### Developmental Evaluation Report Summary

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

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| Name of Provider | Presbyterian Services East Coast – REALpeople@Rowan |
| Number of locations visited by Region | One (Northern Region) |
| Date Visit/s completed | 3-4-5/04/17 |
| Name of developmental agency | Enhancing Quality Services |

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| REALpeople is a subsidiary of Presbyterian Support East Coast (PSEC) providing support for people with disabilities under the age of 65. REALpeople@Rowan provides residential service for 22 people with both physical disability and/or a degenerative illness. The service is delivered from purpose built accommodation comprising a larger home with 12 beds, two separate homes with four beds a 2 and 1 bed flat. The homes are spacious and well equipped to meet the needs of the group most of whom are in wheelchairs and require specialist equipment. According to the manager there is a high demand for the service from people already residing in the community and also from younger people with a disability inappropriately placed in rest homes. In the main, people require full support around their daily living and personal cares, people’s health needs are high and well managed, principally overseen by a registered nurse. As well as care, a strong emphasis of the service is on maintaining people’s independence and creating as close to a ‘normal’ life as possible. Families play an important part in people’s lives and they report that they feel welcome when visiting. The service encourages involvement through open communication, organising whanau/family meetings and invitations to barbecues and celebrations. The service had a policy determining the staff mix and skills linked to available funding. Restructuring of the services resulted in employing a registered nurse and additional support hours. In addition there were shift changes, as a consequence there was a high staff turnover in 2016, which has since stabilised. All families and service users interviewed stated that they were satisfied and felt the changes had improved the service. According to the manager following the changes to staffing her future emphasis is on improving systems, although comprehensive some overlapped, were out of date, or seen as labour intensive. The service is paper based and yet to go electronic which will provide better access, accuracy and improve efficiency. People engage in a range of activities mainly through external providers, activities include crafts, education, swimming, schooling. Internally people are involved in cooking and games etc. organised by staff and other service users. Some are independent and choose not to have organised activities however, for some access to the community is limited. Community outings organised by the service tend to be group rather than individual outings. A proportionately high number of service users are Maori, the service tries to meet their needs with a combination of support systems from within Presbyterian Support, accessing external resources holding Hui and involving people in Kapa Haka and Waiata. Although involved in decisions in the home, people do not have the opportunity to shape the delivery of services by being part of decision making at both local and board level. This would be consistent with the disability strategy. |

### Quality of Life Domains evaluative criteria: how well the service is contributing to people’s ability to achieve the quality of life thy seem

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| **Identity**The way the service is delivered is consistent with its philosophy whereby service users are treated with dignity and respect. People lead busy lives and are encouraged to make decisions, they are offered choices, some of those choices are constrained by the resources available and their own health and support needs. People have a wide range of interests and disabilities, ages range from 21 to 64, with one man at school. Despite the differences people appear to get on with one another, some described having friends in the service or assisting those less able.The service is embarking on a new personal planning process recognising that the current one is out of date and needs replacement, currently in transition to the new process evidence was not available as to its effectiveness. Current goals are out of date or described as ongoing. Part of the new system is that service users will get to choose the staff they want to help them achieve their goals.Families and service users interviewed are happy with the service. For many their health needs are changing and becoming more complex, which impacts on resources and their ability to remain active. The service users receive good support from both community and hospital services. Principally organised through the registered nurse.The service supports people’s culture. Recently the service held hui for service users, whanau and staff who identify as Maori, reviewing how the service better meets their cultural needs. People are visible in the local community, those that wish are able use their power wheelchairs to visit nearby shops and cafes. A variety of activity programmes are organised, mainly through external providers. As well activities on site the service arranges organised group outings to concerts, shows and cinema.**Autonomy**As far as possible the service uses mainstream services with a lot of interaction with the local community. The location of the home allows good access to the community, close to shops, cafes. Those that are able use their power chairs to visit when they wish.With a few exceptions, people are not actively involved in the running of the homes. The service employs a chef, there are lowered benches in the kitchens and some help with food preparation and baking. There is a married couple who shop and cook for themselves. All parts of the building, both inside and outside, have been purpose designed for people in wheelchairs with lots of room and open access. Bedrooms in the main house are particularly large and full of personal possessions. There are large open bathrooms with shower and toilet. All have privacy locks that can be opened from the outside in an emergency. People reported others knock before entering their bed rooms. Personal information is not on display. People interviewed were unsure if they are able to see their personal records, there was some interest, for the most part they left it to staff. Some instructions for staff held on file appeared generic, with little evidence of it being based on informed choice. The manager recognises there is a lot of work required on the files to update them, ensuring that the file reflects people have made informed choices. AffiliationPeople choose their own doctor dentist hairdresser etc. People fulfil a variety of roles, two were on a local Hawke’s Bay Council advisory body considering disability issues, one has since decided to withdraw from the role. Others volunteer, some are registered with Workbridge for employment although they find it difficult to find work. None are employed in Presbyterian Support East Coast services.Because of its location on the same campus as the rest home, and adjacent to a day service facility the homes do not have contact with immediate neighbours as such, because of the location and the numbers involved this forms a barrier for social integration with neighbours. A lot of contact is initiated by family, with some people going home at weekends. The Taradale suburb is wheelchair friendly and those who are able access the community. **Safeguards**Information on files provides information surrounding care needs as well as personal risks. The service is able to access behaviour support and dual diagnosis services as required. These agencies are responsible for training staff surrounding any plan. In addition the service has been able to access a range of other community and hospital services, Occupational Therapy, Physiotherapy and Speech Therapist services, equipment etc.Being part of Presbyterian Support East Coast, the service has adopted generic policies and procedures although some have been modified to suit Rowan’s service. Health and safety processes permeate the organisation and procedures are well embedded in practice. Locally the service has a quality group which meets monthly and has oversight of Health and safety, incidents and accidents. Medication practice is overseen by the registered nurse who also provides training and audits the system. There are few medication errors, any errors are considered at the monthly quality meeting. Although errors are few, if they involve staff it results in further training. A current quality goal is to reduce avoidable medication errors.The service has good processes to appoint and orientate staff to the service, following the high turnover rate the service has worked hard to deliver training, particularly to new staff. There are still some areas that need to be covered as specified under the contract with the Ministry of Health. Under the Building Warrant of Fitness sprinklers and electronic fire alarms have been fitted. Fire drills are conducted twice a year and evacuation reports go the quality and health and safety committee, the time to evacuate the last time was timed at 3 ½ minutes. RightsMonthly service user meetings provide an opportunity to for people to bring up any concerns. A Health and Disability Code of Rights poster is on the wall in the dining room. Most service users are aware of the complaint process and the Code of Rights, families less so with a common approach ‘I would go and talk to the manager’. Those that said that they had complained felt their complaint was dealt with in a timely and appropriate manner. The service has a policy on restraint management, devices used include use of cot sides, lap belts, foot and leg straps, tray tables etc to keep people safe. People give consent for their use and consent forms are held on files. Restraint approvals go through a clinical restraint committee.**Health and Welfare**As a part of core training staff are trained in first aid, current first aid certificates are held on staff files. The Clinical Nurse Leader oversees service users’ care and support needs. Infection Control policies and processes reflect good practice and are audited for compliance as a part of the quality improvement process. There is a policy to prevent service user abuse and neglect. The policy includes a description of factors that constitute abuse and staff responsibilities in the event they witness or suspect abuse. Staff are introduced to the policy as a part of their induction, those staff interviewed are clear on their responsibility. Service users said that they felt safe speaking out. The service has a policy of vetting staff with the police when they first enter the service, but this is not undertaken subsequently. One of the staff files reviewed the original vetting was over 10 years old. Currently there is no obligation to update police vetting.  The service (REALpeople) forms a part of PSEC range of services for people with a disability under the age of 65. It provides accommodation, activity and respite services. The Rowan Service Manager reports to the General Manager Social Services who forms part of the executive management group reporting to the CEO and through to an independent board. The board has developed its strategic plan for 2015-2020 with aims and objectives, its annual report for 2015-16 is published on the website and discusses key areas of service delivery and a brief summary of the overall financial position of the organisation. People with a disability are not involved in management, board or advisory positions. They and their families have little ability to shape the direction of the serviceSummary of the Strengths of the Service: * Provision of the service consistent with its philosophy
* Empowering service users to express themselves
* Engagement and encouragement of families to participate in the lives of their family member
* Ensuring Maori service users needs are met
* Improvements following the restructuring of staff
* Transparency in decision making
* Management of Health and Safety

Summary of Significant Findings:* People having greater opportunities to go out into the community
* Lack of representation of person’s with a disability at board, management or at advisory level
* Old information on personal files
* Improvement to goal recordings
* Gaps in training
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## Outline of requirements and recommendations (not including those relevant to support for specific individuals)[[1]](#footnote-1)

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| 1. Improvement in the goal planning process
2. Gaps in staff training
3. Involvement of people with disabilities in decision making
4. Improving access to the community
5. Archiving old documentation
6. Review of resuscitation orders
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## Recommendations

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| 1. Review the way personal funds are managed
2. Consistency of review dates for policies
3. Additions to the abuse and neglect policy
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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)