexual expression) and act to protect individuals from victimization or foreseeable harm.
- CHEERS (Choices Happen with Encouragement, Education, Resources and Support) committee provides training and education to individuals, in a variety of formats, to help individuals
 - Know their rights,
 - Know what abuse/mistreatment is and what to do,
 - Teaching staff and individuals how to help individuals develop various types of relationships.

Comments or Examples from

INDIVIDUALS

- Individuals say they celebrate special days with family or staff, such as Christmas or Ramadan, as well as other regular Canadian holidays.
- Some individuals attend church with family or staff as they choose.

- Individuals say they can decorate their rooms and homes as they choose and are proud of their pictures and items that belong to them.
- Most individuals say they have family they do things with, enjoying spending weekends with them or holidays.
- Some individuals have chosen to disconnect from families as they feel they are not good for them.
- Individuals say they can choose to have private time if they masturbate and do this alone in their rooms.
- Individuals say they have been taught about sexuality through courses and the use of social stories.
- Some individuals say they have a romantic partner.
- Individuals with gender identity issues (born male and identified as female) are supported to express those choices as they want.
- Staff support individuals to attend activities dressed as they have chosen despite their associated guardian's lack of support.

STAFF

- Staff say that they respect individuals' culture and religion. For example, concerning Muslim individuals, there are no pork products used or brought into the home.
- Staff say that individuals who wish to have parties or celebrations are supported to do so.

Commendations

- **QM 2.2:** SLL is commended for staff ability and commitment to honouring individual choices, preferences and heritage, even if that means advocating on behalf of the individual against guardian wishes.

STANDARD 2: RIGHTS CONTINUED

2.3: Conflict Resolution

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No:

Level 1 Indicators

[Return to L1 Summary Table](#)

P	2.3.L1.1	Individuals are aware of how to express their concerns and, where applicable, have felt free to do so and have experienced appropriate resolutions.
P	2.3.L1.2	The service provider has a well-documented process for informal and formal complaint processes that demonstrates a focus on resolution for individuals and staff.
P	2.3.L1.3	Staff are aware of the informal and formal concern resolution processes and are knowledgeable about how to support individuals in identifying, voicing, and addressing their concerns.
P	2.3.L1.4	The service provider documents concerns that have been addressed along with the outcomes of any required actions to eliminate similar issues.
P	2.3.L1.5	The service provider supports ongoing and continuous improvement by using the outcomes of the conflict resolution process along with assessments of services provided by individuals, their support networks and advocates, and staff.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Individuals are informed of their right to express concerns with a trusted person during the intake process and annually through the review of the client services guide.
- The client services guide includes a section about advising individuals that they can talk to their support staff, their staff's supervisor or coordinator, or someone they trust if they are not happy at SLL. The guide includes picture references to assist with understanding the topics included.
- SLL also uses the annual client services guide/orientation for individuals form with individuals who may have challenges in communicating their preferences or understanding.
- IAS, guardian and support team review and complete the form together and attach it to the client profile.

- Policy 1030 Client Concern Resolution Process describes the process for client concerns and states that a copy of the policy is provided to individuals/legal guardians upon admission to the agency. The policy includes the right to appeal decisions
- Process for client concerns:
 - Submission of a written appeal to the service area coordinator or director.
 - Review of that appeal by the coordinator or director, who responds in writing or sets up a meeting to discuss the appeal and document the outcome.
 - If unsatisfied with the response, the IAS/guardian can submit their concern, along with the response from the coordinator/director to the executive director.
 - Within ten working days, the executive director will review the written appeal and either:
 - Meeting with the supervisors, coordinators/directors and individual/family submitting the appeal to render a decision or
 - Send a written response.
- Complaints and concerns are documented in contact, coaching, or supervision notes and forwarded to appropriate supervisors.
- Serious complaints or complaints that require legal consultation are dealt with through HR.
- Staff may submit concerns on behalf of individuals if the individual is not able to do so.
- Concerns are documented and filed with the HR director.
- Follow-up is completed, and if necessary, staff mentoring and coaching occurs and are documented on coaching and supervision forms, contact notes or formal letters of concern.
- Policy 2390 Employee Concern Resolution Process states that all employees are responsible for attempting to resolve concerns or conflicts in a mutually respectful, timely manner.
- Confidentiality is to be maintained within the lines of communication
- The same appeal process can be used if the initial direct contact did not achieve a resolution.
- Staff may access support from their supervisor if needed.
- Documentation is maintained with the HR director.
- Policy 2385 Support for Employees Facing Allegations of Wrong Doing states that SLL will provide employees with an identified support person at the senior management level who is not involved in the ongoing review.
- The executive director will decide if the agency's employee assistance program or any other approved support may be offered.

Comments or Examples from

INDIVIDUALS

- Most Individuals (or guardians) know who to talk to and how to file a complaint or concern if needed.
- Guardians state there is communication between staff and the guardian if there is a problem.
- Guardians say that previous concerns have been resolved satisfactorily without needing the formal process.
- Some guardians say they do not feel heard by the team leader or directors but are unsure of where else to go.
- Guardians confirm regular communication between themselves and staff regarding the individual's activities.

STAFF

- Staff are aware of the process for raising formal and informal concerns with management; however, they state that talking to supervisors is generally sufficient in dealing with the concern.
- Staff is aware that they can express concerns outside the lines of communication if needed. For example, if the concern is with their direct supervisor, they know they can go to management.
- Staff say that staff meetings provide an opportunity to discuss concerns as a group.
- Staff say they are aware of the individuals' behaviours and cues that the individual has a concern or is dissatisfied with something.

STANDARD 2: RIGHTS CONTINUED

2.4: Decision Making and Autonomy

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No:

Level 1 Indicators

[Return to L1 Summary Table](#)

P	2.4.L1.1	Individuals make their own decisions a. that impact their day-to-day routines and b. about special occasions and events.
P	2.4.L1.2	Individuals have a natural support system that can support them in decision-making and advocate for legal services as appropriate.
P	2.4.L1.3	The service provider supports individuals to make their own choices and decisions and demonstrates that it knows when to engage others from the individuals' support network.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Individuals make choices in their everyday activities and on special occasions (birthdays, holidays, vacations, etc.).
- This may require staff to present options to individuals.
- Different communication systems are used when appropriate.
- Family and guardian involvement and input are obtained when individuals cannot communicate their choices.
- Individual personal goals and ISP goals are reviewed annually to ensure individuals strive for goals of their choice.
- Family, guardian and friend involvement in individuals' lives is supported and encouraged.
- Guardians are involved in annual profile updates and ISP goal development.
- Any changes to individual care plans are discussed with individuals and guardians for approval.
- Guardians or other members of the individuals' support team are involved in assisting individuals in making choices and decisions when they cannot do so themselves.

- If decisions pose a risk or potential harm, guardians or other members will be involved in making decisions to ensure individuals' safety.

Comments or Examples from

INDIVIDUALS

- Individuals say they make decisions themselves and are supported to do so as needed.
- Individuals make choices about what to wear, what to eat, and activities to participate in or not participate in.
- Individuals have choices around grocery shopping and menu planning.
- If individuals have difficulty making decisions, options to choose from may be limited to two-three choices for the individual to choose between.
- All individuals involved in the survey had legal guardians to make major decisions.
- Families are involved in some individuals' day-to-day lives, while others are less involved, individuals can identify family and friends.
- Some individuals spend weekends or holidays with family.

STAFF

- Staff know individuals' choices and how they express what they want and need.
- Staff report they offer options based on how the individual makes choices (asking 'what do you want to eat?' is overwhelming for the individual, so staff offer specific queries such as 'would you like cereal or toast for breakfast? etc.').
- Staff say some individuals will become upset if a choice they can and want to make for themselves is made for them e.g., an individual who likes to choose her socks will continue to return to her room until she is allowed to make a choice.
- Some individuals can verbally express what choices they want, while staff have to provide options and then observe reactions to determine choices for others.
- Staff is aware of the guardianship status and the legal decision-making authority of the individuals within their scope.

STANDARD 2: RIGHTS CONTINUED

2.5: Human and Legal Rights

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	2.5.L1.1	Individuals understand their rights and responsibilities and have access to relevant information to make informed decisions about their services.
P	2.5.L1.2	Individuals are empowered to exercise their rights, to respect the rights of others, and to understand when their rights have been denied, limited, or restricted.
P	2.5.L1.3	Individuals are free from coercion, discrimination, exploitation, abuse, neglect and violence from within the parameters of the service provision.
P	2.5.L1.4	The service provider demonstrates its use of policies and procedures to enable individuals to make informed decisions, where applicable.
P	2.5.L1.5	The service provider demonstrates its use of policies and procedures to prevent coercion, discrimination, exploitation, abuse, neglect, and violence against individuals.
P	2.5.L1.6	The service provider has appropriate safeguards in place to manage personal data, and it demonstrates its use of policies and procedures to ensure that the right people have access and are authorized to use and/or release the individuals' personal information.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 1000 Client Individual Rights describes the rights of Individuals.
- Training is provided to individuals in various formats (visual, tools to assist with limited understanding, etc.) by the SAT and the CHEERS Committee.
- Rights are reviewed with all individuals annually through the client services guide.
- Staff support individuals in social learning opportunities (teachable moments or incidental observation of situations in the community) and use these opportunities to discuss their rights.
- VRRRI Charter of Rights of Individuals poster is stationed in all homes.
- Staff must submit a Police Information Check and Vulnerable Sector Search upon hire.

- Policy 2015 Security Clearance requires staff to complete the security clearances every three years following hire.
- Supportive Roommates and all living in this model will be required to complete a security check.
- Also, staff must report any criminal charges that occur when the charge or conviction occurs to their service area coordinator/director.
- The HR director, senior service area director, and the executive director will review and determine the action to be taken by SLL.
- Staff must attend agency training on client abuse prevention and response within the first month of hire. They must review and sign off the client abuse prevention policy annually.
- Staff must also review Policy 1000 Client Individual Rights during orientation.
- SLL has various policies to prevent coercion, discrimination, exploitation, abuse, neglect and violence against individuals. These include
 - Policy 1000 Client Individual Rights (describes IAS rights),
 - Policy 1010 Client Abuse Prevention and Response (addresses abuse, how to report, how to recognize),
 - Policy 1145 Healthy and Safe Environment,
 - Policy 1002 Fair compensation for Clients' Work Activity (addresses IAS employment),
 - Policy 1015 Abusive Interactions Between Individuals in Service (addresses issues related to abusive situations between IAS),
 - Policy 1020 Positive Approaches and Restrictive Procedures (guidelines for use of these),
 - Policy 1270 Financial Reporting (guidelines regarding money management for IAS),
 - Policy 2015 Security Clearance (addresses criminal record/vulnerable sector checks as well as reporting any charges that occur),
 - Policy 2105 Medication/Medical, Treatment Plan Incidents (addresses any incidents that may occur that could be a result of negligence),
 - Policy 2260 Code of Conduct Practice,
 - Policy 3005 Code of Ethics,
 - Policy 2265 Impairment at Work (addresses staff impairment through any substance or condition that could introduce unnecessary hazards, or create risks),
 - Policy 1290 Client Files provides guidance on the storage, access and maintenance of files relating to IAS.
 - Policy 3040 Confidentiality and Release of Information addresses the safety of confidential information and includes

- Requirement for all employees, volunteers and practicum students to complete a Statutory Declaration of Confidentiality,
 - Requirement for board authorization to release information,
 - Use of Security firewalls to protect electronic information,
 - Use of access structure in the computer network that limits access to those who need to know and have access.
- Policy 3365 Electronic Communication Device Guidelines outline employees' responsibilities to protect and safeguard computer hardware, software, and data.
 - Policy 3300, Record Keeping, requires that agency records remain on work-site premises. The policy requires that office and facility records be maintained behind locked doors when not used. The policy further states that the agency and guardians will determine storage at non-facility work sites. Storage areas for paper files include the agency's office and a locked garage at one of the agency-owned homes. Confidential information used daily (e.g., IAS documents) is locked in each home's office. Individual financial information is kept in a locked filing cabinet.

Comments or Examples from

INDIVIDUALS

- Some individuals can clearly state their rights, while others with more significant disabilities have guardians aware of their rights.
- Guardians say that SLL discusses individual's rights with guardian and individual regularly in conversations.
- Individuals have access to one-to-one training about their rights as some are unable to attend a structured class.
- Guardians state they are aware of the restrictions in place for their IAS and have signed consents for their use.

STAFF

- Staff say they will intervene in the community if its members are being inappropriate or abusive to IAS.
- Staff say they review the abuse policy and procedures every year and know what constitutes abuse and what to do if they observe it.
- Staff say they talk regularly with individuals about the different kinds of abuse, including discrimination and exploitation.

- Staff report that some individuals are vulnerable to being taken advantage of, and they work to teach them how to protect themselves from these instances (e.g., people asking them for money).

Level 2 Indicator

[Return to L2 Summary Table](#)

P	2.5.L2.1	<p>The service provider demonstrates the skills needed to gain informed consent from individuals in instances such as</p> <ol style="list-style-type: none"> release of private and personal information, audio-video recordings or photographs, participation in evaluation or review processes external to the service provider, participation in research, and/or public posting and/or use of the individuals' artwork and intellectual property.
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SLL has met the expectations of this indicator.

Examples of MEASURABLE OUTCOMES

- SLL obtains informed consent from Legal Guardians where required.
- Copies of Guardianship orders stating areas of authority are on IAS files.
- Consents are obtained during the annual service planning process and include a variety of consents.
- Individuals who do not have a legal guardian can name an informal representative to assist them in making decisions.
- Positive Approaches and Restrictive Procedures training presentation includes training provided to staff around obtaining informed consent.
- Specific Photographic/Audio/Visual Release Form for Educational, Training or Agency Purposes provides a list of situations, including agency use such as promotional materials, to which IAS or guardians provide specific consent. This form is completed annually
- Policy 3368 Photographs/Video Images and Video Surveillance outlines the acceptable use of photographs or video images of individuals.

Comments or Examples from

STAFF

- Staff are aware of consent in place for video surveillance and photographs of the individual.

STANDARD 3: SERVICE PLANNING

3.1: Intake and Assessment

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- — Not applicable
- ✓ Yes
- — No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	3.1.L1.1	The service provider has a thorough Intake Procedure (i.e., Intake, Assessment and Orientation) that determines how its services will meet the identified needs of applicants.
P	3.1.L1.2	Applicants are provided information about the services available, which enables them to make informed choices and decisions.
P	3.1.L1.3	The service provider uses intake process data to improve the quality of the intake procedure and associated policies and forms, where applicable.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Intake process is standardized for all service areas.
- Referrals are typically received through PDD; SLL and PDD discuss individuals seeking service during regular meetings.
- SLL obtains and gathers information regarding individuals through a variety of methods, including
 - PDD Outcome Plan,
 - In-person meetings,
 - Interviews with guardians and previous service providers or other community partners such as Alberta Health Services,
 - Consideration of external assessments (e.g., psych assessments, risk assessments, other assessments available).
- Intake Information Package includes comprehensive information including
 - Personal Information (e.g., demographic data),
 - Individual's personal information, description, contact information, guardianship and trusteeship status, emergency contacts, and contact information for government workers,

- Transportation needs,
- Medical information,
- Medical practitioner names and contact information,
- Other agency support information,
- Advance care planning, goals of care, and personal directive information.
- Intake Questionnaire includes
 - Type of support being requested,
 - Complex needs support needs,
 - Introduction to the Individual,
 - Pharmacy Authorization form,
 - Billing Information form,
 - Pre-Authorized Payment (PAP) agreement,
 - Communication needs/skills,
 - Interpersonal and emotional support,
 - Religious and cultural considerations,
 - Trauma-Informed care and relevant history,
 - Addictions/substance use/harmful lifestyle choices,
 - Chart for behavioural information,
 - Safety and emergency information,
 - Information regarding any environmental precautions or restrictive measures required,
 - Chart indicating the level of supervision required,
 - Preferred daily routines and activities,
 - Financial information,
 - Transportation,
 - and home living skills.
- SLL provides a Client Services Guide to the individual, parents, and guardian at the initial meeting and reviews annually.
- SLL can arrange site tours for applicants or prospective applicants.
- Policy 1060 Service Eligibility Policy states that all agency services will have eligibility criteria.
 - Policy 1070 Transition Planning and Support.
 - Policy 1075 Career Services.
 - Policy 1100 Crisis/Relief Services.

- Policy 1110 Residential Services.
- Policy 1115 Support Approach Team.
- Policy 1117 Complex Needs Residential.
- Risk assessment is completed at the time of intake, and the intake process data is reviewed.
- The coordinator committee reviews the intake package every three years and informs directors/policy and procedure committee of changes needed.
- Policy 3090 Policy and Procedures Committee states that the management team will meet quarterly to discuss policies and procedures. The committee will review the need for clarification and modifications to current policies and procedures and the need for new ones.

Comments or Examples from

INDIVIDUALS

- Individuals and guardians attend planning meetings.
- Individuals say that their goals are based on what they want to do
- Individuals say that staff talk to them throughout the year about things they would like to do and make note of it. They say that closer to the annual planning meeting staff will discuss these things with them again.
- Some guardians state they would like to see more specific goals of things for individuals to learn or develop skills around.
- Some individuals are able to describe their goals such as ‘continuing with drumming, continuing meeting with peers, cleaning their room, increasing physical activity’

STAFF

- Staff say they support individuals to come up with ideas for things they would like to participate in or learn to encourage them to set goals at their planning meetings.
- Staff note they provide input for goals through their log notes, but the SAT generally assists the individual in developing and setting the goals.
- Staff report that guardians often bring great ideas to ISP meetings.
- Staff say they are encouraged to provide input before planning meetings.
- Staff can describe the processes for collecting ISP data, where it goes and its’ use.
- Staff say they regularly discuss goals with individuals to ensure they are still what the individual wants.
- Staff say that data and progress toward goals are collected and reviewed monthly at the team meetings.
- Staff say that the SAC meets with them regularly regarding the behaviour support plans and provides any additional training.

- Staff spoke of the enhanced training provided and specific to the associated individual.

STANDARD 3: SERVICE PLANNING CONTINUED

3.2: Individual Service Planning

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	3.2.L1.1	Individuals participate, to the best of their ability, in service planning, goal setting and the evaluation of the services in their service plan.
P	3.2.L1.2	Staff support individuals to participate in service planning that reflects the individuals': <ul style="list-style-type: none"> a. unique goals, skills, and abilities, b. culture and religion, c. gender, gender identity and sexual orientation, d. age, and e. other relevant factors.
P	3.2.L1.3	Service planning reflects the individuals' culture, religion, gender, gender identity and sexual orientation, age, and other relevant factors.
P	3.2.L1.4	Staff demonstrate their use of policies and procedures when doing ongoing reviews, evaluations and regular and consistent planning adjustments.
P	3.2.L1.5	The service provider demonstrates its use of service planning data at the individual and program levels to review, evaluate, and refine service delivery, training, policies and procedures, as appropriate.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Each individual and guardian participates in an annual review and development of goals that encourage the optimal wishes of the individual while addressing realistic and safe steps forward.
- If SAC is involved in team skill development, they can develop plans to help individuals reach their goals step-wise to help the individual and their teams succeed.
- Policy 1005 Client Planning outlines that SLL believes in the principles of lifestyle planning to assist individuals in developing person-centred plans to the extent they choose, with the help of their family and friends.
- Planning is based on assisting individuals in exploring ideas and interests, deciding on a plan, involving support to make their plan work and evaluating the plan.

- Client profiles include guidelines and information around the items listed in 3.2.L1.2.
- Policy 1017 Individual Relationships and Sexuality states that SLL is responsible for affirming and respecting each individual's right to exercise choices regarding sexual expression and social relationships.
- Individuals, guardians and staff participate in the annual review and development of goals.
- Staff complete daily log notes and monthly summaries regarding individuals they support.
- Extensive information gathered on each of these documents, including daily and monthly information regarding activities, meals, health, behaviours, social contacts, professional contacts, use of PRN medications, use of positive approaches and restrictive procedures, new behaviours of concern, highlights of the month, feedback from the individual about their plan, financial information, and health or safety concerns.
- Monthly summaries are sent to individuals, guardians, supervisors, and SAC.
- Therapeutic Advisory Committee and Therapeutic Review Committees annually review the supports and progress made by the individual and provide recommendations for any support changes.

Comments or Examples from

INDIVIDUALS

- Individuals and guardians are involved in the annual planning meetings for individuals and guardians state they choose the goals for individuals based on what they like to do.
- Individuals say they have regular discussions with staff and guardians about their goals and what they would like to pursue in the future.
- Typically, the annual meeting starts by reviewing goals from the past year and determining how to move forward.

STAFF

- Staff report that many guardians bring forward great ideas for goals for the individual during planning meetings.
- Staff say they record and collect individual data and progress, which is reviewed monthly at team meetings.
- Staff say that typically the SAC attends the monthly meetings and is a good resource for spotting concerns with goals or behaviours.
- Staff can describe situations where the data review had led to a change in the service plan for individuals (e.g., when a review showed that the psychotropic PRN was not effective, it was discontinued and a BSP was developed or revised to address the triggers and the BOC).

Level 2 Indicators

[Return to L2 Summary Table](#)

P	3.2.L2.1	The service provider facilitates inclusive planning by including natural supports as well as those engaged in the delivery of services.
P	3.2.L2.2	The service provider demonstrates skills and techniques to support individuals to evaluate their supports and services.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Individuals can choose to have, or not have, natural supports involved in planning.
- Policy 1005, Client Planning, states that SLL supports individuals to have natural supports involved to the extent they choose.
- Individuals are supported to evaluate their supports and services at least annually by updating their goals and profiles.
- Staff complete mandatory training and on-site orientation and have enhanced training packages to ensure they have the skills and tools needed to support individuals and provide quality service.

Complex Support Needs Indicator

[Return to CSND Summary Table](#)

P	3.2.CS.1	Service planning for individuals with complex support needs demonstrates the use of: <ul style="list-style-type: none">a. assessments,b. preventative strategies and interventions, andc. appropriate integrated case management resources to meet the individuals' specific needs and to support their service goals.
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SLL has met the expectations of this indicator.

Examples of MEASURABLE OUTCOMES

- Intake meetings are held before entry into service, and information is gathered from as many connected parties as possible.
- Past assessments are requested from the individual's supports.
- Current strategies and interventions are discussed during the intake process.
- SLL completes risk assessments for individuals and functional assessments as required.
- Data collection is done through an incident reporting process, individualized daily logs, and monthly summaries.
- SLL can customize data collection to record data specific to the individual.

Comments or Examples from

STAFF

- Staff say the SAT and consultants ensure the needs of the individual are being met.
- Staff say the enhanced training provided by SLL includes information on the risks, functions and presentation of behaviours.

STANDARD 3: SERVICE PLANNING CONTINUED

3.3: Transition Planning

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No:

Level 1 Indicators

[Return to L1 Summary Table](#)

P	3.3.L1.1	Individuals are actively engaged in transition planning between services and programs, and in relation to age and life stages.
P	3.3.L1.2	Staff are aware of and engage in planning for individuals’ transition needs at a program level and a personal level.
P	3.3.L1.3	The service provider demonstrates its use of transition planning to support: <ul style="list-style-type: none"> a. innovative practices, b. community stakeholder engagement, and c. a high level of personal engagement and empowerment for individuals.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 1070 Transition Planning and Support outlines that services will evolve and, from time to time, come to an end. SLL policy includes adjusting to changing needs, interests and wishes and supporting the independence that growth enables.
- Ongoing monitoring is completed of an individual’s quality of life through doctor or psychiatrist meetings, daily log notes, monthly summaries and other relevant data.
- TAC and TRC annually review the progress and supports available to the individual and provide recommendations for changes.
- SLL works closely with guardians, parents, and family to communicate concerns about health and quality of life.
- If a home is no longer meeting the needs of the individual, SLL will endeavour to find a more appropriate setting.
- SLL works to anticipate any upcoming transitions for individuals. Upcoming transition needs are reviewed with staffing teams, including the front-line, as part of the goal-setting and profile development processes.
- Teams will work with community resources such as home care and AHS to transition individuals to long-term care or palliative care if required.

- Teams work with service providers if individuals are transitioning to another service provider or new support models.
- Advanced Care planning is discussed regularly (both on intake and annually), and this information is included on the SLL website.

Comments or Examples from

INDIVIDUALS

- Individuals say that if they have a transition, such as moving to a new house, it is planned and organized with their input.

STAFF

- Staff provide examples of supporting individuals transitioning into a new job, reminding them of the changes from their previous position and encouraging them to be up and to work on time.
- Staff notes involvement if there is a transition, such as a new home, but there have not been any transitions for some time.

STANDARD 3: SERVICE PLANNING CONTINUED

3.4: Behaviour Management

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- — Not applicable
- ✓ Yes
- — No: Missing documents include:
-

Level 1 Indicators

[Return to L1 Summary Table](#)

P	3.4.L1.1	Individuals are aware of the planned positive and restrictive procedures that may be used to manage a behaviour of concern.
P	3.4.L1.2	Individuals who have experienced a planned positive or restrictive approach, and the staff members who were involved, debriefed the incident.
P	3.4.L1.3	Staff are aware of the planned positive and restrictive procedures for the individuals they serve and can demonstrate effective de-escalation skills and techniques.
P	3.4.L1.4	Staff understand and demonstrate the use of planned positive and restrictive procedures to support the individuals' health and personal development.
P	3.4.L1.5	The service provider demonstrates an expectation of responsiveness to a situation or behaviour of concern through the planned development and ongoing review of behaviour support plans.
P	3.4.L1.6	The service provider uses data from its use of planned positive and restrictive procedures along with their outcomes and evaluations to develop or access evidence-based training and leading practice in the field.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 1020 Positive Approaches and Restrictive Procedures describe SLL's commitment to positive approaches. It ensures safety issues and ethical guidelines are followed during the development, implementation and evaluation of behavioural support.
- Policy states that all positive procedures are to be developed and entered in the client profile, with the consent of the individual and advocate or guardian.
- Policy states that unanticipated situations or BOC will have procedures developed based on the risks of the situation rather than a set number of occurrences.
- Policy states that planning behavioural support for anticipated situations or BOC requires input from the individual and the guardian or advocate, where appropriate.

- Policy states staff must be trained before implementing support strategies, including positive and restrictive procedures.
- Policy 1020 requires that all staff attend the following workshops:
 - Positive Approaches and Restrictive Procedures,
 - Nonviolent Crisis Intervention (CPI) – staff receive this training in the event physical holds may be required for individuals who are at risk of severely hurting themselves or others.
- Supervisory staff must attend Introduction to Behaviour Support.
- Direct care staff are trained under the direction of an appropriate supervisor following the client profile.
- Some individuals receiving support through SAT may have enhanced training that staff are required to attend.
- This training focuses on specific diagnostic information to enhance understanding of strategies.
- Staff are required to pass a test to provide support to the individual in this training.
- New employees receive one week of training, and direct support staff are given on-site orientation to their associated individuals.
- SLL may arrange shadow shifts if needed.
- Staff address any new behaviours at team meetings, and any new BOCs are brought to the qualified psychologist and SAC.
- Agency supervisors and an assigned qualified person are responsible for monitoring and evaluating support strategies.
- Policy 1020 describes the response to unanticipated situations or BOCs. It states that staff may have to use restrictive procedures on an emergency basis if a risk to the individual, others, or property can not be safely managed by staff through exclusively positive approaches.
- Policy 1020 describes prohibited techniques and procedures.
- Policy 1000 Client Individual Rights includes a description of the informed consent process. It includes that SLL must fully inform the individual and guardian of all aspects of the specific service, program or treatment proposed and their right to withhold, give and revoke such consent.
- Individuals, staff, supervisors and management have the opportunity to debrief incidents.
- SLL has a procedure in place for coordinators and directors to follow called Critical Incident Staff Support, Communication and Debriefing Procedures which describes steps to follow to debrief and support staff, including examples and options available.

Comments or Examples from

INDIVIDUALS

- Individuals are involved in, and aware of the planned positive and restrictive procedures in place.
- Individuals say they use ‘social stories’ that have been developed with the SAC to review their planned procedures.
- Guardians state they are fully involved and knowledgeable about the restrictive procedures in place.

STAFF

- Staff are able to describe the planned positive and planned restrictive procedures in place for the individuals they work with.
- Staff say the enhanced training provided, which is specific to the individual’s support plan and includes triggers, past trauma, specific information about the individual’s diagnosis or situation, provides them with the information they need to implement and follow the behavior support plans.
- Staff say that the positive and restrictive procedures in place are discussed and reviewed regularly during monthly team meetings.
- The majority of staff say there is consistent communications and support provided, however, some staff indicate that while they feel supported and well trained, they do not recall any debriefing being done following incidents.
- Staff say they discuss incidents at their team meeting to ensure everyone has the same information and is following the same procedures.

Suggestions

- Indicator 3.4.L1.2: Some staff involved in a restrictive approach or stressful situation do not recall having any debriefing or support following the incident. Consider checking in with staff and individuals following those situations to ensure they are doing okay and provide debriefing and support if needed.

STANDARD 4: RELATIONSHIPS

4.1: Social Connections

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- — Not applicable
- ✓ Yes
- — No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	4.1.L1.1	Individuals have natural supports that include friends and family members who provide social support.
P	4.1.L1.2	Staff support, encourage and facilitate the individuals' engagement with and connection to their current natural supports and balance these connections with the individuals' desire to be connected to and engaged with persons in their social circles.
P	4.1.L1.3	Staff create opportunities to increase the individuals' social circles by encouraging their participation in community activities and events.
P	4.1.L1.4	The service provider promotes social engagement for individuals and develops affiliations with external stakeholders to support social engagement at the community level.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Employees work with individuals to support them to maintain and further develop natural supports.
- Policies 1000 Client Rights, 1005 Client Planning, and 1017 Client Relationships and Sexuality provide direction and support for natural support relationships while ensuring that the level of involvement is within the individual's choice.
- Individuals are provided training through the SAT personal development groups:
 - Sex Education and Healthy Relationships,
 - B.U.D.S – Building. Understanding. Developing Social Skills,
 - SPEAK-UP.
- Powerpoint presentations for these are thorough and provide comprehensive information on the relevant topics in a format most people could understand.

- Topics discussed in these groups include boundaries, meeting new people, dating and maintaining relationships.
- Individuals can participate independently or with support as needed.
- Individuals are supported to meet new people through events and activities supported by SLL, including volunteer opportunities, dances, and social events.
- Employees support individuals by providing guidance and information regarding relationship building and social skills opportunities on a regular conversational basis.
- Staff support individuals to attend recreation and leisure activities, encouraging or prompting participation.
- Staff bring individuals and assist in planning, scheduling, booking and being active participants in the activities. Examples of recreation and leisure activities available are
 - Swimming,
 - Bowling,
 - Music therapy,
 - Art therapy,
 - Exercise,
 - Social inclusion groups,
 - Community groups.
- Some individuals attend events and activities such as classes at community sites such as Bow Valley College, DDRC Learn Programs, Rehab Society, CSCO and other community programs.

Changes that have been made due to COVID-19

- During the Pandemic, teams helped individuals connect with family and friends through socially distanced backyard visits by using the phone, Facetime, Zoom etc.
- Individuals and guardians say that SLL did well at maintaining contact during COVID although face time meetings were decreased.

Comments or Examples from

INDIVIDUALS

- Individuals can describe natural supports in their lives, including family members and friends.
- Individuals can describe their activities with friends, such as going bowling and doing other fun activities.
- Some individuals say they spend weekends or holidays with family members.

- Individuals participate in regular activities with peers to develop relationships, such as drumming, karaoke, bowling, and going for walks.
- Some individuals indicate they do not have any friends and only have a family as a natural support.
- Some individuals say they go to family homes for weekends or holidays or can go shopping with the family.

STAFF

- Staff say they will do what is necessary to coordinate family visits, such as ensuring the individual is packed for the weekend and ensuring they are ready when the family comes to pick him up.
- Staff say they regularly communicate with parents and guardians and are available when the individual is home for the weekend if needed.
- Staff say they will help arrange family visits or facilitate community activities with family or peers, such as trips to the zoo, bowling, library, etc.
- Staff say they assist individuals in making their calls in the evenings when necessary.
- Staff say they encourage individuals to greet neighbours when out.

Level 2 Indicator

[Return to L2 Summary Table](#)

P	4.1.L2.1	The service provider demonstrates skills and strategies that support individuals to develop and maintain safe, close or intimate relationships.
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SLL has met the expectations of this indicator.

Examples of MEASURABLE OUTCOMES

- SLL provides teaching and information through the training provided and the groups individuals may participate in, such as
 - B.U.D.S Group – topics include meeting new people, conversation, communication, maintaining relationships, reasonable disagreements, healthy friendships and more.
 - Men’s Group – topics include individuality, diversity, men’s health (physical and mental), self-esteem, gender equality, emotions, boundaries, communication and more.
 - Sexual Education – topics include healthy relationships, boundaries in relationships, healthy decision making, sexual and diversity, consent, sex and the law, sexual anatomy, sexual behaviours, sexually transmitted infections, and contraception.
 - Women’s Group – topics include individuality, diversity, men’s health (physical and mental), self-esteem, gender equality, emotions, boundaries, communication and more.

- Cyber Safety – topics include navigating the internet safely and making safer decisions, online connections, online dating, online selling and purchasing and more.
- SAT will also provide the above information to individuals and teams through skill development plans, social stories, profiles and enhanced training.
- SLL also has a psychologist on staff that individuals can request or be referred to for information on safe relationships through counselling.

STANDARD 4: RELATIONSHIPS CONTINUED

4.2: Healthy Relationships

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	4.2.L1.1	Individuals have safe and healthy relationships, in person and online, that are free from coercion, abuse and violence, and they are aware of how to access supports, if needed.
P	4.2.L1.2	Staff engage in ongoing awareness and education regarding the qualities of healthy relationships to increase safety, reduce harm, and become alerted to unsafe relationships.
P	4.2.L1.3	The service provider promotes safe and healthy relationships and demonstrates respectful communication at all levels (e.g., staff, individuals, stakeholders) to create a positive workplace culture.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Individuals are supported to form safe relationships with roommates and peers.
- Some individuals participate in online social media platforms regularly to stay connected and communicate with others.
- Some individuals require staff support and monitoring to use online social sites safely. This requirement would be identified in the Operational Definition of Supervision section within the individual's profile.
- The Support Approach Team offers Personal Development Groups (Sexual Education, BUDS, Cyber Safety and Speak-Up) for any PDD-funded individual. Such classes include topics related to gender identity, abuse prevention & reporting, and maintaining appropriate boundaries. Individuals are taught to identify healthy/unhealthy relationships and what to do to report any form of abuse.
- Teams are given training on relationships and boundaries to maintain healthy and professional relationships with the individuals they support.
- The agency recognizes that friendships and romantic relationships are a matter of personal preference and that individuals sometimes need support in developing relationship skills and

exercising those skills responsibly. The individuals are supported to have opportunities to form social relationships, exercise choice regarding the kinds of relationships to pursue, access to information that supports social relationships, and have the freedom to safely express their sexuality and gender identity.

- Teams promote ways they can help prevent occurrences of abuse towards individuals through educating individuals in areas such as knowing their rights, understanding what abuse is and who they can speak with. Additionally, teams provide safety training in areas of risk for them, assisting individuals in communicating what they want or don't want by encouraging them to make choices, encouraging them to express themselves, developing communication tools for those who are non-verbal, and assisting individuals in developing relationships and friendships in their communities.
- The client services guide is reviewed with individuals at the time of intake and annually at the time of profile review. The guide covers how to access supports when needed.
- Staff are trained on health and safety matters, abuse prevention and positive approaches to support and promote individuals' quality of life and mental health.
- Staff are also provided enhanced training tailored to working with specific individuals.
- Staff are offered a healthy relationship and boundaries workshop to educate regarding maintaining appropriate professional boundaries with individuals.
- If potential or foreseeable harm is identified for an individual, teams will develop approaches to be followed to reduce the likelihood of an individual being victimized or involved in an unhealthy relationship.
- Policy 2260 Code of Conduct/Practice outlines promoting a high standard of professional conduct among agency employees that reflects a positive corporate image. The policy describes the expected high standard for respectful professional interactions within the agency and with all stakeholders.
- Policy 3005 Code of Ethics further defines and describes guidelines.
- Mandatory training for all employees includes preventing violence in the workplace and abuse prevention and response protocol.
- Policy 3381 Preventing Workplace Violence describes the commitment of SLL to promote a work environment where employees feel safe. The policy describes that not all violence possibly displayed by CSN individuals can be prevented. Still, it will be documented, investigated and controlled as much as possible through
 - Informing staff of the potential,
 - Ensuring appropriate procedures are in place,

- Ensuring staff are trained in recognizing and responding to violence,
- Ensuring that every reported incident of workplace violence is reviewed, and potential areas for improvement are identified and addressed.
- Policy 1010 Client Abuse Prevention and Response covers abuse prevention, response and deterring violence in the workplace to promote a safe and respectful environment.
- Working with Families is mandatory training for all supervisory staff and is additionally offered to support staff as space allows. This workshop focuses on promoting positive communication and relationships with guardians and families.
- Staff educate individuals in service in areas such as knowing their rights and who they can talk to, safety training in areas of risk, assisting individuals in communicating what they want or don't want by encouraging them to make choices, encouraging them to express themselves, developing communication tools for those who are non-verbal, and assisting individuals in developing relationships, friendships and participating in their communities.
- Enhanced training packages are completed with staff and include specific requirements for working with that individual. For example, if an individual makes choices that could place him in a harmful situation, staff are trained regarding harm reduction concepts and how to work with him. If an individual has suicidal ideations, staff are trained regarding suicide prevention. Packages reviewed include trauma-informed information.
- SLL also provides CPI Training to all staff, and the revised CPI course includes trauma-informed Care.

Comments or Examples from

INDIVIDUALS

- Individuals are in safe and healthy relationships and would report any abuse or violence.
- Individuals say they could have a romantic partner if they chose to do so.

STAFF

- Staff say they have had training regarding preventing abuse and other training such as Cyber Security and Anger Management to support individuals in relationships.
- Staff say that some individuals' behaviour support plans include ongoing issues with roommates and others and provide steps to follow to support the individual in the relationship.
- Staff say they receive emails from their supervisor about additional training opportunities.

STANDARD 5: HEALTH AND SAFETY

5.1: Planning and Engagement in Physical, Emotional, and Mental Health

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- — Not applicable
- ✓ Yes
- — No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	5.1.L1.1	Individuals actively participate in their physical, emotional, and mental health. They attend appointments and follow-ups; they self-administer medication, where appropriate; and they make healthy lifestyle choices and decisions that impact their overall health.
P	5.1.L1.2	The service provider fully supports individuals to be engaged in, actively plan for, and manage their own physical, emotional, and mental health.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Individuals are supported to make and attend appointments with medical professionals, mental health professionals (psychologists, psychiatrists, counsellors), and other health care providers (dentists, optometrists, etc.).
- Teams will provide support as needed to assist individuals in understanding the information provided, as well as share the information, with individual consent, with other team members.
- If requested, staff will support the individual at/in their appointments.
- SLL psychologist provides support to individuals, and this support may be accessed at any time and is not time-limited.
- Individuals are encouraged to raise any alternative treatments they have heard of and may want to try with the medical professional. SLL will support them in participating in that treatment if it is appropriate for the individual.
- Individuals who self-administer medications complete a series of questions and sign consent along with the guardian when appropriate and the doctor.
- Medical Process Procedure (Manual – Section 12) describes the levels of medication administration which are
 - Self-administration – individuals in this category would not require an approved medication binder/package. Assessment for self-administration consists of a set of 12 questions about every medication they take, including identification of the medication,

why is it used, the amount used, when and how it is administered, possible side effects, who to contact if experiencing side effects, storage protocol, the procedure in the event of forgetting to take medication on time, what to do when medication supply is running low, and who to contact in the event of an emergency. Individuals are also asked to demonstrate the skills related to taking their medication.

- Self-administration with reminders – information for staff roles would be outlined in the individual’s medication binder.
- Self-administration with medication assistance – information for staff roles would be outlined in the individual’s medication binder.
- Medication Administration fully assisted by staff.

Comments or Examples from

INDIVIDUALS

- Individuals say that staff generally accompany them to medical appointments, and in some cases, guardians will also attend.
- Individuals report attending appointments such as annual checks, dental, and regular reviews/appointments with psychiatrists.
- Guardians say that SLL staff are very good at keeping them up to date with any health concerns, appointments, results etc., and that they attend as many appointments as possible.

STAFF

- Staff support individuals to attend and participate in medical and psychiatric appointments.
- Staff say they work with individuals regarding health, working on things such as meal portioning, exercise or other directives from physicians or psychiatrists.
- Staff encourage individuals to express their feelings by talking or writing journals.
- Staff say they provide information to guardians about individual health issues and appointment results.

MANAGEMENT / OWNER / OPERATOR

- SLL is currently involved in a project with ARNIKA psychiatrists, which involves individuals with complex needs from SLL. This project involves the psychiatrist and the behavioural consultant deciding what data is to be collected, then developing and training a system of obtaining that data. The aim is to provide the psychiatrist with timely and ‘useful’ information regarding the treatment plan, e.g. if a new medication is prescribed, what is happening with the behaviour, and if it is showing no change, should it be stopped. The idea supports rational prescribing and requires close collaboration between the behavioural consultants (SAC) and the

psychiatric team. They look at the collected data and track the behaviours more timely and consistently.

- The aim is to discover when another way might be more appropriate than the current treatment method.

Complex Support Needs Indicators

[Return to CSND Summary Table](#)

P	5.1.CS.1	Staff demonstrate their knowledge of the interaction and complexity of mental and physical health and behaviours.
P	5.1.CS.2	Staff demonstrate the skills necessary to effectively address a medical emergency that requires additional supports owing to the individuals' complex needs.
P	5.1.CS.3	Staff demonstrate their knowledge of the medical interventions required to meet the complex needs of individuals accessing complex needs supports.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Staff have access to the individual's profile where mental health support is identified.
- Staff is provided training regarding mental health conditions through enhanced training by the SAT.
- Staff is trained regarding the skill development plans that may be in place to assist individuals in learning skills in managing their mental health.
- Progress is reported to and monitored by the SAC.
- Staff is required to have first aid training.
- Medical profiles are in place for those with special medical needs or conditions, e.g., seizure disorders or individuals who may be at risk for suicide.
- ASIST and Naloxone training is provided when necessary.
- Protocols include when to contact emergency services and supervisors/crisis response.
- Protocols are reviewed at team meetings. When protocols are changed, retraining occurs.
- Enhanced training is provided to staff.
- Medication administration course is required by all staff, including a practicum component.
- Medications related to medical emergencies are outlined in individuals' medication binders with information related to
 - What the medication is for,
 - When to administer with PRN instructions,

- For more complex medical cases, a nurse may provide training on the proper administration of medication,
- When necessary, debriefing occurs with staff to ensure the agency provided the appropriate supports.

STANDARD 5: HEALTH AND SAFETY CONTINUED

5.2: Physical and Psychological Safety

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	5.2.L1.1	The service provider has effective mechanisms in place to ensure that essential health information about individuals, including any precautions necessary and special training required, is shared with relevant staff.
P	5.2.L1.2	Staff demonstrate the knowledge and expertise to complete critical incidents and near-miss reports on time and with sufficient detail.
P	5.2.L1.3	The service provider uses the learnings and outcomes of critical incidents and near misses that involved individuals to evaluate and review services at the individual and program level.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Profiles include essential health information about individuals.
- Staff are provided with training to understand the treatment plan, routines and skills development plans for individuals.
- Staff can access the service area supervisor or the SAC if they require further information, direction or instruction.
- Information is shared through the profiles, medical summaries and communication books.
- Enhanced training may include additional information for staff.
- Training is provided in safe bathing and water temperature monitoring during orientation and annually. Water temperatures are taken daily. Thermostatic mixing valves are installed on all water tanks at home locations.
- Health and Safety checks are completed at each location monthly.
- Hazard assessments are updated as needed, and annually
- Staff attend mandatory Health and Safety training.
- Hazard assessment training is also available.

- Policy 3390 Incident Reporting describes the process and requirement for all incidents to be reported.
- Guidelines for Incident Reporting provide specific instructions on reporting incidents, including
 - The kinds of incidents that do and do not require an incident report. In some situations, staff may use an alternate method of documentation, and reporting may be used.
 - Verbal reporting as soon as it is safe to do so.
 - Documentation choices, e.g., if unanticipated BOC – an incident report required, if anticipated may or may not be required.
 - How to write the report, including types of information required,
 - Submission timelines for the report,
 - What happens following submission of the report (who reviews, types of comments),
 - Who completes the action plan.
- All incident reports, including critical and near-miss reports, are reviewed by supervisory staff and the coordinator/director.
- When applicable, based on the incident, they are reviewed by the SAT, human resources and the client safety coordinator.
- When crisis response personnel are involved, a crisis response report will be submitted.
- Health and safety reviews all staff-related incidents that involve individuals.
- Recommendations may be made, including
 - Updating hazard assessments,
 - Changes to behavioural procedures,
 - Completion of a function assessment,
 - Updating the annual risk assessments.

Comments or Examples from

STAFF

- Staff say the orientations (to the individual) and the Enhanced training provide them with information regarding the individual’s medical or mental health condition, as well as specific precautions and training around working with individuals with CSN.
- Enhanced training is developed and specific to each individual and includes a description of the individual, their diagnoses, and best practices on how to work with them, including safety precautions. It includes possible triggers, appropriate responses and specific techniques or PPE requirements (e.g. hat to cover hair, protective jacket to prevent pinching or biting, gloves etc.).
- Staff report this training gives them the confidence needed to work with individuals who may have higher levels of aggression.

- Staff say shift exchange is thorough and includes discussing any issues.
- Staff record and review the log book regularly to see how the individual has been.
- Staff say they meet together to discuss important information regarding individuals at regular team meetings.
- Staff say they can access supervisors and on-call staff to get guidance or report concerns.
- Staff is aware of how to report incidents and near-miss situations, and reports reviewed were noted to be thorough and include sufficient detail.
- Staff are aware of contacting the supervisor and guardian when a critical incident has occurred.
- Staff say that if a behavioural incident occurs in the community and they require assistance, SLL will send support.
- Staff are aware that occasionally an incident may result in the need to call 9-1-1 for assistance.

STANDARD 5: HEALTH AND SAFETY CONTINUED

5.3: Abuse Awareness and Prevention

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	5.3.L1.1	Individuals demonstrate awareness of what abuse is and say they feel supported to report their concerns to appropriate authorities or to their support networks (e.g., natural supports, support staff).
P	5.3.L1.2	Staff demonstrate: a. their knowledge about the types of abuse and the risk factors for individuals, b. their awareness of internal reporting requirements, and c. their knowledge about how to access supports for individuals.
P	5.3.L1.3	Staff demonstrate their knowledge of policies and procedures that describe how to make individuals aware of abuse and how to report any abuse, including abuse that may occur in person, online, and within or outside the service.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 1010 Client Abuse Prevention and Response describes the commitment to protect individuals in service from mistreatment, assist individuals in building skills to help protect them and prevent them from experiencing abuse, and from providing training and support for individuals and employees.
- New staff/practicum students must attend Abuse Prevention and Response training within the first month of employment.
- Policy is reviewed annually with staff, including the signature of a document indicating staff have read and understood the policy and, once completed, documented in files.
- This Policy describes
 - the responsibility to report abuse and protects the person reporting unless they did it with malicious intent.
 - the responsibility to stop the abuse.

- States that SLL will assess and provide remedial action (e.g., medical treatment, counselling, etc.) to the individual and others involved
 - Outlines that SLL will remove the alleged abuser from any contact with any vulnerable person (suspension) while an internal review is completed.
 - States that SLL will ensure a thorough and fair investigation occurs.
 - A definition of the forms of abuse.
- Information is included on the SLL website for individuals and guardians to access (www.supportedlifestyles.com).
 - This policy is reviewed with individuals and guardians on intake and annually through the Client Services Guide.

Comments or Examples from

INDIVIDUALS

- Due to limited communication, many individuals cannot describe abuse; however, guardians know the forms and types of abuse and say they monitor closely for any concerns.
- Even with limited communication, most individuals would indicate they were unhappy, e.g. by saying no touch or no grab if someone were to hurt them.
- Some individuals and all guardians are aware of how to report any concerns regarding possible abuse.

STAFF

- Staff were able to describe the forms of abuse and describe how they would stop the abuse, report it, and participate in any investigation regarding abuse.
- Staff who work with individuals who are non-verbal say they are aware of the risks and closely monitor for any signs.
- Staff say they will intervene to stop abuse if they observe it in the community.
- Staff say they have Abuse Prevention and Response Protocol training at orientation and then annually review the policy and sign a verification that they are aware of the types of abuse and how to report or stop it.
- Some staff say they prefer to take the Abuse Prevention and Response Protocol training more often.

STANDARD 5: HEALTH AND SAFETY CONTINUED

5.4: Risk Management

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	5.4.L1.1	The service provider has a harm reduction/risk management strategy to address the safety of individuals.
P	5.4.L1.2	The service provider has a process to review and incorporate learnings from risk management activities at the organizational, program, and personal levels.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 3376 Risk Management states that SLL is committed to managing risks in all aspects of its work. The policy states that risk mitigation strategies will occur at all organizational levels.
- Describes an acceptable level of risk as consistent with community standards and the risk tolerance of relevant stakeholders.
- States that risk mitigation for individuals will include education about individual rights and abuse reporting, support with self-advocacy and redundant monitoring of service delivery.
- Risk mitigation for staff is based on OHS standards and industry standards for WCB.
- Risk mitigation for staff includes mandatory training and relevant occupational health and safety controls.
- Risk mitigation for the community includes maximizing the benefit to the community and minimizing any negative impact that may result from an individual’s unique support needs or from the employee’s execution of their duties. Implementation of individual behaviour support plans assists in this mitigation.
- Reduction in or elimination of neighbour complaints and incidents involving community members or public places will be an annual goal.
- Risk mitigation for SLL will be guided by
 - Insurance requirements,
 - Legal precedence,

- Importance of business continuity.
- Training is provided to both staff and individuals regarding health and safety and risk management. Individual training includes
 - Fire drills,
 - Emergency training scenarios,
 - Discussion of what to do in an emergency situation,
 - Through the training discussed previously in this report provided by the SAT (BUDS, Cyber Safety, Sexual Education and Health Relationships, Anger Management, etc.),
 - Annual risks assessments are completed,
 - Individuals who participate in risky choices are educated and supported through staff providing guidance and general feedback on what could occur based on their choices.
- Staff training includes
 - Orientation process,
 - Team meetings,
 - Health and safety procedures,
 - Individuals profiles,
 - Involvement in the health and safety committee,
 - Health and safety workshops, which are mandatory for new employees.
- Testing/Proficiency evaluation is a component of several training opportunities, including
 - Positive approaches and restrictive procedures,
 - Nonviolent crisis intervention,
 - Medication administration,
 - Medication orientation and practicum,
 - Hot water testing,
 - Individual specific enhanced training.
- Employees must submit a valid and clear police record and a vulnerable person check upon hire and every three years.
- SLL directors, coordinators, supervisors and SATC make periodic visits to home and community support locations.
- Supervisors and team leaders observe and provide feedback to employees on performance.
- Consultants, supervisors, and team leaders provide modelling and on-site coaching concerning specific risk mitigation.

- Policy 1135 Health and Safety of Individuals in Service identifies the requirement for staff to identify and report any health and safety risks and that they will regularly assess structural and environmental safety in the residential living environments.
- Annual updates and completion of the site and service-specific hazard assessments are completed in December.
- Client-specific risk assessments are scheduled annually for June.
- Health and safety checklists are submitted to the SLL office monthly.
- Risk assessments are completed for new individuals before service commencement. After completion each year, these are reviewed by coordinators, directors and psychologists.
- Hazard identification triggers mitigation plans.
- Crisis response procedures and office emergency evacuation, along with all other emergency response plans, are reviewed on a schedule maintained and updated by the coordinator's group.
- Directors review emergency preparedness and business continuity plans.
- Health and safety checklists review emergency evacuation manuals for homes.
- Insurance coverage includes
 - Directors insurance,
 - Errors and omissions,
 - Extra expense,
 - Contents insurance for office and homes,
 - Individuals carry tenant insurance for their personal belongings.
- Staff sign their expense claims which include verification that they have appropriate vehicle insurance and a valid driver's license when they submit their claims.

Comments or Examples from

STAFF

- Staff say they conduct regular monthly inspections of their areas and report any concerns to their supervisor.
- Staff say they have monthly evacuation drills which are recorded on the health and safety checklist inspections and submitted.

Suggestions

- Indicator 5.4.L1. : Many Health and Safety Checklists reviewed included lengthy evacuation times recorded for the fire drills (10-15 minutes) or other concerns noted on the checklist. Although there is a page for supervisor follow-up, there was no follow-up noted. Consider

ensuring that all issues noted on the checklist (e.g., repairs needed, issues with a fire drill, etc.) have a comment provided to verify that it is being followed up.

- SLL management says the issues are being followed up on, but the documentation may be on a past checklist form. It could be beneficial for staff to be aware that the concerns they raise are being addressed. For example, if waiting for a landlord repair, noting this information on the follow-up page, staff can be aware of the situation and know concerns are being addressed.

STANDARD 6: HUMAN RESOURCES

6.1: HR Strategy

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- — Not applicable
- ✓ Yes
- — No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	6.1.L1.1	<p>The organization has a detailed HR strategy that:</p> <ol style="list-style-type: none"> a. reflects leading practice, b. supports recruitment and retention activities, c. develops staffing levels appropriate for the services delivered and staffing models based on the services delivered (e.g., residential, community access, employment), d. demonstrates intentional succession planning, e. demonstrates annual evaluation and performance reviews, and f. uses internal and external stakeholder feedback on service delivery to influence strategic planning, staff development and HR processes.
P	6.1.L1.2	<p>The organization has formal processes for gathering feedback on:</p> <ol style="list-style-type: none"> a. job satisfaction, b. service delivery, c. HR policy and procedures development and implementation, d. management, and e. leadership skills development <p>The purpose of feedback is to focus on the organization’s areas of excellence and areas for improvement.</p>

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- SLL develops detailed HR Goals yearly.
- This development includes evaluating HR goals and processes to meet the agency’s strategic planning.
- 2021-2022 goals include
 - Investigating and reviewing the availability and suitability of HR modules within the current software to allow for centralization and collection of employee data. This review allows the agency to address strategic planning and allows for easy access by supervisors. It will also allow for information sharing among service areas and supervisors.

- Improve the employee performance management system to offer tools and training to service areas, allow supervisors to take basic preliminary or proactive steps with employees, and allow service areas to identify employee concerns that may require HR attention.
- Update the HR process and file system, specifically reorganizing the HR drive and reviewing HR procedures to develop a system that is intuitive to use and learn. This will allow for quicker and easier access to finding relevant information.
- Cross-training for team members to develop a deeper understanding of the HR functions and processes.
- Covid19 planning and preparation – to develop a long-term approach/plan or a pandemic plan for the future.
- Hiring and turnover data is tracked and presented quarterly at the Recruitment and Retention presentations.
- Includes analysis of the data patterns and current trends.
- Hiring needs are submitted and tracked for all service areas.
- Hiring needs and prioritization is reviewed with recruiters on a bi-weekly basis.
- SLL has two Recruitment specialists whose responsibilities are to coordinate and complete the hiring of new staff.
- There has been an increase in supervisory positions filled within the agency, allowing qualified candidates familiar with the agency to advance.
- Consultation with outside agencies to determine best practices occur.
- Participate in the Calgary service provider council.
- Consults with an external legal firm to review various policies and procedures to ensure compliance with legislation.
- Follows all government labour laws and legislation with regards to employment policies, procedures and practices.
- Gathering feedback includes
 - feedback gathered from pre-evaluation forms is used to assess training needs and has resulted in revamped workshops. Pre-evaluation forms include a section for employees to tell supervisors areas they think the agency does well and areas for improvement.
 - Surveys have been conducted requesting feedback on training resources for staff.
 - New employees participate in a focus group during training week regarding their experience.

- Workshops and training are delivered to new supervisors to give them the skills and tools needed to succeed.
- Turnover rate at SLL is shown in the data to be consistently lower than the Alberta industry average since 2015.
- SLL provides a health spending account to employees. SLL updated these accounts during the pandemic to accommodate the limitations of benefits available during COVID-19.
- SLL has recently signed with a new employee assistance program to provide better services to employees. The new provider includes unlimited access to the program's resources and library and is delivered to employees and their immediate family members.
- All employees are eligible for EAP even if they do not qualify for benefits under the agency benefit plans.
- SLL has developed and uses a Wellness in the Workplace presentation to team and support staff regarding self-care. The presentation includes specific information on debriefing and supporting more challenging individuals.
- Separate wellness workshop was developed for supervisors to assist them in recognizing and dealing with staff who may be struggling with compassion fatigue, vicarious trauma, and burnout. The workshops include warning signs, preventative supports, reactive supports, and self-care strategies.
- Policy 2320 Discrimination and Harassment states that SLL believes every employee is entitled to work in a climate free of discrimination from other employees, stakeholders and community members. The policy outlines that if an employee engages in discriminatory or harassing conduct, their employment may be terminated with just cause.
- Policy describes harassment and discrimination and provides examples of each.
- Policy includes the requirement for supervisor-provided constructive feedback done in a non-discriminatory manner that does not constitute harassment.
- Policy provides steps to resolve issues using the employee concern resolution process or by reporting to a supervisor, director or HR Director.
- Policy includes the process for investigation.
- Policy describes the situation where a client may be harassing an employee and states that a client risk assessment will be completed and reviewed in conjunction with the joint health and safety committee.
- Policies regarding discrimination and harassment, as well as abuse, state that SLL will take no action against the person reporting unless the report is made maliciously.

- Policy 2380 Employee Disciplinary Process describes the progressive disciplinary process followed by SLL. It provides examples of
 - Inappropriate employee actions,
 - Steps of the disciplinary process (verbal, written, disciplinary action up to and including termination),
 - Situations where SLL may take immediate disciplinary action,
 - and Follow-up review of the outcomes of the corrective actions taken.

Comments or Examples from

STAFF

- Many staff expressed a desire for a benefit plan. Not all staff at SLL receive benefits, even if they are full-time.
- Some staff stated they did not receive regular performance appraisals or feedback on their performance and wished to have that. They noted that they question knowing where to improve or what they are doing well if their supervisor does not give feedback.
- Some staff files included the pre-evaluation form, which allows staff to make suggestions to the supervisor and agency. A few staff were unaware of this form and stated they had not had a performance appraisal for a long time.

Level 2 Indicators

[Return to L2 Summary Table](#)

P	6.1.L2.1	The organization promotes employee health, safety and wellbeing by evaluating the effectiveness of the health benefits plan and by implementing evidence-based changes, as required.
P	6.1.L2.2	The organization demonstrates a knowledge of its own policies and procedures around bullying and harassment in the workplace and whistleblowers.
P	6.1.L2.3	The organization has clear and demonstratable criteria and processes for managing corrective action, disciplinary procedures, and the termination of employment.
P	6.1.L2.4	The organization demonstrates its use of exit interviews to evaluate HR processes and policies, including recruitment and retention, employee engagement, and performance management.
P	6.1.L2.5	The organization demonstrates actions and activities to positively influence workplace diversity.
P	6.1.L2.6	The organization regularly conducts salary surveys, internally and externally, to maintain an equitable and fair wage and benefits structure.
P	6.1.L2.7	The organization's HR plan includes <ol style="list-style-type: none">incentives (monetary and non-monetary),benefits, andemployee programs that<ol style="list-style-type: none">recognize the value of employee contributions, andpromote an effective, well-balanced workplace.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 2240 Exit Interview states that all employees will have the opportunity to participate in an Exit Interview during their last week of employment or during the first week following the conclusion of their employment.
- States that employees may request the Exit Interview, or SLL management may suggest it.
- States that opinions expressed will not be reflected in final evaluations or job references.
- Policy 2315 Workforce Diversity states that SLL recognizes the importance of diversity in all areas of the agency and expects that all employees will nurture a culture of acceptance that is both respectful and welcoming of diversity.
- Salary surveys are conducted regularly and collect information about competitor wages through position postings, informal contact, ACDS report etc.,
- Have participated in salary surveys through Vecova, ACDS, and periodically complete the Boland Salary survey to assess wages in the not-for-profit sector.

- Salaries for specialized positions are set with information gathered through recruitment sources (e.g., IT, accountants, etc.).
- SLL utilizes a wage calculator to determine the start rate for new front-line employees and home supervisors, considering education and experience.
- Annual wage increases for all front-line and office-level positions are provided up to a maximum wage.
- Policy 2395 Agency Benefits & Employee Eligibility describes the access to and eligibility for receiving benefits through SLL.
- Policy 2400 Sick Time Benefit describes the eligibility, entitlement, notification process, verification process (for sick leave of more than three days, or as required), extended illness process (employment insurance), and returns to work process.
- Policy 2410 Employee Work Injury/Accident describes the process and procedures in place to address workplace injuries, illness and accidents through WCB.
- Long service awards provide recognition to employees at 5, 10 and 15 years.
- Employee Assistance Program is available to all staff as needed. Employees who are not receiving agency benefits can access EAP when needed.
- Health and Wellness Flex Account is available to all staff on agency benefits and includes a set amount that can be used for health or wellness spending and can be divided between the two options.

STANDARD 6: HUMAN RESOURCES CONTINUED

6.2: Staff Training

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	6.2.L1.1	<p>The organization has, or has access to, a planned industry standard staff training program that reflects leading practice and is purposeful to service delivery objectives.</p> <p>The training program supports program and service delivery objectives and ongoing development that enables excellence and may include, but is not limited to:</p> <ol style="list-style-type: none"> a. employee onboarding, b. mandatory training requirements (e.g., medication administration, confidentiality, the <i>Abuse Prevention and Response Protocol</i>, behaviour support plans, incident reporting), and c. ongoing skills proficiency and planning to support personal and career development.
P	6.2.L1.2	The organization has a system to track mandatory training requirements and performance issues.
P	6.2.L1.3	Staff are supported to meet their training requirements and they have engaged in, or have access to, the necessary training to meet the needs of individuals and to support their own personal and career development.
P	6.2.L1.4	Staff have training in and access to the necessary tools and resources to fulfill their duties.

SLL has met the expectations of these indicators.

Staff training and development includes the requirements for **Service Tier III**

Examples of MEASURABLE OUTCOMES

- Mandatory training is provided upon hire to new employees.
- Ongoing coaching sessions and supervisions occur regularly.
- Mentoring is provided if an employee is struggling in the role or having difficulties in specific aspects of their work.
- New Employees are required to attend
 - Introduction to Supported Lifestyles,

- Health and Safety and Preventing Workplace Violence,
- Abuse Prevention and Response,
- Positive Approaches and Restrictive Procedures,
- Crisis Prevention and Intervention,
- Medication Process.
- Annual Training is provided in
 - Sign language basic and part 2,
 - Data collection,
 - Wellness in the workplace,
 - Documentation skills,
 - Relationships and boundaries.
- Additional special training provided to staff includes
 - Sexuality,
 - ASIST,
 - Intro to Alternative Communication and Visual Supports,
 - Intellectual Disabilities and Mental Health,
 - Autism Spectrum.
- New hire employees watch a video regarding confidentiality and sign an Oath of Confidentiality.
- Policy 2130 First Aid and Cardiopulmonary Resuscitation Certification requires that staff obtain certification within the first three months of employment and maintain that certification during employment.
- Policy 2150 Staff Development provides direction for staff to access additional development opportunities.
- Tools and resources available to staff include policy and procedure manuals, safe bathing binder, AT/EI Binder, and medication binder.
- Staff can also access additional resources through the SAT and the Individuals' medical team.
- Includes appropriate PPE for each home, such as protective jackets, gloves, masks, etc.
- Policy 1020 Positive Approaches and Restrictive Procedures states that staff must be trained before implementing support strategies, including positive and restrictive procedures.
- Some mandatory training is completed once at the start of employment but then reviewed annually. Staff are required to sign a document annually stating they have reviewed the training information and understand it.

- Completed forms are sent to HR for filing and tracking.

Comments or Examples from

STAFF

- Staff are able to describe the training they receive at SLL and feel it equips them to do their jobs safely and with sufficient knowledge.
- A few staff feel their training is not sufficient and would like additional training.
- Staff describes their training (list is not complete) as
 - Medication administration,
 - Orientation,
 - Enhanced training including CPI,
 - Behavior supports with the SAC including annual refreshers,
 - First Aid/CPR,
 - Non-violent crisis intervention (CPI),
 - Abuse Prevention and Response Protocol,
 - Sign language,
 - Bathing/showering,
 - Water Temperature testing (staff are ‘tested’ on this annually and must demonstrate proficiency in recalibrating the thermometer and testing the various water temperatures).
- Some staff indicate they would like additional mental health training, including ASIST.
 - ASIST has been unavailable to SLL due to the pandemic and the loss of the previous partner agency. SLL is working on getting staff trained in this area.
- Some staff indicate they would like to be retrained every two to three years or that SLL offered seminars.
- Some staff say they have requested and signed up for additional training but have not been provided with the opportunity to complete it.
- Some staff say they are unaware of how to use the fire extinguishers and would have to read the instructions if they needed to use them. Other staff say they have had the opportunity to practice with a fire extinguisher.

Level 2 Indicators

[Return to L2 Summary Table](#)

P	6.2.L2.1	The organization demonstrates that mandatory and supplemental training positively impacts service delivery and results in better service delivery to individuals.
P	6.2.L2.2	The organization demonstrates coaching and mentorship programs to support and encourage ongoing staff development and professional growth.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Mandatory positive approaches and restrictive procedures training describes when it is appropriate to use an emergency restrictive and how to use the least restrictive alternative.
- Policy 1020 Positive Approaches and Restrictive Procedures and the support approach guidelines define acceptable approaches to handling unanticipated situations or behaviours of concern.
- Employees complete the agency pre-evaluation form before their performance evaluation and can use it to identify their professional development needs and goals.
- Regular coaching sessions and supervisions are held with staff. Mentoring is completed on a specific employee-need basis.

Comments or Examples from

STAFF

- Some staff say they would like regular performance reviews to discuss how they are doing and goal setting.

STANDARD 6: HUMAN RESOURCES CONTINUED

6.3: Behaviour Management Skills and Procedures

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	6.3.L1.1	The organization ensures that staff have the appropriate training and demonstrate the skills necessary to effectively assess and address risk behaviour.
P	6.3.L1.2	<p>The organization increases positive outcomes for individuals by engaging in regular reviews of:</p> <ul style="list-style-type: none"> a. reported incidents, b. near misses for individuals, c. the use of planned positive procedures or restrictive procedures, and d. unanticipated situations and/or behaviours of concern <p>from which it can evaluate</p> <ul style="list-style-type: none"> a. staff's skills and abilities, b. individuals' unidentified needs, c. program delivery development, and d. policies and procedures.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Enhanced training is provided to staff (individual-specific) who work with individuals with CSN. This training is provided by the SAT and focuses on understanding the diagnostic information related to the individual to allow for a better understanding of the support strategies.
- Staff are required to pass a test to support the individual the training is concerning.
- Staff are required to review and understand the profiles of individuals they are assigned.
- Staff can consult with the SAC to access additional guidance and support.
- Policy 3390 Incident Reporting provides the steps and procedures in place for reviewing incidents.
- SLL has Guidelines for Incident Reporting that include specific guidelines describing the situations requiring an incident report, when and how to write an incident report, and the requirement for review and follow-up.

- Incident report form includes the timelines (immediate verbal notification for serious incidents). Completion of the report and submission to the office within 24 hours.
- Incident report form directs staff to follow the guidelines for incident reporting.
- Staff injury follow-up form indicates that incidents resulting in staff injuries are reviewed and followed up on and includes a section for recommendations.
- This form is reviewed by the HR manager or director and the health and safety committee.

Comments or Examples from

STAFF

- Staff say the enhanced training explicitly provided to each individual makes them aware of the risks and procedures for that individual.
- Staff says they conduct regular environmental scans to ensure the work area is safe, e.g., no sharps left out in an area where an individual could access them.

STANDARD 6: HUMAN RESOURCES CONTINUED

6.4: Occupational Health and Safety (OHS)

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	6.4.L1.1	The organization has a comprehensive OHS strategy to support its employees' safety and to reduce risks that could result in injury.
P	6.4.L1.2	Employees demonstrate an understanding of the organization's OHS policies and procedures.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 3376, Risk Management, defines the commitment of SLL to managing risks to employees and all aspects of its work.
- Risk Assessments are completed with individuals.
- Hazard Assessments are completed and reviewed regularly.
- Policy indicates that an absence of risk is not possible and that SLL will strive to ensure that the risks are manageable through
 - Provision of training,
 - Environmental modifications,
 - Personal protective equipment,
 - Appropriate oversight,
 - Access to community resources.
- Ensuring employee proficiency in the management of critical areas of risk (e.g., hot water testing, medication administration, enhanced training tests for behaviour support, NVC post-tests, etc.)
- Policy 3380 Occupational Health and Safety states that SLL will comply with all aspects of the Occupational Health and Safety Act, regulation, and code. This policy includes the following rights of staff
 - Staff be made aware of any workplace hazard/risk,

- Staff may participate in health and safety initiatives and follow up,
- Staff have the right to refuse dangerous work.
- SLL has policies in place as follows
 - Policy 3381 Preventing Workplace Violence,
 - Policy 3382 Preventative Measures for Working Alone,
 - Policy 3383 Preventative Measures to Ensure Safe Driving,
 - Policy 3384 Preventative Measures for Lifting, Transfers, and Client Falls,
 - Policy 3385 Preventative Measures Regarding Hair, Clothing, Footwear, Ornamentation,
 - Policy 3386 Preventative Measures through Household Maintenance and Repairs,
 - Policy 3387 Communicable Disease, Infection, Chronic or Life-Threatening Illness,
 - Policy 3388 Preventative Measures for Office Work,
 - Policy 3389 Preventative Measures for Safe Recreation Activity with Individuals in Service,
 - Policy 3391 Stranger Danger,
 - Policy 3392 Preventative Measures: Promoting Fragrance-Free Workplace,
 - Policy 3393 Preventative Measures: Safe Use and Disposal of Medical Sharps,
 - Policy 1134 Hot Water Testing.

Comments or Examples from

STAFF

- Staff are aware of the health and safety committee, how to contact the members and how to report health and safety concerns.
- Staff is aware of their health and safety responsibilities, including
 - Completion of monthly checklists,
 - Completion of monthly fire drills,
 - Checking fire extinguishers,
 - Water temperature checks,
 - Monthly checks of detectors (smoke, carbon monoxide),
 - Reporting hazards.
- Staff say their job description, including job hazard assessments, is reviewed annually.
- Staff can describe where to find information about the health and safety committee or health and safety forms if needed.

STANDARD 7: GOVERNANCE AND ADMINISTRATION

7.1: Organizational Risk Management

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- — Not applicable
- ✓ Yes
- — No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	7.1.L1.1	The organization has the capacity to enact a risk management strategy plan, or business continuity plan, to mitigate risks from internal and external threats with the least disruption to the services being delivered. Areas that benefit from a plan include, but are not limited to: <ul style="list-style-type: none">a. property (e.g., from natural or man-made disasters),b. goodwill,c. funding model, andd. succession planning.
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SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 3376, Risk Management, describes SLL's commitment to managing risks in all aspects of its work.
- Collecting information related to risks.
- Documenting and addressing risks related to individuals, staff, the agency and the community.
- Policy 3378 Health and Safety Management System describes SLL's commitment to providing a safe, injury-free and healthy environment for individuals, all employees, independent contractors, visitors and the public.
- Business Continuity Plan is in place and describes:
 - Contact information
 - Summary of business
 - Service Impact Analysis with critical services that need to be provided within 24 hours and Vital Services that must be provided within 72 hours.
 - Description of Individuals in service (general information only, not specific).
 - Description of Staff (general information only, not specific).
- The business continuity plan steps. The plan is reviewed annually through the policy and procedure committee.

- Risk Management data is collected in a variety of ways, including through:
 - Log notes
 - Incident reports
 - Health and Safety Checklists
 - Risk Assessments

- Annual Updates and completion of Hazard Assessments are scheduled regularly.
- Risk assessments are completed with individuals upon intake and updated and reviewed in June
- Various Committees are responsible for reviewing Emergency Response Plans (different elements related to the agency as a whole, and at an individual level)
- Health and Safety Checklists include a review of the Emergency Evacuation Manuals for home.
- Organizational Risks considered in planning include
 - Pandemic,
 - Floods,
 - Famine,
 - Business interruption,
 - Business continuity.

Changes that have been made due to COVID-19

- Agency Pandemic Committee met three times weekly during the initial stages of the Pandemic to keep abreast of updates from government authorities, health care professionals, employees and individuals.

Comments or Examples from

STAFF

- Staff say they are aware of the risks at SLL for themselves and the individuals and say that COVID-19 was handled very well by the management team.
- Staff say they are provided appropriate PPE and guidelines about how to remain safe.
- Staff says some families and guardians had difficulty understanding the need for safe visits or limited contact. Still, they all worked together and created opportunities for connections such as zoom, facetime, and backyard visits.

Level 2 Indicator

[Return to L2 Summary Table](#)

P	7.1.L2.1	The organization demonstrates consistent, effective, and efficient media and public relations.
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SLL has met the expectations of this indicator.

Examples of MEASURABLE OUTCOMES

- Policy 3070 Media Contact states that only the executive director or designate may authorize sharing information with the media. All contact must be referred immediately to the executive director.
- Policy 3060 Public Communications indicates that any requests for public speaking on behalf of SLL must be directed to SLL management. All material prepared and used for public use or communication must be approved by management before development, display or implementation.

STANDARD 7: GOVERNANCE AND ADMINISTRATION CONTINUED

7.2: Organizational Planning

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	7.2.L1.1	The organization has a governance model that effectively enables clear decision making, program and management evaluation, and financial management.
NA	7.2.L1.2	<p>If there is a Board of Directors, there are policies regarding Board:</p> <ul style="list-style-type: none"> a. structure, b. performance, c. recruitment and retention terms, d. compensation, e. development, and f. the relationship between the Board and executive management. <p>These policies support organizational/strategic plans, strategies, decisions, and actions being delegated to the appropriate resources with the means to:</p> <ul style="list-style-type: none"> a. increase the capacity of the service provider, b. increase organizational capacity, and c. manage organizational risks.
P	7.2.L1.3	The organization has a business plan that is aligned with its strategic plan to support effective and efficient service delivery.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 3017 Governance Structure defines the decision-making authority of the chief executive officer, who is the owner of SLL.
- Policy describes the authority of the CEO.
- CEO, CFO, executive director, administration staff and agency contract administrator are involved in monitoring and maintaining the business plan.
- Financial processes are overseen by the CFO, CEO, and ED.
- CFO and CEO meet regularly to review the financial situation of SLL.

Reasons for Indicators rated Not Applicable

- Indicator 7.2.L1.2: SLL does not have a board; they are a not-for-profit private company overseen by the CEO/owner.

Level 2 Indicators

[Return to L2 Summary Table](#)

P	7.2.L2.1	The owner/operator/Board of Directors measure the organization's efficiency and effectiveness and uses the results from the evaluation to support continuous improvement.
P	7.2.L2.2	The organization demonstrates the use of the mission, vision, and value statements to guide organizational decisions.
P	7.2.L2.3	The organization's purpose and values guide the development of the strategic plan.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Performance quality improvement measures are in place that encompasses all processes, procedures and policies.
- Performance management framework goals (8 performance outcomes) are tracked, reported quarterly, and submitted to PDD.
- Service area strategic plan goal development and progress are presented to the management team.
- Agency personnel have outlined responsibilities for collecting information and data.
- Supporting individuals' goals and needs.
- Documenting the completion of information, including supervisory monitoring.
- Monthly health and safety checklist.
- Safe bathing/showering and hot water testing tracking.
- Monitoring of profile completion.
- Rights and responsibilities are reported and monitored.
- Strategic planning framework describes the purpose of strategic planning as setting the agency's global strategic direction.
- Each service area sets measurable goals and objectives with identified strategies for achieving each objective.
- Mission is described on the website (www.supportedlifestyles.com) as providing personalized support to assist people with disabilities in establishing a fulfilling lifestyle within the community.
- Philosophy, described on the website, outlines valuing each person as they are, with strengths, needs, and potential. They believe that individuals will grow when assistance is provided and the chance to learn from life experiences. All people have the right to follow a chosen lifestyle. The

agency believes in supporting people to make informed choices about their life and in assisting them in reaching their goals. Supporting participation in community life contributes to a fulfilling lifestyle.

STANDARD 7: GOVERNANCE AND ADMINISTRATION CONTINUED

7.3: Quality Assurance and Performance Management

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	7.3.L1.1	The organization uses its program data to engage in quality assurance activities at the individual, program, and organizational levels to evaluate program outcomes.
P	7.3.L1.2	The organization has a process (e.g., an annual report) for regularly reporting on and illustrating its organizational planning (e.g., business, strategic, and/or sustainability) and its program outcomes.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Data is collected at all levels of the organization in various ways.
- ISP annual meetings and planning provide written information to PDD and track progress toward goals for individuals.
- PMF is reported quarterly to PDD with progress on the eight identified objectives.
- Feedback is gathered through monthly agency focus groups for new employees.
- HR and a third-party objective supervisory member investigate and address any reported concerns.
- Service area-specific goals are developed and tracked.
- Training evaluations for all training sessions.
- SLL reports quarterly and annual reporting to the funder.
- Financial statements are audited annually and sent to the funder.
- Policy 3200 Annual Report states that SLL will prepare an annual report for funders yearly as requested.
- Policy 3210 Annual Audit states that annual audits are completed and submitted to PDD within 120 days of the end of the fiscal year.

Level 2 Indicators

[Return to L2 Summary Table](#)

P	7.3.L2.1	The organization and/or Board of Directors endorses and promotes adherence to a Code of Conduct and professional practices that align with its mission, vision, and value statements.
P	7.3.L2.2	The organization demonstrates a plan to evaluate and respond to unanticipated and/or negative outcomes that are out of alignment with the planned targets or goals of the strategic plan.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- Policy 2260 Code of Conduct/Practice states that employees must maintain a high standard of professional conduct that reflects a positive corporate image.
- Actions must continuously support the agency’s mission, philosophy and code of ethics.
- Must show respect for others inside and outside our workplace.
- Must strive to conduct ourselves in ways that favourably reflect on ourselves, our teams and the agency.
- Must refrain from conduct detrimental to the image and public confidence in the agency.
- Policy 3005 Code of Ethics states that in all activities, the agency, its employees and volunteers demonstrate respect for the dignity of service recipients, professionals, and the other individuals and organizations with which they interact.
- SLL has many policies and procedures to address unanticipated and negative outcomes that are out of alignment with the planned targets or goals of the strategic plan.
 - Policies such as
 - Policy 1135 Health and Safety of Individuals in Service,
 - Policy 1190 Medication Errors,
 - Policy 1210 Emergency Situations,
 - Policy 1230 Client Death Guidelines,
 - Policy 1280 Client Profiles,
 - Policy 2388 Critical Incident Debriefing/Info Sharing,
 - Policy 3380 Occupational Health and Safety,
 - Policy 3390 Incident Reporting,
 - Policy 3400 Emergency Evacuation Procedures,
 - Policy 3420 On-Call Supervisory Personnel and Procedures,
 - Procedures and guidelines such as

- Health and safety procedures,
 - Crisis response procedures,
 - Guidelines for incident reporting,
 - Support approach guidelines,
 - Profile development procedure.
- When tracking results indicate that objectives are not being achieved, SLL identifies the causes and revises strategies to promote more successful outcomes as part of the PQI process.

STANDARD 7: GOVERNANCE AND ADMINISTRATION CONTINUED

7.4: Innovation and Continuous Improvement

A review of the Self-Study Guide verified that related documentation and/or policy is present and was submitted

- Not applicable
- ✓ Yes
- No

Level 1 Indicators

[Return to L1 Summary Table](#)

P	7.4.L1.1	The organization’s Continuous Improvement Plan involves input from: <ol style="list-style-type: none"> a. leading practice research, b. program data information, and c. internal and external stakeholders.
P	7.4.L1.2	The organization’s Continuous Improvement Plan supports innovation and ongoing improvements to: <ol style="list-style-type: none"> a. service delivery, b. program development, c. HR policies and procedures, and d. organizational processes.

SLL has met the expectations of these indicators.

Examples of MEASURABLE OUTCOMES

- SLL is a part of the Complex Needs Collaborative and attends service provider council meetings.
- SLL also participates in bi-monthly meetings with agency managers and PDD to discuss intake, transition, planning and crisis regarding individuals in service.
- Therapeutic advisory and review committees meet monthly with external stakeholder members to discuss and strategize regarding individuals with significant behavioural challenges.
- Performance Quality Improvement is an integral part of the SLL process for quality improvement.
- SLL is currently exploring new technology to make services more efficient and effective such as
 - Online timesheets,
 - E-mars for medication administration,
 - Fillable forms,
 - Information management software,
 - Software related to HR reporting.

- Working on upgrading computer systems to facilitate a more timely sharing of documentation such as critical incidents and to increase virtual training opportunities.
- 2022-2023 PQI plan is very comprehensive, with goals related to all aspects of SLL such as
 - Client Related,
 - Staff Related,
 - Process Related,
 - Program Related.
- Each area includes specific goals, targets, data source, data collection and reporting frequency, responsibility for reviewing and interpreting results, and which will compile the information.

Other Comments or Observations

- SLL states that emerging issues such as high mileage costs, housing constraints affecting individuals, and an ongoing shortage of qualified staff will require innovative strategies and solutions as part of their future planning process.