# Developmental Evaluation Report Summary

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

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| **Name of provider:** | ABI Rehabilitation |
| **Number of locations visited by region** | 2 |
| **Date visit/s completed:** | 12th August 2015 |
| **Name of Developmental Evaluation Agency:** | SAMS (Standards and Monitoring Services |

## General Overview

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| This report is a review of corrective actions requests (CARS) following an audit review by the Designated Auditing Agency (DAA), Health and Disability Auditing New Zealand Limited, in June 2013.  ABI Rehabilitation (ABI) was established in 1996 and since that time has provided rehabilitation support for people with traumatic head injuries. The service primarily provides an intensive recovery programme on its main site on Metcalfe Road, West Auckland. The service has also been developing a longer term residential rehabilitation service for people who are coming off the intensive programme. ABI is interested in establishing a good residential service for its longer term clients and has been reviewing residential arrangements both in New Zealand and abroad. Two residential houses were reviewed by SAMS during this evaluation.  House 14 is situated on Swanson Road, a short drive from the main ABI rehabilitation campus and two of the men who currently live in this home were a subject of this review. House 4 is situated on the main campus on Metcalfe Road but is being transitioned from a residential home into an intensive service. House 4 has three clients on the residential contract and three clients in the intensive programme.  Double staffing is provided 24/7 in House 4. There are three staff on duty in House 14, 7am until 9pm and one staff member overnight, seven days a week.  The three residential clients in House 4 are preparing to move to community based homes. This move was set to take place the week following this evaluation and will result in some of the people from Swanson Road moving to newly purchased rural properties. This shuffling about results from the longer term plans for the service to set up the residential rehabilitation service and it has resulted in some concerns/issues for those who are being moved, most especially the people in House 4.  We spoke with two of the families and one of the people living in House 4. There was a general feeling of uncertainty and current dissatisfaction with the service provided there. This dissatisfaction was in part due to the level of inactivity experienced by some of the people in this home and the lack of partnership and communication in the planning process for the pending move. However, in house 14, both people indicated a general level of satisfaction with the service. Although one was anxious about the forthcoming move to a new home, this person was being included in the decision making process  The SAMS team strongly suggests the service continues the process of reviewing and developing their vision for effective long term residential options for individuals but also fully includes consumers and their families/advocates at all stages of planning. Developing partnerships will foster positive relationships between all stakeholders and create a system of communication that is understood by all parties.  The service is also aware that as people move off intensive programmes that the role of direct support staff, in this case Client Support Worker’s (CSWs), will change to include greater involvement in many aspects of support; including assisting people to pursue aspirational goals. Increased participation of front line staff in the support of people in residential services will require an understanding of how to effectively develop a sense of team. Staff meetings with all front line staff in each home, at least monthly but ideally fortnightly, will assist in the development of the team and in the development of good planning and support for the people in each home.  This report recognises that ABI is in the process of developing a residential service and is keen to learn how to provide exemplary services. The requirement and recommendations in the two Developmental Evaluation reports (summarised also in this report) are aimed at supporting this aim and we wish the service every success in their endeavours.  The Evaluation Team also reviewed the corrective actions provided by the DAA. All fully complied with the requirements.  Areas of Service Strength  • The service has a positive reputation with regard to its intensive programme and a strong desire to provide equally exemplary services in its longer term residential rehabilitation service.  • The service has a good person centred planning system.  • Online records provide all essential personal information.  • The people have on-going specialist support as required.  • There is a good atmosphere in the house 14 and an easy manner between the staff and clients.  • House 14 is personalised throughout despite recent renovations where some things were apparently taken down.  • The men in house 14 have some opportunities to access the community and belong to clubs or organisations in the community.  • There are sufficient numbers of staff in house 14  • Staff training is a priority for the service.  • There is a good relationship with the current CSWs in House 4 and the people and their families in this home.  • The people in the homes do seem to be compatible and compatibility is a consideration as the service opens new homes. |

## 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 service primarily operates an online client document system that provides details for risk assessments, daily support plans, and personal planning goals. Personal plans include both therapeutic and aspirational goals that are broken into achievable steps as required. Daily diary notes are recorded using the online system and provision is made for comments on personal plan and therapeutic goals. Progress notes do occur but tracking detailed progress notes is difficult. The service reports that the individuals in House 14 have hand-held personal plans of their own, several of which resemble PATH or MAP style plans (many of these were put away during recent renovations). Providing equally visual progress notes (perhaps in the form of photographs) may help the people to celebrate achievements and could be more easily shared with others (ie, family, friends etc).    The people in this service have had an assessment with the local Needs Assessment and Service Coordination agency (NASC), which in this case is Taikura Trust. The service reports that while the assessments are up-to-date they do have difficulty at times eliciting responses from the NASC.  The service has good entry information for people when they use the intensive programme and is currently in the process of developing an information pack for people (and their families/whānau) when they move into the longer-term residential service.  ABI Rehabilitation actively assists people to return to their homes of origin or to family members or other residential providers. The people moving into the residential programme at ABI are all people who are currently unable to return to their family and for whom ABI residential is either the preferred or only option (at least for a period of time).    The Registered Nurse (RN) meets with staff on rotation through seven settings, one setting per week. They use this time to discuss each person’s goals and review activities; including what has worked well, what people enjoyed and what didn’t work so well. The service has one key worker for the residential programme (of 34 people) who is responsible for overseeing the development of personal plans and tracking progress and an Occupational Therapist (OT) is responsible for supporting or progressing many goals. The seven-week rotation and may not be conducive to really engaging CSWs in the on-going support of personal planning goals and strengthening a sense of team. The Evaluation Team suggests more frequent team meetings with CSW’s, in addition to those meetings that the RN’s and OT’s are able to attend. Additionally, extending the CSW role to include the support and progression of aspirational goals could result in better engagement and outcome achievement for both the staff and the people.  The three people House 4 who are in the residential rehabilitation service are currently waiting for some people from House 14 to move to a newly purchased rural property before they themselves move into House 14. The move is due to happen the week following our visit.  The regular frontline staff front line staff in both homes appear to have an easy and respectful relationship with the people. People and family members are very happy with the support provided by the regular CSWs who work closely with them. The planned move from House 4 to community based homes has meant that the regular front line staff in House 4 will not be moving with the three people they support. This is a HR issue. The staff team at House 14 have chosen to stay in this home when the new people arrive. The families and service users in House 4 have developed an excellent relationship with the regular CSWs and are generally unhappy about the lack of consultation and communication around the reasons for staffing changes.  The service seems to take compatibility seriously and recently moved one man from House 14 to House 4 due to compatibility issues. One of the two men we spoke with in House 14 is in the process of moving to another ABI residential home. During our visit this person was being taken to view one option on a rural property being renovated by ABI Rehabilitation for its residential clients.  The living environment at House 4 is functional and spacious, but as the people are now leaving this setting there has been little effort to make the house feel like a home. In contrast House 14 is decorated with artwork and photographs in the main living areas. The bedrooms in House 4 are decorated to personal taste, although it was noted that one person had very few personal items on display. The situation is one of transition and the Evaluation Team expect things to improve once the people have moved to their new, longer term homes.  The service is in the process of developing vocational plans for the people in the residential service. One plan is to provide group based options at the rural properties, and to provide experience working with gardens and animals. The Evaluation Team would urge the service to review current trends in the sector with other vocational providers so that it can develop best practice. For example, some group-based options are useful from time-to-time, but the wider sector is moving toward individualised and/or community integrated options which may also utilise external and/or mainstream services. One of the men at House 14 already belongs to an art programme that runs external to the service.  Many people with acquired brain injuries become separated from the friendship networks they had prior to their injury. The service is well aware of the complex issues concerning loss of friends and acquaintances and welcomes people visiting the service. It would be great to see this being actively encouraged and enabled as part of the people’s personal plans.  The level of activities arranged for the three people who are currently living in House 4 has been minimal for some time and is a source of frustration for the people and their families. There appear to be communication issues concerned with who is responsible for ensuring that activities and outings occur, especially where there is strong family involvement. Good practice is that such activities by families be considered an addition to what services should be providing rather than a replacement. A way to improve relationships with families could be to clarify the goals and aspirations that the service is responsible for and identify if family members wish to take some responsibility for some goals or aspirations. It should be clear that if families want to do things in addition to what is already scheduled or planned, then that is a welcomed additional support. The service does provide outings for the people in House 14 and is developing regular groups such as a coffee group.    ABI has policies and procedures regarding intimate relationships and sexual expression that are part of orientation training for new staff. These policies are sensitive to individual needs and personal requirements.  ABI Rehabilitation Ltd has a managing director and as a company has no Trust Board. There have been moves to develop a stakeholder group that includes family members, consumers and staff who together review documents such as the Strategic Plan.  It is common for residential services such as group homes to hold household meetings once a week or once a fortnight to discuss household issues, talk about consumer rights, develop menu plans, and consider household outings, celebrations, etc. These are typically run by an independent facilitator or by the household members themselves. It may be useful for ABI Rehabilitation to consider house meetings to provide a conduit for people in each home to inform the service/managers of their views and ideas.  There are clear lines of communication between the various levels of management and specialist services within ABI Rehabilitation. The weekly residential (managers) meetings assist with this process. There is half an hour change overlap time between shifts for CSWs to verbally pick up on any important relevant issues for the next shift and there are alerts on the online system that highlight new information that staff must read when coming on shift.  One of the men involved in this review is of Māori descent and is satisfied with the degree of cultural support and the options open to him. He has also been able to express his cultural and general interests through his art. The service has a chaplain who makes himself available for Christian spiritual needs and the people are supported to attend church services as desired.  Continued personal development is a feature of personal and support plans. The people in this home have varying access to physiotherapy, speech therapy and OT depending on their funding levels.  **2 – Autonomy:**  At the current time the people have limited involvement in the day-to-day running of their homes. Many of the meals are prepared at a central kitchen on campus at Metcalfe Road. The menus are balanced and the people can indicate food preferences such as being a vegetarian or as they relate to allergies etc.  It would be useful for the people to have increasing participation and responsibility in the running of their homes. Having meals prepared in the home so the people can be involved in aspects of meal preparation, enjoy the aroma of food being prepared and be more involved in menu selection may facilitate this. The staff report that some of the people will take laundry to be washed and may be involved in setting or clearing tables. It is understood that ABI Rehabilitation services does support people to re-develop and maintain independent living skills where they are preparing to return their own (family) home. If this was replicated in the long-term residential services, this could increase people’s sense of belonging to and ownership of their living situation.  One person owns and takes care of a cat that lives in house 14. There is some usable outdoor space at this home for sitting outside and having BBQs. There are also raised plant beds, tended by one of the men in this home. The ABI campus at Metcalfe Road has outside areas where the people can spend time.  The homes are barrier free and provide accessible bathroom facilities. Each person has his or her own bedroom. There are large lounge, dining and kitchen areas that are suitable for people who use wheelchairs. Both homes provide spaces where the people can enjoy quiet time or entertain visitors if desired. In house 14, there is a space for computers that the people share. A wheelchair accessible van is available on-site for both homes.  Records are securely stored in the office and online records are password protected.  Daily diary records have a number of categories / areas CSWs are expected to check as completed at the end of shift and space to provide more detailed notes as required. It would be useful when developing a sense of vision and team that the service considers how to add detail to the daily diary entries, especially as the people make progress on personal planning goals, attempt new skills or try new things. It would also be positive to see a sense of personal ownership of plans and of the personal information held about each individual.  House 14 is located in a typical Auckland residential suburb. It is our understanding that the new homes purchased are in typical residential areas (some more rural than others).  **3 – Affiliation:**  The men in house 14 have regular community outings and were at the movies on one of the days during this evaluation. Both of the men in this review had goals to increase participation in the community and one wishes to engage in more activities when at home. However, the experience of people living in House 4 was quite different and almost all community outings and activities occur with family members.  Socially valued roles refer to those roles that all people in society value. This may include being part of a family (son/daughter, brother/sister, cousin, parent, spouse etc), having work roles, being a member of a church or cultural community, belonging to a club, being an artist, runner, musician etc. This service actively assists the people to connect with family members and is positively focused on regaining or developing roles that are valued by individuals.  **4 – Safeguards:**  The service reported that there is a “no volunteers” policy across the organisation. Whilst the Evaluation Team appreciates that the intention behind this is to ensure the safety and well-being of the potentially vulnerable people who use the service, we would suggest that the service looks at how other residential services utilise volunteers to increase community engagement. Also linking in with mainstream groups and clubs can create an opportunity for the development of friendships and other natural supports. For example, we heard that one person is an excellent chess player and the Evaluation Team wondered whether they could be supported to join a chess club.    Natural supports can take many forms. Regular access of local amenities such as supermarkets and libraries can result in people becoming known in their area and a part of their community. For example, we heard that some of the men we met have used the same hairdresser for many years and so this relationship is a natural support.  There is intense family involvement for at least two of the people that we met. This involvement means that family members are at the home for portions of each and every day. This level of family involvement is unprecedented in community residential services and is a testament to the commitment and dedication of the family members. It is fair to say, however, that families can burn-out and sustaining this type of involvement may become an issue over time. It is essential that the service recognises the vulnerabilities of families and develops a level of partnership that will assist both the individual being supported and their families.  Each person has an online file that includes a recent photograph, alerts and risks, family contact details, behaviour support plans, personal plans etc.  There is a psychologist employed by ABI Rehabilitation and behaviour support plans were evident on the personal files as required. There are full-time medical personnel on the Metacalfe campus that included registered nurses and doctors. Medications are now or will soon be charted using an online system recently approved for ABI Rehabilitation by the Ministry of Health. This online system will eliminate the need for pencil and paper prescriptions which can then be sent immediately to the pharmacy. The medical staff believe the new system will reduce dispensing errors (as prescriptions will be much easier to read) and simplify the whole process.  In the community based homes that are not yet linked into the electronic medication system, there are medication folders that contain a recent photograph of the person and the staff follow approved procedures. Both systems enable information about each drug, its potential side effects and drug interactions to be readily available. The staff in House 14 were observed issuing medication to individuals and following the correct procedure. Sign-off sheets were completed appropriately.  The staff complete medication competency reviews annually and have CPR and first aid training at regular intervals and as required. The staff also complete behaviour management and CPI training (de-escalation, break away techniques and approved methods of restraint). All staff complete orientation training and are expected to attend modules concerned with infection control, wellness, abuse and neglect, critical incidents, Whakaritenga Mahi, moving and handling, swallowing etc. The Evaluation Team would suggest including modules on person centred planning for all front line staff and individualised community participation.  ABI Rehabilitation has an expectation that staff will attend training events. It is positively disposed to assisting staff to complete certificated courses such as the Certificate in Human Services (Disability services) or related courses.    Incident reports are provided in each individual's file in the online client management system. Incidents are followed-up by managers and discussed at team and house meetings (standing agenda items: House Issues and Feedback on clients and families).  There are hazard reporting systems and forms with appropriate follow-up procedures in place.  Fire drills are practised six monthly and records of evacuations were sighted by the Evaluation Team. The homes are equipped with sprinklers and regular reviews of fire safety equipment occur.    At the main campus - civil defence equipment and supplies are provided in the basement of the central Hub (an activities, meeting and therapy facility at the heart of the ABI campus). It was noted that the staff could not lay hands on the key for the Team to review this equipment. We therefore suggest a method of making the key more accessible or its location more widely known than it currently appears. Despite this situation breaking the lock to the basement would be an easy thing to do and we have no major concerns about this access.  **5 – Rights:**  The Code of Health and Disability Services Consumers' Rights is displayed in the home. The staff include the Health and Disability Code of Rights in orientation training. The service has a complaints procedure that is known by staff and families  The families and people told us that the regular CSWs were respectful and caring in their approach and we observed communication between the regular staff and the people that indicated genuine positive regard. However, we heard that the relieving staff are not always as respectful in how they speak to and engage with the people.  We heard that some people have been involved and consulted with regard to the upcoming move to new houses. One man felt that incidents from earlier in his life were being held against him with regards to his choice of home. However, management told us that this was a safety issue and we heard that he was going to see an alternative home that offered similar opportunities for access to the outdoors and farming activities, but that did not cause any safety concerns for him or others in the community. We commend the service for striving to seek a solution to this challenge.    **6 – Health and Wellness:**  The service has access to an impressive range of health and allied health professionals and has an excellent reputation for rehabilitative care. People have more limited access to some of these professionals when they move from intensive rehabilitative services to long term residential services and it is important that there is transparency around this for the families and individuals so that they can understand exactly what they can expect to receive.  Finding a General Practitioner (GP) of choice in the community rather than relying on the medical staff at ABI may be a useful step toward more independent living.  The service has a range of policies and procedures for the prevention of abuse and neglect  The families that we met gave very positive feedback about the quality of care provided by the regular CSWs but there were some concerns voiced about the level of knowledge, skills and experience of some of the relieving staff. The families and people noted that relief staff are used frequently in House 4, particularly at the weekends and this is of concern to them. We heard, for example, that they did not always seem to be fully aware of the protocols or best practice or approach for feeding for some people and that the families had intervened – to reduce distress or to prevent incorrect approaches being used.  It is our understanding that once the people move into their new homes, they will experience greater consistency and continuity in the people who will be supporting them. The service might have considered starting to introduce the staff who will be working at the new house for a few hours a week at the current home, to reduce some of the stress and anxiety that both the people and the families have been experiencing regarding the changes to staffing that will come with the move. This could be something to consider in the future as people prepare to transition from intensive to long-term residential services.  There is a well-settled and experienced staff team in House 14 and new staff will be supporting those who are moving to the rural homes. The people who were moving from House 14 did not voice any specific concerns regarding the changes in staff that they would experience.  We heard that the service had intervened and supported a person when there were concerns regarding financial abuse by a family member. The person made the decision that the individual would no longer be in their life. |

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

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| **Finding 1 – Criteria 1.3.8.3**  A medical alert identified by the registrar has not been entered into the client management system or shown on the client’s profile sheet. Nursing staff confirm this information was received verbally. At the time of audit, the medical alert is entered on to the alerts sheet.  **Action**  Where progress is different from expected, changes to the client profile and their alerts are made.  **Service response**  Risk Matrix is reviewed at clinical reviews with the Medical Officer present. Protocols are written to address identified risks. Protocols are aimed to minimise/reduce identified risk.  **Progress**  There is a red marker to indicate risks/alerts on the electronic file. Protocols are noted in team meeting minutes. Staff must review red markers at shift changes.  **No Further Action Required**  **Finding 2 – Criteria 1.3.12.1**  At the community residential House 14, the controlled drug register is not completed to match policy requirements related to the weekly stocktakes of controlled drugs, and there is no evidence of six monthly pharmacy stocktake.  Seven of seven medication charts (in the community based residential housing) do not have a list of specimen signatures for staff who are competent to administer medication.  Two of the four charts in House 12 and three of the three charts in House 14 have no documented evidence of three monthly medication reviews.  **Action**  Ensure medicine management is undertaken to meet legislative and ABI policy requirements.  **Service response**  A central file has been developed to contain signatures of all staff that are medication administration competent. The signatures are stored centrally and a list is circulated across all houses to be stored in the medication folder. The central file will be updated and a new list circulated as new staff become medication competent.  The medication reviews have been undertaken by the Rehabilitation Physician and are current. A three-monthly audit has been set up to ensure reviews are current at all times.  Pharmacy One undertakes six monthly medication chart audits. A copy of the audit is placed in the medication folder.  **Progress**  The controlled drug register was sighted at House 14 and complies for weekly stocktakes. One six monthly review from Pharmacy One was sighted (dated 27/1/15) the service reports the August pharmacy stocktake letter was completed and a confirmation letter was written by the operations manager to the medical director.  Specimen staff signatures were sighted in all medication files at House 14.  Medication reviews were conducted and signed by the medical director at three monthly intervals for each person in House 14.  **No Further Action Required**  **There was one requirement relating to the people living at House 4 at the time of the evaluation.**  This requirement was listed as ‘high’ risk and comes with an expected completion date of 30 October 2015. It states;  • The service develop a system whereby the families and the individuals being supported feel they are partners in the decision making processes that influence them. This would include ensuring that the service is person centred and provides activities and therapies as outlined in schedules and plans, and as expected of residential services. (Evaluation Report, August 2015, Sections 1.1, 1.4, 1.7, 1.8, 3.1)  There was also a list of recommendations that were primarily aimed to assist the service to consider next stages in its development of the residential rehabilitation service and should not be considered a negative marker against the service. The majority of the recommendations are listed for House 14 but apply to all plans and situations involving longer term residential services. These are recommendations and as such are not set to timeframes.  • The service considers developing regular meetings for the people living in all its residential homes to discuss household issues, talk about consumer rights, develop menu plans, consider household outings, celebrations, etc. Such meetings are typically facilitated by an independent advocate and provide a method of feeding back to the service. Minutes are owned and kept by service users. (House 4 & 14, Section 1.7).  • The service provides a system whereby the location of the key to the civil defence equipment and supplies is known by all staff. (House 4, Section 4.2).  • The service develops a system whereby only staff who are orientated with each person for a minimal period of time are cleared to act as relieving staff, especially for personal care. (House 4, Section 5.2, 6.2, 6.3).  • The service may wish to consider reviewing how progress on aspirational goals is conveyed to the people using this service and how better to involve front line staff (CSWs) when supporting some individuals with some goals. (House 14, Section 1.1).  • The service could usefully review the frequency of team meetings for front line staff with a view to developing a sense of shared responsibility (for example, in personal planning and general support goals) and teamwork. (House 14, Section 1.1).  • The service considers how other vocational services support individuals in community participation and supported employment options. (House 14, Section 1.4).  • The service considers increasing the amount of cooking that occurs in the home and increases the involvement by the people living in the home in daily routines. (House 14, Section 2.1).  • The service reconsiders its policy regarding the use of volunteers to increase community engagement and assist in the development of natural supports. (House, Section 4.1).  • The service considers including training in person centred or aspirational based planning in its regular schedule of training. (House 14, Section 4.2).  **Areas of Suggested Development in the SAMS 2015 evaluation reports**  • The service could make better use of CSWs in supporting the people to pursue personal planning goals.  • Progress notes on personal planning goals would be more accessible for the people who use this service if they are also in pencil and paper or visual formats.  • The time is now good for the service to visit and review the range of vocational services provided in New Zealand with a view to understanding individualised community based options for people.  • Supporting house meetings for the people will improve the sense of control the people have over their environment and empower them to speak on their own behalf.  • Training in person centred planning and individualised community participation for CSWs is suggested.  • Improving communication with family members and service users is suggested.  • There have been very few community outings for people in house 4 for some time.  • Providing relief staff who are known to and orientated with the person is typical residential practice in New Zealand.  • Encouraging greater involvement in the day to day running of the home and having meals prepared in the home will also increase the sense of control and ownership the people experience in their home.  • Reviewing the policy on using volunteers seems important for the people as they exit the intensive programme. |

## Recommendations

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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)