Developmental Evaluation Report Summary

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

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| **Name of provider:** | Creative Abilities | |
| **No of houses visited and locations - suburb and town only:** | 3 | Auckland |
| **Date visit/s completed:** | 26-28 April 2017 | |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services | |

**General Overview:**

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| The three women in this house (aged between xx and xx years) have high personal support needs. All use powered wheelchairs, have some verbal communication and attend the Creative Abilities Vocational Centre. Two of the woman have shared the house together for many years, the third person has been there for 18 months. It seems the newest resident has grown up a lot since moving in, and had a very positive impact on one of the others where her communication skills have improved. The women all have high physical needs, are able to communicate verbally or with gestures, are competent with computer technology and one woman uses Talk-Link. The staff level is two staff until 10pm each night with a sleepover.  One of the most notable challenges the women and their families is the cost of transport for anything outside the home. It seems the contract Creative Abilities hold with the Ministry of Health does not include the provision of transport. Therefore, the women in this service rely heavily on family involvement and financial contributions for them to enjoy the lives they have. The Evaluation Teams is concerned that many of the people in this service may be under the wrong contracts and therefore do not have access to the right level of support (transport being one of these). |

**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:** Personal plans and goals are in place for each person, as all have high physical support and health needs, the personal plans tend to include some degree of care plans. However, we believe these goals are genuine personal goals also.  We believe the personal planning process seems to be very effective however, we were concerned about the workload of, and reliance on the Social Worker in this process and recommend the service consider how this can be shared more with the front line staff encouraging more initiative and responsibility when working with the women in their roles, beyond personal care. This could encourage staff to be examining the big picture and expanding the horizons of the people they support - and themselves. It could encourage more variety for the people on the weekends and less reliance on family for this.  The women all attend the Creative Abilities Centre during the day, four days a week, participating in a variety of activities, therapies and educational programs. Most of the staff at this house work across several different houses as well as at the Centre. This means they get to know all the people in the company well however, it also means the houses can have a different staff person working there each day and a staff member may only work in this house one day a week. This makes it difficult for staff to develop initiatives and see them through or to work on goals with the people. Much of the goal achievements rely on what happens at the Centre. We believe there could be more opportunities for educational, physical and personal wellbeing improvements initiated from the home.  Through the Centre the service also runs *Getaway & Community* days twice a week that people can participate in. These days are planned by the people and involve an outing to various events, activities or places of interest. These are usually a 2-3-hour excursion. The Getaway group seems very popular and offers a variety of experiences for people however; each person must pay for the cost of taxi transport each way - on top on the trip to and from the Centre that day (which means four taxi trips a day) as well as any entry fees, fares or other costs involved. If families are unable to pay this, the choice to participate is limited.  None of the women in this house are currently in relationships although one has indicated she would like a boyfriend. All are quite competent with their iPads and computers that could be used as devices for communication with special friends, although they would need some support and possibly oversight with this. To ensure the staff understand and can support the needs of the people in this area, we recommend sexuality and relationship training be undertaken by the staff in the near future.  The women seem to be confident to express themselves and with the help of their families have made significant improvements in their lives. One woman has expressed dissatisfaction about the condition of the some of the footpaths that prevent outdoor walks for her in some parts of the neighbourhood. She has set to resolve this as one of her goals.  **2 – Autonomy:** People are able to make decisions about their daily routine generally, and are encouraged and supported to be out of the house most days. They design the community day themselves and can chose to stay home if they want to; for example if the weather is not conducive to being out. All the women like spending time with their families on the weekends and sometimes during the week.  Each have generous sized bedrooms decorated to their personal tastes with their own music systems and televisions. The layout of the living area and kitchen allows for plenty of room for everyone, and manoeuvring space for their personal equipment. However, the women currently have to use the trays on their wheelchairs for helping with food preparation and eating meals. A lowered bench with an overlap for wheelchairs to pull up to in the kitchen would make a great improvement allowing more involvement with cooking and meal preparations, and to be able to eat together.  The service attempts to ensure that the women in this house enjoy life patterns similar to other people in the community. This happens through planned activities, time with families on the weekends and through the church.  One of the women recently went on a church camp for a weekend and holidays away are a regular feature, although is dependent on the funding from families to cover staff wages and costs.  **3 – Affiliation:** The service endeavours to provide opportunities for interaction with the members of the community. This tends to be driven by the day Centre that most of Creative Abilities clients attend so most interaction with others people is with other clients and staff. The intention of the Community Days is to enhance community participation although it was noted that the availability of taxis for transport can sometimes frustrate plans for outings. For example, these may end up being much shorter than planned or desired. The Centre provides meaningful connection and interaction with others as well as educational and physical development for individuals, that might otherwise be accessed more in the community if the costs and accessibility of transport were not such an issue.  These women are described as social and friendly and have said they want to meet more people and improve their communication. Visitors to the house tend to be mostly family and interactions with others seem to be out of the house when they are with family and at other activities such as church. We encourage the service to consider how they can bring the community to the people to provide more experiences and develop relationships.  **4 – Safeguards**: The women all have strong support networks through their families and extended family members. These families have regular contact by phone, email, visits to the house and most of the people also go out to, or with family each weekend. This family connection is an impressive aspect of the service and a vital one for the women to enjoy the lives they have.  Very good care plans are in place for each person. Information in each person’s file contains relevant, clear, easy to follow emergency information, risk assessments, alerts, behaviour support (if appropriate), next of kin etc. in the in initial pages of the files. Most of these are in the pull-out clear folder that can be taken with the person in an emergency.  Medication is kept secure. The files sighted contain photographic identification, blister pack medication, PRN, sign off sheets and information on the side effects of the medication prescribed. Incident reports are in place along with a supporting protocol. Emergency procedures are in place and supplies stored at the house. With just one sleepover staff, no external doors on any of the bedrooms and all three residents requiring hoist lifting, emergency evacuation processes are discussed regularly at team meetings and with the residents.  **5 – Rights**: House meetings with the Social Worker are held every three months to discuss such things as staff, menus, any maintenance issues, people’s roles in the household etc. The meeting minutes also tend to focus on the progress of the individuals rather than their own thoughts or words, we encourage the service to remain focused on ‘who meetings these are for’ and whose voice should be heard and noted? It seems the women all have input into the running of the house. We believe there are opportunities for the women to be even more involved and to feel valued in the running of the house and encourage the service to look at ways of providing more opportunities for them to have greater ownership of their home and daily lives.  All clients of the Centre also have the opportunity to have a say in the running of the Centre through regular meetings and value these. However, there was no evidence of the people being involved with any other self-advocacy forums outside the organization, we believe the women would benefit by being part of such groups and recommend the service support them to access and engage in advocacy development forums outside the organization.  **6 – Health and Wellness**: The women in this house have reasonably high health needs and risks. There are good records kept and information communicated between the staff and with families.  People have regular individualised programs with the Physiotherapist at the Centre using the gym equipment, and in some cases personal equipment such as standing frames. These sessions are highly valued by the people who look forward to them, and were proud of the progress they were making. All the people in this house have at least one physical related goal and we believe these could be implemented more in the home situation as well. This could be developed in accordance with the recommendation of including the hands-on staff more in goal planning, realizing, and reviewing for the progress of each individual  The environment in the house is safe and secure. The equipment is well maintained through a maintenance and cleaning schedule where any problems with equipment requiring outside expertise seems to be addressed in a timely manner. |

**Outline of requirements and recommendations** **(not including those relevant to support for specific individuals)**

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| **Requirements:**  That the service arrange a discussion with the Ministry of Health Contracts Manager to clarify if the people in this service have been assessed and on the correct service contracts.  **Recommendations:**  To include frontline staff more in goal planning, reviewing and achievement and include educational elements for the women.  Staff undergo sexuality and relationship training.  The service invites the MOH Contracts Manager to meet with families.  Support the women to access and engage in self-advocacy development forums outside the organization. |