



Three-Year Accreditation

**CARF**  
**Survey Report**  
**for**  
**Creston and District**  
**Society for Community**  
**Living**

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## Three-Year Accreditation

### Organization

Creston and District Society for Community Living (CDSCL)  
205 Seventh Avenue North  
Creston, BC V0B 1G0  
Canada

### Organizational Leadership

Peter S. Feltham, Executive Director

### Survey Dates

October 24-26, 2011

### Survey Team

Ian McLaughlin, Administrative Surveyor

Karen M. Van Rheenen, RSW, Program Surveyor

### Programs/Services Surveyed

Community Services: Community Housing  
Community Services: Community Integration  
Community Services: Personal Supports Services  
Community Services: Supported Living

### Previous Survey

October 6-8, 2008  
Three-Year Accreditation

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## Survey Outcome

Three-Year Accreditation  
Expiration: November 2014

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# SURVEY SUMMARY

**Creston and District Society for Community Living (CDSCL) has strengths in many areas.**

- Funders express a high level of satisfaction with the services provided. Staff members are responsive, persons-served focused, and strong advocates for the persons served.
- CDSCL is commended for the scope of self-monitoring activities that have been implemented. In addition to self-inspections and reviews required by the CARF standards, the organization has developed an internal audit and self-assessment process to ensure that programs are safe and that the files of personnel and persons served are complete and accurate.
- Leadership personnel are recognized for their dedication and commitment to the organization. All leadership personnel have managed increased workloads and demands on their time successfully without sacrificing service levels.
- The tenure of staff members is quite remarkable. Well over 50 percent of staff members have been with CDSCL for over twenty years, with several over 30 years.
- The society benefits from many very long-term staff members, all reporting good team support. Some staff members have been involved in the lives for the people served for over 30 years. Hence, there is an impressive bond and level of understanding and concern among the staff members and the people served. This often extends to close relationships among family members and staff members.
- The society is commended for having the ability to serve diverse populations with individualized solutions. Many natural supports have been developed within the community with landlords, neighbours, store owners, and other community members. This has added safeguards so that people are able to live in supportive living situations with minimal staffing.
- Individuals served and families are highly complimentary and extremely satisfied with the services they receive. Many people mentioned the diligence and competence of many staff members. Although there was recognition that budget cuts had resulted in some reduction in outings, there was confidence that the organization effectively manages its resources in the best interests of the people in its care.
- The organization is very proactive in seeking out, developing, or advocating for more suitable housing for the changing needs of the people in its care. Additions have been added to homes, moves have taken place, and the number of people in a home has been reduced. This has all been done to always address the wishes and needs of the persons served.

**CDSCL should seek improvement in the areas identified by the recommendations in the report. Consultation given does not indicate non-conformance to standards but is offered as a suggestion for further quality improvement.**

On balance, CDSCL continues to demonstrate a total commitment to quality improvement and dedication to person-centred services for the persons served. A successful history of recognized services quality, effective leadership, stability, a committed board of directors, and a can-do attitude are just a few of the many positive attributes of the organization. Particularly noteworthy is the tenure of employees, with over half of the regular employees having over twenty years of service.

Although there are some areas for improvement noted in the report, the organization overwhelmingly demonstrates high standards throughout its services and administration. The organization has addressed recommendations noted on the last CARF survey.

Creston and District Society for Community Living has earned a Three-Year Accreditation. The board and staff members are congratulated for their positive efforts and this accomplishment. They are encouraged to use their resources and the CARF standards to assist them in continuous improvement and in addressing the recommendations noted in this report.

## **SECTION 1. ASPIRE TO EXCELLENCE<sup>®</sup>**

### **A. Leadership**

#### **Principle Statement**

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

#### **Key Areas Addressed**

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

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#### **Recommendations**

There are no recommendations in this area.

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### **C. Strategic Integrated Planning**

#### **Principle Statement**

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

## **Key Areas Addressed**

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

There are no recommendations in this area.

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## **D. Input from Persons Served and Other Stakeholders**

### **Principle Statement**

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

### **Key Areas Addressed**

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

There are no recommendations in this area.

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## **E. Legal Requirements**

### **Principle Statement**

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

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements

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## **Recommendations**

### **E.1.b.**

The Joint Occupational Safety and Health Committee has not had a formal meeting since April 27, 2011. It is recommended that the committee adhere to the monthly meeting schedule as per WorkSafeBC regulations.

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## **F. Financial Planning and Management**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- CDSCL has recently completed a service level and funding review process with the funder. Although the process identified a significant funding shortfall, additional funding is not forthcoming. The organization has streamlined the administration department without cutting services to the persons served to address the shortfall. Although commendable, the downsizing of administration has created increased workloads for the leadership team. It is suggested that the organization continue to closely monitor its financial position and continue to look at ways of streamlining services and increasing revenue from other sources.

- The organization might consider further investigating moving from an annual audit to an annual review as a method of cost savings.
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## **G. Risk Management**

### **Principle Statement**

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

### **Key Areas Addressed**

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

### **Recommendations**

#### **G.1.a.(5)(6)**

The organization should ensure that the risk management plan includes the monitoring of actions to reduce risk and reporting the results of actions taken to reduce risks.

### **Consultation**

- The organization might want to consider adding property loss, vehicular accidents, lawsuits, and robberies to identified loss exposures.
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## **H. Health and Safety**

### **Principle Statement**

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

### **Key Areas Addressed**

- Inspections
- Emergency procedures
- Access to emergency first aid

- Competency of personnel in safety procedures
  - Reporting/reviewing critical incidents
  - Infection control
- 

## **Recommendations**

### **H.8.d.(8)**

### **H.8.d.(13)**

Although the organization has written procedures for most of the incidents required by the CARF standards, it is recommended that the organization develop written procedures regarding the unauthorized use or possession of weapons and unauthorized use or possession of licit or illicit substances.

## **Consultation**

- Although vehicles are equipped with safety equipment, the equipment is not secured to the vehicles. This could result in the bag of equipment becoming a projectile in the event of an accident. It is suggested that the equipment be secured to the vehicle.
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# **I. Human Resources**

## **Principle Statement**

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

## **Key Areas Addressed**

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

## **Recommendations**

There are no recommendations in this area.

## Consultation

- Job descriptions include the last date of revision. The organization might want to consider adding the last date of review to the job descriptions.
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## J. Technology

### Principle Statement

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

### Key Areas Addressed

- Written technology and system plan
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### Recommendations

There are no recommendations in this area.

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## K. Rights of Persons Served

### Principle Statement

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

### Key Areas Addressed

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

### Recommendations

#### K.3.a.

The organization should demonstrate its knowledge of the legal status of each person served. This could be indicated in the file and in the grab book of all persons who receive services. The organization might consider having a copy of the temporary substitute decision-maker legislation available for the review and understanding of staff members.

## Consultation

- Given the aging population and medical fragility of some of the persons served, the organization might consider implementing procedures that address advanced healthcare planning and resuscitation. The book *Let Me Decide* might be a helpful resource for its library.
  - The organization has in the past provided information to persons served and families on representation agreements. It might consider contacting Nidus, a provincial personal planning resource centre, to get the most up-to-date information to circulate to families and persons served who do not have a representation agreement.
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## L. Accessibility

### Principle Statement

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

### Key Areas Addressed

- Written accessibility plan(s)
  - Status report regarding removal of identified barriers
  - Requests for reasonable accommodations
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### Recommendations

There are no recommendations in this area.

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## M. Information Measurement and Management

### Principle Statement

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

### Key Areas Addressed

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

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## **Recommendations**

There are no recommendations in this area.

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## **N. Performance Improvement**

### **Principle Statement**

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

### **Key Areas Addressed**

- Proactive performance improvement
  - Performance information shared with all stakeholders
- 

## **Recommendations**

There are no recommendations in this area.

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# **SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS**

## **A. Program/Service Structure**

### **Principle Statement**

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

### **Key Areas Addressed**

- Services are person centred and individualized
- Persons are given information about the organization's purposes and ability to address desired outcomes
- Documented scope of services shared with stakeholders

- Service delivery based on accepted field practices
  - Communication for effective service delivery
  - Entrance/exit/transition criteria
- 

## Recommendations

### A.14.b.

Community Living British Columbia (CLBC) requires that safety plans that restrict the rights of persons served are signed by the physician, family, and a professional behavioural consultant with advanced training. It is recommended that the organization obtain informed consent prior to the implementation of any plan to restrict rights.

### Consultation

- It might be helpful for the organization to review the community integration program and assess the numbers of persons who could be accommodated in the program with the existing staffing ratios. Tracking demand for this program with a cap on the numbers might assist with advocacy for increased staffing.
  - The organization might consider the addition of some library resources that are relevant to the provision of services to people with developmental disabilities. For example, *Mosby's Canadian Textbook for the Support Worker* provides a comprehensive review of issues relevant to community support workers and is used in college training programs. Also, in keeping with the direction of CLBC's requirement that organizations report out on quality of life indicators, the addition at the library of Dr. Robert Schalock's book on quality of life indicators might be useful.
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## B. Individual-Centred Service Planning, Design, and Delivery

### Principle Statement

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/ supports are evident. The service environment reflects identified cultural needs, practices, and diversity. The person served is given information about the purposes of the organization.

## **Key Areas Addressed**

- Services are person-centred and individualized
  - Persons are given information about the organization's purposes and ability to address desired outcomes
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## **Recommendations**

### **B.5.b.(2)**

Although many of the person-centred plans have measurable objectives, the organization is urged to establish measurable objectives for all people who receive services. Perhaps the organization could consider specific, measurable, achievable, realistic, and time-based (SMART) training for all staff members responsible for the establishment of measurable goals.

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## **C. Medication Monitoring and Management**

### **Principle Statement**

These standards apply only to programs that are responsible for monitoring and/or managing medications for the persons served.

### **Key Areas Addressed**

- Current, complete records of medications used by persons served
  - Written procedures for storage and safe handling of medications
  - Educational resources and advocacy for persons served in decision making
  - Physician review of medication use
  - Training and education for persons served regarding medications
- 

### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It might be helpful to purchase the DVD on medication administration for people with developmental disabilities from the multimedia centre of the Vancouver Island Health Authority (VIHA). The video was made in British Columbia and designed as a training tool for community support workers and was funded by CLBC. A test to ensure competency could be designed to accompany the viewing of the DVD and might be useful for annual competency-based training in medication administration.
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## F. Community Services Principle Standards

### Principle Statement

The standards in this subsection assert basic principles that should be demonstrated by any organization seeking accreditation in the area of community services.

### Key Areas Addressed

- Access to community resources and services
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### Recommendations

There are no recommendations in this area.

### Consultation

- In settings that have key workers, the organization might consider discussions with the persons served about the direct staff member he/she would like to see in that key worker role on a regular basis.
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## SECTION 4. COMMUNITY SERVICES

### Principle Statement

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources, services, and supports of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing generic opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services/supports they want or require that will meet their identified needs, and offers an array of services/supports it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, self-reliance, and self-esteem.

## **E. Community Integration**

### **Principle Statement**

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity centre, a day program, a clubhouse, and a drop-in centre are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full-time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities
- Communication activities
- Spiritual activities
- Cultural activities
- Vocational pursuits
- Development of work attitudes
- Employment activities
- Volunteerism
- Educational and training activities
- Development of living skills
- Health and wellness promotion
- Orientation, mobility, and destination training
- Access and utilization of public transportation
- Interacting with volunteers from the community in program activities
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centres, arts councils, etc.)

### **Key Areas Addressed**

- Opportunities for community participation

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## Recommendations

There are no recommendations in this area.

## Consultation

- The organization might consider contacting CLBC, which has hired a staff member to assist self-advocacy groups around the province. The staff member could recommend suitable DVDs, games, and materials that might be helpful to the organization's self-advocacy group.
  - The organization is encouraged to investigate the incentive program under the Ministry of Employment and Income Assistance to determine if people volunteering for Meals on Wheels would qualify for the incentive program.
  - The program might consider decorating the washrooms and entry way with art/projects completed by the people served.
  - The program might consider introducing an activity whereby the people served make their own reports on activities they did at the program to share with their caregivers or families. This could be achieved by having readily available stamps and pictures of a music program, lunch, grocery shopping, animals, arts and crafts, exercise, movies, etc., for them to use in their reports on their day at the day program.
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## J. Community Housing

### Principle Statement

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/ supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit

settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighborhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

The residences in which Community Housing services are provided must be identified in the Intent to Survey. These sites will be visited during the survey process and identified in the survey report and accreditation outcome as a site at which the organization provides a Community Housing program.

### **Key Areas Addressed**

- Safe, secure, private location
  - In-home safety needs
  - Options to make changes in living arrangements
  - Support to persons as they explore alternatives
  - Access as desired to community activities
  - System for on-call availability of personnel
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### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- It is suggested that the organization purchase the DVD on lifts and transfers developed by Angel Accessibility Solutions and available through the VIHA multimedia centre. The DVD addresses safety for the types of equipment used within the homes and might assist as an adjunct training tool on safe lifts and transfers.
  - The organization could consider the installation of plastic sheeting part way up the walls where wheelchairs have done significant damage to the walls. This might assist in reducing repair/painting costs as well as improving the overall appearance. It might also wish to discuss with BC Housing alternative types of wallboard that reduce the risk of walls being damaged in homes that are in need of repair.
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## **K. Supported Living**

### **Principle Statement**

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long-term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. A sampling of people receiving services/supports in these sites will be visited as part of the interview process. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would co-sign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living; and services/supports may include home health aide and personal care attendant services. Typically there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

The home or individual apartment of the person served, even when the organization holds the lease or rental agreement on behalf of the person served, is not included in the intent to survey or identified as a site on the accreditation outcome.

### **Key Areas Addressed**

- Safe, affordable, accessible housing chosen by the individual
- In-home safety needs
- Support personnel available based on needs
- Supports available based on needs and desires
- Persons have opportunities to access community activities

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### **Recommendations**

There are no recommendations in this area.

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## **S. Personal Supports Services**

### **Principle Statement**

Personal supports services are designed to provide instrumental assistance to persons and/or families served. They may also support or facilitate the provision of services or the participation of the person in other services/programs, such as employment or community integration services. The services are primarily delivered in the home or community and typically do not require individualized or in-depth service planning.

### **Key Areas Addressed**

- Training for personnel
  - Supervision of personnel
  - Identification of supports provided by program
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### **Recommendations**

There are no recommendations in this area.

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# PROGRAMS/SERVICES BY LOCATION

## **Creston and District Society for Community Living**

205 Seventh Avenue North  
Creston, BC V0B 1G0  
Canada

Community Services: Community Integration  
Community Services: Supported Living

## **Eighth Avenue Day Program/Woodshop**

105 Eighth Avenue South  
Creston, BC V0B 1G3  
Canada

Community Services: Community Integration

## **Orchard House**

901 Erickson Road  
Creston, BC V0B 1G0  
Canada

Community Services: Community Housing

## **Sixteenth Avenue**

518 16th Avenue South  
Creston, BC V0B 1G3  
Canada

Community Services: Community Housing  
Community Services: Personal Supports Services

## **Purcell Place**

535 18th Avenue South  
Creston, BC V0B 1G0  
Canada

Community Services: Community Housing

## **25th Avenue**

635 25th Avenue South  
Creston, BC V0B 1G0  
Canada

Community Services: Community Housing