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# Carmichael Enterprises Residential Programs Ltd

## Mission Statement

Carmichael Enterprises Residential Programs Ltd is dedicated to enhancing the lives of persons served. We will ensure that all persons served are treated with respect and dignity and that the rights of persons in our care are diligently maintained.

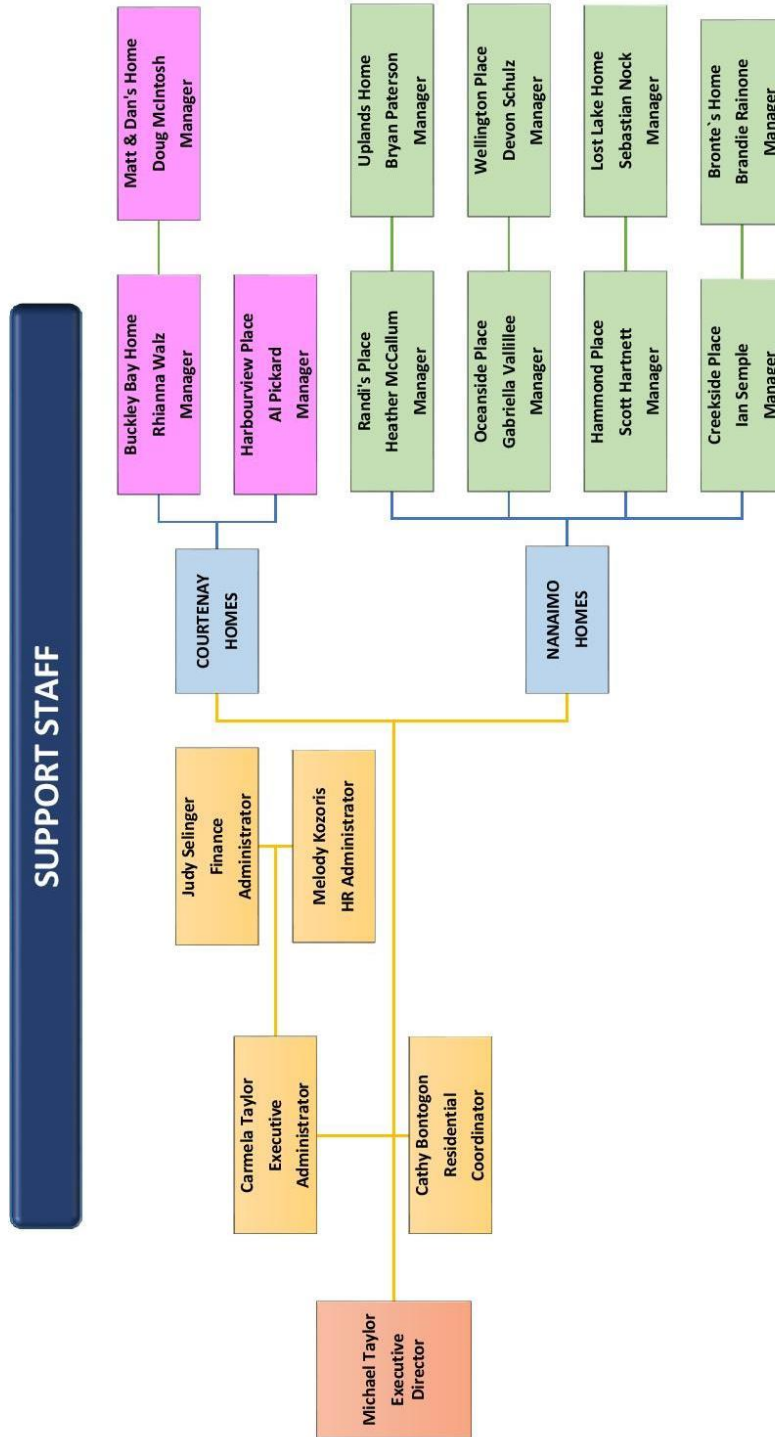
Furthermore, Carmichael Enterprises Residential Programs Ltd will advocate ensuring that all of the needs of individuals are met. By doing this, we create a safe and nurturing environment where individuals are supported and accepted as valued members of the community.

## **GUIDING PRINCIPLES**

Carmichael Enterprises Residential Programs Ltd will commit to the following Guiding Principles:

- ❖ THE PRINCIPLES AND VALUES INHERENT IN OUR MISSION STATEMENT
- ❖ THE DEVELOPMENT AND DELIVERY OF PROGRAM SERVICES BASED ON THE INDIVIDUAL NEEDS OF THE PERSON
- ❖ PROVIDE AND SUPPORT THE OPTIMUM PARTICIPATION IN DEVELOPING THEIR INDIVIDUAL SERVICE PLAN
- ❖ ENSURE THE PERSON-CENTRED PROGRAMS ARE CONSISTENTLY ADHERED TO AND MAINTAINED
- ❖ INFORM AND EDUCATE INDIVIDUALS REGARDING THEIR RIGHTS WHILE IN CARE
- ❖ ADVOCATE FOR THE POSITIVE PERSONAL DEVELOPMENT OF PERSONS SERVED
- ❖ CREATE AND MAINTAIN AN ENVIRONMENT OF OPPORTUNITY WHERE INDIVIDUALS MAY DEVELOP SKILLS THAT SUPPORT GREATER INDEPENDENCE AND INTEGRATION WITHIN OUR COMMUNITY
- ❖ HOLD OURSELVES ACCOUNTABLE IN ENSURING THE GUIDING PRINCIPLES ARE DILIGENTLY MAINTAINED AND ADHERED TO

January 5, 2016  
 CARMICHAEL ENTERPRISES RESIDENTIAL PROGRAMS LTD



# **OUTCOMES MANAGEMENT REPORT**

**JANUARY 1, 2015 – DECEMBER 31, 2015**

## Carmichael Enterprises Residential Programs Outcomes Management Report

**JANUARY 1, 2015 - DECEMBER 31, 2015**

### **INTRODUCTION**

#### **Outcomes Management System definition from CARF**

**"An Outcomes Management System aggregates and assesses data to determine if various stakeholders are satisfied with your service delivery , if they have benefited from your programs and services, and if your services were performed in an efficient manner, to enable you to:**

- Assess service delivery and make needed program changes to enhance service delivery for persons receiving services.
- Design relevant staff training to meet the needs of the organization and thus enhance service delivery.
- Focus the organization as a whole on comprehensive, organizational performance, related planning, and consistent performance improvement.
- Enhance communications with identified stakeholders.
- Educate all staff members on their individual contribution to the accomplishment of the organization's vision and goals.

Carmichael Enterprises Residential Programs has developed its outcome management system based on staff input, the interests of persons served, families and identified stakeholders using the services and community stakeholder quality expectations. This is an ongoing formal system designed to continually measure and manage results for the organization as a whole.

The organization provides specialized services for a diverse and unique service population which have a variety of different and ever changing needs.

## BACKGROUND AND DATA COLLECTION

In 2004, Carmichael Enterprises Residential Programs established outcomes for its service areas in preparation for CARF Accreditation. The outcomes are based on CLBC/MCFD contracted outcomes, service needs of individuals served, and CARF accreditation standards. The outcomes system identifies performance in three categories: **satisfaction, effectiveness and efficiency.**

To measure **satisfaction**, the organization surveys individuals and/or families of individuals who receive support in our residential programs as well as members of each person's multi-disciplinary team. The survey process involved a combination of one to one survey interviews with persons served through the use of satisfaction surveys, and surveys completed by the defined stakeholder groups. Data was collected from the survey results and correlated for analysis. Upon completion of the analysis, key areas were focused on and performance improvement strategies developed.

To measure **effectiveness**, data on individuals attaining their ISP goals is collected on a semi-annual basis from service plan reviews and correlated for analysis.

To measure **efficiency**, specific information in various areas was collected utilizing various tools throughout the year and correlated for analysis.



## **PROGRAM DESCRIPTIONS**

### **Hammond Place**

Hammond Place is a licensed CARF accredited 5 bed residential program which was established in 1998. Hammond Place currently provides placements to young adults over the age of 19. Hammond Place has provided placements to a wide variety of individuals over the years and currently supports individuals with Autism, medically fragile clients, and clients with high behavioural needs. Hammond Place offers a variety of life-skills programs and the staffing team is highly skilled and passionate about supporting people with disabilities. Community integration is at the forefront of the program's focus and the team has been highly successful in removing any potential barriers to service for the clients.

### **Wellington Place**

Wellington Place is a licensed CARF accredited 4 bed residential program providing placements for children and youth, Children and youth placed within the home tend to be of high behavioural and emotional needs, Neurological impairments, FASD, Tourette's, and Autism. The program at Wellington Place has been designed to assist persons served in developing social skills, life-skills, and pursuing their education in order to promote independent living. Those with interest in learning more about their cultural heritage i.e. First Nations youth are encouraged to attend events in the community and to seek information from staff or others who share their heritage. A continued focus in our home is to encourage individuals to gain the skills and the confidence necessary to live within the community as independently as possible given their particular abilities.

## Oceanside Place

Oceanside Place is a licensed CARF accredited 5 bed residential program, serving five children full time. Established in 2002, this program was constructed for Carmichael Enterprises "from blue-print to building block", always bearing in mind the needs of the persons being served. Oceanside place has always been open to serving individuals from a wide array of backgrounds with a wide array of needs. It has been with this inclusive and culturally competent philosophy that the program has become well known for its work with children with Autism, Attention Deficit Disorder, and those with developmental delays. The staff bring with them their unique experience and knowledge, so that our service population is assured the highest quality of care. With backgrounds in: nursing; child and youth care; psychology; early childhood education; and counseling, all programs and therapeutic approaches remain current and holistic. To that end, persons served receive plans of care that are developmentally appropriate and tailored to their specific needs. Barriers to communication, learning, and behavioural challenges are overcome by giving persons served many ways to express their needs. Picture Exchange Communication, the use of communication devices, and the SIVA Wise approach are just a few examples of how programs are designed and implemented with the individual in mind. When needed Oceanside staff branch out into the community to enlist the help of Occupational Therapists, Behavioural Interventionists, and Speech Pathologists, in order to secure for the persons served every opportunity to realize efficacy and celebrate success. Carmichael Enterprises staff prides themselves on the work they do and the persons they serve. Oceanside Place continues to be a cornerstone in the special needs community for providing care that is dignified, compassionate, and professional.

## **Creekside Place**

Creekside Place is a CARF accredited adult resource with staffed component in main area, and 2 supported living suites providing placements to 5 adults. Creekside Place is on a secluded 3 acre property in South Nanaimo. Creekside provides a quiet and private location which was selected to meet the needs of a specific service population. Known province wide for supporting individuals with high behavioural needs, Creekside's team has often been called upon for Crisis Response in and around the central Vancouver Island area. The staff are highly skilled and have extensive experience supporting individuals with extreme behavioural needs. Creekside has often been utilized to stabilize individuals in crisis so that they may return home or to their community placements. This program also has as its focus programs based on choice, preference and skill development applicable to each individual receiving those services.

## **Randi's Place**

Randi's Place is a CARF accredited one bed staffed resource for a young adult with a day program and life-skills development included. This program focuses on community inclusion, life-skills development and self-management for one individual living in the home. The staff are dedicated to promoting independence for this young woman and self-management.

## **Shamrock Home**

Shamrock Home is a Home-Share model for a young adult with outreach staffing to support with life-skills development. This program provides opportunity for self-direction, independence, and increased community involvement. The service component primarily focuses on guidance and choice and provides the individual various ways to express themselves in pro-social fashions.

## **Community Outreach Team**

Community based outreach services for individuals that live independently with crisis response component. This program is quite unique as it provides services in the most non-intrusive and innovative ways possible. The team has very flexible and creative schedules to support individuals that have been deemed as “Staff Resistant” and extremely difficult to manage. The team is available 7 days a week and support individuals with appointments, court appearances, accommodation, as well as life-skills and community activities.

## **Harbourview Place**

Harbourview is a CARF accredited one bed home providing residential placement for a young adult with severe Autism in the Comox area. This program utilizes a residential care-aide approach which involves at times staff members staying at the home for 24 hrs. Staff are required to possess skills in personal care as well as have experience supporting persons with medical needs. The staff team within the home are highly skilled and focus on providing a therapeutic environment for the young man which provides true quality of life.

## **Bronte’s Place**

CARF accredited one bed staffed resource for young woman with severe autism and extreme behaviours. The program focuses on community inclusion, life-skills development and self-management for one individual living in the home. The staff are dedicated to improving the quality of life and the on-going goal of community integration. The staffing team are highly skilled in crisis management and have as their main focus self-management for the young lady in the program.

## **Matt and Dan's Place**

Matt and Dan's is a CARF accredited 2 bed adult resource which supports 2 higher functioning young men with severe mental illness who also happen to be brothers. This program as well may utilize the residential care-aide approach wherein staff members may work a 24 hr. live-in type of shift. This program focuses on community integration, living skills, and provides a wide array of activities for the brothers to engage in.

## **Buckley House**

Buckley house is a CARF accredited dual resource that provides residential support in the upstairs and downstairs areas of the home. The home is situated on a large ocean view lot in beautiful Buckley Bay. The upper level currently has a program for a young adult who has transitioned into adult services and focuses on independent living, community mobility, and general life-skills. The lower level of the home at present is a 1 bed program providing one to one support for a young adult with autism.

## **Uplands Place**

Uplands Place is a CARF accredited 2 bed program that supports higher functioning children and teens with severe behavioural issues. The program focuses on life-skills, recreation, community integration, and works closely with schools and other agencies to ensure continuity in care with regards to case management.

All of the residential programs provide a warm nurturing home environment that is safe and secure. Individuals are provided with their own room to ensure privacy needs are met. Each person's space is a reflection of his or her personal needs choices and preferences. From this secure base, individuals are given the opportunity and encouraged to develop their life- skills, knowledge and interests, and be active participants in the community.

Carmichael Enterprises Residential Programs offers individualized programs designed focusing on each person's strengths, needs, choices and preferences. For each individual, a multi-disciplinary team is identified by the individual and their family, usually made up of a CLBC facilitator, MCFD Social Worker, key-worker and professionals involved in specific areas of the individual's life. Individual Service Plans (ISPs) are developed based on input from the individual and his or her identified support team. ISPs are the compilation of documents and information that act as a reference guide to the individual's likes and dislikes, relevant history, medical information, support needs and strategies. Direct input from the individual is obtained from the person's personal planning book. The ISP includes specific domains relevant to their care on a holistic level.

**PROGRAM OUTCOMES**

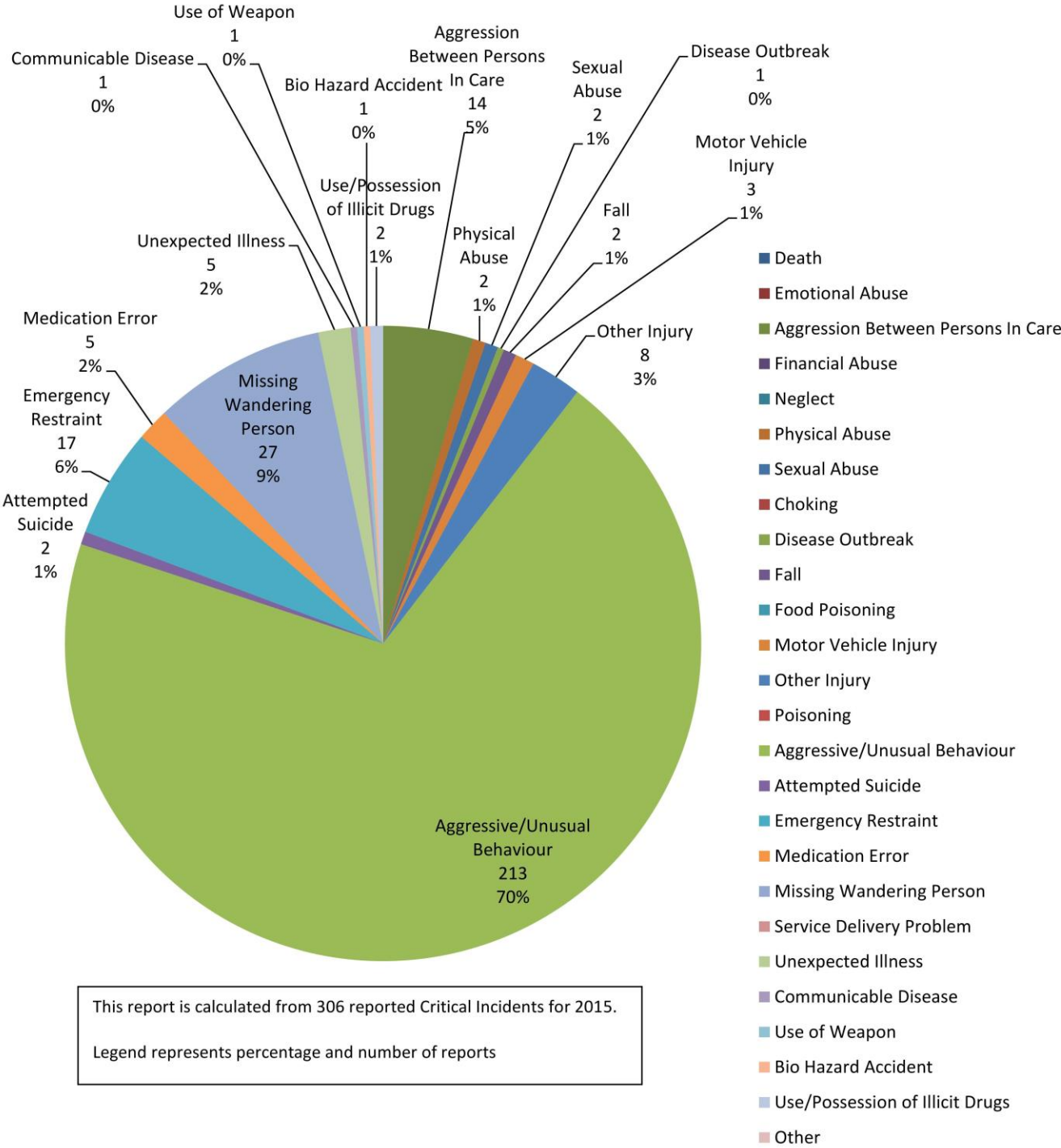
**Emergency Safety Interventions/Physical Management**

**Dates: January 2015 – December 2015**

Objectives	Indicator	Who Applied To	Time Of Measure	Data Source	Obtained By	Goal	Outcome
<b>EFFECTIVENESS</b>							
Decrease in violent incidents warranting the use of Emergency Safety Interventions	% of incidents involving use of Emergency Safety Interventions	All programs	On-going	Incident Reports Progress notes internal incidents, near misses	Program Staff	90%	70%
<b>EFFICIENCY</b>							
Maximize staff's training in Emergency management <b>SIVA</b> decrease in injuries to staff.	Reduction in Work Safe BC claims and Incident Reports.	All programs	Annually	Accident Reports. Incident reports	E.D, H&S Rep	90%	86%
<b>SATISFACTION</b>							
Staff demonstrate increased knowledge and confidence in dealing with potentially violent individuals	% or # will indicate success	Staff	Annually	Staff surveys	E.D	90%	100%

- Due to the service population this will be an on-going goal of the organization and will be part of the core training for all staff.

### Critical Incident Stats 2015





## Critical Incident Analysis

In 2015 there were 213 incidents that required the use of emergency safety interventions that is a considerable increase from 2014. Majority of these incidents were at 2 homes involving the same 2 individuals. The organization has since then removed the one individual from the home as this level of violence was affecting the quality of life for other clients in the home, staff injuries were occurring due to assaultive behaviors by client, police involvement was weekly thus creating attitudinal barriers for the organization. Staff were feeling very unsupported by the hospital as well as the RCMP. A new incident category has also been added to reporting requirements that identifies aggression between clients. This was also isolated to this particular home and client. After consulting with MCFD it was agreed upon that the client would need to be placed with other agency.

### Eligibility Criteria/Criteria for Acceptance

#### Policy:

The organization primarily adopts the criteria for acceptance in regards to persons served of that of its funding bodies. In addition the organization utilizes the following criteria for acceptance and engages in a screening process to ensure the following;

1. Overall needs of the individual being referred which include behavioural, medical, criminal background.
2. Current needs of individuals being supported within the specific location where placement is to occur.
3. Health and Safety concerns to other residents as well as staff.
4. Staffing levels within the home and adequate funding
5. Staff expertise and training as related to needs of new person.
6. Overall suitability of placement and potential impact placement may have on program as a whole.

## SIVA Wise Plans/Self-Regulation

**Dates: January 2015 – December 2015**

Objectives	Indicator	Who Applied To	Time Of Measure	Data Source	Obtained By	Goal	Outcome
<b>EFFECTIVENESS</b>							
Persons served will work through a collaborative approach with staff on developing personalized person-centered safety plans	Reduction in negative behaviours Demonstrated internal locus of control	All persons served	Semi-annually as part of the persons ISP	ISP Incident Reports	Managers Key-workers, staff	100%	100%
<b>EFFICIENCY</b>							
Persons served will be provided with opportunity to develop internal focus of control thus decreasing need for Emergency Safety Interventions by staff.	Success in community as per ISP goals, reduction in internal and Critical Incident reports.	All persons served	Monthly and semi-annually	ISP Reviews Incident reports	Manager and key-workers	100%	100%
<b>SATISFACTION</b>							
Persons served and stakeholders indicate satisfaction in regards to the community access and emotional behavioural domain of ISP	% or # will indicate success	All persons served Stakeholder groups	Annually	ISPs Surveys	E.D	100%	100%

- SIVA Wise Plans are a collaborative approach to promote self-management for persons served.
- Due to the service population and the overall philosophies of the organization this will be an on-going goal of the organization.

## Community Integration

**Dates: January 2015 – December 2015**

Objectives	Indicator	Who Applied To	Time Of Measure	Data Source	Obtained By	Goal	Outcome
<b>EFFECTIVENESS</b>							
Persons served achieve goals as identified in their ISPS in relation to community access and integration	% of persons served who achieve progress toward at least one goal in their ISP and participate in social outings or activity separate from group-home	All persons served	Semi-annually	ISP reviews	Staff, Managers & key workers	95%	100%
<b>EFFICIENCY</b>							
Persons served access community resources as related to personal goals and improve social skills and quality of life.	% of persons served who access community resources independently or supported by staff	All persons served	Semi-annually	ISP reviews Short-term outing sheets	Staff	95%	100%
<b>SATISFACTION</b>							
Maximize the satisfaction with the services received.	% of participants who indicate satisfaction % other key stakeholders who indicate satisfaction	All persons Served and stakeholder groups A,B	Semi – annually/ Annually	Surveys	Data Manager	95%	90%

**Definition of Terms: Community Resources – any resource outside the program site or the person’s group home.**

This continues to be a very strong area for the organization given the service population. Persons served are consistently integrated into the community regardless of their challenges. Due to the significant reduction in violent and aggressive incidents that resulted in the need for Emergency Safety Interventions, Community Integration goals continue to be met by all programs. The organization has included 24 hour supervision clients in this area as well.

## Survey Analysis for Persons Served Children/Youth:

The organization utilizes this survey tool on a semi-annual basis to assess the satisfaction of children and youth receiving services. The rating system is based on a 1 to 3 rating system with picture symbols to ensure accurate input from the children, 1 indicating the person is unhappy with the way services are provided in that respective area, 2 indicating they are not sure and 3 indicating they are very happy and have no concerns. The surveys are conducted with the assistance of a key worker and/or a person selected by the individual. Ratings of 1 were identified for an Action Plan.

Survey Results	Outcomes: Action Plan
<ul style="list-style-type: none"> <li>▪ I feel good about asking staff for help?</li> <li>▪ I am involved in daily decisions that affect my life?</li> <li>▪ I get to pick the clothes I wear?</li> <li>▪ I am able to do what I want when I have free time?</li> <li>▪ I have regular contact with my family and friends?</li> <li>▪ I am treated with respect by staff at the group home?</li> <li>▪ People knock before entering my room or bathroom and respect my privacy?</li> <li>▪ I have my own safe and personal space?</li> <li>▪ I like the food at the home I live at?</li> <li>▪ I am familiar with the group home rules and expectations?</li> <li>▪ I go to places in the community that I want to go?</li> <li>▪ I know who to talk to if I have questions or complaints about my care?</li> <li>▪ I participate in community, social, and recreational activities which I enjoy?</li> <li>▪ My cultural and religious needs are met?</li> </ul>	<p>90% of all children and youth indicated satisfaction as related in all areas of support. Children and youth indicated they felt respected by staff and were able to access activities within the community such as being on sports teams, doing outdoor activities, and other in-house activities offered by the homes.</p> <p>One youth was not satisfied in any areas of support at this time. Residential coordinator contacted client directly to provide further support as well as explore ideas of support for the future. Client was still not interested and basically wanted to move home</p>

## Survey Analysis for Persons Served Adults:

The organization utilizes this survey tool on a semi-annual basis to assess the satisfaction of children and youth receiving services. The rating system is based on a 1 to 3 rating system with picture symbols to ensure accurate input from the children, 1 indicating the person is unhappy with the way services are provided in that respective area, 2 indicating they are not sure and 3 indicating they are very happy and have no concerns. The surveys are conducted with the assistance of a key worker and or a person selected by the individual. Ratings of 1 were identified for an Action Plan.

Survey Results	Outcomes: Action Plan
<ul style="list-style-type: none"> <li>▪ I feel good about asking staff for help?</li> <li>▪ I give input into daily things in my home and in my life?</li> <li>▪ I have regular contact with my friends?</li> <li>▪ I am treated with respect by the staff that support me?</li> <li>▪ I am given opportunity to give input into my plan.</li> <li>▪ The people who support me respect my personal living space?</li> <li>▪ I feel my choices and wishes are valued?</li> <li>▪ I am supported to access activities I enjoy?</li> <li>▪ I know who to talk to if I have questions or complaints about my support?</li> </ul>	<p>95% of all adults that participated in the survey process indicated a very high degree of satisfaction in all areas of the survey. Clients had various opportunities to be involved work programs, gardening programs, independent living, as well as community integration opportunities regardless of their needs and disabilities</p>

**SURVEY ANALYSIS STAKEHOLDERS (A) Families 2015**

<b>Survey Results</b>	<b>Outcomes: Action Plan</b>
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**In Reference to the Organization:**

90% of families surveyed indicated satisfaction in these areas.

**In Reference to Care of Persons Served:**

Information regarding ISP development will be added to the stakeholder handbook for 2015

**In Reference to Staffing:**

**Overall Satisfaction:**

## SURVEY ANALYSIS 2015 Professionals & Employee Stakeholder groups:

The organization surveyed staff from CLBC as well as MCFD, these included analysts, facilitators, social workers and managers. The agency also surveyed its employees and 83% of these groups indicated a large degree of satisfaction in various areas, however these 2 groups also indicated some key areas that were extremely unsatisfactory. The main areas of concern were lack of staff training, staff skill levels, staff turnover and lack of consistency in regards to case management for clients. Another area of concern for the employee group specifically was the lack of sick days, and most people found themselves coming to work in poor condition so as not to lose pay. This is concerning on many levels as staff support very high needs individuals and when the clients become ill there is a significant spike in behaviours leaving staff attempting to support them while they themselves are compromised. It has also been pointed out by outside medical supports that due to some of the medications our clients are prescribed that their immune systems are very fragile and that it is dangerous for support staff to be at work while sick. These same deficiencies in regards to training and skill sets were also observed by Community Care Facilities Licensing during regular inspections and investigations conducted throughout 2015 it was noted several times by Licensing officers that due to the wide array of different children being referred for placement that the organization **must** provide training specific to the disabilities of the children within the homes. The leadership of Carmichael agrees with all of these observations and will begin attempts at addressing these deficiencies so the agency can continue to support staff and to meet said recommendations. The Director will meet with analysts and contract managers to enquire about additional funding for training **as identified by CARF and noted by Community Care Facilities Licensing**. The agency will also be seeking sick time for all of the programs being funded by CLBC and MCFD. Given that the agency supports some of the highest needs individuals in the province it is crucial these deficiencies be addressed so staff feel valued confident and supported.

## HEALTH AND SAFETY

### 2015 - 2016

The Health and Safety goal of the organization is to provide all employees, practicum students, outside agencies, staff and persons served with a safe and healthy environment. The organization recognises that there is always a degree of risk and is committed to providing the lowest degree of risk possible.

#### **The organization is committed to:**

- Providing a safe and healthy work environment;
- Maintaining and promoting a comprehensive health and safety program;
- Establishing standards of maintenance of facilities and equipment;
- Developing safe work procedures and practices;
- Supporting and evaluating managers regarding their safety responsibilities;
- Reporting accidents to the Work Safe BC and Community Living BC

#### **Managers are committed to:**

- Maintaining a safe and healthy work environment;
- Adequately training and supervising employees in safe work procedures;
- Enforcing safety regulations;
- Reporting and investigating all accidents;
- Inspecting work areas for hazards;
- Promoting workplace safety;
- Acting on safety recommendations.

#### **Employees are committed to:**

- Conducting themselves in a safe and responsible manner;
- Maintaining a safe and healthy work environment;
- Knowing and complying with all safe work procedures and practices;
- Reporting injuries, unsafe acts or conditions and broken equipment, immediately to their manager.

**“The organization’s health and safety committee is dedicated to providing a safe and healthy environment to all staff and persons served. The committee will work to provide appropriate policies and procedures in accordance with: Work Safe BC, CLBC, MCFD, Community Care Facilities Licensing regulations and standards and CARF standards.”**



# Health and Safety Annual Report

## Activities for 2015 - 2016

- **Health & Safety team members will complete 8 hour on-line course related to Health & Safety in the workplace**
  - Members of the OHS will complete online training specific to residential environments this still pending as there has been changes to reps in each location.
  
- **Designated time per month for the Health & Safety Coordinator to do regular site visits within both communities**
  - Coordinator has been visiting *most* homes on a regular basis. All of the Courtenay homes have come a very long way from where they were. They have been completely compliant and implement all H&S that is provided. The Nanaimo homes are still in need of overall follow through in regards to recommendations. Possible time limits will be put in place to ensure all homes are addressing recommendations.
  
- **Current list of Emergency Cell Phone Numbers to be included in our Emergency Kits**
  - Not completed yet. With the revamping of the binder and WSBC/H&S boards where the Emergency Evacuation materials need to exist, Coordinator has begun making laminated information sheets that host all relevant information and will be included directly inside the evacuation bags for ease of access and so staff are not forced to look in multiple locations for necessary information. The cell numbers will be included in this.
  
- **Overnight/Emergency Plans**
  - To my knowledge, Hammond is the only home that has these currently. All homes will be required to have plans in place within 30 days from inspection.

- **Ensure all H&S Binders are uniform**
  - Almost complete. Originally Coordinator had set up a table of contents and provided all of the homes and reps with this table. Homes were shown an example of a binder that was made and delegated this to reps to transfer everything over.
- **Implement WHMIS symbols and Safety Data Sheets for each home**
  - Almost complete. Most homes have implemented this by now. Some still lack it.
- **Creating a H&S Resource Binder**
  - Not complete. Coordinator has been compiling information that should be included in H&S reference manual. Coordinator has not created it or finalized its contents as of yet.
- **Add Food Safe training or information to Emergency Information Manual**
  - Not completed.
- **Develop a system where all of the drills and inspections done at each home are faxed to Head Office and checked off as they are completed including actual description of what is occurring during these drills**
  - Compliance is low as was mentioned above. Need to develop a system to better monitor and remind the homes of when the drills are falling behind
- **Once all homes compliant with drills, devise a method to quantify data for analytical/comparative purposes**
- **Creation and Implementation of uniform Health & Safety Board and Work-Safe BC Boards for each resource**
  - Almost complete, only a few homes remain without it

- **Addition of Food Safe training or information**
  - Coordinator has contacted Community Care Facility Licensing in regards to licensing regulations regarding training. Coordinator will sign up and get Food Safe level 1.
- **Updating Quarterly Inspection to remove redundant items and include missing pertinent items**
  - Was discussed at last quarterly HS meeting but no one had any input. Results to be sent to E.D and Residential Coordinator for approval before implementing
- **Make H&S a standing topic at monthly staff meetings to meet WSBC requirements**
- **Include pharmacy print outs for clients medications in MAR with a sign sheet; make staff responsible for understanding the medications they are giving.**
- **The organization will also do an annual count of all med errors and put a corrective action plan in place specific to location and or staff member if necessary. Med errors will also be added to the Incident analysis report annually. Management will also flag employee files that are continuing to have medication errors and support will be put into place immediately and staff member will be put on probation and monitored by management.**
- **Create a booklet/file that outlines roles/responsibilities etc. for H and S representatives/OHS committee/MSAC**
- **Quarterly OHS Committee meetings scheduled every 3 months, MSAC scheduled 1x a year @ OHS meeting**
- **Compile New and Young Worker Information for staff orientation into 1 file for manager use during shadow shifts**
  - Information for this is spread out in several different locations, would be advantage to have just the pertinent information in a package for ease of use and to increase compliance

**Dates: January 2015 – December 2015**

Objectives	Indicator	Who Applied To	Time Of Measure	Data Source	Obtained By	Goal	Outcome
<b>EFFECTIVENESS</b>							
Maintain a safe, healthy clean environment	% of licensing reports that did not have a health, safety or high hazard rating	All group homes	Annually	Licensing Reports, External and Internal Inspections	Manager, H&S Rep	90%	Currently all licensed homes are at low hazard rating
<b>EFFICIENCY</b>							
Group-homes provide clean and safe environments for staff and persons served.	H&S Inspections clear.	All group homes	Quarterly On-going	Internal Inspections	H&S Rep	100%	All homes have been updated and or modified to ensure this goal is done
<b>SATISFACTION</b>							
Maximize satisfaction of individuals living in home. All stakeholders report satisfaction with environment	All stakeholders indicate organization provides safe environment	All persons served and stakeholder A.B	Semi annually, Annually	Survey to Applicable stakeholders	Managers E.D	100%	95%

- New policies in place by Community Care Facilities Licensing in regards to investigations and Risk Assessments. A series of investigations could potentially result in a High Hazard rating for a program. One of our programs has had several investigations due to false accusations and this has impacted the rating at the program for several months. Presently this home as well as the other 2 licensed homes have been designated as Low Hazard.
- Maintenance priority sheets to be developed and sent to managers that designate levels 1 to 3. 1 indicates immediate health and safety concerns and will require immediate attention. 2 indicates a 72 hour request maximum which includes issues which involve environmental barriers such as cosmetics to an individual’s living space. 3 indicates need for rubbish removal or lawn maintenance.

*Internal inspections will be done by the main Health and Safety Coordinator to ensure consistency and accuracy.*

**External Inspection Schedule:**

In addition to several inspections conducted by internal personnel, our group-homes are frequently inspected by external agencies throughout the year. Carmichael Enterprises strives to address any and all recommendations made within the context of an external inspection.

Date	Agency	Focus
Jan 2016	Nanaimo Fire Dept.	Annual Review/Inspection
Jan 2016	Western Canada Fire Protection	Sprinklers/Emergency lights
Sept 2016	BC Housing Corporation	Physical Inspections
Dec 2015	Real Insurance	Insurance Evaluations
Jan- Dec 2016	Community Care Facilities Licensing	Ongoing Inspections
January 2016	Western Canada Fire Protection	Portable Fire Extinguishers

**Carmichael Enterprises Residential Programs  
Risk Management Plan**

**JANUARY 1, 2016**

**INTRODUCTION**

**Person based risk management is the foundation!**

"A successful risk management plan is comprised of Identification of risk, evaluation and analysis of loss exposures, recommendations to rectify identified exposures, implementation plan review, and monitoring risk reduction in performance improvement activities for outcomes potential. Risk management is defined as the realization of unwanted adverse consequences to human life, health, property or the environment. Carmichael Enterprises' risk management plan provides the framework used for all risk management decisions and actions to ensure maximum efficiency in managing and addressing potential risks to persons-served, employees, management, stakeholders and community. Establishment and effective monitoring of the organization's risk management program consists of:

- ✓ Understanding the numerous exposures to possible loss present within the organization
- ✓ Selecting a proper risk control technique or combination of techniques that fits each identified circumstance
- ✓ Monitoring and analyzing the decisions made
- ✓ Identification of staff training
- ✓ Making changes when needed.

## **General Liability**

### **Identification of risks to persons served:**

- ✓ Medications
- ✓ Behavioral Issues
- ✓ Suicide or attempted suicide
- ✓ Personal Safety
- ✓ Vulnerability in regards to abuse and exploitation
- ✓ Community participation risks
- ✓ Vehicular accidents
- ✓ Elopement or wandering

### **Crisis management/emergency response:**

- ✓ Service Plan management
- ✓ Crisis Plans
- ✓ Emergency Preparedness
- ✓ Review of Incident reports and investigations through committee
- ✓ Sentinel events

## **Professional Liability**

- ✓ Insurance management
- ✓ Anticipated exposure
- ✓ Exposure correction
- ✓ Cost
- ✓ Obtaining appropriate warranties on significant capital purchases.
- ✓ Password protected access to any internet/on-line activities by office staff.
- ✓ Contractual Agreements

**Person based risk management is the foundation!**

**Risk Management/General Liability**

<b>Identified Risk</b>	<b>Liability Particulars</b>	<b>Risk Control Technique</b>	<b>Method of Review/Timeline</b>
Medications	Medication errors, Health risks to persons served	Policy development and review by Health & Safety Committee	Policy Reviews, as needed, annually
Behavioral Issues	Safety issues for persons served, staff	Review of crisis plans, ISPs	Incident analysis, As needed, semi-annually
Suicide or attempted suicide	Death of persons served	Safety management evaluation/Crisis Plan	H&S Policies On-going
Personal Safety	Vulnerability and risks to persons served	Personal Safety Plan,	Personal Safety Plan, As needed, semi-annually
Vulnerability in regards to abuse and exploitation	Risks to persons served	All employees and volunteers who have direct contact with persons served must be screened and have thorough criminal background checks.	On-going
Community participation risks	Risks to persons served	Personal Safety Plan, SIVA	As needed, semi-annually



**Risk Management/General Liability**

Identified Risk	Liability Particulars	Risk Control Technique	Method of Review/Timeline
Vehicular accidents	Financial liabilities Injury to persons served, staff, community members	Vehicle Insurance through ICBC (\$2,000,000) Liability. Business Coverage Policy development/Transportation	As needed, semi-annual review of insurance, all staff members will submit driver's license abstract as employment condition
Elopement or wandering	Injury to persons served, community safety	Policies through H&S Committee, Managers will keep detailed contact and communication log for AWOL clients	Annually/ as needed
Service Plan Management	Services of persons served not being met.	On-going review of ISP On-going collection of data and input from persons served and stakeholders	Semi-annually/On-going
Safety Plans	Injury to persons served, community safety	On-going reviews of crisis plans	Upon admission, In conjunction with ISP, Semi-annually, As needed
Emergency Preparedness  Sentinel events	H&S of persons served and staff	Policies through H&S	Internal inspections, External inspections Annually
Insurance Management	Professional liability to organization	Insurance coverage will be reviewed each year with the <b>Real Insurance Solutions</b> to determine any new risk(s) and review coverage to ensure coverage is adequate	Annual review of insurance by E.D and broker

### Risk Management/Professional Liability

Identified Risk	Liability Particulars	Risk Control Technique	Method of Review/ Timeline
Vulnerability of Capital purchases	Financial exposure	Obtaining appropriate warranties on significant capital purchases	Upon purchase
Confidentiality breaches of Sensitive data and information	Confidentiality risks	<p>Password protected access to any internet/on-line activities by office staff.</p> <p>Maintaining state of the art virus protection and firewalls for computer network.</p> <p><b>Policy on internet usage.</b></p> <p><b>Review of Technology and System Plan through MOSAIC</b></p>	<p>Computer technician</p> <p>On-going, annually</p>
Non-compliance with regards to licensed homes/ Children and adults in same location	Insurance coverage void	Ensure exemption to licensing regulation in place prior to any placements if applicable. Add policy to Criteria for Acceptance	On-going

# Human Resources Report

2016

## Human Resources

To ensure the highest quality of service delivery for persons served, Carmichael Enterprises is committed to utilizing strategies and guidelines to recruit and retain qualified personnel. Our Human Resources goal as a service provider is being responsible for providing the necessary skills and knowledge needed for employees to be successful in their positions. Through regular reviews of organization standards and programs, Carmichael Enterprises identifies trends and needs and makes recommendations for continued quality improvement.

Carmichael Enterprises currently has 118 employees.

The following totals are as of December, 2015.

Administration	Management	Front Line Support Staff
5	13	100

## Human Resources/Staff Training

**January 2015-December 2015**

OUTCOME	INDICATOR	APPLIED TO	TIME OF MEASURE	DATA SOURCE	OBTAINED BY	TARGET	ACTUAL
<p>Ongoing funding for professional development opportunities</p> <p>Maximize skills for staff/confidence in performing their duties.</p> <p>Maximize the satisfaction with the staff reaching their educational goals</p>	<p>Ongoing Training/education for front-line support staff/ Staff skills</p> <p>Service delivery improved in all areas</p> <p>% of staff reporting skill development/confidence</p>	<p>All staff</p> <p>All areas of programs</p>	Annually	<p>Staff files</p> <p>Performance Evaluations</p> <p>Employee Surveys</p>	E.D	100%	58%

TRAINING PROGRAM 2015	STAFF ATTENDANCE
<b>SIVA Safety Management Training</b>	<b>58</b>
<b>Diagnosis/Behavioural Specific</b>	<b>12</b>
<b>Other</b>	<b>0</b>

## SURVEY ANALYSIS: (Employees) 2015

### Survey Results:

### Needs Assessment: Action Plan

#### **In Reference to The Organization:**

Employees surveyed indicated they were very pleased with the organization as a whole

#### **In Reference to Ethics and Values:**

98% were very satisfied in Reference to Our Ethics and Values

#### **In Reference to the Work Environment:**

79 % Employees surveyed indicated they were very pleased with regards to their work Environment, 21% indicated that they would like to have more training opportunities within their programs.

#### **In Reference to your job:**

91% of employees surveyed indicated they were very pleased with their job overall and had no issues at this time.

#### **In Reference to Core Strengths**

In regards to the organization's core strengths 81% of staff surveyed indicated satisfaction in this area. 19% would like to see more training as related to health and safety program and a formal de-briefing process be put in place following serious incidents. Staff also expressed the need for sick days so that they were not working with clients when they were ill.

#### **Overall Satisfaction:**

In regards to over-all satisfaction 89 % of employees indicated that they were very satisfied with the programs that Carmichael Enterprises has as well as the supports in place for clients. The main areas for the majority of staff were identified as training and sick days both of which will be addressed over the coming months.

# Carmichael Enterprises Strategic Plan

## Summary

**January 2016 to December 2016**

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### Strategic Focus

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Carmichael Enterprises makes a positive difference in the lives of people with disabilities, families, and individuals as they live in the community.

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### Vision

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We envision a future where our organization provides a broad array of services for people with disabilities, families with child care needs, and all who may benefit from our services. The services we offer will be of exemplary quality. Our staff will have integrity and will be dedicated, creative, well trained, and committed to teamwork. Our work environment will be challenging and rewarding. The organization will be financially healthy allowing us to be flexible and responsive to the needs of current and potential clients. The agency will be involved in partnerships with others who share our vision and values, and provide consultation to groups and individuals as requested.

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## Values

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### **QUALITY:**

- We are dedicated to total stakeholder satisfaction.
- We evaluate our efforts and strive to improve.
- We make a positive difference in people's lives.
- We promote individual and organizational growth.

### **TEAMWORK:**

- We recognize and respond to the needs of others.
- We are committed to working together toward common goals.
- We are responsible to each other.
- We build on each other's strengths.

### **STEWARDSHIP:**

- We are accountable to our stakeholders.
- We manage resources effectively and efficiently.
- We plan today to prepare for tomorrow.
- We maintain financial strength.

### **INTEGRITY:**

- We work with a passion to do the right thing.
- We care about what we do.
- We are committed to high standards and adhere to our code of ethics.
- We keep our word.

## The organization's goals will always be:

**S - Specific   M – Meaningful   A – Achievable   R – Realistic   T – Time Specific**

- Goal /Objective: Brief description of goal/objective and from what area or system the goal/objective originated from.
- Task/Strategy: How will this goal/objective be addressed? And through what system may this goal/objective be implemented and monitored.
- Status Report: Additional actions required and who or what system will be responsible for addressing this goal/objective and timeline for completion.



## S.W.O.T. ENVIRONMENT SCAN

This **Environmental Scan** is a summary of the internal strengths, weaknesses, and external opportunities and threats related to the organization. This scan assists in the development of the outcomes management system.

The **time line** captures information from Jan 2014 to December 2014

Purpose of completing the scan is to:

- Maximize the positive impacts of the organization's outcomes management system
- Utilize an outcomes management system that is useful in determining the effectiveness, efficiency and satisfaction for persons served.
- Assist in planning and decision making regarding resource allocation, and future directions for the organization
- Improve systems and standards to better protect persons served and the organization against unforeseen negative events.
- Provide a better use of resources by focusing on results for persons served.
- Activities will shift to a more proactive approach to providing services.

**Process:** Discussions with key internal and external stakeholders as well as annual surveys to identify strengths, weaknesses, opportunities and threats to the organization.

### Strengths

- There is dedicated Executive, Management, and staff support for using the outcome management system as a tool to improve the overall responsiveness and effectiveness in service delivery.
- The organization continues to obtain 3 year accreditation status by CARF and received exemplary designation.
- Executive Director is readily available to all stakeholders
- Carmichael Enterprises has been providing highly respected services for unique individuals and their families since 1998. Over the past 17 years many useful and relevant procedures, policies and practices have been developed to meet the continuing changing needs of the services the organization provides.
- Ongoing staff commitment, qualifications, consistency and knowledge of individuals needs.
- Minimal staff turnover
- Values and philosophies through the organization's Code of Ethics
- Consistent removal of barriers to service.
- Pro-active and creative approach to specific service needs of each individual.
- Creativity regarding internal program development for persons served.
- The organization has been approached by CLBC to potentially mentor other organizations seeking to enhance programs specific to crisis outreach

### **Weaknesses**

- No new funding for training has been allocated at this time and this poses problems in regards to meeting recommendations by CARF as well as Community Care Facilities Licensing.
- Currently the organization is not funded for sick days for staff and this remains a problem in regards to staff well-being and morale as staff come to work sick and must support high needs and medically fragile clients.

### **Opportunities**

- A CARF accredited organization has established formal credibility in regards to service delivery.
- Personnel have greater opportunities to share their experience in the outcome management system. This will enhance self-esteem, professional perspective and their contributions to CARF accreditation in future on-site evaluations.
- Connection to community – resources, community awareness, partnerships and networking.

### **Threats**

- Continued funding restraints or reduction of funding.
- Continued increases in general operating costs with no new monies to address this.

## **Identified Stakeholders**

### **Internal**

- Persons receiving services from Carmichael Enterprises, Adults and children.
- Staff
- Management Team: Support staff.

### **External**

- Families and friends of persons served (Group A)
- Community Living British Columbia (Group B)
- MCFD/ CFS Social Workers (Group B)
- DDMHT (Group B)

## QUALITY EXPECTATIONS

### Individuals / Families

- Skilled staff
- Therapeutic and holistic service approach
- Welcoming
- Safe
- Resourceful staff
- Effective services
- Practical and useful services
- Respect and appreciation
- Advocacy/Person served focused
- Accredited
- Barrier free environment

### Funding Sources

- Agency has proven track record in supporting high needs individuals others cannot or will not provide services to
- Qualified and well trained staff
- Accountability – deliver results
- Results Focused and Person-centered
- Safe environment
- Persons served needs are consistently met
- Multi-service programs
- Leader in training and mentoring
- Financial accountability

### Staff Expectations

- Tools or resources to do their work
- Positive, supportive, safe place to work
- Expect support from Management and Director
- On-going participation and access to agency sponsored trainings
- Strong sense of team
- Job safety
- Competitive wages and benefits/sick time

# DEMOGRAPHICS

Having a clear understanding of the people we support, their needs, and choices is very important in providing effective person-centered services and programs. The following demographic information will form the baseline data for the 2015 demographic report.

## Characteristics of Persons Served Adult/Children

### Gender, Ethnicity, Diagnosis/ Disability

Male	Female	Aboriginal	Autism	FAS/FAE	Other	Adult	Children
33	8	7	13	7	21	31	10

### Demographics/Funding Bodies

Nanaimo	Other Communities	CLBC	MCFD
31	10	31	10

### Service Particulars:

Fulltime Placements	Respite	Crisis Outreach
26	2	15

## HUMAN RESOURCE GOALS FOR 2016

In conjunction with the performance improvement plan for 2015, Carmichael Enterprises has developed several goals designed to improve the human resources management within the organization these goals are as follows:

Goal	Task	Timeframe	Responsibility	Status
Ensure all new employees can drive company vehicles and transport clients	Request dates from new staff showing when they will be eligible to obtain full license and make this an employment requirement	On-going	Residential Coordinator	Pending
Team debriefing when incidents occur with staff and clients.	Create policy wherein written debriefing is required after serious incidents occur. Have debriefing as part of regular agenda at staff meetings	On-going	Management team, Residential Coordinator	Pending
Look at adding sick days for all fulltime staff members.	E.D will attempt to budget and allocate funds to allow this to happen as Carmichael is not currently funded for sick days	October 2016	Executive Director, Office Administrator	Pending
Complete core training modules in all areas as defined by accreditation standards	Re-allocate funding within global budget to pay for training	June 2016	Executive Director	Completed

## HEALTH AND SAFETY GOALS FOR 2016

Goal	Task	Timeframe	Responsibility	Status
Competency based training for staff in H&S and emergency prep	Obtain funding to provide new training to all staff as per CARF recommendations	On-going	Executive Director	Pending to be completed by October
Ensure all programs adhere to health and safety policy, protocol, and CARF Standards	Revise and improve criteria for quarterly facility inspections where necessary; revise and improve our company Drill and Inspection Schedule	On-going	Executive Director Program, Planning Team, H&S Coordinator	Completed
Continue to provide basic health and safety training to Health and Safety Reps who have not yet received such training	Access courses which may again be offered through WCB and or other emergency prep organizations	On-going	Health and Safety Coordinator.	Pending
Lifeline around neck in case knocked out/heart attack/fall, etc.	Determine which homes would require Life-line and research how to obtain device	July 2016	Residential Coordinator	Pending

## ACCESSIBILTY GOALS FOR 2016

It is the vision of Carmichael Enterprises to continually strive for a person-centred service delivery model which is responsive, accountable and that provides opportunities for personal growth and achievement for persons with disabilities. Through the accessibility plan we are committed to consistently addressing and removing all barriers to service to ensure persons receiving services are given every opportunity to live and grow within their community.

Goal	Task	Timeframe	Responsibility	Status
Ensure organization continues to provide barrier free environments for persons served	Consistently review Accessibility Plan, and complete status report.	On-going and at management meetings	Executive Director Accessibility Coordinator	New accessibility coordinator has been appointed and areas being addressed
Ensure staff understand Accessibility as related to persons with disabilities	Have a regular accessibility column within the news-letter to ensure accessibility remains a constant focus of the organization	On-going	Executive Director, office staff	Completed
Ensure stakeholders understand barriers to service and are educated on how to respond appropriately	Accessibility information added to stakeholder handbook	Jan 2016	Executive Director, Management team.	Will be present in 2016 handbook
The Organization has recently relocated and is more accessible physically to individuals with mobility issues	Speak with current property owner to obtain small ramp for front of building, this will also be put into the 2016 Accessibility Plan	April 2016	Executive Administrator	Tenant next to us has portable ramp that we are able to utilize if needed

## RISK MANAGEMENT GOALS FOR 2016

Carmichael Enterprises' Risk Management Plan provides the framework used for all risk management decisions and actions to ensure maximum efficiency in managing and addressing potential risks to persons served; employees, management, stakeholders and community. Establishment and effective monitoring of the organization's risk management plan consists of both professional liability and general liability.

Goal	Task	Timeframe	Responsibility	Status
Ensure organization continues to monitor its current Risk management plan	Reviews will be generated but not limited to; investigations, complaints, legal actions.	On-going and at management meetings	Executive Director Management Team	Review conducted for Dec 2015
Ensure staff understand policies as related to Risk Management	Review policies associated with and applicable to Risk management on a systemic level.	On-going	Executive Director Residential Coordinator	Added Risk management plan into Management summary for 2015
Ensure company vehicles are safe and risk free.	Ensure company vehicles are continuously inspected and maintenance schedules are strictly adhered to, service template to be filled out monthly.	On-going	Executive Director, Management team.	Completed
Maintain environments within homes that are free of violence and potential injury to clients and staff	Utilize internal screening tool/process for new placements to assess potential risks to the program as a whole	On-going	Executive Director	Currently in place.