



# HOME CARE STANDARDS FOR QUALITY SERVICE

Edition 3.1

Continuing Care Branch  
Department of Health and Wellness



## **Home Care Standards for Quality Service Maintenance & Feedback**

The Nova Scotia Department of Health and Wellness is responsible to maintain Home Care Standards for Quality Service and to keep the document current and relevant. The Continuing Care Branch will undertake this maintenance role cooperatively and in consultation with the District Health Authorities and our other partners in the provision of care.

If you would like a copy of the Home Care Standards for Quality Service, have identified any errors in this document, or have suggestions for revisions to this or future versions, please complete the form on the following page, giving as much detail as possible, and forward by mail or fax to the Continuing Care Branch.



# HOME CARE STANDARDS FOR QUALITY SERVICE

## Edition 3.1

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## 1.0 INTRODUCTION

Edition 1 of Home Care Nova Scotia's standards document was released in January 1996 as a result of a consultative process with our partners in home health care. Edition 2 followed in September of 1996, and was accompanied by a more comprehensive auditing process.

Accreditation Canada, formerly known as the Canadian Council on Health Services Accreditation (CCHSA), released its "Standards for Home Care Organizations: A Client-Centered Approach" in May of 1997, and a number of Agencies throughout Nova Scotia piloted the accreditation process. The third edition of the Home Care Nova Scotia standards document issued in 1999 and its corresponding auditing process resembled in many ways the CCHSA accreditation process from that time.

In 2000 Home Care Nova Scotia became part of the Continuing Care Branch as a result of an amalgamation of home care and long term care services.

In 2008, government announced its intention to transfer continuing care service delivery responsibilities from the Department of Health and Wellness (DHW) (formerly known as Department of Health) to the District Health Authorities (DHA). In June 2009, Department employees working in service delivery across the province were transferred to the nine DHAs.

During the period of 2008-2010, DHW staff revised and updated both the Home Care Policy Manual and this document, the Home Care Standards for Quality Service to reflect the new structures and relationships resulting from integration. In addition and where appropriate, policies and standards were updated to reflect the current policy and legislative environment and to address recommendations made by the Office of the Auditor General from the 2002 and 2008 home care audit reports.

Government is working to transfer the service delivery relationships with Home Care Agencies (both nursing and home support) along with long term care facilities from the Department to the DHAs.

This edition (3.1) is an updated version of the 1999 document. This edition was revised to reflect new structures within the DHW and the DHAs.

## **2.0 HIGHLIGHTS OF EDITION 3.1**

### Home Care Standards for Quality Service

These standards were originally developed by the Department of Health Home Care Nova Scotia's auditors. This team performed all of the audits which were carried out using the first and second editions of the service standards. Edition 3 included standards from Edition 2; lessons learned from the audit process carried out with Edition 2, and drew upon draft standards of the Accreditation Canada and the Canadian Hospice Palliative Care Association.

The key differences between Edition 3 and Edition 3.1 are:

1. The language throughout the document has been updated to reflect current departmental and program names. For example, references to Home Care Nova Scotia have been replaced by DHW and DHAs.
2. New structures as a result of the transfer of the delivery of home care services to the DHAs are reflected.
3. Some definitions, goals and standards have been updated to reflect the new home care policy manual and other updated policies and legislation.
4. Two new standards under Goal 5 (5.3 and 5.4) have been added regarding the collection and reporting of client fees for home support services.
5. Two new standards under Goal 12 (12.2 and 12.3) have been added requiring the completion of criminal record checks on all successful job applicants and Child Abuse Registry checks on staff that will be providing care to children.
6. The format of the document has changed. The auditing tool has been consolidated and is contained in Section 10.
7. A number of indicators have been added, removed or updated to reflect changes to goals and standards.

### 3.0 ABOUT STANDARDS

“**Standards**” may be defined as a “desired and achievable level of performance against which actual performance can be compared” (CCHSA, 1996). There are several types of standards:

<p><b>Standards of Professional Conduct:</b> Focus on the standards of professional conduct which governs the professional behavior of members of a profession. They focus on maintaining the integrity of the profession, not on the process of caring for a client.</p>
<p><b>Minimum Standards:</b> These standards define the least stringent conditions under which operation or service is acceptable. Examples include response times and waitlist guidelines.</p>
<p><b>Accreditation Standards:</b> These standards are defined by Accreditation Canada. The mission of the Accreditation Canada is “Driving quality in health services through accreditation.”</p>
<p><b>Structure Standards:</b> These standards focus on the structural (facility, environmental, educational) requirements for the delivery of care.</p>
<p><b>Process Standards:</b> These standards relate to the activities involved in caring for the client at home. Process standards set the requirements for the steps, for example, in preparing meals or giving an injection.</p>
<p><b>Outcome Standards:</b> These standards assess the end results of service delivery for individual clients, client groups and populations, and client support systems. Client satisfaction, improvement in the activity level of clients, and reduction in hospital admissions are all examples of outcomes for which standards might be set.</p>

## 4.0 HOW TO USE THIS DOCUMENT

A number of **goals, standards** to be used in achieving those goals, and more specific **indicators** of how the goals can be achieved have been developed. These are found throughout the document. There are two columns to the right of the indicators: “Agency” and “DHW”. These columns are provided for the Agency and DHW to indicate whether each individual indicator is being measured or performed (check “YES” or “NO”) within that Agency. As part of the audit process, Agencies are asked to use the “Agency” column in their self-assessment.

Following each standard, there is a space for “**comments**”, including a “**rating**” section. During the self-assessment, Agencies should use this page to comment on their level of compliance with the standard (all of the indicators considered together), and to rate their own overall compliance with the standard. The DHW Program Auditor will use a similar page to rate the Agency’s compliance with each standard during the audit.

## 5.0 ASSESSING COMPLIANCE WITH STANDARDS

Compliance with each of the 37 standards will be assessed by the DHW Program Auditor. The possible scores for level of compliance are:

- N** = Non-Applicable or Non Compliant (this will be specified in the report)
- M** = Minimal level of compliance
- P** = Partial compliance
- S** = Substantial compliance

In determining the level of compliance with an individual standard, the number and importance of indicators which are being monitored or adhered to by the Agency will be considered. Successful compliance with a standard is a qualitative rather than a quantitative determination; there is no minimum number of indicators which, if met or monitored, will guarantee that the individual standard is met.

It is the responsibility of the Agency being audited to show that there is compliance with a standard. As a guide to whether the Agency is compliant with any standard, the table below may be used. Each standard will be considered under three headings:

1. **Client involvement or focus:** Does the indicator or standard consider the client and their family support whenever possible? Is there client involvement or input?
2. **Collaboration and communication:** What is the level of collaboration among staff, management and the governing body in the development of indicators related to the standard? How widely is information about the standard known across the Agency?
3. **Documentation and completeness:** Is there complete and accurate documentation about the indicator or standard?

Elements	Non Applicable/ Non Compliant	Minimal Compliance	Partial Compliance	Substantial Compliance
<b>Client involvement or focus</b>	The client is not considered.	There is occasional or random involvement of the client.	There is frequent involvement of the client.	There is consistent involvement of the client.
<b>Collaboration &amp; Communication</b>	There is no evidence that collaboration occurs with staff, management and the governing body.	There is occasional collaboration with staff, management and the governing body.	There is significant collaboration between staff, management and the governing body.	There is evidence of wide collaboration among staff, management and the governing body.
<b>Documentation &amp; Completeness</b>	There is no documented evidence that the standard is met or monitored. Staff, Board or clients are not aware or did not approve.	There is some documentation, but it is not complete, or is not widely available.	There is some documentation, although it is not complete. Most are aware of its existence.	There is complete documentation, and there is wide knowledge of its existence.

## 6.0 DEFINITIONS

**ABUSE:** generally defined as the intent, either by omission or commission, of one individual to control the behavior of another through actual or threatened physical violence, neglect, psychological abuse, material abuse or forced sexual activity. Underlying all abuse is a power imbalance between the victim and the offender.

**CLIENT ABUSE:** “Abuse” means, with respect to clients, any of the following:

- I. the use of physical force resulting in pain, discomfort or injury including; slapping, hitting, beating, burning, rough handling, tying up or binding;
- II. mistreatment causing emotional harm to a client including; threatening, intimidating, humiliating, or harassing;
- III. the administration, withholding or prescribing of medication for inappropriate purposes;
- IV. sexual contact, activity or behavior between a service provider and a client;
- V. the misappropriation or improper or illegal conversion of money or other valuable possessions; or
- VI. failure to provide adequate nutrition, care, medical attention or necessities of life without valid consent.

**ACCEPTABILITY:** the quality of meeting the expectations of clients, care providers, referring Agencies, and others for whom the service is provided.

**ACCESSIBILITY:** the quality of providing the right service at the right time and in the right place. Accessibility includes consideration of physical, cultural and language needs.

**ACCOUNTABILITY:** task or tasks for which a person or group is responsible.

**ACCREDITATION CANADA:** a national organization with a mission of driving quality in health services through accreditation. Accreditation Canada's sector and service-based standards help organizations assess quality at the point of service delivery. They are based upon five key elements of service excellence: leadership, people, process, information, and performance.

**AGENCY:** includes, unless otherwise specified, Home Care Agencies and those DHA hospitals and offices which provide home care nursing services to clients.

**APPROPRIATENESS:** the quality of providing services or treatments which are necessary, and which are relevant to the client's needs.

**AUDIT:** a periodic, in-depth review of key aspects of an organization's operation. An audit provides timely information about specific topics and/or cost effectiveness of operations to those providing leadership, and addresses quality and resource management issues.

**CARE PLAN:** a current, individualized plan of care. It promotes the independence of the client, and includes client specific information and goals of care that are client centered. The goals of the care plan are measurable and achievable. The care plan includes the role of the family and other support persons as identified by the Continuing Care Assessor. Nursing Agencies use the nursing process in the development of holistic, client centered care plans.

**CONTINUING CARE ASSISTANT (CCA):** an individual who provides assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to individuals of all ages in a variety of practice settings for the purpose of promoting holistic health and independence. CCAs hold a provincial certification from the DHW. CCAs have completed all components of the CCA Program from a recognized education provider and have passed the provincial examination, or equivalent (the achievement of the CCA designation by Nova Scotia certified Home Support Workers, Home Health Providers, Home Health Aides, and Personal Care Workers through the completion of required additional learning outcomes provided by an approved education program).

**CONTINUING EDUCATION:** education beyond the initial preparation required for the provision of care to clients by each discipline. For example, this would include any session relevant to home support beyond the requirements of "Home Support Worker Curriculum Standards, 1998" and the CCA certification process. These sessions are given by speakers with credentials related to the topic. It does not include staff meetings or departmental meetings where operational issues are discussed, but could include an educational session at a staff meeting.

**CONTINUITY:** the quality of providing uninterrupted, coordinated service across programs and organizations, and during the transition from one level of service to another, over time.

**DISASTER PREPAREDNESS AND EMERGENCY PLANNING:** policies and procedures in place in an organization to prepare for dealing with internal or external disasters and emergencies. Such situations may include fire, bomb threats, floods, or severe winter weather conditions. In these circumstances, a client or clients may be either unable to communicate with service providers, or service providers may be unable to reach the client.

**EFFECTIVENESS:** the quality of producing a measurable increase or improvement in results.

**EFFICIENCY:** the quality of using the least possible resources in achieving outcomes.

**GOALS:** broad statements that describe the desired state for the future, and provide direction for day to day decisions and activities. Goals describe outcomes or results.

**GOVERNING BODY:** the individuals, group or agency that has ultimate authority and accountability for the overall operation of an organization. Other terms include the Board, Board of Trustees, Board of Governors, etc.

**INDICATOR:** a performance measurement tool, screen or flag which can be used as a guide to monitor, evaluate and improve the quality of service delivery, support services or management.

**MISSION:** a broad statement in which the Agency or organization states what it does and why it exists. A statement of mission distinguishes one Agency from another.

**OBJECTIVES:** concrete, measurable steps taken to achieve stated goals.

**ORIENTATION:** a process by which an individual becomes familiar with all aspects of the work environment and responsibilities. Also, the process by which individuals or communities become familiar with the services offered by a program or an organization.

**OUTCOME:** the result or consequence of an action or process.

**PERFORMANCE APPRAISAL:** a continuous process by which individuals review performance, set goals and performance expectations, and assess progress toward goals.

**POLICY:** a written statement that clearly indicates the position and values of the organization on a given subject. A statement of a required course of action.

**PROCEDURE:** a written set of steps or instructions outlining the required or recommended steps for a particular act or event.

**PROCESS:** a series of related activities that are performed to achieve a particular result. It has a beginning, an end and an outcome. It is also repeatable, and is not an isolated event. Every process has customers, suppliers and a process owner.

**PROVIDER COMPETENCE:** the guarantee that an individual's knowledge and skills are appropriate to the service provided, and the assurance that the knowledge and skill levels are regularly evaluated.

**QUALITY:** generally, the degree of adherence to standards or predetermined criteria. Standards are set by professional associations, licensing bodies, clients and their families.

**RISK:** the increased probability of an adverse outcome or program liability; that is, the potential for loss to clients, personnel, property, income, or loss of reputation of the program.

**RISK MANAGEMENT:** a systematic and scientific approach to identify, evaluate, reduce and/or eliminate potential or actual risks. The primary purpose is to maximize care receiver/caregiver safety, and secondarily to minimize program liability. Implicit in the definition is the integration of corrective action findings in future risk management planning.

**SAFETY:** the degree to which risk is reduced.

**SCOPE OF PRACTICE:** the roles, functions, and accountabilities for which individuals are educated and authorized to perform as well as the limitations pursuant to which these services are provided. For members of a regulated profession, these roles, functions, and accountabilities and limitations are also defined by applicable legislation.

**SERVICE PLAN:** the plan developed by the Continuing Care Assessor which specifically outlines the allocation of resources and authorized services to meet the identified unmet needs of the client.

**STANDARD:** a written value statement of rules, conditions and actions sanctioned by an appropriate authority. Standards serve as 1) a guide to delivery of care and service; and 2) a basis for evaluation. Standards can be based on departmental guidelines, policy, legislation, regulations, recognized norms, or departmental committee decisions.

**TIMELY:** occurring at a point in time to achieve a particular purpose effectively. Provision of a service (whether care to a client or the supplying of a written report to someone) at the time most beneficial or necessary.

**TRAINING:** for this document, education received before the individual is able to perform the duties for which they were hired. For example, CCAs are required to complete the program modules of an approved CCA program and successfully complete the Nova Scotia CCA Provincial Exam or equivalent.

**ROUTINE PRACTICES:** a concept which applies consistent use of blood and body fluid precautions for all clients regardless of their blood borne infection status.

## 7.0 ADHERENCE TO PROGRAM STANDARDS: ACCOUNTABILITIES

There are clear responsibilities and accountabilities in the relationship between DHW, the DHAs and the Agencies which provide care to the clients of the provincial home care programs delivered by the DHA's. The following defines the roles in setting and monitoring adherence to the Home Care Standards for Quality Service. The roles and responsibilities of the District Health Authorities in the delivery of home care services are outlined in the Home Care Policy Manual.

### SETTING PROGRAM STANDARDS

**Responsibility:**

Continuing Care Branch, DHW

The standards include requirements for practice, service delivery, and assessment. Setting of provincial standards for the home care program is done in consultation with stakeholders.

### ENSURING ADHERENCE TO STANDARDS

**Responsibility:**

Agency Boards (through management)

Agencies are responsible to comply with the Home Care Standards for Quality Service and to cooperate with the audit process.

### AUDITING FOR COMPLIANCE

**Responsibility:**

DHW Program Auditor

The program auditor sets a mutually acceptable date for the Agency audit, and is responsible for carrying out the audit in a timely fashion. The DHW Program Auditor receives the Agency response to the findings from the audit, and follows its progress in meeting any requirements.

### MONITORING FOR ADHERENCE TO RECOMMENDATIONS

**Responsibility:**

DHW Program Auditor

The Director, Monitoring and Evaluation, Continuing Care Branch, DHW, will be consulted if Agencies fail to meet deadlines by which requirements must be met.

### REPORTING THE STATUS OF COMPLIANCE WITH STANDARDS

**Responsibility:**

DHW Program Auditor

The DHW Program Auditor reports to the Director of Monitoring and Evaluation, Continuing Care Branch, DHW whether each Agency has complied with the audit's requirements.

## 8.0 AGENCY AUDITING PROCESS

All Agencies will be audited for compliance with the Home Care Standards For Quality Service. Any standard may be audited during any audit visit at the discretion of the program auditor. In addition, any standard(s) not substantially met on a previous audit will be re-evaluated.

The DHW Program Auditor will contact the Agency to set a mutually agreeable date for the audit. The audit will be scheduled no earlier than six weeks from the date of the call, and will be confirmed in writing.

The Agency must inform the governing body of the upcoming audit and appoint representation from their management, front line staff and governing body to participate in the auditing process. These members should receive a copy of the outcome of the most recent audit in preparation for the current audit. The audit team will meet on an ongoing basis, and will keep minutes of meetings. The audit should be an integral part of the Agencies Continuous Quality Improvement plan.

The team must complete the written self-assessment tool contained in Section 10 of this document. Agencies are asked to use the “Agency” column opposite the indicators for each standard to perform their self-assessment. In addition, the “comments” and “rating” page may be used in the self-assessment.

Between the time the Agency is notified of the audit date and the day the audit is conducted, the Program Auditor may conduct interviews with Agency staff, with DHA Continuing Care Assessors, Supervisors, and Managers, and with a sample of the home care clients of the Agency.

The Program Auditor will visit the Agency to perform the standards audit within an agreed upon timeframe by the Program Auditor and the Agency. The audit will include:

- An interview with the audit team, including a discussion of the self-assessment results
- A documentation review, including:
  - Agency mission or vision statement
  - A list of the goals and objectives for the current year
  - An organizational chart
  - A copy of the quality management plan
  - Agency policies and procedures
  - Client files, including service and care plans, progress notes and nursing assessments
  - Any other documentation required to show evidence that the Agency is in compliance with a standard.

After the audit visit is done, the Program Auditor may, at his/her own discretion, hold a “debriefing session” with members of the standards audit team. The Program Auditor will discuss the Agency’s level of compliance with each standard.

Within 10 business days of the audit visit a report of the findings is sent from the Program Auditor to the Agency’s Board Chair or President, and Director or Executive Director.

The Agency must respond with observations or to point out factual inaccuracies within ten business days. Once the audit report is finalized, the Agency must respond within ten business days with an action plan that addresses each requirement and includes time lines.

Follow up to the requirements are made by the Agency Director or Executive Director, Board Chair or President, to the DHW Program Auditor.

The maximum time for follow up to the requirements made by the Program Auditor is three months or less, depending on the severity of the issue as determined by the DHW Program Auditor.

In the event that an Agency fails to comply with the requirements from any audit, the DHW will make a decision regarding the status of the Agency. At this point the DHW will consult with the DHA regarding next steps which may include making arrangements for alternative service delivery provision.

The DHW reserves the right to audit any Agency with minimal notice (less than 24 hours) under the following circumstances:

1. if the Agency has had a change of ownership or control, or merges with another Agency, organization or facility;
2. if the Agency changes significantly the services it offers;
3. if there has been (or is believed to have been) a grave breach of any standard; or
4. on submission of a proposal for service provision in response to a Request for Proposals (RFP).

Department of Health and Wellness staff will be available to meet with Agency staff or Boards for clarification of audit reports.

## **9.0 STANDARDS**

### **9.1: GOVERNANCE AND ACCOUNTABILITY**

**GOAL 1: ACCEPTED MANAGEMENT PRACTICES WILL BE FOLLOWED, AND THERE WILL BE ACCOUNTABILITY FOR THE SERVICES PROVIDED.**

STANDARD 1.1 There is a written plan outlining the accountability, authority and responsibility of management.

STANDARD 1.2 The Agency engages in appropriate communication processes with Agency staff, DHA staff, DHW, and other related stakeholders.

**GOAL 2: NOT FOR PROFIT AGENCIES WILL BE GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS WHICH HAS ACCOUNTABILITY FOR THE AGENCY AND THE SERVICES IT PROVIDES.**

STANDARD 2.1 The Board of Directors follows accepted governing practices.

**GOAL 3: AGENCY ADMINISTRATION WILL SUPPORT THE PURPOSE, OBJECTIVES, PHILOSOPHY, AND POLICIES OF THE HOME CARE PROGRAM, WHILE PROMOTING CLIENT GOALS AND OUTCOMES.**

STANDARD 3.1 Agency philosophy, as it is expressed in the Agency mission statement, is consistent with the philosophy of the home care program delivered by the DHA.

STANDARD 3.2 Agency management engages in collaborative efforts to promote the DHA Home Care Program, its services and service delivery.

STANDARD 3.3 The Agency has written current policies and procedures which reflect the values inherent in the Agency mission statement.

STANDARD 3.4 The Agency has a Continuous Quality Improvement (CQI) plan which includes an internal, on-going system to monitor and evaluate the operation of the Agency and the services it provides.

STANDARD 3.5 Agency bylaws and policies are consistent with the DHW Home Care Policy Manual, other related policies and guidelines, and all relevant legislation.

**GOAL 4: OPERATIONAL PLANS FORM THE BASIS FOR ALL PRESENT OPERATIONAL ACTIVITIES, AND ESTABLISH PRIORITIES FOR THE**

STANDARD 4.1 The planning process responds to the changing needs of the community and the DHA.

**GOAL 5: ADEQUATE HUMAN, FINANCIAL AND PHYSICAL RESOURCES ARE AVAILABLE AND ALLOCATED THROUGHOUT THE AGENCY.**

STANDARD 5.1 The Agency ensures adequate staffing levels to meet the demands of service.

STANDARD 5.2 The Agency is accountable to the DHW for timely and appropriate management of the approved budget for the fiscal year.

STANDARD 5.3 The Agency maintains proper financial records and books of account in respect of the application and expenditure of the funding provided by the DHW for a period of 7 years.

STANDARD 5.4 The Agency ensures client fees are collected and reported to the DHW as part of the budget process.

**GOAL 6: THE AGENCY WILL COMPLY WITH FEDERAL, PROVINCIAL AND MUNICIPAL LAWS AND REGULATIONS.**

STANDARD 6.1 All relevant laws and regulations are adhered to.

## **9.2: PROVISION OF CARE TO CLIENTS**

**GOAL 7: THE CLIENT'S RIGHTS ARE RESPECTED AND PROTECTED.**

STANDARD 7.1 Clients are treated with consideration, respect and full recognition of their dignity and individuality.

**GOAL 8: CARE IS DELIVERED IN A SAFE, CONSISTENT EFFECTIVE AND EFFICIENT MANNER BY THE MOST APPROPRIATE CARE PROVIDER.**

STANDARD 8.1 The Agency provides services to clients as authorized by the DHA Continuing Care Assessor.

STANDARD 8.2 Agencies providing nursing or other professional services demonstrates expertise in the areas of shared competencies and delegated medical functions.

STANDARD 8.3 Agencies providing home support services demonstrate that their staff, at a minimum, meets the educational and training requirements established in the DHW Educational Requirements for Entry to Practice Policy.

STANDARD 8.4 Continuity of care is promoted as the Agency delivers care to the client.

**GOAL 9: THE AGENCY HOME CARE CLIENT RECORD WILL CONTAIN THE REQUIRED COMPONENTS TO ENSURE APPROPRIATE DOCUMENTATION OF CARE PROVIDED.**

STANDARD 9.1 A record is maintained by the Agency on each DHA home care client.

STANDARD 9.2 There is a current, individualized care plan for each client which has been developed by the Agency.

STANDARD 9.3 Agency staff communicates effectively regarding clients, client care, and care planning.

**GOAL 10: THE AGENCY HAS A PLAN TO VERIFY HOME CARE CLIENT SATISFACTION WITH THE AGENCY.**

STANDARD 10.1 The Agency monitors and strives to continuously improve DHA home care client satisfaction with the Agency.

## **9.3: SUPPORT SERVICES**

**GOAL 11: THE AGENCY'S HUMAN RESOURCES POLICIES SUPPORT SAFE AND APPROPRIATE DELIVERY OF CARE TO CLIENTS OF THE DHA HOME CARE PROGRAM.**

- STANDARD 11.1 The Agency has position descriptions for all staff.
- STANDARD 11.2 Agencies ensure appropriate supervisory coverage for all staff.
- STANDARD 11.3 Clinical advice is available to all staff whenever care is being provided.

**GOAL 12: THE AGENCY WILL RECRUIT AND RETAIN STAFF IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE AGENCY.**

- STANDARD 12.1 Recruitment and hiring policies and practices adequately meet the needs of the clients.
- STANDARD 12.2 Criminal record checks are completed on all successful job applicants.
- STANDARD 12.3 Child Abuse Registry checks are completed on all successful job applicants who will be working with children.
- STANDARD 12.4 There is a documented orientation policy and procedure.
- STANDARD 12.5 There is a documented policy and procedure for conducting a review of the performance of all staff.
- STANDARD 12.6 The Agency is committed to the ongoing learning needs of all staff.
- STANDARD 12.7 Personnel records are confidential, complete and include verification of qualifications.

**GOAL 13: THE AGENCY IS COMMITTED TO THE HEALTH AND SAFETY OF AGENCY STAFF, CLIENTS, AND ITS COMMUNITY.**

- STANDARD 13.1 Processes are in place to address health and safety hazards to staff and clients of the Program.
- STANDARD 13.2 Processes are in place to prevent physical, emotional and sexual threats or abuse of staff and/or clients.
- STANDARD 13.3 Infections are controlled or prevented.
- STANDARD 13.4 The Agency has an up to date Business Continuity Plan which addresses disasters, emergencies, pandemic situations and labour shortages or disruptions.

## **10.0 AUDITING TOOL**

<b>GOAL 1</b>		<b>ACCEPTED MANAGEMENT PRACTICES WILL BE FOLLOWED, AND THERE WILL BE ACCOUNTABILITY FOR THE SERVICES PROVIDED.</b>							
<b>STANDARD 1.1</b>		There is a written plan outlining the accountability, authority and responsibility of management.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>1.1.1</b>	There is a manager who has the delegated authority for the operation of the Agency.								
<b>1.1.2</b>	All management staff has job descriptions that include qualifications, authority, accountability, delegated duties, position scope, typical duties, knowledge and special skills required.								
<b>1.1.3</b>	Management job descriptions have been written or reviewed and updated within the previous 24 months.								
<b>1.1.4</b>	There is an annual written performance appraisal of all management staff.								
<b>1.1.5</b>	The Agency management has regular meetings with the governing body.								
<b>1.1.6</b>	The Agency management has regular meetings.								
<b>1.1.7</b>	There is a current organization chart which is accessible to staff.								
<b>1.1.8</b>	The organization chart is reviewed with staff during orientation.								
<b>1.1.9</b>	Organizational changes are communicated in writing to all staff.								
<b>1.1.10</b>	The Agency has management and administrative staff which demonstrate competence and efficiency and provide the leadership necessary to ensure that all standards are met.								
<b>1.1.11</b>	The Agency management possesses demonstrated skill and expertise in the following: <ul style="list-style-type: none"> <li>- nursing</li> <li>- home support</li> <li>- finance and budget management</li> <li>- communications and team building</li> <li>- management and leadership</li> <li>- Continuous Quality Improvement (CQI)</li> </ul>								
<b>1.1.12</b>	Reporting relationships support the types and scopes of services provided by the Agency, and demonstrate efficient and effective leadership and teamwork throughout the Agency.								
<b>COMMENTS:</b>									
		Agency				DHW			
<b>RATING:</b>		N	M	P	S	N	M	P	S

<b>GOAL 1</b>		<b>ACCEPTED MANAGEMENT PRACTICES WILL BE FOLLOWED, AND THERE WILL BE ACCOUNTABILITY FOR THE SERVICES PROVIDED.</b>							
<b>STANDARD 1.2</b>		The Agency engages in appropriate communication processes with Agency staff, DHA staff, DHW, and other related stakeholders.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>1.2.1.</b>	Agency management communicates as necessary with the DHW, and the DHA, ensuring contacts and correspondence are directed towards the appropriate personnel.								
<b>1.2.2</b>	Agency management communicates directly to DHA management as a first step in addressing issues of common concern before involving any external parties.								
<b>1.2.3</b>	All communication, both written and verbal, to or about the DHW and/or DHA management is professional and objective.								
<b>1.2.4</b>	The Agency communicates with its staff ensuring appropriate records, for example: - meeting minutes - copies of memos - faxed reports.								
<b>1.2.5</b>	Written concerns submitted by the DHW or the DHA are responded to by the Agency in writing in a timely manner, or as requested.								
<b>1.2.6</b>	Roles, responsibilities and lines of communication are understood and used appropriately by all staff.								
<b>COMMENTS:</b>									
		Agency				DHW			
<b>RATING:</b>		N	M	P	S	N	M	P	S

<b>GOAL 2</b>		<b>NOT FOR PROFIT AGENCIES WILL BE GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS WHICH HAS ACCOUNTABILITY FOR THE AGENCY AND THE SERVICES IT PROVIDES.</b>							
<b>STANDARD 2.1</b>		The Board of Directors follows accepted governing practices.							
<b>INDICATOR:</b>		<b>AGENCY</b>		<b>DHW</b>					
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>				
<b>2.1.1</b>	Written guidelines outline the required composition of the Board, terms of office for Board members, and a description of members' duties and responsibilities.								
<b>2.1.2</b>	The Board holds regular meetings.								
<b>2.1.3</b>	There is a written description of the Executive Director's accountability to the Board.								
<b>2.1.4</b>	There are written policies and procedures for the following: - recruitment and selection of the Executive Director - the annual performance appraisal review of the Executive Director - procedures for addressing failure of an Executive Director to meet performance expectations - procedures to address grievances.								
<b>2.1.5</b>	The governing body participates in the development and review of the Agency's mission statement and the Agency's operational plan.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 3</b>		<b>AGENCY ADMINISTRATION WILL SUPPORT THE PURPOSE, OBJECTIVES, PHILOSOPHY, AND POLICIES OF THE HOME CARE PROGRAM, WHILE PROMOTING CLIENT GOALS AND OUTCOMES.</b>							
<b>STANDARD 3.1</b>		Agency philosophy, as it is expressed in the Agency mission statement, is consistent with the philosophy of the Home Care Program delivered by the DHA.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>3.1.1</b>	There is a written mission statement for the Agency which is consistent with the philosophy of the Home Care Program delivered by the DHA.								
<b>3.1.2</b>	The Agency mission statement is reviewed annually by the Governing Body and management to assess its continuing suitability.								
<b>3.1.3</b>	The philosophy in the Agency mission statement is communicated to: - staff, through the orientation program, and again whenever it has been changed - clients - others upon request.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

**GOAL 3**

**AGENCY ADMINISTRATION WILL SUPPORT THE PURPOSE, OBJECTIVES, PHILOSOPHY, AND POLICIES OF THE HOME CARE PROGRAM, WHILE PROMOTING CLIENT GOALS AND OUTCOMES.**

**STANDARD 3.2**

Agency management engages in collaborative efforts to promote the DHA Home Care Program, its services and service delivery.

**INDICATOR:**

AGENCY		DHW	
Yes	No	Yes	No

**3.2.1** The Agency collaborates with other Agencies and the DHA to promote and enhance home care services.

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**3.2.2** The Agency participates in various joint committees and working groups to develop and enhance home care services.

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**COMMENTS:**

**RATING:**

Agency				DHW			
N	M	P	S	N	M	P	S

<b>GOAL 3</b>		<b>AGENCY ADMINISTRATION WILL SUPPORT THE PURPOSE, OBJECTIVES, PHILOSOPHY, AND POLICIES OF THE HOME CARE PROGRAM, WHILE PROMOTING CLIENT GOALS AND OUTCOMES.</b>			
<b>STANDARD 3.3</b>		The Agency has written, current policies and procedures which reflect the values inherent in the Agency mission statement.			
<b>INDICATOR:</b>		<b>AGENCY</b>		<b>DHW</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
3.3.1	Policies and procedures are compatible with the Agency's mission statement and are coordinated across the major areas of Agency operations: - administration - personnel - delivery of care - client rights and responsibilities.				
3.3.2	Policies and procedures are clearly written to give adequate direction to staff.				
3.3.3	Policies and procedures are available and are communicated to staff: - during orientation - upon implementation - upon revision.				
3.3.4	Agency policies and procedures comply with applicable federal, provincial, and municipal laws and regulations.				
3.3.5	Agency policies and procedures are congruent with the DHW Home Care Policy Manual and other relevant policies.				
3.3.6	There is evidence that written policies and procedures are dated and are reviewed at least every 2 years and revised as required.				
3.3.7	The Agency has written policies and procedures for the following: - dress code - confidentiality - release of information to sources outside the Agency and the DHA and DHW - sharing information between the Agency and the DHA - compliments, complaints and grievances - client safety - routine practices - disposal of sharps and needle stick protocol - smoking in client's homes - scent free policy - storm policy - minimal requirements for automobile insurance - transportation of clients - transportation of medications - labour disruptions - Do Not Resuscitate policy and procedures - requirement for malpractice insurance as appropriate - insurance coverage (trust endorsement) for theft or intentional damage to client's property by staff.				

<b>3.3.8</b>	The Agency has policies and procedures which ensure that care providers will refrain from: <ul style="list-style-type: none"> <li>- discussing personal problems with clients</li> <li>- discussing work related issues in public</li> <li>- adversarial discussions with clients on political or religious issues</li> <li>- conducting personal tasks or business while in a client's home</li> <li>- involvement in confrontation among clients, families or others in a home</li> <li>- taking sides in conflict situations</li> <li>- reporting for work with readily transmittable communicable diseases</li> <li>- soliciting gifts, purchasing goods from or selling goods to clients</li> <li>- borrowing from and/or lending money to clients</li> </ul>				
<b>3.3.9</b>	The Agency has policies in place that ensure that clients understand their responsibilities, including: <ul style="list-style-type: none"> <li>- being available to receive service at the agreed times</li> <li>- respecting the human rights of their care providers</li> <li>- ensuring a safe and healthy environment for care providers.</li> </ul>				

**COMMENTS:**

	Agency				DHW			
RATING:	N	M	P	S	N	M	P	S

<b>GOAL 3</b>		<b>AGENCY ADMINISTRATION WILL SUPPORT THE PURPOSE, OBJECTIVES, PHILOSOPHY, AND POLICIES OF THE HOME CARE PROGRAM, WHILE PROMOTING CLIENT GOALS AND OUTCOMES.</b>							
<b>STANDARD 3.4</b>		The Agency has a Continuous Quality Improvement (CQI) plan which includes an internal, on-going system to monitor and evaluate the operation of the Agency and the services it provides.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>3.4.1</b>	The Agency has a CQI team which provides leadership, support, guidance and integration to quality improvement initiatives.								
<b>3.4.2</b>	The team records and posts minutes of all quality management team meetings.								
<b>3.4.3</b>	The Agency has developed methods of monitoring and continuously improving the quality of all the services it provides.								
<b>3.4.4</b>	All CQI activities are based on the provision of client focused care.								
<b>3.4.5</b>	Indicators developed by the team are based on the eight measurable dimensions of quality: <ul style="list-style-type: none"> <li>- appropriateness</li> <li>- accessibility</li> <li>- acceptability</li> <li>- efficiency</li> <li>- effectiveness</li> <li>- provider competence</li> <li>- safety</li> <li>- continuity of care.</li> </ul>								
<b>3.4.6</b>	The Agency monitors and strives to improve client and staff satisfaction.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>



<b>GOAL 4</b>	<b>OPERATIONAL PLANS FORM THE BASIS FOR ALL PRESENT OPERATIONAL ACTIVITIES, AND ESTABLISH PRIORITIES FOR THE FUTURE.</b>									
<b>STANDARD 4.1</b>	The planning process responds to the changing needs of the community and the DHA.									
<b>INDICATOR:</b>			<b>AGENCY</b>		<b>DHW</b>					
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>				
<b>4.1.1</b>	The Agency has an operational plan that includes goals and objectives that are consistent with its mission statement.									
<b>4.1.2</b>	The operational plan forms the basis for planning, operating, reviewing and revising programs and services.									
<b>4.1.3</b>	The operational plan is developed with management, staff and governing body input.									
<b>4.1.4</b>	The operational plan is evaluated and reviewed annually by management, staff and the governing body.									
<b>4.1.5</b>	The Agency's planning process responds to the changing needs of the Home Care Program, DHA and the community.									
<b>COMMENTS:</b>										
			<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>			<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 5</b>		<b>ADEQUATE HUMAN, FINANCIAL AND PHYSICAL RESSOURCES ARE AVAILABLE AND ALLOCATED THROUGHOUT THE AGENCY.</b>							
<b>STANDARD 5.1</b>		The Agency ensures adequate staffing levels to meet the demands of service.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>5.1.1</b>	The Agency has an on-going process for recruitment and retention of staff.								
<b>5.1.2</b>	The Agency ensures timely coverage for special leaves and absences, both planned and unplanned.								
<b>5.1.3</b>	Service commences within the time frame authorized by the DHA Continuing Care Assessor, within available resources.								
<b>5.1.4</b>	The Agency collaborates with the DHA regarding the modification of service delivery to clients when staffing levels are not adequate for the provision of service. Visits are not to be cancelled or missed without prior notification to the client.								
<b>5.1.5</b>	The Agency advises the DHA in writing or via email, in a timely fashion, when service delivery to clients has been modified as a result of inadequate resources (i.e., clients are receiving none or only partial amounts of authorized home care services because of wait lists).								
<b>5.1.6</b>	The Agency keeps a record of staffing trends, including the numbers of: <ul style="list-style-type: none"> <li>- new hires</li> <li>- employees terminated</li> <li>- staff on long-term disability</li> <li>- active WCB claims</li> <li>- hours worked and hours paid, by category of staff, and by full time, part time or casual status.</li> </ul>								
<b>5.1.7</b>	The Agency is consistently available for new referrals and has sufficient staff to provide care as authorized by the Continuing Care Assessor.								
<b>COMMENTS:</b>									
		Agency				DHW			
<b>RATING:</b>		N	M	P	S	N	M	P	S

<b>GOAL 5</b>	<b>ADEQUATE HUMAN, FINANCIAL AND PHYSICAL RESOURCES ARE AVAILABLE AND ALLOCATED THROUGHOUT THE AGENCY.</b>				
<b>STANDARD 5.2</b>	The Agency is accountable to the DHW for timely and appropriate management of the approved budget for the fiscal year. <sup>1</sup>				
<b>INDICATOR:</b>		<b>AGENCY</b>		<b>DHW</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5.2.1</b>	The Agency is accountable to the DHW for the overall approved budget.				
<b>5.2.2</b>	Annual budget requests include all relevant information including the previous year's actual costs, surplus or deficit, and direct hours of service.				
<b>5.2.3</b>	An annual audited financial statement for the fiscal year (April 1 to March 31) from an external program auditor is provided to the DHW by July 31.				
<b>5.2.4</b>	The Agency provides by the 14 <sup>th</sup> working day of the following month, a complete accurate monthly report to the DHW the following information: <ul style="list-style-type: none"> <li>- monthly and year-to-date actual expenses</li> <li>- monthly client information (total number of clients, numbers of admissions and discharges)</li> <li>- direct hours of service by month and accumulated year to date</li> <li>- forecast of projected costs and direct hours of service to the end of the year.</li> </ul>				
<b>5.2.5</b>	The Agency demonstrates efficiencies in staff scheduling and overall expenditures to ensure that funds are expended prudently.				
<b>5.2.6</b>	The Agency has adequate internal controls for: <ul style="list-style-type: none"> <li>- collection of client user fees and recording of cash receipts</li> <li>- cheque writing procedure</li> <li>- inventory control</li> <li>- payroll administration</li> <li>- purchase orders (not required for home support services)</li> <li>- petty cash.</li> </ul>				
<b>5.2.7</b>	The Agency will have a system in place to verify authorized visits and tasks against actual visits and tasks performed.				
<b>5.2.8</b>	The Agency submits a quarterly performance measurement report to the DHW in the required format and within the required timeframe.				
<b>5.2.9</b>	The Agency responds within 30 calendar days to additional information requests made by the DHW, except in circumstances when alternative timelines are agreed upon by both parties.				
<b>5.2.10</b>	The Agency notifies the DHW in a timely manner of any additional requirements for funding, and provides a detailed explanation of the need.				

<sup>1</sup> Indicators 5.2.1 through 5.2.4 inclusive do not apply to Home Care Agencies providing only over flow services.

**COMMENTS:**

	Agency				DHW			
<b>RATING:</b>	N	M	P	S	N	M	P	S

<b>GOAL 5</b>		<b>ADEQUATE HUMAN, FINANCIAL AND PHYSICAL RESOURCES ARE AVAILABLE AND ALLOCATED THROUGHOUT THE AGENCY.</b>							
<b>STANDARD 5.3</b>		The Agency maintains proper financial records and books of account in respect of the application and expenditure of the funding provided by the DHW for a period of 7 years.							
<b>INDICATOR:</b>		<b>AGENCY</b>		<b>DHW</b>					
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>		
<b>5.3.1</b>	The Agency will have a system in place to verify authorized visits or hours against actual hours delivered.								
<b>5.3.2</b>	A system is in place to monitor supplies related to the provision of care to DHA home care clients, and is kept separate from general supplies (e.g., office or health related supplies for the provision of care to non-DHA home care clients).								
<b>COMMENTS:</b>									
		Agency				DHW			
<b>RATING:</b>		N	M	P	S	N	M	P	S

**GOAL 5****ADEQUATE HUMAN, FINANCIAL AND PHYSICAL RESOURCES ARE AVAILABLE AND ALLOCATED THROUGHOUT THE AGENCY.****STANDARD 5.4**

The Agency ensures client fees are collected and reported to the DHW as part of the budget process.

**INDICATOR:**

AGENCY		DHW	
Yes	No	Yes	No

<b>5.4.1</b>	The Agency client record includes the fee category as determined by the Continuing Care Assessor.				
<b>5.4.2</b>	The Agency keeps a record of all invoices to clients for home support fees.				
<b>5.4.3</b>	The Agency invoices clients according to home care policy and collects all client fees.				
<b>5.4.4</b>	The Agency reports all revenue collected from home support fees to the DHW.				
<b>5.4.5</b>	The Agency has a process in place to address non-payment of fees by DHA home care clients.				

**COMMENTS:****RATING:**

Agency				DHW			
N	M	P	S	N	M	P	S

<b>GOAL 6</b>		<b>THE AGENCY WILL COMPLY WITH FEDERAL, PROVINCIAL AND MUNICIPAL LAWS AND REGULATIONS.</b>							
<b>STANDARD 6.1</b>		All relevant laws and regulations are adhered to.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>6.1.1</b>	The Agency ensures that all staff have access to the most recent provincial legislation and regulations including, but not limited to, the following: <ul style="list-style-type: none"> <li>- <i>Legislation governing professions as appropriate (Registered Nurses Act, Licensed Practical Nurses Act)</i></li> <li>- <i>Adult Protection Act</i></li> <li>- <i>Trade Union Act</i></li> <li>- <i>Societies Act</i></li> <li>- <i>The Children and Family Services Act</i></li> <li>- <i>Social Assistance Act</i></li> <li>- <i>Coordinated Home Care Act</i></li> <li>- <i>Homemakers' Services Act</i></li> <li>- <i>Human Rights Act</i></li> <li>- <i>Labour Standards Code</i></li> <li>- <i>Occupational Health and Safety Act</i></li> <li>- <i>Homes for Special Care Act</i></li> <li>- <i>Incompetent Persons Act</i></li> <li>- <i>Workers' Compensation Act</i></li> <li>- <i>Freedom of Information and Protection of Privacy Act</i></li> <li>- <i>Personal Directives Act</i></li> <li>- <i>Employment Support and Income Assistance Act</i></li> <li>- <i>Protection of Persons in Care Act</i></li> </ul>								
<b>6.1.2</b>	Staff has knowledge of the existence and location of the relevant legislation and regulations.								
<b>6.1.3</b>	The Agency ensures staff is made aware of their responsibilities.								
<b>6.1.4</b>	The Agency complies with all applicable legislation, regulations, and policies.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 7</b>		<b>THE CLIENT'S RIGHTS ARE RESPECTED AND PROTECTED.</b>							
<b>STANDARD 7.1</b>		Clients are treated with consideration, respect and full recognition of their dignity and individuality.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>	<b>No</b>			<b>Yes</b>	<b>No</b>		
<b>7.1.1</b>	There are policies which recognize the right of each client to be treated with dignity, respect, and courtesy.								
<b>7.1.2</b>	There is a policy and practice that service is provided to clients regardless of the client's age, gender, race, religion, sexual orientation, or diagnosis. The client's linguistic and cultural needs are recognized and respected.								
<b>7.1.3</b>	Clients are informed of their right to refuse any or all aspects of care.								
<b>7.1.4</b>	The Agency understands the client's right to make choices about his/her care, including the right to live at risk.								
<b>7.1.5</b>	The Agency has written policies pertaining to client information consistent with the DHW Home Care Policy Manual, including: - control and confidentiality of information - access to information.								
<b>7.1.6</b>	The Agency has written processes in place to prevent abuse of clients by Agency staff.								
<b>7.1.7</b>	The Agency has a documented procedure for removing care providers from a client's home in the case of abuse or suspected abuse by the care provider.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 8</b>		<b>CARE IS DELIVERED IN A SAFE, CONSISTENT, EFFECTIVE AND EFFICIENT MANNER BY THE MOST APPROPRIATE CARE PROVIDER.</b>							
<b>STANDARD 8.1</b>		The Agency provides services to clients as authorized by the DHA Continuing Care Assessor.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>8.1.1</b>	The Agency delivers intermittent service to DHA Home Care clients 24 hours a day, 7 days a week, including holidays.								
<b>8.1.2</b>	The Agency monitors the frequency of and reasons for missed authorized visits.								
<b>8.1.3</b>	The Agency is available to receive new referrals and requests for adjustments to service during the same hours of operation as the DHA Continuing Care intake office.								
<b>8.1.4</b>	The Agency shall provide appropriate and suitable assignment of care providers to a client based on the worker's skills, knowledge and compatibility with the client.								
<b>8.1.5</b>	The time spent providing service is consistent with the time authorized.								
<b>8.1.6</b>	Tasks performed are consistent with those authorized.								
<b>COMMENTS:</b>									
		Agency				DHW			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 8</b>		<b>CARE IS DELIVERED IN A SAFE, CONSISTENT, EFFECTIVE AND EFFICIENT MANNER BY THE MOST APPROPRIATE CARE PROVIDER.</b>							
<b>STANDARD 8.2</b>		Agencies providing nursing or other professional services demonstrate expertise in the areas of shared competencies and delegated medical functions.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>8.2.1</b>	The Agency follows the requirements of the professional regulating bodies for shared competencies and delegated medical functions.								
<b>8.2.2</b>	The Agency maintains a current list of new procedures, shared competencies and delegated medical functions, performed in the Home Care Program.								
<b>8.2.3</b>	The Agency maintains a current list of staff qualified in each shared competency and delegated medical function, and a process for monitoring competency.								
<b>8.2.4</b>	The Agency ensures staff has the necessary competencies to perform the new procedures that may be authorized by the Home Care Program and that the new procedures are within staff scope of practice.								
<b>8.2.5</b>	The Agency ensures staff adherence to the standards of practice and code of ethics of their professional organizations.								
<b>8.2.6</b>	The Agency has a process in place to ensure all professional staff are kept current in best practice standards.								
<b>COMMENTS:</b>									
		Agency				DHW			
<b>RATING:</b>		N	M	P	S	N	M	P	S

**GOAL 8**

**CARE IS DELIVERED IN A SAFE, CONSISTENT, EFFECTIVE AND EFFICIENT MANNER BY THE MOST APPROPRIATE CARE PROVIDER.**

**STANDARD 8.3**

Agencies providing home support service demonstrate that their staff, at a minimum, meet the educational and training requirements established in the DHW Educational Requirements for Entry to Practice Policy.

**INDICATOR:**

AGENCY		DHW	
Yes	No	Yes	No

<b>8.3.1</b>	The Agency follows specific training requirements for personal care, instrumental activities of daily living, and specific authorized tasks.				
<b>8.3.2</b>	The Agency maintains a current list of staff qualifications.				
<b>8.3.3</b>	The Agency maintains training status reports as required by the DHW Educational Requirements for Entry to Practice Policy.				
<b>8.3.4</b>	The Agency ensures staff members have the necessary competencies for new tasks that are authorized by DHA Continuing Care Assessors within the CCA scope of practice.				

**COMMENTS:**

**RATING:**

Agency				DHW			
N	M	P	S	N	M	P	S

**GOAL 8**

**CARE IS DELIVERED IN A SAFE, CONSISTENT, EFFECTIVE AND EFFICIENT MANNER BY THE MOST APPROPRIATE CARE PROVIDER.**

**STANDARD 8.4**

Continuity of care is promoted as the Agency delivers care to the client.

**INDICATOR:**

AGENCY		DHW	
Yes	No	Yes	No

**8.4.1** Agency staff is provided with the specific care plan prior to the implementation of services.

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**8.4.2** Continuity of care is promoted through assigning the same individual(s) as appropriate and where possible, to provide service over time.

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**COMMENTS:**

**RATING:**

Agency				DHW			
N	M	P	S	N	M	P	S

<b>GOAL 9</b>		<b>THE AGENCY HOME CARE CLIENT RECORD WILL CONTAIN THE REQUIRED COMPONENTS TO ENSURE APPROPRIATE DOCUMENTATION OF CARE PROVIDED.</b>							
<b>STANDARD 9.1</b>		A record is maintained by the Agency on each DHA home care client.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>9.1.1</b>	The client record contains data relevant to service delivery to the client.								
<b>9.1.2</b>	Staff document following guidelines for effective reporting and documentation.								
<b>9.1.3</b>	The Agency's client records contain the following information: <ul style="list-style-type: none"> <li>- Care Coordination Assessment</li> <li>- authorization of service</li> <li>- client or substitute decision maker consent to provide service</li> <li>- client or substitute decision maker consent to share information</li> <li>- Personal Directive, if available</li> <li>- Service Plan</li> <li>- physicians' order forms</li> <li>- forms appropriate to each discipline providing care</li> <li>- a record reflecting the historic and current service provided to the client</li> </ul>								
<b>9.1.4</b>	There is a written policy for the retention and destruction of client records which meets the requirements of the Nova Scotia DHW.								
<b>9.1.5</b>	There is an appropriate policy in place for maintaining client records in the client home.								
<b>9.1.6</b>	Agencies provide staff providing care with a paper copy of the Agency's care plans for the clients to whom they are assigned to deliver care.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 9</b>		<b>THE AGENCY HOME CARE CLIENT RECORD WILL CONTAIN THE REQUIRED COMPONENTS TO ENSURE APPROPRIATE DOCUMENTATION OF CARE PROVIDED.</b>							
<b>STANDARD 9.2</b>		There is a current, individualized care plan for each client, which has been developed by the Agency.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>9.2.1</b>	Clients with care needs requiring that workers have specialized training or client specific instruction have care plans developed and signed by an appropriate health professional. Care plans requiring only personal care, light housekeeping and /or meal preparation are reviewed and signed by a non nursing (field) supervisor or nurse.								
<b>9.2.2</b>	The care plan includes: <ul style="list-style-type: none"> <li>- client name</li> <li>- client health card number</li> <li>- next of kin</li> <li>- the client's civic address (for emergency response)</li> <li>- names of individuals to be contacted in the event of an emergency</li> <li>- the unmet needs as identified by the DHA Continuing Care Assessor</li> <li>- a back-up plan as identified by the DHA Continuing Care Assessor</li> <li>- the date and signature of the Supervisor who prepared or reviewed the plan.</li> </ul>								
<b>9.2.3</b>	The care plan promotes the maximum independence of the client, and includes: <ul style="list-style-type: none"> <li>- client specific information</li> <li>- goals of care that are client centered, individualized, measurable and achievable</li> <li>- the role of the client, the family and other support persons as identified by the DHA Continuing Care Assessor</li> <li>- the target date for discharge if available/applicable.</li> </ul>								
<b>9.2.4</b>	The nursing care plan is developed by a Registered Nurse, is holistic, and is prepared appropriate to the client's condition, and reviewed at intervals appropriate to the client's condition, and at least annually.								
<b>9.2.5</b>	Care plans are reviewed at intervals appropriate to the client's condition, and at least annually.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 9</b>		<b>THE AGENCY HOME CARE CLIENT RECORD WILL CONTAIN THE REQUIRED COMPONENTS TO ENSURE APPROPRIATE DOCUMENTATION OF CARE PROVIDED.</b>							
<b>STANDARD 9.3</b>		Agency staff communicates effectively regarding clients, client care, and care planning.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>9.3.1</b>	The Agency gives appropriate and timely written and verbal reports to the DHA Continuing Care Assessor in situations where there has been a change in the client's unmet functional needs.								
<b>9.3.2</b>	The Agency informs the DHA Continuing Care Assessor as soon as possible in the event of the following: - there is a change in client's unmet functional needs - an observable change in the client's mental, physical or social status - unusual occurrences or emergency situations in the client's home - the need for adjustment to service - inability to provide service because the client repeatedly cannot be found, or repeatedly refuses or cancels service - the Agency or care provider has temporarily withdrawn service - if there is an inability to resolve issues that have arisen between the client or family and the care provider - a safety reason exists or breach in contract.								
<b>9.3.3</b>	The Agency or care provider uses appropriate channels to convey to the DHA Continuing Care Assessor opinions, concerns, issues, or factors which may indicate a need for change in service.								
<b>9.3.4</b>	The Agency submits a written Progress Report to the DHA Continuing Care Assessor: - on the initial visit for new clients (nursing and/or home support clients) - eleven months following the last assessment date for all clients - when there is an observable change in the client's mental, physical or social status - when Agency staff recommends an adjustment to service - at any time requested by the DHA Continuing Care Assessor.								
<b>9.3.5</b>	Progress reports will contain factual, current, and objective data relevant to care provision.								
<b>9.3.6</b>	There is a mechanism in place in the Agency to ensure accuracy, Appropriateness, and timeliness of documentation.								
<b>9.3.7</b>	The client and family have information regarding: - how to contact the Agency and the appropriate supervisory staff during and after regular business hours - limitations of the service.								
<b>COMMENTS:</b>									
		Agency				DHW			
<b>RATING:</b>		N	M	P	S	N	M	P	S

<b>GOAL 10</b>		<b>THE AGENCY HAS A PLAN TO VERIFY HOME CARE CLIENT SATISFACTION WITH THE AGENCY.</b>							
<b>STANDARD 10.1</b>		The Agency monitors and strives to continuously improve DHA home care client satisfaction with the Agency.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>10.1.1</b>	The Agency maintains a record of compliments to the Agency and its staff.								
<b>10.1.2</b>	Compliments are acknowledged and credited to staff.								
<b>10.1.3</b>	The Agency maintains a record of complaints about the Agency or its staff.								
<b>10.1.4</b>	Complaints by clients are investigated by the Agency and/or Director or designate within 5 business days.								
<b>10.1.5</b>	The Agency responds to the client in writing regarding any written complaints from clients about the Agency.								
<b>10.1.6</b>	The Agency evaluates ongoing care provision by participating in case conferences, multi-disciplinary meetings to review client care, and will work collaboratively with DHA Continuing Care Assessors and other service providers to ensure that client needs are being met.								
<b>10.1.7</b>	The Agency performs client satisfaction surveys, and analyzes them for actual and perceived satisfaction.								
<b>10.1.8</b>	Information from Agency client satisfaction surveys is used to improve service delivery.								
<b>10.1.9</b>	All Continuous Quality Improvement activities are based on the provision of client focused care. The audit should be an integral part of the Agency's Continuous Quality Improvement plan.								
<b>10.1.10</b>	The Agency cooperates with DHW program auditors and supplies such information as is stipulated in the current DHW standards document.								
<b>10.1.11</b>	The Agency addresses deficiencies identified through the audit process.								
<b>10.1.12</b>	The Agency must inform the governing body of the upcoming audit and appoint representation from their management, front line staff and governing body to participate in the auditing process.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 11</b>		<b>THE AGENCY'S HUMAN RESOURCES POLICIES SUPPORT SAFE AND APPROPRIATE DELIVERY OF CARE TO CLIENTS OF THE HOME CARE PROGRAM.</b>							
<b>STANDARD 11.1</b>		The Agency has position descriptions for all staff.							
<b>INDICATOR:</b>		<b>AGENCY</b>		<b>DHW</b>					
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>				
<b>11.1.1</b>	The position description includes position scope, typical duties, factors present in the position, knowledge and special skills, judgment, and initiative required, and workplace conditions.								
<b>11.1.2</b>	Position descriptions are written for new positions, and are reviewed and updated for existing positions within the previous 24 months.								
<b>11.1.3</b>	Each employee is given a copy of their own position description upon commencement of employment, and when changes are made to the position description.								
<b>11.1.4</b>	The Agency supervisor's written position description includes the following typical duties: <ul style="list-style-type: none"> <li>- staff training in topics appropriate to the skills, abilities and education level of the nurses, and evaluation of learning of such topics</li> <li>- providing access to appropriate nursing advice on clinical issues</li> <li>- supervision of staff as required for completion of the staff's performance appraisal review.</li> </ul>								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

**GOAL 11****THE AGENCY'S HUMAN RESOURCES POLICIES SUPPORT SAFE AND APPROPRIATE DELIVERY OF CARE TO CLIENTS OF THE HOME CARE PROGRAM.****STANDARD 11.2**

Agencies ensure appropriate supervisory coverage for all staff.

**INDICATOR:**

AGENCY		DHW	
Yes	No	Yes	No

**11.2.1** All staff has ongoing supervision.**11.2.2** The Supervisor has access to all information required for safe and appropriate care of the client.**11.2.3** The frequency of supervisory visits is determined by the complexity of the client's needs and the performance or competencies of the staff member.**COMMENTS:****RATING:**

Agency				DHW			
N	M	P	S	N	M	P	S

**GOAL 11**

**THE AGENCY'S HUMAN RESOURCES POLICIES SUPPORT SAFE AND APPROPRIATE DELIVERY OF CARE TO CLIENTS OF THE HOME CARE PROGRAM.**

**STANDARD 11.3**

Clinical advice is available to all staff whenever care is being provided.

**INDICATOR:**

AGENCY		DHW	
Yes	No	Yes	No

**11.3.1** There is access to a nurse or designated professional for clinical consultation, as appropriate, whenever care is being provided in a client's home.

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**11.3.2** All information required for safe and appropriate care of the client will be provided to the nurse or designated professional who is providing clinical consultation.

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**COMMENTS:**

**RATING:**

Agency				DHW			
N	M	P	S	N	M	P	S

<b>GOAL 12</b>		<b>THE AGENCY RECRUITS AND RETAINS STAFF IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE AGENCY.</b>							
<b>STANDARD 12.1</b>		Recruitment and hiring policies and practices adequately meet the needs of the clients.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>12.1.1</b>	There is a documented procedure for the recruitment and selection of staff.								
<b>12.1.2</b>	The selection process is based on: <ul style="list-style-type: none"> <li>- the Agency's goals and objectives</li> <li>- documented knowledge and skills</li> <li>- education and training</li> <li>- relevant experience</li> <li>- qualifications, including licensing, registration, or certification</li> <li>- documented reference checks from coworkers, managers or volunteers from situations similar to the position for which the employee is being interviewed.</li> </ul>								
<b>12.1.3</b>	The recruitment and selection process includes: <ul style="list-style-type: none"> <li>- an employment application form or resume including professional competency, previous training and experience in relevant positions, and outlining the skills required for the job</li> <li>- a documented interview process</li> <li>- confirmation of education and training/work experience or equivalencies</li> <li>- two documented reference checks</li> <li>- fair hiring policies and practices.</li> </ul>								
<b>12.1.4</b>	Staff are assigned to clients based on: <ul style="list-style-type: none"> <li>- accepted standards of practice</li> <li>- legislative and contract requirements</li> <li>- geographical considerations</li> <li>- special skills required</li> <li>- workload, with due regard to economy and efficiency</li> <li>- the practice of the primary care provider concept.</li> </ul>								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

**GOAL 12**

**THE AGENCY RECRUITS AND RETAINS STAFF IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE AGENCY.**

**STANDARD 12.2**

Criminal record checks are completed on all successful job applicants.

**INDICATOR:**

**AGENCY**

**Yes**

**No**

**DHW**

**Yes**

**No**

**12.2.1** There is documented evidence on file that each new employee has had a criminal record check completed within 12 months previous of being hired by the Agency.

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**COMMENTS:**

**RATING:**

Agency				DHW			
N	M	P	S	N	M	P	S

**GOAL 12****THE AGENCY RECRUITS AND RETAINS STAFF IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE AGENCY.****STANDARD 12.3**

Child abuse registry checks are completed on all successful job applicants who will be working with children.

**INDICATOR:****AGENCY**  
Yes No**DHW**  
Yes No**12.3.1** There is documented evidence on file that a Child Abuse Registry check has been completed on each employee within the previous 12 months before they provide care to a child (under 16 years of age).**COMMENTS:****RATING:**

Agency				DHW			
N	M	P	S	N	M	P	S

<b>GOAL 12</b>		<b>THE AGENCY RECRUITS AND RETAINS STAFF IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE AGENCY.</b>							
<b>STANDARD 12.4</b>		There is a documented orientation policy and procedure.							
<b>INDICATOR:</b>		<b>AGENCY</b>		<b>DHW</b>					
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>12.4.1</b>	The orientation procedure is documented, and will include, but will not be limited to: <ul style="list-style-type: none"> <li>- the philosophy, mission, goals and objectives of the Agency</li> <li>- organizational structure</li> <li>- Agency policies and procedures</li> <li>- provided Home Care Program categories (acute/chronic/palliative), roles and responsibilities and policies</li> <li>- employee duties and responsibilities</li> <li>- quality management activities of the Agency</li> <li>- procedures for emergencies and disasters</li> <li>- safety measures for clients and care providers in the home, including procedures for abuse of staff by clients</li> <li>- confidentiality</li> <li>- community resources.</li> </ul>								
<b>12.4.2</b>	There is documented evidence that the employee has completed the Agency orientation session in a timely manner.								
<b>12.4.3</b>	Before providing care in the home of a DHA home care client, the care provider has completed the following: <ul style="list-style-type: none"> <li>- met the requirements that DHW outlined in the Educational Requirements for Entry to Practice Policy:</li> <li>- understands Agency policies and procedures</li> <li>- understands employee duties and responsibilities</li> <li>- understands safety measures for clients and employees</li> <li>- understands the procedure for dealing with an emergency in the home.</li> </ul>								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 12</b>	<b>THE AGENCY RECRUITS AND RETAINS STAFF IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE AGENCY.</b>								
<b>STANDARD 12.5</b>	There is a documented policy and procedure for conducting a review of the performance of all staff.								
<b>INDICATOR:</b>	<b>AGENCY</b>		<b>DHW</b>						
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>					
<b>12.5.1</b>	The performance of each staff member is reviewed and documented at the end of the probationary period, at least annually thereafter, and as necessary when performance issues are identified.								
<b>12.5.2</b>	Performance review is based on supervision of staff as they perform their duties in client homes.								
<b>12.5.3</b>	Performance review includes, at a minimum, the following: - adherence to Agency policies and procedures - proficiency in the skills required for the position - communication and reporting within the Agency and with DHA staff - client interaction - education and training needs and desires of the employee - action taken to resolve problems or issues identified by previous performance reviews - mutual setting of performance expectations for the next appraisal period.								
<b>12.5.4</b>	The review is discussed with the employee, and the employee is given the opportunity to respond and sign the form.								
<b>12.5.5</b>	The performance review is in writing and is placed in the employee's personnel file. The employee is also given a copy.								
<b>12.5.6</b>	Action is taken to resolve problems identified on the most recent performance review.								
<b>12.5.7</b>	There is a written procedure to follow when the employee's performance does not meet performance expectations.								
<b>12.5.8</b>	Procedures are in place within the Agency for addressing grievances.								
<b>12.5.9</b>	Procedures are in place in the Agency for progressive discipline of staff requiring such action.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 12</b>	<b>THE AGENCY RECRUITS AND RETAINS STAFF IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE AGENCY.</b>							
<b>STANDARD 12.6</b>	The Agency is committed to the ongoing learning needs of all staff.							
<b>INDICATOR:</b>	<b>AGENCY</b>		<b>DHW</b>					
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>				
<b>12.6.1</b>	There is a policy requiring all staff to attend a minimum of two hours of relevant continuing education per calendar year as a requirement of continuing employment. This is in addition to required yearly training.							
<b>12.6.2</b>	Attendance at continuing education sessions by all staff is documented.							
<b>12.6.3</b>	The Agency provides relevant continuing education sessions given by individuals with the qualifications and expertise to present a comprehensive learning experience for Agency staff.							
<b>12.6.4</b>	Resource material concerning the duties and responsibilities of staff, and information about continuing education sessions are available to all staff.							
<b>12.6.5</b>	The Agency responds to changing client profiles and provides appropriate staff development activities to meet those needs. (Examples: handling difficult clients, negotiation skills, and palliative care).							
<b>COMMENTS:</b>								
					<b>Agency</b>		<b>DHW</b>	
<b>RATING:</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 12</b>	<b>THE AGENCY RECRUITS AND RETAINS STAFF IN A MANNER WHICH SUPPORTS THE NEEDS OF THE PROGRAM, THE STAFF, THE CLIENTS AND THE AGENCY.</b>								
<b>STANDARD 12.7</b>	Personnel records are confidential, complete and include verification of qualifications.								
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>			
<b>12.7.1</b>	There is a separate file for each employee.								
<b>12.7.2</b>	Personnel files contain: <ul style="list-style-type: none"> <li>- appropriate identifying data</li> <li>- application and hiring documentation</li> <li>- current registration and/or licensing documentation</li> <li>- orientation checklist</li> <li>- record of performance appraisal review</li> <li>- documentation of certification and re-certification of skills</li> <li>- compliments, complaints and records of disciplinary action.</li> </ul>								
<b>12.7.3</b>	There are policies outlining employee's access to their own file.								
<b>12.7.4</b>	Personnel records are physically secure.								
<b>12.7.5</b>	There is a policy for retaining and disposing of employee records.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 13</b>		<b>THE AGENCY IS COMMITTED TO THE HEALTH AND SAFETY OF AGENCY STAFF, CLIENTS, AND ITS COMMUNITY.</b>							
<b>STANDARD 13.1</b>		Processes are in place to address health and safety hazards to staff and clients of the Program.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>13.1.1</b>	Agency is in compliance with the <i>Occupational Health and Safety Act</i> and Regulations.								
<b>13.1.2</b>	A Risk Management plan is in place, and includes a process for reporting and following up staff and client occurrences.								
<b>13.1.3</b>	Steps are taken to minimize risks and hazards to staff and clients where the care is provided.								
<b>13.1.4</b>	Staff and clients are educated regarding: <ul style="list-style-type: none"> <li>- potential safety hazards</li> <li>- identification and reporting of high risk clients or situations</li> <li>- appropriate and safe use of equipment and supplies</li> <li>- how to contact the Agency in the event of an emergency during and after regular office hours</li> <li>- the process for making claims to the Workers' Compensation Board.</li> </ul>								
<b>13.1.5</b>	Reporting of hazardous occurrences is consistent, complete, and is followed up on as appropriate.								
<b>13.1.6</b>	DHA is advised as soon as possible when client or staff incidents pose a liability risk to the program.								
<b>13.1.7</b>	There is a current, written procedure for employees to follow when there is an emergency situation in the home involving the client or the employee.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

<b>GOAL 13</b>		<b>THE AGENCY IS COMMITTED TO THE HEALTH AND SAFETY OF AGENCY STAFF, CLIENTS, AND ITS COMMUNITY.</b>							
<b>STANDARD 13.2</b>		Processes are in place to prevent physical, emotional and sexual threats or abuse of staff.							
<b>INDICATOR:</b>		<b>AGENCY</b>		<b>DHW</b>					
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>13.2.1</b>	Policies and procedures are in place to assist in the assessment of the risk of violent or abusive situations.								
<b>13.2.2</b>	The Agency has a documented procedure for removing care providers from a client's home in the case of abuse or suspected abuse of the care provider.								
<b>13.2.3</b>	A system is in place which supports staff that have been threatened or abused.								
<b>13.2.4</b>	The Agency provides education for staff regarding physical, emotional, sexual threats and abuse.								
<b>13.2.5</b>	Clients are advised of their responsibility to provide a safe environment for care providers.								
<b>13.2.6</b>	Reported occurrences of abuse or threats made to care providers are followed up on immediately and appropriately.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>

**GOAL 13****THE AGENCY IS COMMITTED TO THE HEALTH AND SAFETY OF AGENCY STAFF, CLIENTS, AND ITS COMMUNITY.****STANDARD 13.3**

Infections are controlled or prevented.

INDICATOR:	AGENCY		DHW	
	Yes	No	Yes	No
<b>13.3.1</b> Routine practices are used at all times.				
<b>13.3.2</b> Infections are managed and investigated.				
<b>13.3.3</b> Care is taken in preventing or controlling infections in: <ul style="list-style-type: none"> <li>- handling and preparation of food</li> <li>- cleaning, disinfecting and sterilizing of space, equipment supplies and medical devices</li> <li>- personal cleanliness and cleanliness of the physical setting</li> <li>- using appropriate personal protective equipment.</li> </ul>				

**COMMENTS:****RATING:**

Agency				DHW			
N	M	P	S	N	M	P	S

<b>GOAL 13</b>		<b>THE AGENCY IS COMMITTED TO THE HEALTH AND SAFETY OF AGENCY STAFF, CLIENTS, AND ITS COMMUNITY.</b>							
<b>STANDARD 13.4</b>		The Agency has an up-to-date Business Continuity Plan which addresses disasters, emergency & pandemic situations.							
<b>INDICATOR:</b>		<b>AGENCY</b>				<b>DHW</b>			
		<b>Yes</b>		<b>No</b>		<b>Yes</b>		<b>No</b>	
<b>13.4.1</b>	The Agency has a Business Continuity Plan to follow in the event of a disaster in the community.								
<b>13.4.2</b>	The Agency's plan fits with the DHA and community plan.								
<b>13.4.3</b>	The plan assigns responsibility for the management and coordination of the response during regular work hours, evenings and weekends.								
<b>13.4</b>	There is a plan for continued service delivery in the event of a disaster in the community.								
<b>13.4.5</b>	Business Continuity Plans are reviewed annually.								
<b>13.4.6</b>	Staff is made aware of the response plan during orientation, as a periodic refresher, and when protocols are revised.								
<b>13.4.7</b>	The Agency has a cancelled visit policy.								
<b>COMMENTS:</b>									
		<b>Agency</b>				<b>DHW</b>			
<b>RATING:</b>		<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>	<b>N</b>	<b>M</b>	<b>P</b>	<b>S</b>