Developmental Evaluation Report Summary – Ranfurly Care Society

At midpoint of certification cycle for community residential services – sensory, intellectual and physical disability

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| Name of Provider: | Ranfurly Care Society Inc |
| No of houses (5 or more beds) visited # and location | # 3 |
| Date visit/s completed: | 29-31 January 2019 |
| Name of Developmental Evaluation Agency: | SAMS (Standards and Monitoring Services) |

General Overview:

Three residential services were the subject of this mid-point review of Ranfurly Care Society, Inc and involved xxx people aged between xxx and xxx years of age living in homes in Auckland. The Evaluation Reports describe the positive experiences the people are having as a result of being supported by a service who is striving to give people a good life.

The people and their families talked positively about the support they were getting and nearly 95% of those spoken to felt the service was continually improving. The involvement in community activities has promoted increased personal growth, and increased confidence.

Areas for development were varied and in a few instances were ‘person specific’. Improvements related to ensuring that the routines of some do not impact negatively on the lives of others and to how to best evolve the service to reflect the new wave of service user and their expectations.

**Areas of Service Strength**

* Meeting increasingly, changing health needs
* Communication – happy with the service
* Skill development has increased - goals are actioned

**Areas of Suggested Development**

* Home Agreements
* Relationship training
* Future Evolution – Board membership

**1 – Identity:**

A personal planning process, About Me – By Me, provided a snapshot of each person’s likes and dislikes as well as things they wanted support with. As some people slow down the pace in which they take life, goals reflected this change. Others who prefer a more active lifestyle benefit from goals which reflect more individualised aspirations. Juggling the aspirations of people who require less support against those who are experiencing a quieter pace will ensure the service continues to be person-focused. Comments provided and documentation sighted in the Personal Communication Notes indicated that goals are actioned and achieved. The families said their family member had increased their skill-base as a result of association with the service.

**Areas of Service Strength / Improvement Noted**

Trusting relationships between the people, their families and the staff is a cornerstone of service delivery. We gained the impression that the service will endeavour to provide a quality service despite being faced with the occasional hurdle. The staff work as a cohesive team and we were heartened to hear that when possible, the staff stepped in to fill a vacancy if need be. When required, agency staff who are known to the people were called upon to fill vacancies. This occurred less frequently in the home by comparison to the flats. The Coordinators also take an active, hands-on role in the service as required.

The people live comfortably in homes/flats which meet their needs. They are personalised and provide additional areas for privacy. The homes are located near community services and agency vehicles are available to transport people if required.

Most of the people attend the Activity Centre located on the Ranfurly site and a few access external day options. A range of activities are offered through the Activity Centre, some of which are community-based. As people age some are spending part of their day at home.

Ranfurly has a policy which supports various levels of friendship. We were advised that the service uses the ‘Circle of Friends’ to provide guidance for positive interactions. It is believed that if the service takes a proactive stance, especially as younger people are entering the service this will ensure the staff are well-equipped should they be faced with questions/situations about relationships. Related training is yet to be provided to the staff team and this was included as a requirement in two reports. It was encouraging to note that prior to finalising the Draft report Ranfurly had organised relevant training from an allied professional.

**Areas of Service Strength / Improvement Noted**

The lines of communication are clearly understood between management, the staff and the people and their families. Some families are able to compare between different providers and almost all describe communication as being a strength of the service. In two isolated instances (two different reports) there was a desire for greater attention to communication. In all reports the people and the families indicated they were happy with the service.

**Area of Service Strength / Improvement Noted**

A *Terms of Service Agreement* was commented on in each of the Evaluation Reports. The agreements described the role and responsibilities of the service and the person/their family, although most were yet to be updated annually. The agreements are also yet to stipulate the amount of the people’s benefit which is to be retained by them.

All reports suggested improvements to the *Terms of Service Agreement* and all included it as a Recommendation. It is noted that prior to finalising the Draft Evaluation Report the service made changes to the agreement and developed a strategy which would ensure they are updated annually.

**Area of Service Strength / Improvement Noted**

**2 – Autonomy:**

The Evaluation reports describe the ways the people are supported to make decisions and choices. For a few, the time of growth and development has given way to relaxed settled routines. However, for a number of people they are experiencing a new path as they embark on adulthood outside the bonds of their immediate family. As younger people access the service it will be helpful for the service to be mindful of ensuring that the routines of some do not negatively impact on the lives of others, eg, the lifestyles of older citizens overshadowing the lifestyle of a younger generation.

For the most part there is an adequate number of staff, although there has been some fluctuation with the recent resignation of two staff members. Despite this the staff team appears relatively stable with many staff providing lengthy service. A few staff who previously worked for the service have returned after time away (overseas experiences or study). This gives the impression that the service is a reliable employer who values its staff. Several staff members have ‘worked their way up’ and many believed this characteristic provides excellent leadership qualities.

There is strong evidence that training is a cornerstone of the service delivery. The staff spoke about numerous training opportunities available to them, and were confident if they requested or needed additional training it would be forthcoming. Some training is provided in-house facilitated by skilled staff and other courses are led by external organisations.

The communication styles vary with some people being able to clearly articulate their views while others rely on the staff to understand subtle body gestures. There has been an introduction of more visual cues to assist those who benefit from such aids. The document, About Me – By Me, often describes what features best aid the person’s communication.

Most of the people enjoy patterns similar to others in the community, with some choosing a retired, relaxed lifestyle and others a more active life. The people choose activities of interests to participate in, desired programmes to watch on TV and when to speak with or visit their families. They choose their bedtimes and some people have varied start times in the morning. The health conditions of some people are changing and as a result their life experiences are becoming narrower. We believe with creative thinking the staff can continue to offer people exciting opportunities.

The service supports people who are interested in voting, including viewing an easy-to-understand DVD about the voting process.

**3 – Affiliation:**

The people participate in a range of activities through their day programme and weekend activities. Balancing the differing energy levels amongst the different age range groups is an area the service is encouraged to be mindful of. Providing more active options for younger people while also giving older people interesting ‘low impact’ options will take innovative thinking on the part of the staff team. We agree with the comments made by some families that staying active regardless of ability is a good strategy to ward off some symptoms of aging.

The people visit doctors and dentists when required and input from specialists is also sought when required.

The people hold a variety of roles such as son/daughter, sister/brother, aunt, uncle, cousin, church member, sports competitor, student and friend.

**4 – Safeguards:**

The families of the people are their most consistent support network. Family involvement is welcomed by the service and as a result support for the person is more often than not a shared experience. The people retain contact with their families through phone calls, email and regular visits. It was encouraging to find the Personal Advocacy Trust involved in the lives of some people for whom family contact is infrequent.

A Risk Management Plan details how potential risks are to be minimised. The plans we saw included challenges associated with seizure activity, choking, falls, vision limitations, anxiety, allergies and other specific health concerns. Should anyone require support to manage unwanted behaviour, Behaviour Support Services are available who work alongside a skilled staff member who implements good practice as well as providing the staff with relevant training.

The 2019 Accident Register and the Incident/Accident Reports in the people’s files indicates that when required, further investigation and follow-up takes place in a timely manner.

Fire drills are practised regularly and the home/flats is equipped with a sprinkler system and emergency lighting. Hazards are identified and a register stating all electric items have been tested and tagged to meet safety legislation is available.

There were no Recommendations concerning safeguards in the evaluation reports.

**5 – Rights:**

The Code of Health and Disability Services Consumers’ Rights is reinforced through house meetings, staff training and the Terms of Service Agreement. Visual information provides an easy-to-read version of the code and how to make a complaint. Everyone we spoke with knew whom to speak to if they wanted to raise an issue and believed they would be listened to.

The service has extensive policies about how to support the person in a way which ensures their dignity is maintained. Positive approaches are used which support the philosophy of ‘least restrictive option’.

The people and their families indicated they were able to make a complaint and talk about concerns with the staff.

**6 – Health and Wellness:**

The people have regular health checks and dental visits. Some families take responsibility for medical visits, while others share this role with the service. It was acknowledged that the service has continued to meet the increasing health needs of those they support with an aim of people being able to stay in their home for as long as possible. Increasingly the service is faced with issues related to an aging population, and further equipping the staff with information about dementia and loss of cognitive abilities may further aid the support they can provide.

**Area of Service Strength / Improvement Noted**

Ranfurly’s position on physical, sexual, psychological, and emotional abuse is clearly stated in the Residential Home Service Policy, Procedures and Operational Manual. The Staff Handbook also reinforces the policy and emphasises how to minimise the likelihood of someone experiencing abuse.

There are sufficient policies to cover physical restraint, including the person’s behaviour support plan (if relevant). An environmental restraint in the form of a fence and gates keep those who experience confusion due to health conditions safe. Individuals who do not require such interventions are able to use the code-locked pedestrian gate to enter and exit the property.

The Executive Committee is made up of long-serving family members, many of whom have been associated with the organisation since it was established. In light of the changing demographic of those wishing to access services, we encourage Ranfurly Care to consider how the board membership can evolve to reflect a new wave of service user representation, including ways to gain service user representation at board level.

Comments for further developing input from the people and or their families in future governance roles was recommended in all three reports.

**Area of Service Strength / Improvement Noted**

**Progress on Meeting Corrective Actions**

**Finding 1.2.4.2 *Public Health was not notified following an infectious outbreak in May 2017 involving seven residents.***

**Action**: Ensure that public health authorities are kept informed regarding any infectious outbreak.

**Progress:** Infection Control Policies are followed.

**Evidence:** Appropriate action was taken when several people became ill with oversight from the GP.

**Suggestion:** Continue to follow agency procedures in the event of an infection outbreak.

**Finding 1.2.4.3 *Six of ten accident/incident forms were missing evidence of an investigation with sign-off by the Health and Safety Officer.***

**Action:** Ensure each accident/Incident Form includes evidence of investigation with sign-off by a designated representative, which is this case is the Health and Safety Officer.

**Progress:** All incidents/accidents are investigated ad are located on a single form.

**Evidence:** Sighted 2019 Accident Register plus Incident/Accident Forms in each person’s file as required.

**Suggestion:** Ranfurly continues to follow established processes.

**Finding 1.4.2.1 *Electrical equipment has not been safety tested and tagged. Advised this has been booked for September 2017.***

**Action:** Ensure all electrical equipment is regularly safety tested and tagged.

**Progress:** All electrical items were tested on 5 October 2017 and amendments to relevant polices.

**Evidence:** Register sighted stating all necessary equipment has been tested and tagged.

**Suggestion:** Ranfurly continues to follow established processes.

**Finding 1.3.12.3 *Staff annual medication competencies are not being documeted by the service. Training and compentencies have been booked for 13 September 2019.***

**Action:** Evidence that there is documented evidence to indicate that staff who are responsible for medication management have their medication competencies checked annually.

**Progress:** The checking of medication competencies of the Residential Coordinators occurred and a refresher training course took place in Sept/October 2017.

**Evidence:** Sighted training register and noted attendance record.

**Suggestion:** Ranfurly continues to follow established procedures.

**Outline of requirements and recommendations:**

**Requirements:**

An opportunity for training about relationships/friendships is provided.

**Recommendations identified in Evaluation Reports:**

Home agreements, reducing use of agency staff, board membership, creating individualised lifestyles, seeking reviews from the NASC, and ensuring the views of families are recognised.