# Developmental Evaluation Report Summary

## For residential services – sensory, learning and physical disability

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| **Name of provider:** | ConneXu |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 09/10/17 |
| **Name of Developmental Evaluation Agency:** | SAMS |

## General Overview

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| The ConneXu service, previously known as Te Awamutu Residential Trust, has undergone transformation in the last two years in an effort to better reflect the range of services it provides. It has also intentionally chosen staff titles which they believe better reflect the role staff have in a person’s life, eg, Community Facilitator, Community Connector and Quality Practice Leader. ConneXu has also aligned itself with Enabling Good Lives principles and is striving to provide person-directed services.  The service has been a part of the people’s lives for a number of years. One person entered the service almost seven years ago and had lived in several homes until shifting into the Xxxxx Street home with two flatmates earlier this year. Another person entered the service around 2013, after completing school at age xx years. The youngest person entered the service approximately four years ago, living in several other homes before shifting into the current home with their two flatmates. The home is located on a ‘paper road’ with a rural outlook and is situated on a generous section with paddocks separating them from their nearest neighbours. The home is owed by a private landlord, which has enabled ConneXu to modify the home to meet the people’s needs.  All of the people require a significant degree of support to enable them to live valued lives in their community. They are assisted to manage physical and mental health conditions which can lead to aggressive behaviour, poor health and limited community experiences. Two people are supported by 2:1 staffing during the day, Monday – Friday.  The independence of the people varies with some requiring verbal prompts and some needing full support. Their health is closely monitored as changes in health can impact on their wellness. Healthy eating, exercise and active daily programmes have been identified as effective strategies to promote valued lifestyles. |

## Quality of Life Domains – evaluative comment on how well the service is contributing to people achieving the quality of life they seek

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| 1) IDENTITY  The three people are supported to have a personal plan and the service uses a variety of visual methods to display theses. A Community Connector oversees the goals and provides encouragement and follow-through. The plans reflect the people’s interests and include the views of families.  The people’s daily notes, Key Community Facilitator Monthly Reports and House Monthly Reports note the progress being made towards goals. There is evidence goals are being supported.  Working as a cohesive team is an essential component to providing the people with a quality lifestyle. The need for 2:1 staffing when accessing the community requires the staff to remain focused and in tune with the person they are supporting as well as their co-worker.  The service ‘transitioned’ the people prior to shifting into the home and a Home Agreement explains how the service will support the people. Finding the most suitable home has been a challenge for the service as the people have unique requirements that are difficult to find in standard tenancy arrangements.  Fortunately, the service has been given permission from the landlord to modify the home to meet the needs of the people.  The service is to be commended for continually making attempts to make the home reflect a more home-like environment. The configuration of the staff roster provides two of the people with two 1:1 staff each day. This is to enable the people to go out and about during the day. When at home the staffing ratio is reduced, ensuring at least two staff are on duty at all times.  The people have individualised day programmes based on their interests. Each person has a weekly planner which includes activities such as swimming, walking, cycling, walking a dog, participating in ten-pin bowling, going shopping and out for coffee. Their programmes are very flexible so opportunities can be taken advantage of when the people’s moods and health are optimal.  The people’s families have seen improvements in their physical and mental wellness giving indication they are satisfied with their lifestyles. The people are having fewer episodes of anxiety, becoming more involved in activities outside their home, fulfilling life experiences (travel), learning about healthy eating, experiencing greater tolerance of environmental changes and becoming healthier (losing weight, improving fitness).  There have been new developments regarding communication with families and it is anticipated that the new data system will further enable information to flow in a reciprocal fashion.  The staff use visual prompts to help the people make choices about activities and meal selections. The staff treat the people with dignity and the interactions observed between them and the people are respectful, thoughtful and considerate of their needs. The staff are witness to the growth and development of each person and are continually exploring the ‘next step’ in their future.  2) AUTONOMY  The communication methods of the people vary, one person is profoundly deaf. The people use some signs, gesture, symbols (pictures) and facial expressions to convey their messages. Additional training in augmentative communication would assist the staff when working with the people.  The Community Facilitators encourage the people to participate in the routines of the home and focus on extending the people as individuals. While the staff encourage the people to do as much for themselves as possible, significant prompting is required to carry out personal care routines.  There are seven staff who fill the roster with two people having 2:1 support when accessing activities outside the home. There are specific protocols and sufficient staff to ensure the people’s behaviour does not impinge on their ability to have freedom of movement, especially while at home. It is recognised that all of the people have behaviour that can at times place them, or others, at risk. One way the service minimises these risks is by having a staff team who are committed and well supported by more experienced staff.  The four-bedroom home provides the people with their own bedroom for privacy.  The staff endeavour to support the people to experience life patterns similar to other community members. They go swimming, ride trikes, visit community facilities, take holidays, visit cafés, frequent parks, socialise with family, play x-box, go ten-pin bowling, watch TV and listen to DVDs.  3) AFFILIATION  The ability for the people to access the community is reliant on careful planning. The Community Facilitators seek appropriate activities and work out how they can be accessed safely with minimal risk. The person who helps out with Meals-on-Wheels is likely to establish rapport with those he delivers meals to if the activity regularly occurs. Some of the people have strong family networks and with staff support they are able to further access their community.  The people have regular visits to their doctors and dentists, and a neuropsychiatrist is involved in the management of two of the people’s mental health needs.  4) SAFEGUARDS  The people’s primary networks are their families and the service works diligently to preserve and maintain family connections.  The people’s files contain a number of documents to help the staff identify risks which may lead to potential harm. All of the people demonstrate aggressive behaviour either towards others or themselves, although through the use of consistent strategies these episodes have become less frequent. The service is well versed in the use of proactive strategies to help the people manage unwanted behaviour. It was encouraging to hear about how the staff continually try new activities with the people, despite the potential risk which may be involved. The staff weigh up situations, assess the risk and proceed, minimising risks along the way.  The staff training records provided indicate that the staff participate in numerous training opportunities which enable them to effectively support the men. The staff all participate in training about how to support people using positive strategies. The majority of the staff have completed training which supports proactive intervention when working with people who experience challenges.  5) RIGHTS  The men’s rights are reinforced through brochures, publications and staff training.  The families interviewed as well as supporting documentation, indicates the families are comfortable raising concerns if required.  The service understands the unique characteristics of each man, focusing on their strengths and abilities. The interactions observed by the Evaluation Team reinforce positive, constructive strategies.  The service supports the philosophy of ‘least restrictive option’ and it is clear environmental restraints are used in a way to support the men to have access environments in a safe way.  6)HEALTH AND WELLNESS  The men are supported to maintain good health by eating healthy foods and undertaking regular exercise. Loss of weight, increased periods of calm, more frequent connection with family are all considered contributors to good health. |

## Outline of requirements and recommendations (not including those relevant to support for specific individuals)[[1]](#footnote-1)

**Requirement**

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| N/A |

## Recommendations

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| The service provides communication training to the staff so they have additional tools to extend the men’s communication. |

1. Please see the [evaluation tool](http://www.health.govt.nz/our-work/disability-services/contracting-disability-support-services/developmental-evaluation-disability-support-services) for reference [↑](#footnote-ref-1)