

# CREATING EXCELLENCE TOGETHER

## *Accreditation Level 1 Standards Guide to Changes*



**Alberta Council of  
Disability Services**

**2016 EDITION**

MEANINGFUL WORK  
**STRONGER**  
COMMUNITIES



# GUIDE TO CHANGES

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The purpose of this section is to help readers know what makes the 2016 version of the CET Accreditation Standards different from the 2013 version. This Guide to Changes includes as much detail as practicable. Please see the actual standards and indicators for the exact changes.

## Abbreviations Used in this Manual

- ACDS – Alberta Council of Disability Services
- AT – assistive technology
- CET – *Creating Excellence Together*
- EI – environmental interventions
- FOIP – *Freedom of Information and Protection of Privacy Act*
- GAAP – Generally Accepted Accounting Principles
- IFRS – International Financial Reporting Standards
- OHS – Occupational Health and Safety
- PIPA – *Personal Information Protection Act*
- PPCA – *Protection for Persons in Care Act*
- PPE – Personal Protective Equipment
- PRN – *pro re nata*

The next four abbreviations are used only in this Guide to Changes

- OF – *Organizational Framework*
- P&P – policy and procedures
- QL – *Quality of Life*
- QS – *Quality of Service*

## General

- “Individuals receiving service” has been replaced with “individuals accessing service” to better reflect the individual’s rights to independence and choice, as appropriate to their ages and abilities
- The notes under About these Standards have been changed from a paragraph format to having bullets that serve to break up blocks of text and improve comprehension
- Text boxes have been added to several pages to define important words, provide further information and/or include reference notes
- Many QL, QS and OF indicators are similar to indicators in the 2013 manual, but have been reworded to be more precise: For example
  - 2013: Staff are aware of the individual’s specific health needs and have the appropriate training to meet these needs
  - 2016: Staff meet the individual’s specific physical health needs and conditions through: (a) their knowledge and skills and (b) their training and the information they have learned

## Introduction to the Standards

- Moved the text about *Quality of Life, Quality of Service* and *Organizational Framework* to the introductory pages dedicated to those sections
- Brought over the text that had been in a separate section called Introduction to Accreditation Level 1, which resulted in deleting the former section
  - The sub-title for this text is Overview of Level 1
- Completely reworked the section on Use of Language to add more complete definitions and better separation of the terms being defined
  - The terms defined include
    - He, she: why we use alternating pronouns
    - Individuals: who CET is referring to and who else may be implied
    - Service or Services: with an explanation of why these are different than the terms programs and supports
    - Service provider: defined in relation to CET
    - Staff and/or Employees: with sub-points for subcontractors and volunteers
    - Training: with a sub-point for orientation
- Added a section for Aboriginals to give an overview of who are Aboriginals, First Nations, Inuit or Métis according to Federal regulations
- Moved the item called The Role of Others in the Decision-Making Process over from the QL and QS Standards section

## QL and QS Standards

### General Changes

- To streamline content and help readers better understand the relationship between QL and QS, every QL standard is directly followed by its corresponding QS standard
  - For example, Standards 1 and 13 are combined under the title “Homes”
  - This format is replicated in the Final Report
- The placement of the Outcome Statements for each standard has been moved so that the various parts of that standard are in the following order
  - About these Standards title and description
  - QL Standard Number and Outcome Statement
  - QL Indicators
  - QS Standard Number and Outcome Statement
  - QS Indicators
- In order to assess whether staff training has been effective or not, QS indicators related to learning have been reworded
  - Staff are now required to describe how they use their training, rather than only state that they have received training
- The former QS Standard 23, Behaviours of Concern, and QS Standard 24, Human Resources, have been integrated into related OF standards
- The Appendices has been expanded to include greater detail and background information about the Standards

## Standard-Specific Changes

- Standards 1 & 13: Homes
  - Previously Standards 1 & 12
  - Changes to the preamble and/or indicators address
    - functional rooms and adaptations
    - personal and welcoming atmospheres
    - the individuals' cultures being reflected in their homes
    - staff ensuring individuals can access this homes whenever they want
  - The former mandatory alternate indicator has been replaced with two alternate indicators that address
    - Service providers that do not provide residential supports
    - Service providers that provide limited residential supports only
- Standards 2 & 14: Choices and Decision Making
  - Previously Standards 2 & 13
  - Changes to the preamble and/or indicators address individuals making choices around possessions, transportation and spending
- Standards 3 & 15: Relationships
  - Previously Standards 3 & 14
  - Changes to the preamble and/or indicators address
    - learning about healthy relationships, building positive social skills, recovering from the consequences of unhealthy relationships and being removed from risky or harmful relationships
    - receiving help to overcome barriers to relationship building
  - Refers to Appendices
    - *Relationships and Community Inclusion*, a new appendix that addresses social circles, barriers to developing relationships and community inclusion
    - *Ethical Principles of the ACDS*
    - *Rights of Individuals Accessing Service*
- Standards 4 & 16: Rights
  - Previously Standards 4 & 15
  - Changes to the preamble and/or indicators address
    - considering individuals' rights in all of their service areas and includes examples
    - individuals' rights to
      - advocate for dignified and respectful treatment from others
      - access information to and be supported in matters concerning personal directives, advance care planning and end of life care
      - be part of decisions where their rights will be restricted
  - Refers to Appendices
    - *Ethical Principles of the ACDS*
    - *Rights of Individuals Accessing Service* (formerly Rights of Individuals Receiving Service) and features two new sections: Overview and Rights for Children
    - *Personal Control*, a new appendix that addresses, Transition Planning, Advance Care Planning, Personal Directives, Goals of Care Designations, Do Not Resuscitate Orders

- Standards 5 & 17: Personal Control
  - Previously Standards 5 & 16
  - Changes to the preamble and/or indicators
    - mention helping individuals overcome excesses in the areas of smoking; food, alcohol and caffeine consumption; and spending
    - include more information about and clarifies expectations around transitional planning
    - address doing individuals' personal care in a private and respectful manner (moved to *Personal Control* from *Rights*)
  - Refers to Appendices
    - *Personal Control* (see write up under Standards 4 & 16), in particular *Transitional Planning*
    - *Assistive Technology and/or Environmental Interventions*
- Standards 6 & 18: Community Inclusion
  - Previously Standards 6 & 17
  - Changes to the preamble and/or indicators address
    - individuals feeling safe in their communities
    - staff making contacts ahead of time to build connections and relationships
    - involving individuals in community activities not organized by service providers
    - fading out staff support
  - Refers to a new Appendix, *Relationships and Community Inclusion*, that adds details around full community inclusion
- Standards 7 & 19: Employment
  - Previously Standards 7 & 18
  - Now has only three scenarios (the 2013 standards had four) as noted below
    - Scenario 1: For individuals developing vocational skills
    - Scenario 2: For individuals actively seeking employment
    - Scenario 3: For individuals who are competitively employed or self-employed
  - Changes to the preamble and/or indicators address
    - additional expectations for individuals who are preparing for and then securing competitive employment (self-employment is now included in this area)
    - help for individuals to understand: their roles in seeking employment; employer expectations; and workplace culture
    - the concepts of self-marketing tools and PPE
    - safety mechanisms being in place while travelling to and from work, while at work, when the job requires the use of PPE
  - Refers to a new Appendix, *Employment*, that
    - outlines expectations for three employment scenarios
    - defines employment-related terms specific to Scenario 3
- Standards 8 & 20: Alternatives to Employment
  - Previously Standards 8 & 19
  - These standards
    - replace Scenario 4 (for the individual who is maintaining skills) of the former Standards 7/19

- are only applicable after all employment options and scenarios have been exhausted
  - apply to individuals who are unable to seek or maintain employment due to being of retirement age, having deteriorating physical or mental abilities, or being medically fragile
- Individuals will be assessed on either Standards 7/19 or 8/20, but not both
- Refers to new Appendix, *Alternatives to Employment*, that adds detail around
  - what is not considered alternatives to employment
  - support for individuals who are “retired” for whatever reasons
  - determining when to use these standards instead of the Employment standards
- Standards 9 & 21: Leisure
  - Previously Standards 9 & 20
  - Changes to the preamble and/or indicators
    - define what leisure is and why it is different than work-related activities
    - list types of leisure activities individuals might enjoy
    - address when activities require caution
    - address when contingency plans may be required
    - address individuals who participate in independent leisure activities (i.e., they do not want or need staff support).
  - A new alternate QS indicator requires staff to support individuals to make informed decisions around leisure interests
- Standards 10 & 22: Health
  - Previously Standards 10 & 21
  - Now has two parts
  - Part 1: Physical health: Changes to the preamble and/or indicators address
    - ensuring that the individuals’ medication is reviewed regularly and reflect any changes
    - accessing external resources related to physical health
    - staff using their knowledge, skills and training to meet the individuals’ needs
  - Part 2: Mental health, has all new QL and QS indicators: The preamble and/or indicators address
    - accessing resources, information and connections related to mental health
    - individuals having treatment plans
    - staff using their knowledge, skills and training to meet the individuals’ needs
  - Refers to
    - Appendix, *Positive and Restrictive Procedures*
    - new Appendix, *Physical and Mental Health*, that
      - provides expanded information around individuals taking care of their physical and mental health
      - addresses staff’s role in health care
- Standards 11 & 23: Safety
  - Previously Standards 11 & 22
  - Changes to the preamble and/or indicators
    - include additional details to address CET’s and the Ministry of Human Services’ focus on individual safety
    - emphasize the usefulness of conducting safety and risk assessments

- explain that safety exercises are needed for all hazards and not just fires
- address individuals feeling safe in their homes, work and community environments and vehicles used for transportation
- address ensuring the individuals’ environments are safe and hazard free
- address following protocols around water temperature checks and safe bathing procedures
- A new alternate QL indicator was added for individuals whose ability to ensure their own safety is inhibited
- Refers to Appendices
  - *Health and Safety*, that outlines service providers’ responsibilities in protecting the health and safety of individuals and employees
  - *Rights of Individuals Accessing Service*
- Standards 12 & 24: Abuse Prevention
  - Previously Standards 12 & 23
  - Additional QS indicator addresses staff’s responsibility to keep individuals safe and protected from potentially abusive situations, ongoing abuse, or allegations of abuse
  - Refers to Appendices
    - *Abuse Prevention*, a new appendix that addresses the different types of abuse and preventing and reporting abuse
    - *Positive and Restrictive Procedures*
    - *Rights of Individuals Accessing Service*

## OF Standards

### General

- OF standards follow this format
  - About this Standard description
  - OF Standard Number and Outcome Statement
  - OF Indicators
  - QS Indicators (where applicable)
- Former QS Standards 23, Behaviours of Concern, and 24, Human Resources, have been integrated into the following OF standards
  - 30, 31, 32, 33, 35, 37, 39, 40, 41, 44
  - These indicators follow the OF indicators and are introduced with a QS Outcome Statement (e.g., “Staff are supported to ...”)
- Numbering of all but two OF standards has changed
  - To reflect an individual’s progression from intake to service planning, Standard 46, Individuals Receiving Service Planning, has become Standard 26, Service Planning with Individuals
  - The numbering of all subsequent standards has increased by one
  - Only Standards 25, Intake, and 47, Financial Management, retain the same numbers
- General headings formerly given to each standard (e.g., Honouring Rights of Individuals, Health and Safety, Structure of Organizations) have been replaced with the actual title of each standard



- For example
  - Standard 25 is now Intake rather than Honouring Rights of Individuals
  - Standard 37 is now Medication Administration rather than Health and Safety
- About this Standard includes two new segments
  - Policies that support this Standard and Documentary Evidence that supports this Standard
  - Only standards that require Policy and/or Documentary Evidence will have these sections
  - Information provided in these segments match information provided in the Self-Study Guide
- The About this Standard section is more comprehensive than before
  - The emphasis is on the responsibility of services providers to create a culture within the organization that
    - provides quality of life
    - demonstrates commitment, competency and diligence towards the work of the organization and the wellbeing of staff and individuals accessing service
    - embraces the requirements of accreditation
    - makes them employers of choice
  - This section includes expanded information, examples and definitions
- Text boxes have been added to many pages to make definitions, citations or additional information stand out
- Regarding policies and procedures
  - All indicators that ask about P&P have been placed at the top of the list of indicators (for standards that require them)
  - Each indicator that asks about P&P is immediately followed by an indicator that is looking to see if practice is consistent with P&P

## Standard-Specific Changes

- Standard 25: Intake
  - Changes to the preamble and/or indicators address
    - two major activities involved in the orientation process for new individuals: assessments and orientation
    - full disclosure
    - non-discriminatory criteria
- Standard 26: Service Planning with Individuals
  - Previously Standard 46
  - Changes to the preamble and/or indicators address
    - transition factors such as personal directives and advance care planning
    - factors that are unique to the individuals' cultures and traditions
- Standard 27: Rights
  - Previously Standard 26
  - Changes to the preamble and/or indicators address
    - cultural rights
    - how guardians and family members may influence, determine or exert authority in regards to the individuals' rights

- Standard 28: Concern Resolution
  - Previously Standard 27
  - Adds detail around documenting concerns
  - Changes to the preamble and/or indicators address
    - assessing individuals' understanding of the concern resolution and appeal processes
    - conducting regular check-ins with individuals and guardians to ensure safe environments for sharing concerns
  - Refers to a new Appendix, *Employee Training and Development*, that address training around Aboriginal needs
- Standard 29: Abuse Prevention
  - Previously Standard 28
  - Refers to a new Appendix, *Abuse Prevention*, that addresses the different types of abuse and preventing and reporting abuse
- Standard 30: Confidentiality
  - Previously Standard 29
  - Changes to the preamble and/or indicators address
    - PIPA, Alberta's private sector privacy law
    - safeguarding electronic information (e.g., password protection, staff training on using electronic documents and information) in order to protect individuals' confidentiality
  - Moved indicators around full disclosure when individuals transition to another service to Standard 35, Risk Management
  - Two QS indicators address staff's protection of individuals' confidentiality when using electronic devices and media, and throughout their daily interactions
  - Refers to Appendices
    - FOIP and *Records Management Regulation*
    - *Informed Consent*
- Mandatory Standard 31: Unanticipated Situations and/or Behaviours of Concern
  - Previously Standard 30
  - Changes to the preamble and/or indicators address
    - the differences between unanticipated and anticipated situations or behaviours of concern (in a table)
    - staff's training in non-violent crisis intervention to meet industry standards
  - Gives greater detail on
    - responding to unanticipated situations or behaviours of concern
    - approaches vs. plans
  - One QS indicator addresses staff's responsibility to follow P&P when responding to unanticipated situations or behaviours of concern
  - Refers to Appendices
    - *Positive and Restrictive Procedures*
    - *Rights of Individuals Access Service*
- Mandatory Standard 32: Planned Positive Procedures
  - Previously Standard 31
  - Includes a list of potential benefits for individuals who have planned positive procedures in place (e.g., self-regulation)

- Explains
  - why planned positive procedures are not the same as protocols for ensuring that individuals without behaviours have a good day
  - how to help individuals with issues of excess, compulsions, or dependencies (e.g., smoking, eating, drinking, debt control)
- A table outlines the differences between a qualified person and a qualified professional
- Two QS indicators address staff's understanding of any planned positive procedures that are in place
- Refers to Appendices
  - *Positive and Restrictive Procedures*
  - *Rights of Individuals Access Service*
- Mandatory Standard 33: Planned Restrictive Procedures
  - Previously Standard 32
  - Indicators that are not applicable to certain service providers have been split into two categories
    - service providers that do not use planned restrictive procedures as per policy
    - service providers that do not have any planned restrictive procedures currently in use
  - Two QS indicators address staff's understanding of planned restrictive procedures that are in place
  - Refers to Appendix, *Positive and Restrictive Procedures*
- Standard 34: Assistive Technology and/or Environmental Interventions
  - Previously Standard 33
  - Changes to the preamble and/or indicators address
    - advocating for ease-of-access equipment
    - using qualified professionals to recommend solutions and to monitor assistive devices
    - using AT and/or EI guidelines to promote safety and independence
    - obtaining informed consent before using AT and/or EI
  - Refers to Appendix, *AT and/or EI*
- Standard 35: Risk Management
  - Previously Standard 34
  - Changes to the preamble and/or indicators address
    - having organizational risk management and doing assessments
    - having a plan for safe practices in all environments
    - creating a culture that embrace risk management
    - demonstrating risk management in day-to-day operations
    - reporting serious incidents as per OHS requirements
    - ensuring full disclosure when individuals transition to another service
    - using risk management systems that include proficiency assessments and random checks
  - One QS indicator addresses staff's understanding of their roles and responsibilities in managing risk
  - Refers to a new Appendix, *Risk Management*, that includes additional detail around risk management

- Standard 36: Health and Safety
  - Previously Standard 35
  - Now has two scenarios with accompanying indicators
  - Scenario 1: Employees
  - Scenario 2: Individuals Accessing Service has all new indicators that address
    - policy and procedure requirements
    - the sharing of individual-specific health concerns with staff
    - mock safety exercises
    - water temperature safety and safe bathing protocols
    - relationships and related topics (e.g., barriers, healthy)
    - the appropriate use of internet and social media
    - alternate medical services
  - Refers to a new Appendix, *Health and Safety*, that outlines the service providers' responsibilities in protecting the health and safety of employees and individuals
- Standard 37: Medication Administration
  - Previously Standard 36
  - Now has two scenarios with accompanying indicators
  - Scenario 1: The service provider administers medication
    - Two QS indicators address staff's understanding of medication administration, medication errors or refusals and follow up
  - Scenario 2: The service provider does not administer medication has all new indicators that, with the preamble, address
    - a requirement to have P&P that states that it does not administer medication
    - staff knowledge of self-administered medication and of following up on medication incidents
  - Refers to Appendices
    - *Medication Administration* and its sections
      - *Medication Administration Training Guidelines*
      - *Monitoring Medication Administration*
    - *Positive and Restrictive Procedures*
- Standard 38: Human Resources Planning
  - Previously Standard 37
  - Changes to the preamble and/or indicators address
    - having service models that include contingency plans (e.g., to cover off emergencies, accidents, vacations, leaves)
    - considering the accommodation needs of the service providers' workforce in relation to support and service requirements
- Standard 39: Human Resources Policies and Procedures
  - Previously Standard 38
  - Changes to the preamble and/or indicators address
    - conducting employee background checks that are consistent with the requirements of this sector (e.g., Criminal Records Checks)
    - supporting employees during any allegation of wrongdoing
    - defining conflict of interest for staff in policy
    - having a code of conduct (formerly in Standard 39 of the 2013 version)

- Six QS indicators
  - five were formerly under QS Standard 24, Human Resources
  - a new indicator addresses benefits and resources offered by human resources
- Refers to a new Appendix, *Human Resources Policies and Procedures*, that addresses employee file management, employee disclosures of criminal convictions and pending allegations
- Standard 40: Employee Success
  - Previously Standard 39
  - Changes to preamble and/or indicators address
    - having policy around the hiring of subcontractors
    - being an employer of choice (e.g., staff feel that they belong to a team whose work contributes to the organizations' success and is important, valued and respected)
  - A new QS indicator addresses how staff feel the service provider supports them to succeed at their work
  - Refers to a new Appendix, *Employee Success*, that describes characteristics of employers of choice
- Standard 41: Employee Training and Development
  - Previously Standard 40
  - Changes to the preamble and/or indicators address
    - providing training for all employees, including subcontractors and volunteers when appropriate
    - having training that meets industry standards
    - customizing training for a diverse workforce
    - assessing staff for competency and proficiency around training received
    - providing specialized training on the Complex Support Needs Review and on sensitive topics (e.g., end of life care, gender choices, intimacy)
  - Replaced the list of Examples of Training and/or Information Required (from the 2013 version) with two lists of minimum mandatory training requirements (taught by either qualified professionals or other means)
  - One QS indicator added to address staff being competent in and having the skills to implement training received
  - Deleted the mandatory alternate indicators from the 2013 version
  - Refers to a new Appendix, *Employee Training and Development*, that
    - contains the *Additional Workplace Learning* training list from the 2013 version of Standard 40, plus training around cultural expectations and serving specific cultural groups
    - addresses proficiency assessments and recertification
    - addresses additional workplace learning and grief training
- Standard 42: Employee Satisfaction
  - Previously Standard 41
  - Changes to the preamble and/or indicators address staff “buy in” from being included in the development of human resources processes
  - Deleted mandatory alternate indicators for independent service providers that do not have employees (but have volunteers and/or subcontractors)

- Standard 43: Governance Structure
  - Previously Standard 42
  - Changes to the preamble and/or indicators address
    - operating a social enterprise
    - the value of receiving regular input and feedback from stakeholders
    - ensuring that service providers are in compliance with all applicable legislation and regulations
  - Added Scenario 3: The service provider has a process for making decisions and a governance structure that
    - is tied-in to multi-leveled institutions and organizations and, therefore, receives accreditation for specific services only
    - is subject to the governance of a larger organization that oversees the services being accredited (e.g., Alberta Health Services, YWCA)
  - Deleted mandatory alternate indicator for independent service providers along with the detailed responsibilities of boards of directors and owners/operators
  - Refers to a new Appendix, *Governance Structure*, that outlines the roles and responsibilities of boards of directors and owners/operators and addresses conflicts of interest
- Standard 44: Outcome Evaluation
  - Previously Standard 43
  - Changes to the preamble and/or indicators address
    - all the uses and benefits of a properly utilized strategic plan
    - needing senior management to understand their organization's entire outcome evaluation system, how it relates back to the strategic plan and what goals pertain to the different levels of the organization
  - One QS indicator that requires staff to know how to use the organization's data collection system
  - Refers to a new Appendix, *Outcome Evaluation*, that provides information on outcomes and outputs, outcome evaluation and outcome goals
  - Refers to the ACDS online webinar, *Outputs and Outcomes*
- Standard 45: Purpose and Values
  - Previously Standard 44
- Standard 46: Overall Planning
  - Previously Standard 45
  - Changes to the preamble and/or indicators address
    - business continuity planning and annual reviews of the plan
    - information management that utilizes technology advancements
  - Lists two resources to assist service providers in business continuity planning
- Standard 47: Financial Management
  - Changes to the preamble and/or indicators address
    - financial reporting and accounting standards, known collectively as GAAP (non-profit organizations) and IFRS (for-profit organizations)
    - aligning fiscally with government
    - maintaining accurate employment and payroll records
    - managing employee records as they relate to payroll and pay administration
    - determining and charging service fees