# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Paulownia Trust |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 24/01/19 |
| **Name of Developmental Evaluation Agency:** | SAMS |

## General Overview

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| The Paulownia Trust was established as part of the closure of xxx many years ago and currently provide a service to people who are aging, with xxx of the xxx people being over the age xxx years. A number of the people have lived together for many years and some have known each other from their days while living in xxx. Many family members stated that *Paulownia residents are a family*.  It is noted that despite requiring additional supports due to aging, the people continue to enjoy their lifestyle and for the most part live harmoniously with their housemates. A number of the staff have worked in the service since its foundation and are supportive of the person-centred/directed focus. We were advised that the people are increasingly being encouraged to make choices for themselves, and this has been reflected in menu choices and the activities they participate in.  Several of the people access an external day programme and, despite their advancing age, they continue to enjoy this connection. A few of the people frequent the xxx and, while it is primarily a social occasion for most, one person enjoys horse-riding. An in-house programme is available for others and can include accessing external activities such as cafés, shops, swimming pools, etc. |

## 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 Evaluation Team viewed the files of the majority of the people and found current personal support plans were yet to be completed. We were advised that in lieu of a ‘formalised plan’, the service operates a ‘whiteboard’ process whereby any activity of interest mentioned by a person was noted on a whiteboard in the staff room and the Operations Manager organised how that activity would be achieved. We reviewed some of the notes related to the people and found documentation about some of the activities the people participated in and feedback about the activity, eg, did they enjoy it, is it something they may want to do again, etc. While this process can have positive outcomes, it appears to rely heavily on the person knowing what they want and being able to express it.  The concept of Key Worker was introduced; however, it failed to provide the desired outcome. As is evidenced by the lack of follow-through on family requests, comments written in the Daily Notes and observations made by staff, the Evaluation Team believes the service would benefit from exploring with the staff about how they can resolve issues related to the Key Worker role. The expectation for all staff to take equal responsibility for keeping track of, and following through on all aspects of all xxx people is unrealistic and adds unnecessary pressure to the already strenuous workload of the staff. Should the responsibilities of this role be clearly understood by the staff, keeping track of progress, changes, and other relevant occurrences may be more easily followed. This could also become a more consistent way to keep families informed.  Working as a cohesive team is a feature which is yet to be cemented in staff practice. We found pockets of teamwork, especially as many of the shifts have been worked by the same staff members for a number of years. While management have introduced strategies which have been intended to empower the staff to share their views without fear of reprisal and bring them closer together, eg, expressions of concern, these have left some staff feeling like they are being closely watched. It is believed strategies which support the development of a cohesive staff team require further consideration.  Paulownia has a Home/Support Agreement which details the partnership between the person, their family and the service. The agreement provides a framework for what can be expected from each party. The document includes information about a number of topics including how to make a complaint, how the person is funded, personal finances, privacy/confidentiality and rights/advocacy. While the updated version does not include the portion of the Work and Income New Zealand (WINZ) benefit that is to be retained by the person, it does state this amount is automatically deposited into the person’s personal bank account. Information about personal finances in the agreement details how personal money is managed. The above described document was sighted in 10 of the xxx files we viewed. As the service updates the files and information for families, we encourage them to provide each person with an annual up-to-date agreement as outlined in the contract for services.  The families have opportunities to become involved by visiting the home, talking with the staff and participating in planning meetings. The families advised they can discuss issues with hands-on staff or management and we gained mixed responses about how well they are listened to. The Evaluation Team believes extra effort is required by the service to regain the support of some families due to past experiences. Reinstating the document, Instruction for Informing Family/Guardian of Aspects of Care, has the potential to improve relationships if follow-through occurs.  2) AUTONOMY  The people use a range of methods to communicate. Some have basic receptive skills and two people have impairments which impact on their ability to express themselves. We were advised that in the past communication books and other visual aids had been explored, with little success. Several of the people use non-verbal strategies and rely on the staff knowing them well.  The advancing age of many of the people requires them to have significant support for many household routines; however, there are one or two people who take an active part in some household tasks. The people are also requiring greater input from the staff when managing their personal care. As the people change in the support they require, so too will the staff practice need to be modified so they understand how to support people with reduced cognitive and physical abilities. Training which targets such topics could be explored, ensuring the practices of the service remain community focused instead of moving towards a medical model style of service delivery.  There are two CSWs who have worked for the service for over xxx years and the Operations Manager has equal tenure. Of the eight staff who work day shifts, five have held their positions for xxx or more years. The newest staff member came on-board xxx months ago with xxx and xxx years being the tenure of the next serving staff members. We were advised that all CSWs have obtained their Level 2 and 3 Certificate in Human Services with several having acquired, or are working towards, Level 4.  A formal training register is yet to be developed; however, we were provided with three training topics undertaken in 2018 and the names of those staff who attended. These included Medication, Incident Reporting and Challenging Behaviour. The practice of reviewing policies is for a policy to be circulated and signed by staff acknowledging they have read the document. We were advised that there has been a ‘flurry’ of reading and signing in an effort to get some staff up to speed. The Evaluation Team reiterates comments made in the 2016 DE Report about the importance for the management to ensure the staff are familiar with the policy and/or procedure and how these relate to their practice. Many staff require clear examples of how service structures (policy/procedures) are intended to influence what they do. We believe the service conveying policies and procedures to the staff in an easy to understand way has the potential for them to be clear about how the documents impact on what they do on a daily basis.  The changing needs of the people has meant that they require increasing support to complete some basic activities. There is evidence the management occasionally increases staff support; however, the basis on which extra staff support is rostered is unclear. The roster provided during our visit indicates a third staff member is available two mornings a week and on three afternoon/evenings (different than the mornings mentioned). It was pointed out that if extra staff were needed to assist people in the morning two days a week their level of need would unlikely change on the other three mornings. Likewise if support is required in the afternoons/early evenings over meal/bath times three days a week then this support would also likely be required on the other two days. This same thinking applies to rostered hours during the weekends.  It is understandable that accommodating the preferences of the staff increases retention and we noted that many staff have worked the same shift for many years. Some shifts are 10 or 12 hours in length and the effectiveness of staff support after such a lengthy time is queried. Working with the same colleague has the potential to create consistent work patterns for that period, yet we also support the views expressed that it can create division between staff of differing shifts. During staff absences bureau staff are hired and it has been fortunate that over time that some bureau staff have become familiar with the people and the routines of the service. In a person-centred/driven service it would be expected that work rosters reflect the needs of the people, as well as the pursuit of individualised activities. The Evaluation Team believes it is essential that the Trust ensures that there are sufficient staff to meet the people’s needs, thus minimising potential risk and vulnerability of its aging people.  Each person has their own bedroom in this large multi-room home, all of which are located on the ground floor. Each bedroom has its own basin, and three wet-area bathrooms and five toilets provide sufficient space for the people to be supported privately.  A non-slip ramp ensures those requiring mobility aids can easily access the home. The design of the home is generous with wide hallways, a large lounge and sizeable dining room. This is especially important as walkers are increasingly being used by the people and it is likely some people may require the use of a wheelchair in the future. A large conservatory provides a tranquil seating area from which the garden can be seen as well as people coming and going from the home. The flower gardens are well tended by a gardener/maintenance man and its bright colours contribute to the tranquil setting.  The people enjoy lifestyles similar to other people, and many are slowing down due to conditions related to aging. One or two people integrate into their community on an individual basis; however, most access the community with their peers. Some of the activities the people participate in are specifically designed for older people.  3) AFFILIATION  A few people participate in the wider community in line with their interests and age. A few go individually on outings, although most go out as a group. Some attend church, a friendship club and frequent shops and cafés.  The people see their doctors and dentists when required and specialists such as the Dual Diagnosis team, PSAID, optometrists, psychologists, audiologists and Behaviour Support Services.  The service has developed friendly relationships with the few neighbours, one of whom investigated when the emergency alarm was sounded.  4) SAFEGUARDS  A few of the people have family contact although this is decreasing as the people’s families also age. By using the document, *Instruction for Informing Family/Guardian of Aspects of Care*, desired follow-up can be promoted. The families felt they could visit anytime. Some families spoke about attending the birthday celebrations of their family member and the Christmas function.  The people have developed a few natural networks, although as the people age, many of their natural networks are also aging.  Some people have a Risk Management Plan, Crisis Plan, Fall Plan and/or Behaviour Support Plan. The service encourages the staff to use proactive strategies when faced with challenging situations. The training register provided indicates that training related to Managing Challenging Behaviour occurred in November 2018. While proactive strategies are encouraged, the Evaluation Team observed language and some behaviour which may indicate that the staff require a greater understanding about how training modules relate to their day-to-day interactions with the people.  A Restraint Minimisation & Staff Practice Policy has been developed; however, several environmental restraints in the form of locked cupboards are regularly being used without supporting documentation. We encourage the service to implement the required assessment and review procedures in line with Paulownia’s own restraint policies and processes.  New employees receive an introduction to aspects of Paulownia Trust including Health and Safety Practices, Medication Processes, Organisational Task and Duties List, Emergency Procedures, to name but a few. The new staff member is supervised by an experienced staff member until police vetting has been completed and sufficient knowledge about the people is able to be demonstrated in line with Paulownia Policy and Procedures. The vetting register provided indicted of the 12 vetting forms submitted in October 2017, six responses had been received from the police by November 2017. We encourage the service to follow-up on why the remaining submissions have not been returned or included on the vetting register.  All staff hold a Level 2 or 3 National/NZ Certificate in Health, Disability and Aged Support and at least one is working on obtaining Level 4. Despite this, staff practice appears inconsistent. The Evaluation Team agrees that there seems to be a gap between theory and practical application of some core disability related concepts. To bridge the evident gap management needs to explore ways to provide staff with opportunities to develop competencies in a range of areas, outlined in Paulownia’s Policies and Procedures Manual, so policies have relevance to day-to-day practice.  While there have been three staff training events in the past year, the service is yet to develop a ongoing training package. We encourage the service to develop a training register which records past training events and highlights upcoming opportunities which will be provided to the staff team.  5) RIGHTS  Paulownia promotes the Code of Health and Disability Services Consumers’ Rights through the Home/Support Agreement, staff training and posters displayed throughout the service.  Some of the families interviewed felt they could discuss issues with the staff or manager, although some also felt they did not want to ‘rock the boat’. The revised Home/Support Agreement clearly describes how complaints can be made.  For the most part, observed interactions were respectful and dignified with only a few instances where the behaviour of the staff was inconsistent with the Trust’s philosophy and practices.  The service uses the ‘least restrictive option’ when supporting people to manage difficult behaviour. We encourage the service to reinforce the use of valuing practices and respectful language. It is suggested that the staff have comprehensive training and regular review about how restrictive practices are to be implemented and monitored.  The service access specialist equipment such as walkers, and should the people require the use of hoists or wheelchairs these are made available. As people’s needs are changing we encourage the service to seek professional input to ensure the people have access to adequate equipment to meet their needs.  6)HEALTH AND WELLNESS  The people are supported to maintain optimum health and regular visits to health professionals is evidence of the changing needs of people. It is a recognised challenge that avoiding the ‘medical model’ will require the use of thoughtful strategies so a ‘rest home’ feel is avoided.  The people appeared to be comfortable in their home and with the staff who support them. The understanding the staff have of each person’s personality allows them to provide individualised support.  While some staff are committed to working as a team we heard about inconsistencies between the morning and afternoon shifts. As mentioned in previous sections, the key worker role or similar, which has the potential ensure follow-through occurs is yet to embraced. Team-building by a skilled facilitator may be worth considering. We were advised that the General Manager (GM) has access to regular supervision and while this can be a helpful outlet to express concerns, there appears to be an ongoing need for the GM to have support in understanding the necessary requirements to meet the contractual requirements. We suggest the issue be raised with the Trust’s Contract Manager for consideration so adequate support can be obtained. |

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

**Requirement**

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| Paulownia formalises the current system of identifying activities the people desire as well as developing a process which takes into consideration their recognised preferences and uses these as a way to enhance the person’s lifestyle.  The service explores with the staff about how they can resolve issues associated with the key worker (or similar) role.  Paulownia develops strategies which support the development of a cohesive staff team.  The service implements a communication process with the families and ensures follow through occurs.  The management conveys policies and procedures to the staff in an easy-to-understand way so they are clear about how the documents impact on what they do on a daily basis.  The Trust ensures there are sufficient staff to meet the people’s needs, thus minimising potential risk and vulnerability of its aging population.  The service implements the required assessment and review procedures in line with Paulownia’s own restraint policies and processes.  The service follows-up on police vetting submissions that have not been returned or included on the vetting register.  Paulownia Trust develops a training package which ensures all staff have opportunities to learn about, and discuss topics relevant to the age of the individuals they are supporting, including exploring ways to provide staff with opportunities to understand how policies link into day-to-day practice.  The Trust discusses with the MOH Contracts Manager about obtaining support in understanding the necessary requirements to meet its contractual requirements. |

## Recommendations

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| The service provides each person with an annual up-to-date agreement as outlined in the contract for services.  The service explores how documentation can be streamlined in a way that is beneficial and maximises staff time while still avoiding the medical model.  The service seeks professional input to ensure the people have access to adequate equipment to meet their changing needs. |

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)