# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Geneva Health Care |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 5/12/17 |
| **Name of Developmental Evaluation Agency:** | SAMS |

## General Overview

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| In 2015, Geneva Healthcare Ltd responded to a need to provide residential services for several young people who had been living with another provider and had outgrown the children’s services provided by that organisation. The people have high complex needs and occasionally require the skills of nursing staff. We were advised that Geneva Healthcare offered to provide the service when no other residential provider appeared willing to do so. As a result, Housing New Zealand constructed three purpose-built homes, one of which accommodates xxxxx people who shifted in August 2015 from the previous provider. During the same month, a xxxxxx person shifted from another provider into the Geneva Healthcare service.  The home has a generous open living plan and specially modified bathrooms that easily accommodates the equipment necessary to meet the people’s needs.  xxxxx of the people access a range of activities from their home during the day and the xxxxxx person attends school. The staffing levels are considerable with Registered Nurses (RN) and Support Workers filling the shifts.  The people require support for all daily living activities, as their medical needs are complex. The people’s primary method of communicating is through gesture and body language. One person is working with a POOD communication aid although they need to know someone well before using it.  To date, the service has experienced considerable turnover of both registered nurses and support workers. We were advised that until recently the home had experienced stable staffing and the recent turnover has been an unusual characteristic, especially as several staff members returned to their home country. |

## 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  A comprehensive document known as the Community Living Person Centred Plan (PCP) has been developed for each person. Among other information, the PCP includes aspirational goals and goals identified by the local Needs Assessment and Service Coordination (NASC) agency.  The document also has information related to Taha Whānau (family and living in my home), Taha Tinana (my physical health and wellbeing), Taha Wairua (my spiritual health and wellbeing) and Taha Hinengaro (my mental health and wellbeing). The people are encouraged to pursue individual interests and these are reflected in the plan.  The modern design of the home has numerous features which make this an ideal space to support people who require assistance with managing their personal care in a dignified manner. The Evaluation Team was impressed with the considerate way in which art work and other adornments were displayed making it easy for people who use wheelchairs to view them. One picture uses an optical illusion in which the images change, depending on the angle it is viewed. When people require significant equipment to support their lifestyle and with emphasis placed on their medical needs, the atmosphere can often reflect a medical/hospital model. We encourage the service to continue to strive to create a home-like atmosphere despite the need to meet the people’s medical requirements.  The RNs and Support Workers have the basic skills to fulfil aspects of their roles; however, few had experience about how to support people with complex disabilities to lead fulfilling lives. As most of the staff are relatively new to their positions (the majority of them having worked in the home for six months or less), developing a consistent approach to some aspects of their role, such as supporting aspirational goals, requires greater consistency.  Geneva advises that *(the remaining staff are working consistently with our people in this house and that this turnover also includes internal transfers of staff to other houses in our service (not resignations), which is driven by client need).*  The people participate in a range of activities, including 10-pin bowling, animal therapy, movies, visiting the library, music therapy, and massage. Some activities occur weekly, while others are alternated on a fortnightly basis, ensuring the people participate in activities at differing times to their flatmates. Some of the activities provide the people with opportunities to meet with their peers. One-to-one support is available to the xxxxx people for most activities.  The families believe the service adequately meets their family member’s needs. Much of Geneva Healthcare’s literature emphasises the service’s desire for each person to “live your best life possible whatever your age, disability, illness or injury. We will be there so you can enjoy what you love doing, keep well, and stay connected to your family and community.” The staff we met seemed to agree with this objective, yet few could describe how this translates into day-to-day practices other than by following pre-set routines.  The families advised that their family member’s demeanour is the ‘measuring stick’ they use to determine how satisfied they are with their lives. They acknowledge that their family member has settled into the home and are participating in activities of interest. The families felt the staff were doing a good job of supporting the people and made sure they were ‘well cared for’. The Evaluation Team observed the interactions of some of the staff when supporting the people, ensuring they were treated with dignity and respect.  2) AUTONOMY  The people are reliant on their families and the staff to make many decisions for them. The staff who know the person well are able to ‘read’ their body language and determine how to best support their interests. The people are encouraged to indicate the clothing they would like to wear and the activities they would like to pursue.  The people are reliant on the staff to carry out all daily living activities. They all receive nutrition through the use of a MicKey Button so traditional activities of meal planning and preparation are not typically part of their lifestyle. Each person has a nutrition plan and a focus on maintaining hydration is paramount.  The configuration of the roster provided the people with double, triple and quadruple staff coverage depending on the need of the household (see staffing roster). At all times one of the staff members is a RN. This means that the people have numerous opportunities for 1:1 support. A RN fills the awake night shift with a support worker covering the sleep-over shift. We were advised that all staff, regardless of their qualification or role, participate in the same Orientation Programme.  The people’s life patterns are similar to other community members in that they attend community activities and are supported to have routines like others their age. While the people access community events and facilities, we gained the impression becoming integrated into the community on an individual basis is yet to be the focus of staff practice.  3) AFFILIATION  The people participate in some activities in the community and the *Monthly VHN Activity Progress Report*s viewed by the Evaluation Team detailed the people’s outings and activities. Most of the activities occur in settings with other disabled people; however, visits to the library and the movies give them opportunities to meet other community members. Most of the people have strong family connections so engage with the wider community during family visits.  The people require significant input from medical professionals including physiotherapists, a neuro specialist and a nutritionist as well as regular visits to the doctor and dentist. The PCP identifies the training required by staff around safe manual handling, how to manage pain and seizure activity, and the specifics related to PEG feeding and tracheostomy care.  4) SAFEGUARDS  The people’s primary networks are their families. The people are known by their neighbours as they are also supported by Geneva Healthcare.  The people have a range of fragile health conditions which require the staff to be vigilant about how they are safeguarded against potential risks. The PCP clearly emphasise each person’s alerts and emergency protocols in bold red print. The section, Taha Tinana, additionally details how to manage potential risks and includes a Manual Handling Plan. Careful positioning is essential as several people have spinal irregularities, hip displacement, fragile bone density, and are prone to aspiration and susceptible to developing pressure areas. They can be sensitive to temperature irregularities so regular monitoring is necessary to ensure maximum health is maintained. It is essential for the staff to know how to use the hoist/sling, shower trolley, standing frame and hand splints and an occupational therapist and physiotherapist make contact to show the staff how these are to be used safely. One family member advised that they show new staff how to carry out specific procedures related to their family member, so they can be assured the correct information is provided to the staff.  We note that when people have significant medical and physical support needs, it can be desirable for safeguarding to include the use of a consistent team of trained staff. While the staff can be trained in how to carry out specific tasks, the families advise that it takes time and careful observation to learn the subtle signs of their family member’s health. We agree with the families that increased consistency amongst the staff team would be a reassuring improvement (see 1) Identity).  The staff training records provided indicate that there are opportunities for the staff to participate in First Aid, Manual Handling, Challenging Behaviour Code of Rights and Cultural Safety. The Staff Orientation Booklet includes seven sections each including a range of topics. It is expected that the programme will be completed by all RNs as well as Support Staff within three months. The first section, job expectations, includes information about valuing others, privacy, choices and values and goal achievement aims. All RNs enter the service with the equivalent of a Level 4 National/NZ Health Certificate in Health, Disability and Aged Support. Of the Support Workers listed on the staff roster, three have Level 4, two have Level 3 and the newest member has Level 2 qualifications (or equivalent) of the National/NZ Certificate in Health, Disability, and Aged Support.  5) RIGHTS  The people’s rights are reinforced through Geneva Healthcare’s various brochures and publications. The Staff Orientation Programme provides the staff with training about the *Code of Health and Disability Services Consumers’ Rights* and the recently formed Community Living Advisory Group provides an avenue for the people to share their concerns.  The people are reliant on others to advocate on their behalf and their families often take on this role. As already mentioned, there are other people within the Community Living Homes who also advocate on their behalf. We met one family member who acts as a representative ensuring the voices of families are heard.  6)HEALTH AND WELLNESS  Supporting the people to maintain healthy lifestyles is essential to their well-being, as their complex, fragile conditions have the potential to cause their health to quickly deteriorate. Changes in skin condition, temperature and mood are all signs which indicate the person’s health requires greater attention. Competency sign off is required for all Support Workers and oversight of these tasks is provided by the Geneva Health Care Registered Nurses. |

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

**Requirement**

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| None |

## Recommendations

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| The service continues to investigate how to reduce the level of staff turnover so the people can experience increased continuity. (Identity)  The service continues to create a home-like atmosphere despite the need to meet the people’s medical requirements. (Identity) |

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)