



# Operational Review of Braemore Home Corporation



**Final Report**  
**October 2011**

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# Context

***“Government has a responsibility to look after our most vulnerable people,  
and we take this responsibility very seriously.***

***We want to be sure we fully understand how and why this happened.***

***We will work with Braemore in the future to ensure residents are safe and that they, and staff,  
are getting the support that they need.”***

*- Minister Denise Peterson-Rafuse  
NS Department of Community Services  
March 14, 2011*

# In March 2011, Minister Denise Peterson-Rafuse announced a review of Braemore Home Corporation, in response to findings of abuse

- Since its opening in 1975, Braemore Home Corporation of Sydney, Nova Scotia, has provided residential and other services to people with a range of special needs, from mental health issues, intellectual disabilities, to severe autism.
- Braemore Home is funded by the Nova Scotia Department of Community Services, Services for Persons with Disabilities Program (DCS-SPD) under the *Homes for Special Care Act*.
- In December 2010, an arm of government investigated allegations of abuse against a 21-year old resident with severe autism, living at Braemore Home.
- While no malice or intentional neglect was found, the investigation found sufficient evidence to support four findings of abuse pursuant to the Protection of Persons in Care Act, constituting a failure to provide adequate care.
- In response to these findings, the Minister of Community Services, the Honourable Denise Peterson-Rafuse, announced that a review would be conducted. The objectives of this work were to understand *why* the abuse occurred, and how to prevent it from happening in future.
  - Deloitte was selected to conduct an operational review of the Braemore Home Corporation, within nine Terms of Reference (see page 5).
  - These terms of reference were selected not only to assist in understanding the underlying causes of this incident, but to keep clients safe with practical recommendations that would improve conditions in the home.
  - “How” this incident happened is described in detail in the confidential report prepared by the Protection for Persons in Care, whereas the “why” is described in this document.
- At the Minister’s urging, Deloitte has gone beyond recommendations to enhance “safety”, and has proposed recommendations aimed at:
  - Changing core beliefs about services for individuals with disabilities, and making fundamental improvements at Braemore Home so it can provide an enhanced quality of life for all clients;
  - Improving the ability of the DCS-SPD program to better plan for, fund and monitor residential services delivered on its behalf;
  - Increasing the capacity of the system to deliver more effective support for persons with disabilities, so that they may reach their full potential as people and citizens.

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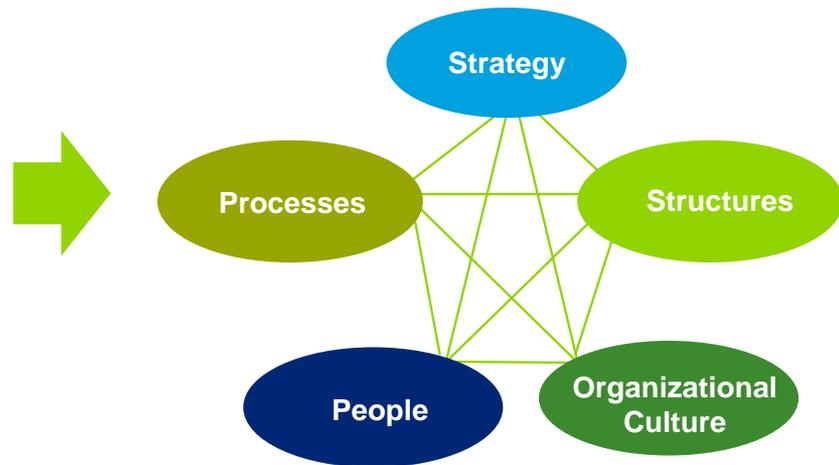
# Deloitte used a conceptual framework to assess Braemore's operations, aligned with the Terms of Reference for this review

- A conceptual framework is often helpful to assist in capturing observations and making recommendations. The framework used in this operational review describes the five (5) core elements of an ideal residential environment. It is a framework often used by Deloitte to assess organizations.
- The strategic and operational capabilities of Braemore Home Corporation were assessed against best practice attributes for each of these elements.

## Terms of Reference

1. Client Services
2. Communications
3. Governance
4. Operational Processes
5. Organizational Culture
6. People
7. Physical infrastructure
8. Strategic Plans
9. Structure and Organization

## Elements of an Ideal Residential Environment for People with Disabilities



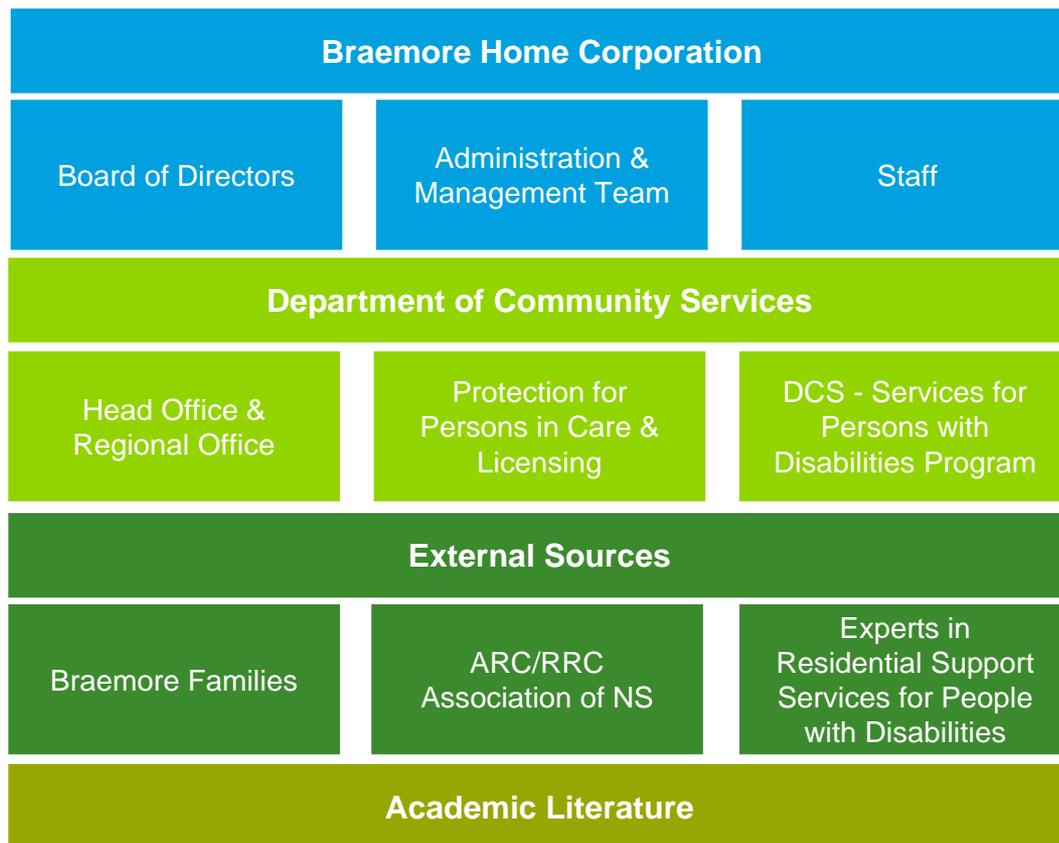
# The project was initiated in April 2011, and followed a four phase process of data collection and analysis

- To complement its operational review team, Deloitte engaged subject matter expertise from the field of residential facilities for people with disabilities and long-term care, and services for people with autism.
- A four phase approach was used to complete this work. Key activities are described in the diagram below:



# Data was collected through consultations, a web-based staff survey, and expertise in residential services for people with disabilities

- Deloitte’s operational review was enhanced by expertise from two subject matter experts:
  - Neil Walker, Director of Education & Capacity Building, Kerry’s Place Autism Services in Ontario;**
  - Conrad LeBlanc, Administrator, High-Crest Enterprises, Springhill, Nova Scotia.**
- Consultation was done through individual and group interviews with the Braemore Home Board of Directors, management and staff, as well as union leaders.
- Consultation was also done with the Nova Scotia Department of Community Services leadership and staff from Head Office and from Eastern Region.
- Analysis of academic literature, historical client data, historical staffing data, and funding data was performed.
- A web-based survey was used to collect a broad range of staff opinions and perspectives.
- The following diagram illustrates the organizations and individuals consulted in this work.

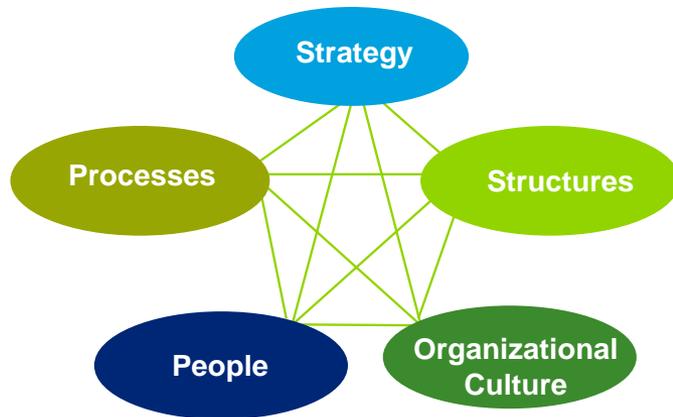


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# Five key elements must be in balance in a well-functioning residential environment for adults

- What do we mean by a “well-functioning residential environment”? There are five inter-connected elements of an ideal residential environment for people with disabilities. All must be in place to create a well-functioning system.



- On the following page we summarize Braemore Home’s effectiveness as a residential environment for people with disabilities.
- We encourage the reader to imagine what it would be like for staff, managers, senior leadership, clients, and families, if all of these elements were in place.

Element	Definition
Strategy	<ul style="list-style-type: none"> <li>• Clear, long-term direction for Braemore Home established by its vision, mission, values, goals and a strategic plan</li> <li>• Supported by the vision of the Department and enabled by its methods</li> </ul>
Structures	<ul style="list-style-type: none"> <li>• Division of labour, authority, decision-making and accountability are clear and supportive of Braemore’s objectives</li> <li>• Staffing practices, and standards of support align with Braemore’s preferred model of client support</li> </ul>
Organizational Culture	<ul style="list-style-type: none"> <li>• The way things are done (values, norms, decision-making patterns, leadership, behaviours, reward system, policies) is aligned with best practices in services for people with disabilities</li> </ul>
People	<ul style="list-style-type: none"> <li>• Having the right people with the right skills available at the right time to deliver quality client services</li> </ul>
Processes	<ul style="list-style-type: none"> <li>• Necessary supports are in place to allow client service to be delivered efficiently and effectively</li> <li>• Individualized Program Plans that detail intervention &amp; support strategies leading to maximum personal independence are created, implemented, monitored and revised as required</li> </ul>

## Our analysis and observation shows that there are several areas in which Braemore and DCS' performance is effective

- It is the nature of an operational review such as this, to point out areas for improvement. Although these reviews can be challenging, it must be pointed out that the Department of Community Services and Braemore Home were engaged and helpful in the process.
- We have observed a number of other areas which are positive and also need to be highlighted:
  - There is a tenderness and genuine affection between staff and clients, many of whom seem happy. It must be noted that many staff have worked over decades with Braemore clients, and consider them part of their family;
  - Braemore Home senior administration, managers and direct support staff willingly gave of their time and ideas for this review;
  - Over 70% of respondents to the employee survey reported that they are satisfied in their jobs;
  - Braemore's operating policy and procedure development process is thorough and its policies are extensive;
  - Arrangements have already been made for a large number of Braemore staff to participate in specialized autism training in the fall of 2011;
  - A large percentage of staff told us they are open to new and better ways of working.
- Additionally, some of the observations made in this report have been noted in other reviews (such as in the Auditor General's report from 2010). The Department has already made some progress on some of these recommendations.

# Our analysis shows that Braemore Home does not meet expectations for a well-functioning residential environment

- When compared to the elements of an ideal residential environment, our analysis shows that Braemore’s current performance does not meet expectations. The analysis is summarized below.

Element	Definition	Rating*
Strategy	<ul style="list-style-type: none"> <li>Braemore’s strategy is unclear and does not guide its operations in a meaningful way. It appears that client support decisions are made by clinical staff and not aligned with best practice in residential service delivery.</li> <li>Braemore’s quality management and performance indicators do not appear to measure actual performance, nor do they drive operational change or behaviour.</li> <li>DCS does not have a clear strategy to guide service providers by setting standards of support and clear practices for programming and spending. Its funding strategy does not accurately address client support needs, the providers’ actual operating needs, or long-term strategic projects such as replacement of aging infrastructure.</li> </ul>	●
Structures	<ul style="list-style-type: none"> <li>Braemore’s organizational structure does not effectively support its stated mission.</li> <li>Strained labour relations and traditional staffing practices (some established by collective agreements) limit the flexibility for managers to assign staff based on operational need and unique client support needs.</li> <li>DCS limits its oversight to licensing compliance and to protection from harm (under the Protection of Persons in Care Act). It does not play an active role in overseeing or monitoring the performance of service providers. Additionally, DCS has not established accountability and expectations for client service with Provider Service Agreements, although a draft has been prepared.</li> <li>DCS has not provided staffing standards for the sector, leading to variability in client supports.</li> <li>Braemore’s Board of Directors has a limited composition of membership, and does not appear to operate with good governance practices (such as leveraging external expertise, active monitoring of organizational and management performance, or establishing board committees).</li> </ul>	●

\* The legend for the symbols in the tables is as follows:

●	Little progress toward ideal; significant gap
●	Moderate progress toward ideal; still sizable gap
●	Good progress toward ideal; little or no gap

# Our analysis shows that Braemore Home does not meet expectations for a well-functioning residential environment (cont'd)

Element	Definition	Rating*
Organizational Culture	<ul style="list-style-type: none"> <li>Braemore embodies an institutional or custodial model of “care” rather than the preferred practice of a “culture of support” (participative living). In a culture of support, the people living there do for themselves while the staff support them to participate with as much independence and motivation as possible.</li> <li>Residents do not have specific goals for independent living (e.g., transition plans for residents who could live in the community). Identified skill development needs (e.g., communication skills) are not quickly addressed.</li> <li>There is evidence of a command-and-control management style, as well as ineffective management practices at all levels. Adversarial relations between leadership and staff undermine client support and a team-based approach. There is a climate of mistrust and suspicion, and use of grievance processes instead of dialog between union and management. The “team” does not appear to include direct support staff, and also lacks critical services.</li> <li>There is limited evidence of persistent attempts to change the status quo or to propose bold solutions. Family involvement is patchy, with a significant number of families wanting greater communication and involvement than today.</li> </ul>	
People	<ul style="list-style-type: none"> <li>There is genuine affection between staff and residents, and clients appear happy, but neither may be aware of any alternative future or approach to client service.</li> <li>Staff receive the right training to do the work they are assigned, however the culture and lack of teamwork undermines it. Staff report they do not feel respected in their community.</li> <li>There are several examples of roles and responsibilities that are not aligned with best practice in client support or with operational needs.</li> </ul>	
Processes	<ul style="list-style-type: none"> <li>Braemore has developed comprehensive policies and procedures to guide day to day operations.</li> <li>Its processes for planning client support need improvement, particularly with regard to setting out client goals and outcomes, and with monitoring the effectiveness of the support plan.</li> <li>There is evidence of broken communications and issues escalation procedures between Braemore and families, Braemore and DCS, and with staff and senior management.</li> </ul>	

# We believe there are three underlying causes to the incident in question

- The issues underlying the abuse incident are complex, and rooted in Braemore Home's origins, relationship with the Department of Community Services, and fundamental attitudes and beliefs about the clients they support.
- Three issues were ultimately responsible for the abuse incident, increase the risk of future incidents and will prevent Braemore from moving beyond the current situation.
- The three key factors are described in summary form in the following pages.

1

**Braemore Home's organizational culture and practices are counter to its mission**

2

**The Department of Community Services and Braemore Home's Board of Directors have not challenged or supported Braemore to do better**

3

**Outdated physical infrastructure is perceived by DCS and Braemore as a significant barrier to program improvement**

# Although we observed no wilful neglect, Braemore’s culture and practices are outdated and have diminished client quality of life

1

## Braemore Home’s organizational culture and practices are counter to its mission

- Braemore Home’s mission statement establishes an intention to provide high quality service and promote client independence.
- Although its mission sets out an appropriate standard by which Braemore could operate, it is not the touchstone by which the home’s actual service practices and facility operations are determined.
- Braemore’s core culture is of serious concern.
  - An organization’s culture can be described as the way things are done.
  - Culture includes the attitudes of management and staff, the organizational values, norms, decision-making patterns, leadership style, behaviours, policies and typical service practices.
  - Culture should be a strategic priority for leaders, but is the responsibility of all who work in an organization.
- Although there is genuine affection between staff and clients, and clients seem happy, it is evident that Braemore provides a custodial care environment based on a medical model and an institutional setting – not a “culture of support” and participative living advocated by leaders in residential and autism services.
- This outdated culture is embodied in Braemore’s organizational structures and ineffective management practices, which have limited its ability to effectively support the people that live there. Ineffective practices by both staff and management have fostered labour tensions and a climate of mistrust and suspicion that impacts client quality of life, promotion of independence, and staff development.
- Several families report a lack of communication and in some cases, a resistance to their active involvement.
- There is widespread acknowledgement that the physical environment is not ideal, but a lack of urgency by staff and management to make changes.
- Three key issues related to Braemore’s culture and practices are outlined on the next page.

# Institutionalized attitudes, coupled with ineffective organization and management practices at Braemore, have fostered complacency

## Institutional Philosophy and Attitudes

- Based on expert observation, interviews and extensive analysis, it is clear that Braemore's service model is based on an outdated medical model rooted in its history as a hospital-linked service.
- In this "culture of care" (custodial) rather than the preferred practice of a "culture of support" (participative living), staff "do for" the people living there. In a culture of support, the people living there do for themselves while the staff support them to participate with as much independence and motivation as possible.
- The difference between these two approaches establishes institutional attitudes, priorities and norms about the participation, quality of life and future for the people who live at Braemore.

## Ineffective Organization and Management Practices

- Stemming from the underlying philosophy and other systemic issues (addressed in later sections), several structures and management practices are also of concern.
- The way the home is organized does not enable effective client service delivery. Braemore Home's senior administration have a broad span of control, many direct reports, and direct involvement in most operational decisions, which limits planning and strategic activities.
- Staff and managers consistently report an atmosphere of negativity, micromanaging and mistrust in many aspects of client service and general operations. Institutional practices prioritize safety over participation. Data and observational evidence shows that staffing is not driven by operational or client need but by tradition and labour agreements. Labour relations are strained.
- There are inherited practices that have now become barriers, which will need to be changed in order to enable effective client support.

## Complacency in Achieving Client Outcomes

- The negative atmosphere between staff and management has fostered a complacency, in which both sides perceive a limited ability to influence change in the environment and in Braemore's practices.
- Although a variety of external factors are at play, the status quo has become accepted. It has become acceptable to restrict the participation of some people with challenging behaviours. It has become acceptable that people do not receive education or necessary services, or that they live at Braemore permanently, despite an awareness some residents could be supported in the community.
- Professional support services (e.g., speech therapy, occupational therapy, behaviourist) have been identified as critical for some clients, but these services have not been provided.
- Experts acknowledge that a culture of continuous, persistent teaching is essential for challenging people with intellectual disabilities. We saw some instances of this at Braemore, but too few.
- Changing this culture will require active participation and willingness to change by all parties.

# Neither the Department of Community Services nor Board have challenged Braemore Home to change or improve

2

## The Department of Community Services and Braemore Home's Board of Directors have not challenged or supported Braemore to do better

- Braemore Home Corporation is one of two larger facilities that provides the highest level of residential care in Nova Scotia. Its living units are licensed primarily under the *Homes for Special Care Act*. It is funded by the Department of Community Services, Services for Persons with Disabilities.
- Although infrastructure, financial and other challenges exist in the system, Braemore's situation appears dramatically different from a similar residential facility in Nova Scotia, Kings Regional Rehabilitation Centre. This stems in part from differences in the governance structures and underlying service model at Braemore, as well as funding.
- Governance can be defined as "the process by which organizations are made responsible to the rights and wishes of stakeholders." (A. Cadbury). Governance for Braemore Home involves both DCS and its Board of Directors. However neither have operated with good governance practices:
  - By its practices and policies, limitations in its current funding model and by the absence of service standards for the sector, the Department of Community Services has not established expectations for service providers.
  - Although relying on the standards of professional practice may appear reasonable, the Department has a moral and ethical responsibility to ensure that the people in residential facilities have a good quality of life, that they receive appropriate and adequate support, that providers are managing public funds effectively, and that long-term capital plans are in place.
  - The Department has adopted a reactive and policing approach for compliance with Licensing standards, as well as an active expenditure control of third party service providers. These approaches have not enabled service delivery based on unique client needs, nor long-term capital planning.
  - The Board appears not to have asked management to propose solutions to client challenges, or challenged Braemore's management and operations despite clear evidence of financial deficit, family and staff concerns, and issues in the news.
  - Between DCS and Braemore, critical skills shortages such as occupational therapy and speech therapy have not been addressed.
- Three key factors of Braemore's governance, funding and system-level challenges are described on the next page.

# Coupled with lack of direction from DCS, and obvious funding challenges, Braemore's governance bodies have not taken action

## Lack of clear direction and guidance

- DCS SPD has viewed its role as a contracting agency and relied on third party service providers (such as Braemore Home) to provide care. Based on a decade of reports, the residential care sector is actively seeking direction and leadership about the type and level of service required.
- DCS has set out licensing standards, and investigators from PPC play a policing role for client safety and potential abuse. However these agencies have no mandate to evaluate client service, and do not evaluate whether the appropriate and adequate supports are provided.
- DCS has not established a definitive strategy, service standards, targets, nor mandated an approach to client support to enhance quality of life (as have several other jurisdictions) .
- Instead, the standards of professional practice used by clinical staff that work at Braemore Home are the primary basis by which client service decisions are made, which leads to variability in staffing levels and client supports between service providers. For DCS, this also leads to challenges in assessing the adequacy of client support.

## Reactive Funding Strategy

- Funding under DCS SPD is largely attached to individual clients and is dependent on their classification as long-term residential (ARC) or rehabilitative (RRC). Both types are funded largely on a per diem basis, although some limited grant funding exists.
- The per diem approach does not adequately address individual needs of clients, who require varying types and levels of support and types of equipment. Additionally, it does not provide sustainability to Braemore Home, as funding discussions are treated as budget negotiations by the Department.
- Although there is awareness that infrastructure is aging, there are no capital plans in place for the sector, including Braemore Home where the situation is acute (see next section). As a result, Braemore has limited ability to plan for capital expenditures, make significant infrastructure changes, or invest in basic technology on living units.
- A model should be developed that allocates funds based on the individual's support plan, as well as providing long-term sustainability to providers.

## Weak Governance Practices

- The role of a governance structure is to set a course of action and monitor effectiveness. If necessary, governance bodies take action to make changes.
- There is limited independence of the Board from management, and evidence of ineffective governance practices at the Board level, including expansion of Board composition to external experts and absence of Board committees. Also, it appears that the Board is not leading Braemore's vision, actively encouraging adoption of best practice, nor playing an active role in monitoring the performance of management or the organization itself. The board's involvement in the strategic plan and direction to management to date does not require any changes in direction, policy, culture or client service philosophy.
- DCS plays some role in client service, either by providing an opinion on policy and by attending client meetings, however there is no clarity about DCS' role or accountabilities in this environment.
- Coupled with a lack of clear strategy from DCS, this means that Braemore's management and staff have no mandate or reason to challenge the status quo.

# We found a general perception that changing Braemore's physical environment is impossible

3

## Braemore Home's outdated physical infrastructure is perceived as a significant barrier to program improvement

- Constructed in 1975 as a behavioural unit of the Cape Breton Hospital, Braemore's main campus consists of a building with four living units with small out-buildings for Programming.
- The building was not originally intended to provide services for people with disabilities. In addition to an institutional atmosphere, the physical environment is in fact antithetical to client needs for space, lighting, privacy, and social participation. The overall institutional atmosphere and organization of the living space directly contradict Braemore's mission.
- Changes to the living space have been made in recent years. The culture of fiscal restraint in the Province of Nova Scotia appears to have limited investment in strategic improvements, yet several anecdotal reports refer to the removal of the few family spaces, and of constant changes as minor renovations are made to accommodate clients or to meet Licensing requirements. No plans for major renovation or replacement of the building have been made.
- A long-term capital plan would be expected in this environment, particularly given the age of the building and ongoing maintenance concerns.
- Braemore staff, management and some DCS staff perceive that the living areas and age of the building create problems for the clients it serves. However it appears that these physical limitations are seen as a significant barrier in the delivery of appropriate service. We frequently heard the lack of funds to change the building made real change impossible.
- While it is agreed by most that the building does not enable client support in the ideal, and is not aligned with commonly accepted standards in other jurisdictions, there are ways to improve client quality of life and support services -- regardless of the physical environment.
- In the short- and long-term, significant changes to the physical environment are required to facilitate the re-visioning process, shifting the organizational culture, and to enable adoption of a new Continuum of Supports model.

# Faced with an inappropriate physical environment, and a climate of fiscal restraint, the status quo has become acceptable

## Inappropriate, Overcrowded, and Lacking Privacy

- Nothing about the living environment at Braemore represents a participative living or home environment. Each living unit has two levels with stairs. Its main building, living space, bedrooms, common areas, cafeteria, hallways, even its elevators – show signs of age and wear. When at home, Braemore residents spend their time in window-less day rooms in groups of 20 to 30 people. The furnishings reinforce the institutional atmosphere in common areas, and particularly on Unit E.
- Clients with a variety of challenges live together in space that does not meet their unique needs, particularly for individuals with autism, potentially heightening their anxiety and contributing to incidents. Personal privacy is limited with many adults sharing bedrooms and six or more people sharing one bathroom. Most clients do not have free access to their bedrooms or private space.
- There is very little space for family visits. Staff report concerns about client conflict as a result of too many people in a small space and having nowhere else to go.

## Climate of Fiscal Restraint

- As a result of space concerns, people's opportunity to participate in the natural routines of daily life such as home chores, meal preparation, washing dishes, doing laundry, house cleaning, hobbies and other activities experienced by most people are limited.
- Some changes have been made, such as elimination of wards to comply with DCS Licensing, or to accommodate a new client with challenging behaviours. A few new bedrooms have been very large, such that the common space enjoyed by other clients has been impacted (e.g., Unit D and E). However no changes have been made to impact how service is actually delivered in the home.
- None of these changes appear to be conducted under a maintenance or capital improvement plan. It appears they are made as needed, often in response to urgent client needs, with limited planning and preparation. The constant and unpredictable changes (and unforeseen costs) have added pressure to the environment.

## Acceptance of the Status Quo

- In today's climate of fiscal restraint, it appears that all parties have abandoned the idea of any different future.
- No definitive planning for major renovation of the widely-accepted, inappropriate Braemore facility has been done by either Braemore management, or by DCS.
- It appears that all parties have accepted that the facility is "here to stay" and significant changes are impossible, despite the fact that the physical environment is inappropriate for several clients, may contribute to increased incidents, and despite agreement by all parties that change is needed.
- Multiple options exist for significant improvement of the facility.

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## Recommendations in nine key areas are made to assist Braemore and its stakeholders in understanding the degree of change required

- Clearly there is work to be done to align the model of support and operations of Braemore Home with the mission it intends to fulfill.
- What is required to improve conditions for people with disabilities living at Braemore Home is a *fundamental change* in its culture, service model and practices.
- Similarly, improving service delivery at Braemore Home also requires a fundamental change in the DCS-SPD culture, service model and practices, including strategy, funding and long-term planning.
- The following pages outline nine (9) recommendations designed to address the fundamental issues plaguing Braemore Home. It is important to acknowledge that these are not incremental or “band aid” fixes.

# Recommendations

1

## **The Province must develop a long-term vision and strategy, standards for providers, and enhance oversight on client support practices, to ensure:**

- *There is system-wide leadership on preferred client support practices*
- *Client support services are coordinated and integrated across the Department of Community Services, educational system, as well as health and children's systems*
- *Partnerships are fostered with leading practice organizations in the provision of support for people with disabilities*

2

## **Legislation must be modernized to reflect changing attitudes, service delivery entities and client rights, to ensure:**

- *There is a consolidation of legislation on support for people with disabilities, outlining client rights*
- *ARC and RRC classifications are replaced with a defined continuum of support (e.g., "least intensive support" to most "intensive support") based on client needs and identified independence goals*
- *There is guidance provided to DCS Licensing and Protection for Persons in Care on expected standards of support*

3

## **DCS SPD and Braemore's performance must be reported, to compel accountability, and timely, appropriate action, to ensure:**

- *The adoption of a system-wide performance management system for adults with disabilities*
- *The definition of performance indicators that measure preferred system-level outcomes (e.g., summary of goals achieved, number of clients transitioned to community)*
- *The development of quarterly management reporting from third-party providers to DCS*

# Recommendations (cont'd)

4

**Braemore must transform its model of client support in alignment with the system-level model and should include the following characteristics:**

- *Client services should be designed to support participation in the community through a range of options*
- *Staff should view themselves as teachers, and should act as proactive and creative problem-solvers to support client independence*
- *Management should view themselves as “support” to the front-line staff, and act as facilitators of service delivery, with clinical staff acting as advisors*
- *Each client should have a transition plan, and skill-based outcomes in their individual plans*

5

**Braemore must actively seek a shift in its organizational culture to embed attributes of leading organizations, including:**

- *Positive and mutually supportive management-staff behaviour*
- *Accountability and leadership from union representatives, who act as champions for the new culture*
- *Focus on non-stop quality improvement, and the achievement of personal outcomes*
- *Development of a passion for learning within Braemore’s organizational culture*
- *Formal engagement of internal / external stakeholders in strategic planning, organizational development, fundraising and family involvement*

6

**Braemore must redefine its organizational model and redefine fragmented roles and responsibilities, to ensure:**

- *Collective agreements enable appropriate staffing to support the desired client service model*
- *“Programming activities” are conducted by front-line staff as part of supported living routines*
- *Administrative tasks such as scheduling should be reassigned to enable managers to focus primarily on client support and professional development*
- *Senior management team supplemented by additional leadership roles (e.g., administration, operations), to whom some managers and clinical staff should report*

## Recommendations (cont'd)

7

### **The Province must develop a new funding strategy to address escalating pressures and better manage third-party delivery of client support:**

- *Understanding the cost-benefit of various options of service delivery, based on emerging trends and changing client mix*
- *Incent preferred behaviour by providing strategic funding to providers, based on achievement of system-level goals (such as client independence or reduction of supplementary care staffing)*
- *Provide a proactive plan for replacement of aging physical infrastructure, capital assets (e.g., vans). Consider alternative financing approaches for capital projects to replace outdated residential facilities (examples: public-private partnerships, operating leases)*
- *Purpose-built facilities for clients with specific needs (e.g., autism) in consultation with leading organizations and adopting innovations*
- *Reflect fixed and variable operating costs in a transparent way across the system, and also provide supplementary funding for staff training and strategic / organizational development*

8

### **Braemore should partner with a leading organization in adult autism and residential services:**

- *To understand the necessary roles and responsibilities, culture and how to build teamwork*
- *To access hands-on resources, on the job training, coaching and information*
- *To align operations to client needs and transform outdated departments*
- *To provide team-based training and on-the-job coaching in support of high-performing team development*

9

### **Braemore's Board of Directors and governance practices should be developed:**

- *Board composition should be expanded to include external representatives that will support good governance practices (such as those with legal, financial or other relevant expertise), and drive Braemore's strategic plan*
- *Establishment of additional board committees such as Executive, Strategic Planning, Governance, Fundraising, and Quality Improvement*
- *Training on good governance practices should be sought.*

# The First Six Action Items

0	<p><b>For the individual living at Braemore Home, whose quality of care precipitated this review:</b></p> <ul style="list-style-type: none"><li>• <i>Conduct an immediate reassessment of the individual's behavioural, social, medical, and other needs by an external expert in autism, working on behalf of Government;</i></li><li>• <i>Implement changes to the individual's support plan within Braemore Home;</i></li><li>• <i>Monitor progress at regular intervals (e.g., monthly).</i></li></ul>
1	<p><b>Enhance Board capability and expand board composition</b></p>
2	<p><b>Appoint executive with strong transformation experience and ability to inspire people and lead and personally model a significant change in culture</b></p>
3	<p><b>Bring in training and on-the-job coaching, specifically focused on adults with autism</b></p>
4	<p><b>Establish strategy for DCS in partnership with the residential sector association</b></p>
5	<p><b>Create a design team with cross-section of people from DCS, Braemore, direct support staff, families, and external expertise, to establish a vision for client services, and redesign Braemore's model of client support</b></p>

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# Final Thoughts

- There is no doubt that Braemore employs a very caring, dedicated staff who display great affection and concern for the people they support.
- In some ways, and by some self reports, the staff themselves have become institutionalized in their behaviour, acceptance of the institutional lifestyle and the practices that accompany it , which do not reflect how they live their own lives.
- The unfortunate and confusing aspect of this environment is that many people living at Braemore appear content and happy. For many, institutional life at Braemore is all they have known for most of their lives and any other experience may be beyond their comprehension.
- However, the environment embodies the “culture of care” not the “culture of support” that has been promoted for the past decades. In fact, when the living experience at Braemore was described to a person with a disability being supported to live in the community, her only comment was “That’s no life!”
- An extensive paradigm shift that encompasses all aspects of the Braemore organization is needed to re-vision the purpose, goals, roles and values of the organization at all levels.
- The best practices model of full participation in supported routines that encourage independence, learning, self determination, rights, options, choice and respect for adult status is recommended as the means of enhancing quality of life for the people supported by Braemore.
- There is a significant need for change at all levels of the organization – staff, leadership, Board of Directors and the Department of Community Services.
- These recommendations are mindful of the high degree of change required to make the transition to full participation in a culture of “supported routines.” This approach will have significant impacts on all functions of the organization and require a major shift for staff and management in the perception of their roles with their clients.
- An integrated culture must be established where every employee is responsible for support, instruction and participation in typical activities of daily life. To do otherwise promotes a custodial care environment.

**Deloitte.**