Burnaby Association for Community Inclusion

BACI

LIFE SHARING MONITORING TOOL

A tool to assess and evaluate the quality of service provided to the people supported in Life Sharing.

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Instructions

This Monitoring Tool is to be used to evaluate the quality of services being provided according to BACI's Quality Assurance Indicators. This tool can be used by the LSN Managers, by an external reviewer or as a self-assessment by the Life Sharing Providers.

Each Indicator includes service expectations. The designated person to complete this monitor tool must determine whether expectations in each area are being met or whether improvement is required. The tool allows the reviewer to comment upon key findings for each standard and provides an area for the reviewer to develop an action plan with the LSN Provider to address required improvements. Based on the assumption that all services can be improved upon and the practices of continuous quality improvements, goals should be identified & plan to achieve these goals are developed in areas where expectations are not met.

Details of Review

Name of Person Served:

LSN Provider's Name:

Name and Title of Reviewer:

Name(s) of the people present during the evaluation:

Date of Review:

Copies of the completed review should be provided to the life sharing provider and individual served (and/or legal representative, if appropriate). The original should be maintained by BACI's LSN.

Planning

Transition Planning (Formal & Informal)

*** Go to the Person-Centered Planning section if there are no changes in the home or change in Life Sharing Provider.**

Standard: This section will be completed when a person is coming into service or there is a change of service. Careful preparation is required to provide continuity for the person. It is important that we understand what is important to and what is important for the person in order to provide the best service. This tool covers expectations set out by CLBC and BACI.

Indicator: The person supported is prepared for the new home & new living situation. Life Sharing Provider and secondary support(s) are prepared for the transition of the person supported.		
Service expectation	Yes	No
When possible, the person supported initiate or is involved in the decision to move, the planning process, and the choice of home & life sharing network.		
A transition plan is developed in collaboration with the person, their personal support network, CLBC representative, LSN Manager, the LSN Provider, and any other service provider(s) prior to the move and the responsibilities of each key person are reviewed and understood. If it's not possible to have all stake holders meet at the same time, all communications and meeting with each stakeholder will be documented.		
Transition Plan that identifies that written records and relevant documentation is kept in person's served file. The plan is shared with the person, their family, LSN Provider, other service providers).		
There is documentation of specific arrangements/expectations regarding service(s) provided to the person and is kept in their file. LSN Provider is clear on what the expectations are.		
LSN Provider(s) are clear on who has the legal authority to make health care and financial decisions, emergency versus ongoing care, and the role of the supported person's family. The person and/or the LSN provider has a copy of any documentation as to who the legal authority is (e.g., representation agreement, the role of the committee, power of attorney, etc.). A copy of the document is also kept in the person served file. This information is included on the person's served fact sheet.		
Past support strategies that have been successful are transferred to the new home/LSN Provider.		
New LSN Provider has taken steps to participate in orientation/training relevant to the person's support needs/requirements.		
All personal effects are forwarded to the new home.		
If needed, the person is supported to purchase furniture/personal items.		

When the answer is yes, please provide evidence to the LSN Manager. When the answer is no, please provide details of your plans to meet the goals.			
Evidence/Plan	**Person responsible**	**Target date**	**Completion Date**

Person- Centered Planning

Standard: Person Centered Planning is about the person and their life – now and the future. It's about what is important to a person and what they want and hope for in their life. All of us do person centered planning in our lives (daily, monthly, weekly, yearly, and more). Good planning helps all to choose the actions to make things happen in our lives.

Indicator: Each person has a written plan that make things happen that is important to them		
Service expectation	**Yes**	**No**
Each person has a documented plan that identifies the goals and has action plans to meet each goal.		
Goals identified are meaningful to the person, measurable & achievable. Goals may include the following quality of life indicator; Relationships, Communication, Health & Safety, Home life, Being part of the Community and Personal Growth & Development.		
People supported participated in planning for the service according to their wishes and abilities. This includes who they want involved in developing & implementing their plan.		
Indicator: Each person is supported to work on and achieve goals outlined in their plan		
Service expectation	**Yes**	**No**
The plan is written in a way that is easily understood by the person & all support persons.		
Steps are taken by the LSN Provider & respective support providers to implement the plan.		
The person's activities are consistent with what's important to and what's important for them as indicated by their plan.		
LSN Provider reports on the following: (1) Type of supports provided to achieve the goals, (2) Progress and changes made towards the goals and (3) Status of each goal (Achieved & Maintained, Completed & Discontinued, In progress, Not Attempted). Where goal(s) are in progress or not attempted, an explanation as to why must be included in the report.		

When the answer is yes, please provide evidence to the LSN Manager. When the answer is no, please provide details of your plans to meet the goals.			
Evidence/Plan	**Person responsible**	**Target date**	**Completion Date**

Quality Assurance Indicators

Relationships

Standard: All people served through our Association are supported to express their opinions about various relationships and are helped to strengthen their present relationships and develop new, meaningful ones.

Indicator: *People have meaningful connection to family, friends, love ones and community members. They have unpaid support network.*		
Service expectations	**Yes**	**No**
Documentation about "Circle of Natural Safeguard" (family, friends, service providers, community members/ acquaintances & health care providers) is up to date and included in the fact sheet.		
The person is provided the opportunity to meet new people.		
The person is supported to maintain contact with family, friends & others they care about, by phone, mail, etc.		
LSN provider encourages conversations about the person's wishes around their relationships. They respect the person's informed choice about friendships and relationships whether they choose to (or not to) maintain.		
Documentation about important events such as birthdays/anniversary or other events for people they care about is current so they can share in the celebrations.		

When the answer is yes, please provide evidence to the LSN Manager (dates, stories of meeting). When the answer is no, please provide details of your plans to meet the goals.			
Evidence/Plan	**Person responsible**	**Target date**	**Completion date**

Communication Style

Standard: Understanding the way each person communicates is very important. Our association supports people to enhance and refine their communication skills. This support is provided in respectful ways that do not place pressure on the individual. Staff are trained and supported to communicate with each individual in their chosen communication style.

Indicator: The person has a written documentation on how they communicate and how they receive information		
Service expectations	**Yes**	**No**
If a person requires a communication system. All people in the support network understand and use this system consistently.		
Understanding that behaviour is communication. Approaches are developed if one's communication/behavior is impeding theirs or someone else's quality of life. These approaches will be developed with the support network (including professional consulting specialists), are documented and used consistently by all.		
All strategies and guidelines used, including any restrictions must follow CLBC Policy and copies must be provided to the LSN Manager and to CLBC.		
LSN Provider keeps LSN Managers, and the support network informed of significant events/incidents (including changes in behaviour) and provides regular updates (e.g., CIR, Annual reports).		

When the answer is yes, provide evidence to the LSN Manager (copies of methods of support, CIRs). When the answer is no, please provide details of your plans to meet the goals.			
Evidence/Plan	**Person responsible**	**Target date**	**Completion date**

Health and Safety

Standard: Throughout all services provided through our Association a commitment to the promotion and maintenance each person's health and safety is most important.

Indicator: LSN Provider ensures that each person with significant health care issues and safety risks has a plan that identifies critical health and safety care needs. The plan should be reviewed at a minimum of once a year or as required.		
Service expectations	**Yes**	**No**
LSN Providers are clear on who has the legal authority to make health care decisions, emergency versus on-going care, and the role of the family. The person & the LSN Provider has a copy of any documentation as to who the legal authority is (e.g., representation agreement, role of committee, power of attorney, etc.). A copy of such documentation is kept in the person's file. Information is included in the fact sheet.		
A. The person has a health care plan (HCP) that covers health care issues and required support. ***If the answer* is "NO" proceed to B.**		
Qualified health professionals are involved in the development of the health care plan and approve the plan in writing.		
The person, LSN Provider & support network are involved in the development of the health care plan (HCP) and specific protocols.		
Everyone providing support to the person is familiar with the HCP, its protocols, prescribed medications, their purpose & guidelines and receive the necessary training.		
LSN Provider ensures the health care is provided according to the HCP by all support providers.		
The LSN Provider monitors the effectiveness of the HCP and reports any change need to be made to the plan. Changes are documented and approved.		
B. The person has a safety plan or behavioural support plan that covers safety risk(s) and required support. ***If the answer is "NO" proceed to C.***		
Qualified Consultants are involved in the development of the safety plan or Behavioural support plan and approve the plan in writing. *The Safety Plan* must be approved and signed by the person's GP, family, CLBC, BACI and consultant.		
The person, LSN Provider & support network are involved in the development of the safety plan and specific protocols.		
Everyone providing support to the person is familiar with the safety plan and its protocols, prescribed medications & PRN purpose and guidelines and receives the necessary training.		
LSN Provider ensures the safety plan is implemented by all support providers.		
The LSN Provider monitors the effectiveness of the safety plan and reports any changes that need to be made to the plan. Changes are documented and approved.		
C. Other health requirements		
The person is provided with three square meals and snacks that are nutritious, appetizing and meet their special dietary requirements.		

The person is supported to maintain good oral hygiene and to care for health aids (e.g., dentures, glasses).		
The person has a G.P., dentist and any required specialists (e.g., neurologists, physiotherapist, and psychiatrist) and sees them as required.		
Symptoms of illness, significant changes in ongoing conditions (diabetes, weight loss/gain etc.) are monitored and medical attention is sought promptly when needed. These changes are reported to the LSN Manager promptly.		
LSN Providers are aware of how to respond to an emergency situation, including ways to support the person to evacuate the home under emergency circumstances.		
LSN Providers has an up to date first aid kit, emergency preparedness kit, fire extinguishers and smoke detectors.		
The person is supported to learn and practice what to do in the event of an emergency (fire, earthquake, and other emergencies).		
LSN Providers keep hazardous products (e.g., matches, cleaning agents, etc.) in locked areas away from the person when necessary for safety reasons.		
LSN Providers keep the home clean, organized, and free from hazards (e.g., obstructions, tripping hazards such as loose carpet, wires/extension cords, etc.).		
LSN Providers ensure that the home meets the person's accessibility needs (specialized systems and adaptations for the person with hearing/visual impairments, mobility issues etc.).		
LSN Providers promote safe practices with regards to life skills (e.g., carrying I.D., street safety, assertiveness skills etc.).		
LSN Providers promote safety precautions when the person is involved in high-risk activities (e.g. boating, hunting, bungie jumping). The support network and LSN manager must be informed prior to the activity.		
LSN Providers identifies the risk(s) in and around the person's life and there is a plan to mitigate these risks.		
LSN Providers has a guideline regarding smoking in the home and in the community that is respectful of non-smokers and smokers' rights and specific behavioural approaches.		
D. Medications		
LSN Providers & Respite Providers have completed Medication Administration Competency Training.		
LSN Providers store medication in a safe and discrete area.		
When the person takes medication independently, the LSN Provider monitors that medication is taken on time and reports if any medication is missed.		
When a PRN is prescribed, there is a protocol in place from the person's health care provider.		
List of Medication(s), purpose and side effects are kept in the home.		
LSN Provider updates LSN Manager of any medication changes promptly.		

When the answer is yes, please provide evidence to the LSN Manager (copies of HCP, legal authority, updated med list, protocols, diet plans, assessments, record of medical appointments, evacuation plans). **When the answer is no, please provide details of your plans to meet the goals**			
Evidence/Plan	**Person Responsible**	**Target date**	**Completion date**

Being Part of the Community

Standard: All people served through the Association are supported in ways that help them become and remain valued members of their community.

Indicator: The person is connected and has a strong sense of belonging in their community		
Service expectations	**Yes**	**No**
The person uses or is supported to use a variety of community services.		
The person is supported to develop relationships with other members of their community (e.g. neighbours, local shop owners etc.).		
The person is supported to have opportunities to contribute to their community in a way that is meaningful to them (e.g. employment, volunteer, clubs, places of worship etc.).		

When the answer is yes, provide evidence to the LSN Manager (copies of methods of support, CIRs). When the answer is no, please provide details of your plans to meet the goals.			
Evidence/Plan	**Person responsible**	**Target date**	**Completion date**

Personal Growth and Development

Standard: All people served through the Association are provided with opportunities and support to develop meaningful and usable skills. All people will be served in valued and supportive environments.

Indicator: *The person is confident and valued; they are contributing citizen in their community*		
Service expectations	**Yes**	**No**
The person involves their support network (family, friends, and advocates) in decision-making.		
LSN Provider provides support to the person in a way that respects their rights to make choices and decisions.		
Where appropriate, the person is supported to manage their responsibilities (administering their own medications, using public transit, managing their money, using the telephone etc.).		
The persons skill development is encouraged, supported, and reported during check-ins, home visits and is provided in writing upon request.		
The LSN provider supports the person to exercise and advocate for their rights around citizenship (please indicate how the individual participates as a citizen): • Voting • Employment • Volunteering • Community board member/club member • Advocacy group • Education/ training programs		
The LSN Provider has a way to model & provide opportunities to the person to learn about how to balance their rights & responsibilities (written, visual, augmented communication system, etc).		
The LSN Provider always considers and respects the person's right to privacy, confidentiality and dignity while providing support.		
A range of activities at home and in the community is offered to the person and they are supported to participate.		

When the answer is yes, please provide evidence to the LSN Manager (copies of methods of support, schedules, list of community involvement).

When the answer is no, please provide details of your plans to meet the goals.

Evidence/Plan	**Person responsible**	**Target date**	**Completion date**

Home Life

Standard: All people served through the Association are supported to keep safe and comfortable homes. All homes will reflect the tastes and meet the needs of those who live in them. People are supported to choose and lead their selected lifestyles.

Indicator: *The person lives in a home that they desire. It is clean & comfortable, has a positive atmosphere, and has things that are important to and important for them in it.*		
Service expectations	**Yes**	**No**
The person's right to privacy is respected (e.g., private telephone conversations, privacy in their room).		
The person is supported to participate in household activities (conversations, chores, etc.) and has designated responsibilities for example taking garbage out, recycling, etc.		
The person has the opportunity to personalize their room including pictures and mementoes of their history and culture.		
The person has access to household items and amenities (e.g., TV, phone, kitchen).		
The person is encouraged to develop a sense of ownership and belonging within the home. They take a role in planning social events and inviting their friends and family over.		
The person is supported to maintain a clean and organized home.		
The home and outdoor area is accessible to the person.		

When the answer is yes, please provide evidence to the LSN Manager (copies of methods of support, schedules, lists, calendars, photos). **When the answer is no, please provide details of your plans to meet the goals.**			
Evidence/Plan	**Person responsible**	**Target date**	**Completion date**

Documentation, Training and Orientation

Standard: LSN Providers and Respite Providers are trained to provide support in ways that explore and respect people's choices. This support focuses on ensuring personal safety and the promotion and maintenance of good health.

Indicator: *The providers are confident and knows their contractual obligations & responsibilities.*		
Service expectations	**Yes**	**No**
Information about the person and their support requirements are current, organized, and accessible to all support providers. Information includes but is not limited to; fact sheet & circle of natural safeguard, representation agreement or power of attorney or guardianship, current photo (of the person, his/her friends/family & acquaintances), missing person information, profile, health care plan (HCP), list of medications and medication administration guidelines, nutritional/dietary requirement, safety plan, behavioural support plans, protocols, support strategies, emergency procedures, etc.		
PRN protocols are updated.		
Personal financial management is documented. If the person is unable to manage their own financial affairs, the name(s) of people assisting & how the support is provided are included in this document.		
Person's finances are recorded and receipts and bank statements are readily available upon request (for people who are unable to manage their own finances).		
LSN Provider contracts with Respite Providers whose abilities are compatible with the needs of the person. They have training, and their Criminal Record Search has been processed by BACI and is up to date.		
LSN Provider provides the Respite Providers with the necessary orientation regarding the person's goals, support needs, health and safety practices, reporting requirements and where to find important information about the person.		
The LSN Provider and Respite Providers understand their responsibilities for responding to critical incidence, suspected abuse, and challenging behaviour and the documentation required and whom they should report to.		
LSN Provider and Respite Provider are readily available to the supported person.		
LSN Provider and Respite Providers work collaboratively with professional supports.		
LSN Providers and Respite Providers have a positive relationship with each other and the person that reflects mutual respect, trust, and ethical conduct.		
BACI's LSN Providers Guide and the contract were provided and reviewed with the LSN Provider.		

LSN Providers and Respite Providers participate in training relevant to the need of the supported person.		
Current and updated documents are sent to BACI's LSN Manager as outlined by the contract and/or upon request. Planning Documents Annual Report Fact Sheet Household Emergency Plan Shared Commitment Bathing Guidelines Hospital Emergency Form PRN Protocol (when applicable) First Aid Certificate Driver's License (when applicable) Driver's Abstract (when applicable) Vehicle Insurance Criminal Record Search Training Certificates such as CLBC Privacy, Competency Training, NCI, etc. Conflict of Interest (when applicable)		

When the answer is yes, please provide evidence to the LSN Manager (copies of accounting, support guidelines, emergency information, fact sheet, info about respite providers).

When the answer is no, please provide details of your plans to meet the goals.

Evidence/Plan	Person responsible	Target date	Completion date

Monitoring Tool Follow Up

Date:

Supported Person's Name:

LSN Provider's Name:

Outstanding Evidence: Documents, goals & plan to address issues/ concern	Completion Date	Date evidence reviewed/ received	LSN Provider's Signature