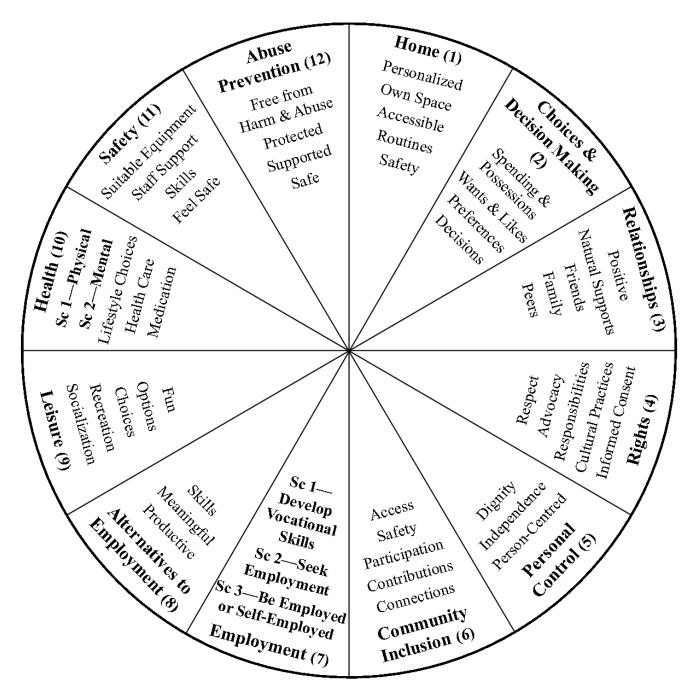


CET QUALITY OF LIFE WORKBOOK





Sc = Scenario

April 2017



Instructions

ACDS has created this preparation booklet as a tool for service providers to use with staff to help individuals accessing services to prepare for their participation in a Creating Excellence Together (CET) site survey. The information in this tool is based on the CET 2016 Standards.

Each *Quality of Life* standard has one page dedicated to highlighting relevant questions that may be asked during the site survey conversations. By attaching policy and procedure and/or other relevant documents that support or relate to each standard, service providers can use this document to build a complete, organization-specific preparation kit.

References

Complete information on the CET 2016 Standards, including a full listing of the standards and indicators, is available in the Accreditation Level 1 manual. The manual also includes a section called *Areas to Explore* that provides more in-depth questions under each standard for the benefit of staff and individuals.



Standard 1: Homes





- □ How were you involved in making decisions regarding where you live?
- □ If you were not involved in the decision, why not? (e.g., no other option, incarcerated, living in a facility)
- □ What do you say or how do you act towards the people you live with? Are you friends?
- \Box If not, how do you get along in the home?
- □ What makes your home look and feel like a home?
- □ Do you have you own private space?
- □ Do you feel safe in your home?
- Do you have your own pictures and belongings in the home?
- \Box Do you have the space that you require to meet your needs?
- \Box Does your current home meet your needs?
- □ How has the service provider or staff changed or adapted your home to meet your needs?
- □ If you don't have residential services from this service provider
- □ How does the service provider staff guide you on residential matters?
- □ Do you feel safe in your home?

□ If you don't feel safe, how can staff help you to feel safe?

□ What type of safety equipment or procedures does your home have?



Standard 2: Choices and Decision Making





- □ What are some examples of when you make your likes and dislikes known in the following circumstances?
- □ What wants or likes cannot be met? Why not?
- □ How do you make choices about what activities and events you want to participate in?
- □ How do staff support you to make choices about the activities and events you want to participate in?
- □ What information did you get about possible outcomes of the decisions you make?
- Do you feel that you can now make an informed decision?
- □ What are some examples of when you make decisions about everyday events in your life?
- \Box How are you given a say into what the house or team rules are or will be?
- □ What are some possessions that you own that you use on a daily basis?
 - □ Did you get to choose these possessions? Why or why not?
- Do you know how much money you have to spend on a daily basis?



Standard 3: Relationships



- \Box Who do you call your friends?
- □ Who do you regularly spend time with and what are their relationships to you?
- □ Do you understand what people say to you?
- □ Who are the people that acknowledge you during your day?
- Do people take the time to explain things to you if you don't understand?
- Do you feel that you are spoken to in a way that you can understand?
- □ What are some examples of activities, holidays, or events when you spend time with friends and family?
- Do you understand that relationships with friends and/or family are important? Why or why not?
- \Box Who do you like to share good news with?
- Do you have a friend or family member you prefer to be with over any other?
- □ What locations or events would you choose to attend where you could spend time with friends and/or family?
- □ What are some examples of places where you have met new people?
- □ What kind of resources and information can you access to learn about relationships?
- □ What kind of barriers do you face around meeting people?
- □ Whom can you turn to for support when barriers make it difficult to make friends or form relationships?



Standard 4: Rights



- □ Can you explain what your legal rights are and how they are meant to protect you? Why or why not?
- □ How did you learn about your rights?
- Do you understand the difference between legal and human rights? Why or why not?
- □ Are your rights restricted in any way?
- □ How did you give your consent to the process?
- □ What is a responsibility?
- □ What are your responsibilities to respect the rights of others?
- □ Do you know that you have a plan where you can state your goals and how you are going to reach those goals?
- □ How are you in control of the planning process for your services?
- □ Do you feel that your nationality, ethnicity, cultural practices and/or lifestyle keep you from being treated the way you would like to be treated? How?
- □ How do you celebrate your individual beliefs, lifestyle and/or culture?
- □ Has anyone spoken to you about personal directives, end of life care or advance care planning?



Standard 5: Personal Control

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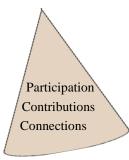
Dignity Person-Centred Independent

- □ In what ways do you feel in charge of your life?
- Do you feel satisfied with the level of independence that you have achieved? Explain.
- □ Who talks to you about decision making and choices?
- □ What choices have you made recently?
- □ What would you do or who would you talk to if others don't show respect for your personal space or if they invade your privacy?
- □ What private space do staff use to help you with personal care?
- □ How does the person who helps you with personal care make you feel comfortable?
- □ Do you know how to use your Assistive Technology (AT) and/or Environmental Interventions (EI)? Explain.
- □ Who helps you use your AT and/or EI if you need it?
- □ What role do you play when planning things in your life?
- □ What decisions or input do you have?
- □ What areas in your life require transitional planning?
- □ What role do you play in your transitional planning?



Standard 6: Community Inclusion

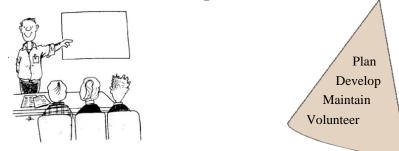




- □ What do you like to do during the week?
- □ What kinds of community facilities do you go to?
- \Box Is there opportunity for you to contribute in these activities? Give examples.
- □ Who do you know in your community?
- □ How often do you invite people to join you for a meal or coffee? Give examples.
- □ What opportunity do you have to interact with people whose values, attitudes and skills are different than your own?
- □ What do you do to contribute to your community?
- □ What community activities are you involved in that are not organized by the service provider?
- □ What is needed so you can continue participating in your community?
- □ What information are you able to find about your interests in the community?
- □ What opportunities are you given to access your interests in the community?
- □ In what ways do you feel accepted and treated like everyone else?
- □ Do people from the community wave and greet you? When? Where?
- □ What makes you feel safe while you are in the community?
- □ How do staff support you to feel safe in the community?



Standard 7.1: Employment – Individuals develop vocational skills



- \Box In what ways do you feel that you are spending your time usefully?
- □ What options do you have to develop new skills?
- □ What is your level of involvement in the community within these skill-development activities
- □ What do you do for volunteer work?
- □ What training and/or information did you receive to do this work?
- □ What benefits do you receive from your volunteer work?
- □ Do your activities and where you do them give you opportunities to develop new skills or to maintain skills you already have?
- □ How do you and your support system evaluate whether your skill-based activities are still meeting your personal, intellectual and social needs?



Standard 7.2: Employment – Individuals actively seek competitive employment





- \Box What is the process for you to gain employment?
- \Box What are some of your options?
- □ What information, training and/or work experience are you getting to help you in your work plan?
- □ Do your options match your interests?
- □ How did you determine what you want to do for employment?
- □ Who can you talk to when you have questions about getting a job?
- □ Would you feel confident attending a job interview?

□ If not, what would make you feel more confident?

- □ How have you been supported to have a job interview or contact an employer?
- □ What modifications does your workspace need?
- □ How do the jobs that you are considering fit into your role within your community, your interests or your hobbies?
- □ What opportunities are there for you to build relationships with co-workers at the worksite?
- □ How does your work plan give you opportunity to develop new skills?
 - □ How are these new skills helping you find work?
- □ How are your employment goals evaluated and/or re-evaluated?



Standard 7.3: Employment – Individuals are competitively employed or self-employed





- □ How did you decide what you want to do for work?
- □ How did you get your job?
- □ What information were you given to help you choose this job?
- □ What training were you given?
- □ Are you being paid fairly for the work you are doing?
- □ If there was a time when there was a problem at work and you required support, how were you supported?
- □ How do you communicate with your employer about work-related issues?
- □ How could you become more involved in your workplace?
- \Box What do you need so you can keep working long term?
- □ Do you spend time with peers during non-work time?
- □ Do you feel included at work? Explain.
- □ What chance does this job give you to develop new skills (e.g., job related skills, social skills, financial skills)?
- □ How are your employment goals evaluated and/or re-evaluated?
- □ If you decide to leave or change jobs, what support will you be given?
- □ What mechanisms are in place to ensure your safety while travelling to and from work?



Standard 8: Alternatives to Employment



- □ What assessment has been done to find out if you are able to complete skill-maintaining activities?
- □ What do you do to spend your time usefully?
- □ How do your monthly activities fit into your role within your home and community, your interests or your hobbies?
- □ If you are you at a facility is it by choice (i.e., an informed choice) or is there something else you would rather do?
- □ How could you become more involved in the areas that interest you in your community?
- □ How do you decide when you will do your activities?
- □ How do you change your schedule if you are not satisfied with it?
- □ How does the activity and where it is give you an opportunity to maintain skills?
- □ Who do you spend time with during your activities?
- Do you spend all your time in activities with the same people?
- □ How do staff support you to invite or connect with someone new?
- □ How do you evaluate whether your skill-based activities still meet your personal, intellectual and social needs?



Standard 9: Leisure





- □ How do you spend your leisure time?
- □ What types of activities do you do for fun?
- □ Are you happy with your leisure activities and how they get you involved with your community? Why or why not?
- □ What interests do you share with other people you know, with or without disabilities (e.g., social circle, friends, family, roommates)?
- □ What opportunity do you have to interact with people whose values, attitudes and skills are different than your own?
- □ How are your leisure activities impacted by other things in your life?
- □ What are some of the leisure interests that you have pursued in the last six months?
- □ How do these activities increase your level of confidence?
- □ Why types of leisure activities do you participate in on your own?



Standard 10: Health – Scenario 1: Individuals take care of their physical health

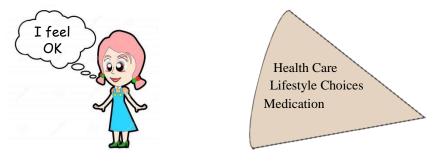




- □ How do you let others know that you have any health, mobility, or physical problems?
- Do you see your doctor or dentist regularly?
- □ How do you let others know that you are satisfied with how your health and physical needs are being looked after?
- □ What is the right way to take your medications (e.g., amount, frequency, route, with or without food)?
- \Box As you understand it, what is the medication for?
- □ What do you do to stay healthy?
- □ What lifestyle choices do you make for yourself?
- □ How often is your medication reviewed?
- Do you know if you take any medication because of behaviour?
- Do you know if you take any medication because of your behaviour?
 - \Box What does the medication do for you?
 - □ How did you consent to this medication?



Standard 10: Health – Scenario 2: Individuals take care of their mental health



- □ How do you let others know that you have any mental or emotional issues or problems?
- Do you see a psychologist, counsellor or other mental health professional about your mental health needs?
- Do you feel comfortable talking with staff about your mental health concerns?
- □ How do you access information about mental health?
- □ What kind of resources can you access regarding your mental health?
- □ What do you do to maintain good mental health?
- □ Do your lifestyle choices support good mental health? For example, are you eating healthy food, getting regular exercise, getting enough sleep, dealing with stress?
- □ What is your treatment plan that supports your mental health?
- □ What routines do you follow that supports your mental health?



Standard 11: Safety



Feel Safe Safety Skills Staff Support Suitable Equipment

- □ What safety equipment is in your home?
 - \Box In your work?
 - \Box At your day placement?
 - □ When being transported in accessible transportation?
- □ How often do you take part in mock safety exercises?
- □ What are the safety rules and procedures in your home?
 - \Box In your workplace?
- □ Has a safety assessment been done to identify your safety needs?
- □ If you are not able to understand or use the equipment correctly, what supports are in place to help?
- □ What would you do to get help in an emergency?
- □ What services and supports are in place to help you be safe?



Standard 12: Abuse Prevention





- □ Have you been or are you being mistreated by anyone you see regularly (e.g., staff, co-workers, friends, family members)? Explain.
- □ How do staff encourage others to get to know you so you have support other than them?
- \Box What is abuse?
- □ Whom would you talk to if you were afraid or were being abused?
- □ What support did you receive to help you during any concern or allegation of abuse?
- □ What is done to keep you safe from abuse?
- □ What are some things that you learned from the information received?
- □ How did you learn about the various types of abuse (e.g., physical and sexual abuse, physical neglect, emotional abuse, financial abuse)?