# Developmental Evaluation Report Summary

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

|  |  |
| --- | --- |
| **Name of provider:** | Nelson Marlborough Health |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 27/09/18 |
| **Name of Developmental Evaluation Agency:** | SAMS |

## General Overview

|  |
| --- |
| Disability Support Services (DSS) supports people with intellectual, physical, and high and complex disabilities to live in community houses scattered around the Nelson community. The DSS sits within Nelson Marlborough Health (NMH) and is governed by many of its processes. We were advised that DSS strives to align itself with Enabling Good Lives (EGL) principles which focus on increased community integration, independence and autonomy. Comments made in the Nelson Marlborough Health Annual Report 2016/17 recognise this move in the disability sector. We were advised it can be more difficult to achieve these principles within a medical environment where its primary focus is supporting people when they are ill. The Evaluation Team believe despite the General Manager’s willingness to strongly advocate for DSS, the need to balance time with other parts of their role requires strong delegation and highly efficient Group Managers.  This home is one of a number of residential services which are part of the Physical Disability and High and Complex Group. In the past, one bedroom in the home had been used for respite. Earlier this year the respite bed was permanently occupied by a young person thus eliminating the respite option. A few months ago people living in this home were joined by a third person who shifted from another DSS home. Their personalities vary as does the support they require. To meet their support needs two staff are rostered on during the day and early evenings. They people are supported to manage various conditions. |

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

|  |
| --- |
| 1) IDENTITY  DSS has a personal planning process which may include the person’s family if desired. Goals are identified and progress towards goals is noted in the progress notes, on the Two-Monthly Review Sheet and during staff meetings.  The people had current Lifestyle Plans. Goals include a desire to “live an independent life as much as possible in a safe environment”, “have 1:1 outings and weekends away’, get a learner’s driver’s license and invite family for meals. There is evidence goals have been achieved.  The Two-Monthly Review Sheet has provision to note progress being made towards goals. While supporting information was not documented in the staff meeting minutes this too is an opportunity to note the people’s progress.  There have been numerous staff vacancies which has limited the ability of the staff to develop into a cohesive team who work together towards the same goals. We gained the impression that a lack of regular staff who know the people and the routines of the home well makes it difficult to consistently implement individual goals. At the time of the evaluation recruitment of new staff was being undertaken.  The Evaluation Team gained conflicting information regarding the compatibility of the people. Some of those interviewed thought they were compatible, yet the Reportable Event Summary from xx Xxxxx – xx Xxx indicated that one of the people was annoyed by the behaviour of another.  We also gained the impression that there may be changes in the future to the composition of the home, and we encourage the service to revisit the compatibility of those living in or shifting into the home with the aim of maximising harmony.  While the 1940’s, xxxx-bedroom xxxxxxxx meets the people’s basic needs, its size and design provide little room for the people to ‘get out of each other’s way’. The small kitchen space and the lounge which is tucked around the corner from the dining area making it a challenge to engage with those who are in the dining/kitchen area. In many respects the home is considered ‘old fashioned’ compared to other homes in the DSS group. One person’s temporary mobility need requires the use of a wheelchair and a walker. The outside ramp aids their entry into the home, yet once inside ease of movement is more constrained. The home is for the most part barrier free; however, there is a need for environmental restraints in the form of external gates as one person is yet to recognise the dangers of being without staff support.  We noticed in the files of the xxx people had a completed *Home Agreement*. The easy to read format and visual chart detail where the people’s money was coming from and how much was retained for personal use. We are unsure of the agreement made between another agency and the service, yet expect similar parameters are developed so everyone is clear about who is responsible for different aspects of the service delivery. We encourage the service to make sure that everyone in the service has a current agreement (or similar) which includes information about their finances.  The people’s day activities vary. Xxx of the people spend part of their week at three different external day programmes where they engage in a range of activities. The youngest person has a mix of activities including volunteering two days a week, and on weekends they enjoy 10-pin bowling and visiting the SPCA.  The service encourages the families to become involved in the service by participating in planning meetings, and by making contact with the service.  The Evaluation Team believes the people are enjoying a life of their choosing. They are treated with dignity and respected for their individuality. One of the challenges of supporting the people is the lack of a full complement of staff who are consistent in their practice.  2) AUTONOMY  The people have good receptive skills and vary in how they express themselves. One person uses a PEC symbols book and uses basic sign language although this is difficult to reinforce when the service is short staffed. We believe it will be advantageous for the people’s well-being for the service to explore how to strengthen alternative communication strategies.  The people vary in their ability to carry out daily living routines, with some requiring considerable support from the staff. Xxx people require significant support to maintain their personal care routines although the staff spoke about encouraging them to carry out parts of a task based on their ability.  The staff interviewed have qualifications as well as practical experience to offer to their roles. The service is supported by an experienced Team Leader who has recently taken over the leadership role in this home.  We were advised that staff turnover has been significant and the service is yet to obtain a full complement of staff to fill rostered hours without the need for some staff to work extended hours. The management is fully aware that such practices have the potential to place the people being served, the staff and the organisation at considerable risk.  The management is fully aware of the recruitment challenges and at the time of our visit interviews for new staff were being conducted. The Evaluation Team believes the complex nature of the support needed by the people requires skilled staff to be employed, who are committed to supporting the people to live valued lives. It is the Evaluation Team’s belief that many aspects in this report which require action may need a full complement of staff to be put in place before they can be achieved. Therefore, the service is urged to develop a rostering plan which is fit for purpose and will ensure existing vacancies are filled.  Each person has their own bedroom and the wet-area bathroom and separate toilet provide sufficient amenities to meet their needs. The old-fashioned layout does little to promote interaction between one area and another. The size of the home means there are few spaces for the people to distance themselves from each other with the exception of their bedrooms.  The Evaluation Team viewed a range of documents including the people’s files and staff meeting minutes. The files are kept locked in the staff office. While we found some information up-to-date, and there was some other information which needed updating. Trying to update some records is likely to be less of a priority when there is limited staff to fill the roster.  The people enjoy some life patterns similar to other community members. They use community facilities and amenities, and choose the activities they enjoy.  3) AFFILIATION  One person has various opportunities to connect with the wider community while the others have fewer opportunities as individualised support is often required when in the community. The staff has good ideas about the activities they could engage in yet they advise that lack of staff often restricts what could be achieved.  The people have regular access to medical professionals such as dentists and doctors, and the person with a leg injury is being seen by the appropriate specialist.  4) SAFEGUARDS  The contact the people have with their families varies. Developing natural supports for the people has its challenges as they require a significant amount of supervision and support; however, the Evaluation Team encourages the service to consider how extended networks could be further developed.  A Risk Management Plan is included in each person’s file which outlines the way the service intends to minimise the impact of such risks. We note in two plans a ‘red flag’ risk of exploitation was noted due to lack of awareness of stranger danger and due to an overly friendly nature. The management of this risk was for the staff to know the whereabouts of the people at all times. A number of the people interviewed felt the people required additional safeguards. The Evaluation Team believes it is essential for the service to develop a plan which provides assurances that vulnerable people are adequately safeguarded.  The risks surrounding one other person provide a different challenge to the service.  Mental Health services are accessed to ensure those with dual diagnosis are well supported. While Nelson Marlborough Health has access to some expertise, we encourage the service to consider using mainstream organisations, such as Autism NZ and Disabled Person’s Association (DPA), as a way to further connect and utilise community resources.  The training records show that the staff have completed the mandatory skills related to an overview of positive behaviour support. We gained the impression that while some training had been undertaken, training with a more specific focus would make the training more relevant. Observations during our visit indicated that some staff are very knowledgeable about the risks associated with the people, while others require upskilling.  5) RIGHTS  The services strives to present the people in the best possible light and attention is given to personal care and grooming. The interactions observed between the people and their support staff indicated they are treated fairly and with respect.  There is a belief that several of the people are at risk due to their vulnerability, limited communication skills and gregarious personalities. The Evaluation Team believes a concerted effort to further developing their networks, including the introduction of advocacy groups and access to independent, external advocates, has the potential to benefit the people well into their future, as well as provide them with additional people in their lives. We encourage the service to explore how the people can have access to an external advocate.  The service supports a philosophy of ‘least restrictive option’; however, to keep a person safe an environmental restraint in the form of locked gates into the property is used.  Appropriate documentation is included in their file, and it is anticipated this will be reviewed in line with restraint minimisation practices.  6)HEALTH AND WELLNESS  The people are supported to enjoy the best possible health. Their mental wellness, as well as physical wellness, is the focus of staff practice as anxiety can lead to unwanted behaviour. The person recovering from a leg injury may be better supported if the staff demonstrate the same degree of consistency. We encourage the staff to discuss how they can best support the person’s recovery and how they can be consistent in their practice regarding this issue. We were advised of the people having medication reviews which has positively impacted on their lifestyle as well.  The behaviour plan suggests that a holistic approach utilising alternative therapies is used to help minimise the anxiety experienced by some. However, comments made during our interviews indicated that a more holistic approach was yet to be trialled by everyone and introducing such strategies as calming oils, soothing music, etc, was outside the parameters which could be considered in staff practice. We encourage the service to embrace and reward innovative thinking and believe recording such strategies in the staff meeting minutes will further enable the staff to have robust discussions about how to best support the people.  The people interviewed believe additional measures are required for the people to be fully safeguarded. While the Evaluation Team heard about varying concerns, there was little evidence which would give indication that the people were at risk. We believe that it is essential for all staff to report and clearly record situations where a person’s safety is potentially compromised. There appeared to be a perception that management would do little if such situations were raised, or that those raising the issue would be treated unfairly. The Evaluation Team believes that the management and the staff need to work collaboratively to develop a culture change which reflects one of shared responsibility which embraces staff input in a way which is constructive.  It was encouraging to find the people demonstrating a feeling of being ‘at home’, despite one person’s expressed desire to again reside with their family. As already mentioned in other parts of this report, the lack of a full staff team makes it difficult for the people to experience the level of continuity desired. |

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

**Requirement**

|  |
| --- |
| The service develops a plan which provides assurances that vulnerable people are adequately safeguarded. |

## Recommendations

|  |
| --- |
| The service revisits the composition of those living in, or shifting into, the home with the aim of maximising compatibility.  The service considers also providing the people with education related to friendships and intimate relationships so they can be additionally safeguarded against potential abuse.  The service explores how to strengthen the alternative communication strategies used by the xxxxx who uses non-verbal methods to express xxxxxxx.  The service develops a rostering plan which is fit for purpose and will ensure existing vacancies are filled.  The service follows through on discussions related to the home improvements so the people can be provided with an environment which suits their needs.  The service considers how extended networks could be further developed.  The service explores how the people can have access to an external advocate.  The service embraces and rewards innovative thinking and records such strategies in the staff meeting minutes so the staff are able to have robust discussions about how to best support the people.  The management and the staff develop a culture change which reflects one of shared responsibility that embraces staff input in a way which is constructive. |

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)