
QUALITY ASSESSMENT AND IMPROVEMENT: COMPREHENSIVE REPORT

Pennsylvania Office of Developmental Programs

Royal Home Care Services Inc.

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Introduction

The mission of ODP is to support Pennsylvanians with developmental disabilities to achieve greater independence, choice, and opportunity in their lives. ODP's Quality Assessment and Improvement (QA&I) process is designed to conduct a comprehensive quality management review of county programs, Administrative Entities (AE), Supports Coordination Organizations (SCO) and Providers delivering services and supports to individuals with intellectual disabilities and autism spectrum disorders. As part of ODP's quality management strategy, this QA&I process has been designed to be comprehensive, standardized, and measurable. The QA&I process is intended to:

- Follow an individual's experience throughout the system;
- Measure progress toward implementing "*Everyday Lives: Values in Action*;"
- Gather timely and usable data to manage system performance; and
- Use data to manage the service delivery system with a continuous quality improvement approach.

The purpose of the QA&I Comprehensive Report is to compile the findings from the desk review and onsite review, face-to-face interviews, and self-assessments, as applicable. Each provider entity then is able to utilize the data to continuously improve quality for ODP's vision of an effective system of accessible services and supports that are flexible, innovative, and person-centered. For each entity, the QA&I Comprehensive Report will:

- Highlight those areas where the provider is doing well related to person-centered services delivery and promising practices;
- Analyze performance in ODP's quality focus areas for the current QA&I cycle;
- Compare results of the desk and onsite reviews with the entity's self-assessment;
- Summarize those instances of non-compliance that were remediated during the onsite review;
- Outline issues of non-compliance expected to be remediated within 30 calendar days of report receipt;
- Recommend Plan to Prevent Recurrences (PPRs) where compliance is below the established thresholds of 86%; and
- Recommend improvement activities to be addressed during the remainder of the QA&I cycle, including systemic quality improvement projects to incorporate into QM plans.

ODP's quality management strategy is a comprehensive approach that includes quality planning, quality assurance, and quality improvement/enhancement. This QM strategy is developed and implemented to:

- Offer the highest quality services that promote choice and control in individuals' everyday lives.
- Safeguard the health and safety of individuals receiving services.
- Implement promising practices.
- Ensure program compliance with regulations.

ISAC recommendations for *Values in Action* are built on the values, goals, expectations, and aspirations of people with disabilities and their families. The recommendations are a guide for ODP to develop policy and design programs for people with disabilities, families, providers of service, and advocates who support people to have an everyday life. By utilizing the ISAC recommendations and data gathered from the QA&I process, providers are able to create systemic improvement projects and are able to incorporate improvement activities into their QM Plans. The current ISAC recommendations are as follows:

1. Assure Effective Communication
2. Promote Self-Direction, Choice, and Control
3. Increase employment
4. Support Families throughout the Lifespan
5. Promote Health, Wellness, and Safety
6. Support People with Complex Needs
7. Develop and Support Qualified Staff
8. Simplify the System
9. Improve Quality
10. Expand Options for Community Living
11. Increase Community Participation
12. Provide Community Services to Everyone
13. Evaluate Future Innovations Based on *Everyday Lives* Principles

The focus areas identified by ODP for this QA&I cycle are ensuring communication, employment, and quality management. Provider entity performance in these areas will be highlighted in this report.

QA&I Summary

Royal Home Care Services, successfully submitted their QA&I Self-assessment on August 23, 2017. The completed self-assessment indicated no areas of non-compliance. The Provider Checklist, Quality Management Plan, Restrictive Intervention Policy, and Annual Training plan were also submitted to the AE on August 28, 2017. The AE validated that all of the policies and procedures that were submitted with the provider checklist are in compliance with applicable regulations. On October 6, 2017, the AE provided Royal Home Care Services with a two-week notification email which included the provider's sample and a list of items that would be reviewed by the AE during the on-site review.

The QA&I on-site review of Royal Home Care Services occurred on Friday, October 20, 2017 at the provider's office location in Allentown, Pennsylvania. The AE selected a sample of one, reviewed one set of individual records, and conducted one staff and one individual/parent interview as part of the on-site review process. The individual in the sample is a consolidated waiver participant receiving In Home and Community Supports from this provider entity. The on-site review began with the entrance interview which was attended by Prentis Hall (Chief Services Coordinator) and Jessica Pahountis (Lehigh County AE QA&I Lead). During the entrance interview, the AE provided an overview of the QA&I process and

answered any provider questions in regards to the QA&I process. Royal Home Care provided the AE with a brief description of their vision and mission for their agency, and highlighted their quality improvement priorities. Prentis noted that in the future, he would like to employ a field staff that is responsible for confirming service quality in the field. He further explained that he would like to accomplish this through weekly visits to all consumers to ensure services are being delivered as per the ISP and that individuals are receiving quality services. Logistics regarding the individual/family and staff interviews were also discussed. It was determined that the AE would schedule the interview with family and staff for a later date when the service is being delivered. At the conclusion of the entrance interview, Prentis Hall provided the AE with all of Royal Home Care Services' policies, procedures, and other supporting documentation that was utilized when completing the self-assessment. The AE began the on-site review process by reviewing all of the documentation required to answer the questions in the QA&I On-site Questions Tool for Providers. Upon completing the QA&I On-site Questions Tool for Providers, the AE worked with provider entity staff and the individual's family to schedule a time to complete the interviews. It was determined that the interviews would take place via telephone on November 1, 2017 at 3:00 p.m., as this is what was most comfortable for the family.

Upon completing the on-site review questions tool and scheduling the staff and individual/family interview, the exit interview was conducted on October 20, 2017 with the same parties that were in attendance for the entrance interview. The following areas were discussed with the Provider as areas in which they are showing promising practices. The AE noted that the provider's Quality Management Plan heavily focused on assuring effective communication by implementing a process for all individuals to receive a communication assessment and/or profile and updating those profiles on a regular basis to ensure individuals are receiving needed communication supports. Royal Home Care Services also appears to have well trained staff and have created one-page summaries for all individuals receiving supports which highlight the essential information from the ISP. Additionally, the AE noted that the provider was very organized in their preparation for the QA&I on-site process. The AE then informed Royal Home Care Services that there were some areas of non-compliance which will need to be remediated. These areas included policies and procedures (exclusion list and grievance), as well as progress notes (failure to indicate actions taken to address lack of progress). The next steps in the QA&I process were then discussed and additional provider questions were answered by the AE.

The interviews took place via telephone on November 1, 2017 at 3:00 p.m. The AE interviewed staff member, Sherry Ann Patrick and MCI#240108386 and her mother, as the individual is non-verbal and chose not to/was unable to answer the majority of the questions asked. It was evident from the interview process that Sherry Ann had been well trained on the ISP, including the individual's communication needs and risk mitigation factors. Sherry Ann had reported that the individual is supported to engage in their preferred activities (balloons, stuffed animals, visiting with family, being talked to, brushing hair) while working on her outcomes. The AE also conducted an interview of MCI#240108386 and her mother, as the individual is non-verbal and was unable to answer the majority of the questions asked. The individual's

mother reported that she is “very satisfied” with the In Home and Community Support services her daughter is receiving with Royal Home Care Services. It was also reported that the individual’s ISP is clear/understandable and the individual is able to decide where, when, and how supports are provided.

Data Analysis and Performance Evaluation

Royal Home Care Services had three areas of non-compliance and are required to complete remediation actions at this time. The first area of non-compliance was on question #10 of the QA&I on-site questions tool regarding the policy/procedure to screen employees and contractors. The policy/procedure did not contain all of the established criteria and there was no evidence that the policy/procedure is being implemented. The second area of non-compliance was on question #11 regarding the grievance policy/procedure which did not include all of the established criteria. The last area of non-compliance was on question #24 regarding progress note documentation of actions taken to address lack of progress. The aforementioned items have been included in the Corrective Action Plan (CAP) which is located in a separate attachment. The provider will need to respond to the results of this report and the CAP within 30 days of receipt of this report. Data for every QA&I question can be located in Appendix A of this document. The AE currently recommends the Provider begin implementing an appropriate exclusion list policy and conducts exclusion list checks prior to hire and on a monthly basis thereafter. The Provider should also be documenting these efforts. Additionally, the AE recommends an updated progress note form that is easier for staff to complete and includes actions taken when there is a lack of progress. Staff should also be re-trained on any new progress note forms. Overall, Royal Home Care Services appears to be providing high quality services to individuals with an intellectual disability and/or autism spectrum disorders.

The entity has a staff training curriculum that meets all requirements, including training on the current, approved ISP prior to providing services to an individual. In addition to ISP training, staff also have a one-page summary available to them which highlights the most critical information from the ISP. Additionally, Royal Home Care Services has a quality management plan which is reflective of ISAC recommendations for *Values in Action*. The current quality management plan focuses on assuring effective communication through implementing a process to ensure all individuals have a communication assessment/profile completed on a regular basis. This process is in place to help ensure that individuals are receiving needed communication supports. Having a strong staff training curriculum and a strong quality management plan are promising practices in which the entity excels.

Royal Home Care Services did not have any non-compliances for any of the focus areas (ensuring communication, employment, quality management) which were analyzed through the QA&I process. Data analysis of performance on focus areas is located in Appendix B of this document. The AE’s onsite results and entity’s self-assessment results reported similar findings. The provider did not report any areas of non-compliance in their self-assessment, however, the AE found three areas of non-compliance while on-site. Analysis of this data is located in Appendix C of this document.

Appendix A

AE On-site Data: Questions Tool for Providers		
Question	Findings	Comments
<u>Self-Assessment</u>		
<i>The Provider completes an annual QA&I self-assessment</i>		
6. The provider completed its annual self-assessment using the ODP specified tool.	Yes	Completed 8/23/2017
<u>Quality Management</u>		
<i>There are systemic efforts to continuously improve quality</i>		
7. The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values.	Yes	Effective 9/1/2016
8. The Provider reviews and evaluates performance data in selecting priorities for the QMP.	Yes	There is documentation to show that the provider reviewed and evaluated performance data in selecting priorities for the QMP.
9. The Provider analyzes and revises the QMP every 2 years.	NA	The provider's initial QMP is less than 2 years old.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The system of support is straightforward</i>		
10. The Provider implements a policy/procedure to screen employees and contractors.	NO	The policy/procedure does not meet all criteria established and there is no evidence that the policy/procedure is being implemented.
11. The Provider documents grievances in accordance with regulation.	NO	All of the criteria were not satisfied.
12. The Provider has a policy that addresses restrictive interventions.	Yes	The provider has a policy that includes all required criteria.
13. In residential habilitation, the individual has a signed department-approved room and board contract.	NA	1/1 records reviewed. The individual in the sample selected does not receive residential habilitation from the Provider.
<u>Qualified Providers</u>		
<i>The individual's Provider(s) meet necessary training requirements</i>		
14. Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual	Yes	1/1 records reviewed. Training records indicate that staff received training on the current, approved ISP prior to

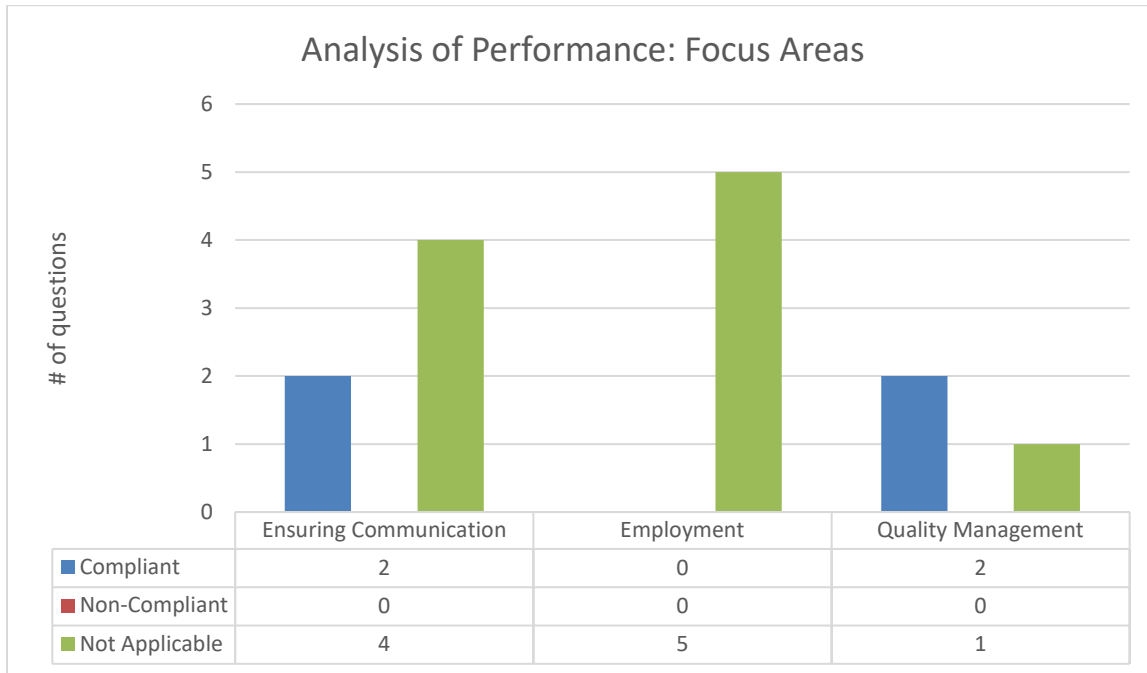
Support Plan (ISP) before providing services.		beginning work with the individual.
15. If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.	Yes	1/1 records reviewed. Training records indicate that staff received training on the current, approved ISP for the person they support prior to beginning work with the individual.
16. The provider has an annual training plan that meets all requirements.	Yes	The provider has an annual training plan that meets all requirements.
17. The provider and the provider's staff completed all components of the Annual Training plan as required.	Yes	2/2 records reviewed were in compliance. The provider records indicate completion of the annual training plan.
18. Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	Yes	2/2 records reviewed were in compliance. The provider records indicate completion of the annual incident management training.
19. The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises.	Yes	2/2 records reviewed were in compliance. The provider records indicate completion of the annual training on how to respond to individual health, behavioral emergencies and crises.
20. The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.	Yes	2/2 records reviewed were in compliance. The provider records indicate that staff were trained on the Emergency Disaster Response plan.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported in developing their own ISP, including involvement of people chosen by the individual</i>		
21. The provider participates in the development of the ISP.	NA	1/1 records reviewed. 1/1 records indicate the provider was not providing services at the time of the ARU meeting.
22. The provider documents delivery of services/supports in the type, scope, amount,	Yes	1/1 records reviewed. The daily documentation and progress notes reflect that

frequency and duration specified in the ISP.		services/supports were provided in accordance with the individual's ISP.
23. The Provider continued to provide the authorized services to ensure continuity of care during transition.	NA	0/0 records reviewed. The provider did not transition any individuals to a new provider for the previous year.
24. If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken.	NO	1/1 records reviewed. The progress notes reviewed DO NOT indicate action taken to address lack of progress.
25. The individual receives employment supports from the provider.	NO	1/1 records reviewed. The individual does not receive employment supports from the provider.
26. The individual is supported in exploring employment opportunities through job development and assessment.	NA	1/1 records reviewed. The individual does not receive employment supports from this provider.
27. The employment provider supports the individual in obtaining employment through job interviewing.	NA	1/1 records reviewed. The individual does not receive employment supports from this provider.
28. The employment provider supports the individual in maintaining employment through job support and follow-along services.	NA	1/1 records reviewed. The provider is not a provider of employment services.
29. The residential provider supports the individual to maintain employment by facilitating transportation.	NA	1/1 records reviewed. The Provider is not a Provider of residential habilitation services.
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported to communicate</i>		
30. Staff are trained on the person's communication plan and/or formal communication system.	NA	1/1 records reviewed. The individual's ISP did not have any communicate supports and services identified.
31. The provider provides communication assistance as indicated in the ISP.	Yes	1/1 records reviewed. The daily documentation and progress notes reflect how the provider implemented the communication assistance (familiar person).
32. The provider has been entering the individual's	NA	1/1 records reviewed.

progress related to their communication outcomes into the progress notes.		ISP does not have a communication outcome the provider is responsible to implement.
33. The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	NO	1/1 records reviewed. The provider is not currently serving any individuals.
34. The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	Yes	1/1 records reviewed were in compliance. The training records indicate that the Chief Services Coordinator, Prentis Hall, received the required ODP training.
35. The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	NA	1/1 records reviewed. The provider does not serve any individuals who are deaf.
<u>Health & Welfare</u>		
<i>The individual's health, safety, and rights are protected</i>		
36. The provider implements the individual's back-up plan as specified in the ISP.	NA	1/1 records reviewed. There were no events that occurred which required the implementation of a back-up plan.
37. If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	NA	1/1 records reviewed. There were no events that occurred which required the implementation of a back-up plan.
38. The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	NA	1/1 records reviewed. The individuals did not have any lost or damaged property.
39. The provider finalizes incidents within 30 days.	NA	1/1 records reviewed. The Provider had no incidents for the timeframe reviewed.
40. The provider offered victim's assistance to the individual as appropriate.	NA	1/1 records reviewed. The Provider did not have any individuals in the sample with an incident for the timeframe reviewed.
41. The provider implemented the corrective action for each individual's incidents.	NA	1/1 records reviewed. The Provider has no incidents for the timeframe reviewed.

42. The provider reported all critical incidents.	NA	1/1 records reviewed. There is no documentation to indicate that any incidents occurred that were required to be reported.
43. The provider reviews and analyzes incidents at least quarterly.	NA	There were no incidents for the previous year.
44. The provider's peer review process to review the quality of investigations was completed and documented.	NA	There have been no Certified Investigations completed by the Provider.
45. The provider implements follow-up recommendations from the Certified Investigation peer review process.	NA	There have been no Certified Investigations completed by the provider.
46. The provider completes all health care appointments, screenings, and follow-ups as prescribed.	NA	1/1 records reviewed. The Provider is not responsible for the health care appointments for anyone in the sample.
47. All required investigations are completed by a Department certified incident investigator.	NA	There were no investigations.
48. If the individual has a dual diagnosis, the individual is receiving needed mental health (MH) services.	NA	1/1 records reviewed. Individual does not have a dual diagnosis.
49. The provider promotes wellness.	Yes	1/1 records reviewed. The provider has made the listed health promotion options available to the individual.

Appendix B



Appendix C

Question	Onsite Findings	Self-Assessment Findings
<u>Quality Management</u>		
<i>There are systemic efforts to continuously improve quality</i>		
The Provider has a Quality Management Plan (QMP) that reflects ODP's Mission, Vision, and Values.	Yes	Yes
The Provider reviews and evaluates performance data in selecting priorities for the QMP.	Yes	Yes
The Provider analyzes and revises the QMP every 2 years.	NA	Yes
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The system of support is straightforward</i>		
The Provider implements a policy/procedure to screen employees and contractors.	NO	Yes
The Provider documents grievances in accordance with regulation.	NO	Yes
The Provider has a policy that addresses restrictive interventions.	Yes	Yes
In residential habilitation, the individual has a signed department-approved room and board contract.	NA	NA
<u>Qualified Providers</u>		
<i>The individual's Provider(s) meet necessary training requirements</i>		
Staff receive training to meet the needs of the individual they support as identified in the current, approved Individual Support Plan (ISP) before providing services.	Yes	Yes
If a provider has any new hire staff, the new hire staff received training to meet the needs of the individual they support as identified in the current, approved ISP before providing services to the individual.	Yes	Yes
The provider has an annual training plan that meets all requirements.	Yes	Yes

The provider and the provider's staff completed all components of the Annual Training plan as required.	Yes	Yes
Provider staff receive annual incident management training on preventing, recognizing, reporting, and responding to incidents and assuring a participant is safe.	Yes	Yes
The staff receive training on the Provider's policy/procedure on how to respond in cases of individual health, behavioral emergencies, and crises.	Yes	Yes
The staff receive training on the Provider's Emergency Disaster Response plan that addresses individual's safety and protection, communications and/or operational procedures.	Yes	Yes
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported in developing their own ISP, including involvement of people chosen by the individual</i>		
The provider participates in the development of the ISP.	NA	NA
The provider documents delivery of services/supports in the type, scope, amount, frequency and duration specified in the ISP.	Yes	Yes
The Provider continued to provide the authorized services to ensure continuity of care during transition.	NA	NA
If a progress note indicates lack of progress in achieving an outcome, the provider progress note indicates what actions have been taken.	NO	Yes
The individual receives employment supports from the provider.	NO	NO
The individual is supported in exploring employment opportunities through job development and assessment.	NA	NA

The employment provider supports the individual in obtaining employment through job interviewing.	NA	NA
The employment provider supports the individual in maintaining employment through job support and follow-along services.	NA	NA
The residential provider supports the individual to maintain employment by facilitating transportation.	NA	NA
<u>Person-Centered Planning, Service Delivery & Outcomes</u>		
<i>The individual is supported to communicate</i>		
Staff are trained on the person's communication plan and/or formal communication system.	NA	NA
The provider provides communication assistance as indicated in the ISP.	Yes	Yes
The provider has been entering the individual's progress related to their communication outcomes into the progress notes.	NA	Yes
The provider serves one or more Consolidated and/or P/FDS waiver participants who are deaf.	NO	NO
The provider ensures that one or more of the provider's administrative staff have viewed ODP's webinar.	Yes	NA
The provider ensures that provider staff who serve a deaf waiver participant(s) have viewed ODP's webinar.	NA	NA
<u>Health & Welfare</u>		
<i>The individual's health, safety, and rights are protected</i>		
The provider implements the individual's back-up plan as specified in the ISP.	NA	Yes
If an individual's back-up plan is not implemented as designed, an incident report of neglect was submitted.	NA	NA

The provider ensures the replacement of an individual's lost or damaged property in accordance with regulation.	NA	Yes
The provider finalizes incidents within 30 days.	NA	Yes
The provider offered victim's assistance to the individual as appropriate.	NA	NA
The provider implemented the corrective action for each individual's incidents.	NA	NA
The provider reported all critical incidents.	NA	NA
The provider reviews and analyzes incidents at least quarterly.	NA	Yes
The provider's peer review process to review the quality of investigations was completed and documented.	NA	NA
The provider implements follow-up recommendations from the Certified Investigation peer review process.	NA	NA
The provider completes all health care appointments, screenings, and follow-ups as prescribed.	NA	NA
All required investigations are completed by a Department certified incident investigator.	NA	NA
If the individual has a dual diagnosis, the individual is receiving needed Mental Health (MH) services.	NA	NA
The Provider promotes wellness.	Yes	NA