# 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 late 2013, Geneva Healthcare, Ltd purchased IRIS Ltd, which included Community Living Services provided to people with physical/intellectual disabilities. Prior to IRIS Ltd, these services had been part of Focus 2000. Xxxxx of the xxxx people have lived together in one of the xxxxx purpose built homes on this site for over ten years with the most recent man joining in March 201x. The people have complex needs and obtain support to carry out most daily living activities. They use wheelchairs (both manual and electric) for mobility and are able to make decisions for themselves. The people are able to express themselves when given time, and willingly shared their views with the Evaluation Team. Several stated they were able to advocate for themselves and requested we not make contact with their families. During the week, the people participate in activities based from their home and these differ according to their health and well-being. The people are supported by staff who are well known to them with several working alongside the people for ten or more years. The newest staff member joined the team approximately five months ago.  |

## 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) IDENTITYThe organisation has developed a comprehensive document known as the Community Living Person Centred Plan (PCP) 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 Evaluation Team were advised that the staff know the people well and the people spoke of having developed trusting relationships with them. We gained the impression the staff team worked well together. We were advised that when required, regular casual staff members who are known to the people fill the shifts. During the visit issues relating to whether the people actively chose the service were raised as it has been on-sold several times, and the service provided reassurance that people have the ability to leave/change services and that preferences are taken into account, regardless of who owns the service. Issues related to the choice of flatmate were confirmed by Geneva, that suitability is established prior to the person moving into the home. We were advised that while the people live compatibility, the level of support required is their most common factor. We were told that the people were ‘not really friends, just flatmates’. They choose to live independent lives as they have differing interests and only occasionally do things together. During the evaluation one person expressed a desire to shift and this was facilitated by Geneva following the evaluation. The people access desired activities during the week and those with electric wheelchairs are able to independently access these, whereas those with manual chairs require staff to support their movement. There have been attempts to enhance the people’s day programmes and that the people make choices about what they choose to do. Should this be a choice of doing nothing, the people are ‘left to their own devices’ in line with their request/choice. The staff shared some of the strategies they use to further engage the people in meaningful activities outside their home, albeit with little success. We agree with the comments made by some staff that continuing to explore additional activities outside the home could further enhance the people’s lives and provide them with increased opportunities for community integration. We encourage the service to continue to explore how their day programmes can be enhanced, including opportunities for increased community participation in line with their respective wishes.The people and some of the families believe that the service being provided was ‘as good as it could get’. Much of the literature about the service emphasises Geneva’s desire for the 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” and the staff we met seemed committed to this objective. However, the Evaluation Team, as well as some of the people, believe more could be done to translate this statement into action. Whether the barriers to achieving this are financial, the ability of the people to make informed choices, or the lack of vision about ‘what could be’, we believe renewed effort by the service has the potential to expand the people’s lives, leading to greater satisfaction. There are varying opinions and perspectives with regard to the degree to which the people are enjoying a lifestyle of their choosing. While the people and the families interviewed expressed gratitude for the service they received, the people indicated some things would need to be done differently if they were to be fully satisfied. Some of the people felt the service was too ‘hospitalised’, ‘they were not genuinely listened to’, and ‘staff were often too busy’. We encourage the service to explore with the people, and other disabled leaders, what it means to provide quality medical/physical care without being perceived as “hospitalised care”. The people indicated that the staff support them well. The people are treated with dignity and respect. Our observations of the way in which the staff interacted with the people was that they acknowledged their strengths. 2) AUTONOMYThe people are able to make decisions for themselves, although they may require staff support to action some choices. They decide what to wear, what activities or interests they will pursue and the foods they prefer. All of the people rely significantly on the staff to ensure their personal care routines are maintained to their satisfaction. The people are supported by staff who are well known to them with several working alongside them for ten or more years. The newest staff member joined the team approximately five months ago. The majority of the staff are familiar with their needs and interests. The configuration of the staff roster provides the people with double staffing for four hours each morning and an awake staff member overnight. We were advised that in the past additional opportunities for double staffing were available; however, this may have been linked to the need of a previous flatmate. We were advised that some of the people’s needs have changed and additional support is required during the evening mealtime. This means evening meals can be lengthier than when the people could feed themselves. We believe a review of the staff roster would ensure adequate support is available during the evening meals. The modest, purpose-built, 20-year-old home provides each of the people with their own bedroom for privacy. The Evaluation Team were advised that some of the people feel vulnerable in their home due to the behaviour of a neighbouring resident. There is acknowledgement from the service that the neighbour has exhibited physical and verbal aggression towards fellow residents. We were advised that the person’s physical aggression has lessened and the staff are working with them to further decrease the verbal aggression. Despite these improvements, some of the people feel uncomfortable / fearful in their home so choose to close their windows and doors to keep the neighbour at a distance. We were advised that the person’s verbal outbursts can be upsetting to other neighbours living nearby. During the course of the evaluation, it became clear that a number of the people did not feel safe as a result of the historical and current actions of one resident. At the request of the Evaluation Team Geneva responded to this situation urgently by developing a six-week plan and implementing it to ensure the people feel safe in their home. In a number of ways, the patterns of the people’s lives are similar to other community members – they use public transport, visit libraries, go on holidays, patronise the community venues and attend functions associated with Geneva Healthcare. While the people access community events and facilities, we gained the impression becoming integrated into the community on an individual basis is at the discretion of each person. The staff talked about the importance of increasing the opportunities the people have to become integrated and we were advised this can be a challenge as some of the people require motivation to participate outside their ‘comfort zone’. 3) AFFILIATIONThe people enjoy a few activities in the community and those who access the community independently during the day seem to have the most contact with members of the wider community, although it is unclear whether additional networks have been formed as the result of these contacts. Some of the people have active family networks so interact with the community during family visits. The people have regular visits to their doctor and dentist and access to specialists such as physiotherapists, occupational and art therapists, and podiatrists. 4) SAFEGUARDSThe people are connected to their families and a few have extended networks in the wider community. In many instances the service carefully balances the ‘dignity of risk’ against their ‘duty of care’. One person who enjoys going out on their own and can lose track of time and become disorientated, now uses a ‘tracker’ so they can be located if they have not returned within the agreed timeframe.xxxxx of the people have a Manual Handling Plan and an enabler/restraints form has been completed to support their mobility requirements. Detailed descriptions are included in the PCP about the support they require including method of transferring, equipment needed, the techniques which are to be used and whether enablers are necessary. They are able to guide the staff ensuring transfers are as comfortable as possible. Staff skill must include the use of equipment, such as a hoist, hospital bed, so the people can be adequately supported. There was a general feeling expressed by the people that more mature, experienced staff were best suited to the support role. The Evaluation Team support the people in having a choice in the selection of the staff supporting them. 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. We understand the service at xxxxxxxxx Road has a relatively stable group of staff. The staff training records indicate that there are opportunities for the staff to participate in First Aid, Manual Handling, Challenging Behaviour and Cultural Safety. The Staff Orientation Book includes seven sections each including a range of topics. It is expected that the programme will be completed within three months. Several staff members hold Level 4 qualification (or equivalent) of the National/NZ Certificate in Health, Disability, and Aged Support with other staff having achieved Level 3. One staff member is currently working toward Level 2 qualification. 5) RIGHTSGeneva Healthcare reinforces the people’s rights through various brochures and publications. The *Code of Health and Disability Services Consumers’ Rights* is reinforced through staff training and through the Community Living Advisory Group. The people are familiar with their rights and are strong advocates for themselves as well as others who receive services from Geneva. 6)HEALTH AND WELLNESSThe service provides the people with opportunities to remain healthy and well. They are supported to maintain healthy lifestyles by considering habits which impact on good health. Healthy eating is promoted, and we were advised one person is managing his weight through healthier eating patterns. The people are assisted to manage conditions related to cerebral palsy, epilepsy, asthma, dysphagia, arthritis, scoliosis, over-consumption of alcohol and/or coffee, mental wellness and spastic quadriplegia.  |

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

**Requirement**

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| Geneva management urgently develop and implement a plan to ensure the people feel safe in their home. (Achieved) |

## Recommendations

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| The service continues with plans to improve the flooring in one person’s bedroom. *(Work and replacement Lino is being completed 19/2/18.)*The service continues to explore how the people’s day programmes can be enhanced, including opportunities for increased community participation in line with their respective wishes.The servicereviews the staff roster to ensure adequate support is available during the evening meal time. The service explores with the people, and other disabled leaders, what it means to provide quality medical/physical care without being perceived as “hospitalised care”.The service continues to revisit a process of learning about where people want to live and with whom they may wish to live with. *(Geneva advises that where indicated opportunities are explored (as per the recent move of one person following the evaluation.)* |

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)