# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Nelson Marlborough District Health Board Disability Support Services |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 25-27 Sept 2018 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| The Evaluation Team was provided with an overview of the structure of Nelson Marlborough DHB (NM DHB) Disability Support Services (DSS).  DSS is presently working towards increasing the connection with the people it supports, families/whānau and with its staff. The General Manager also described increasing the DSS presence within the local disability, provider networks and with Housing New Zealand. DSS, with the direction of the General Manager, has a goal to increase the understanding of disability within the DHB with an intention of moving the culture away from a patient model.  Key areas identified during the evaluation include:  • a need for reassessment for xxx people  • a bathroom modification  • attention to property maintenance and appliances that are not working  • review of paperwork in the Individual Files to ensure they are accurate and current.  The people told us they enjoy living together and are strong advocates for one another; they are satisfied with the service. |

## Quality of Life – evaluative comment on how well the service is contributing to high quality support for young people and their families/whānau

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| **IDENTITY**  Xxx people have declined to have an Individual Lifestyle Plan (ILP) at this time; signed disclaimers stating this were located in each of the files. The staff spoke of working with the people in line with their request to live as independently as they can.  Needs Assessment reviews have been requested.  A DSS vehicle is made available at the weekends for the people’s use. Xxx people have varied weekly schedules that include attending an art class, Riding for the Disabled and NMIT. The people are encouraged to develop their own schedules and one person has a pamphlet delivery job.    The people value their lifestyles. The staff supporting them spoke highly of the skills and friendships the people have; they also voiced concerns regarding the suitability of the shower in the house, the ongoing health concerns of one person and the unpredictable behaviour of another.  **AUTONOMY**  The property includes a cottage and a self-contained one bedroom unit; the people choose when to spend time together.  The people choose the evening meals they prepare and purchase the ingredients accordingly. There has been an increase in the support needs of a person living in the home which does not appear to be clearly reported. We encourage the staff to note the additional support/supervision required and include this at the time of reassessment. This information would also be useful to share within the staff team to promote consistency for the person.  The people living in the cottage spend a large amount of time in their bedrooms on their computers. A skip had been brought to the property so the living and sleeping spaces could be de-cluttered, but we were advised this was met with resistance.  Some of the paperwork viewed was undated so it was difficult to locate the most current entries. In other areas there was a verbal understanding but no written protocols.  **AFFILIATION**  Many of the interests of the people are associated with their interest in computers and gaming. One person plays in a local Basketball League and the staff like to support him by attending too. Each person accesses regular community based services including doctors, hairdressers, shops and supermarkets.  **SAFEGUARDS**  The families are encouraged to visit the home and whilst contact with some of the families is regular, the people prefer to advocate for themselves.    We encourage the staff to clearly record their observations and to raise incident reports in line with DSS policy. Medication is blister packed. Files include photographic identification, information on the medication prescribed and sign off sheet for administering. Pro Ra Nata (PRN) medication is also blister packed; DSS has a policy for administering PRN.  **RIGHTS**  The people are aware of the Code of Rights. They said they are able to advocate for themselves and support each other when there is conflict.  The staff are respectful of the people they support and are keen for the people to have full and independent lives.  **HEALTH AND WELLBEING**  Continuity of health services is provided and a non-aversive approach to managing challenging behaviour is practised |

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

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| Identified need for an accessible shower to meet the needs of the people living in the home. |

## Recommendations

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| 1. Address property maintenance issues and prepare a schedule so problems are addressed promptly. 2. Review Risk Management Plan to include the safety risk and associated management of identified issues. |

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)