Developmental Evaluation Report Summary

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

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| **Name of provider:** | Rescare Homes Trust |
| **Number of locations visited by region** | xxx, xxx, Weymouth, Aucklandxxx, xxx, Weymouth, Aucklandxxx, xxx, Dannemora Aucklandxxx, xxx, Dannemora Auckland |
| **Date visit/s completed:** | 15 – 16 April 2019 |
| **Name of Developmental Evaluation Agency:** | Enhancing Quality Services |

## General Overview

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| The Trust runs two housing complexes, one in South Auckland with 12 homes, and East Auckland 8 homes. Currently, the service supports 115 clients primarily with an intellectual disability. Two homes were visited on each site. The service was audited in May 2017 for the purpose of Certification under the HDS standards. There were no areas of non-compliance identified and the service received 4 years Certification. The evaluation was undertaken as a part of the Trust’s mid-term surveillance. The service was founded in 1997 to provide support for people who previously lived at Mangere Hospital. Of the 70 who transferred with the service 51 remain, many of whom show signs of ageing, The people in the homes visited had entered the service in more recent times and according to the CEO there is a waiting list for entry into the serviceThe mission, goals, and values of the service were reviewed in September 2018. The information has been innovatively presented on a concise poster with linked with strategic goals, and expected behaviours:- The Mission – ‘To provide a residential community where adults with an ID who are supported to create great lives’. Values: Genuiness, Responsibility Flexibility Respectfulness A new CEO was appointed two years ago and has instituted a number of quality improvements including strengthening the management team. Putting more resource into front line services and adding a new position focusing on Health and Wellness.Part of the changes has involved moving from a paper-based system to electronic at this stage this has only involved management systems although the long term plan is to have client records managed electronically. With the changes, a lot of systems are in flux and there are gaps identified in processes.The people in the homes visited lead busy lives and are very engaged with the community. In the week all go out to work, attend community centres or volunteer. Mainly at the weekend people have a lot of social activities, Special Olympics, ten-pin bowling, going to clubs, discos, going to the pub and visiting friends on site. Some are sufficiently independent to catch buses and manage their money and hold down a job. The service promotes independence and their opportunities for some to go to Supported Independent Living.The families y are very much involved in individual’s lives they keep in contact by telephone and email as well as people going home. The service was originally set up by families and families are represented on the board, Those families and clients interviewed are happy with the servicePeople have interesting personal goals that reflect community engagement and follow people’s interests. However,, the way they are monitored and tracked it is difficult to recognise how they are achieved and the service has also recognised this as an area for improvement.The service promotes training, systems are being improved to track training, some staff interviewed were reluctant to undertake certificated training. All new staff are required to take certificated training when they join the service but with a low turnover of staff 1-2 %, it will take time to roll out the programme to the whole workforce.The service has strengthened the management of Health and Safety and has appointed someone to promote Health and Safety throughout the organisation. Although systems are thorough and the board receives comprehensive reports on Health and Safety, at house level, there is limited knowledge of the hazard register and the hazard identification process. Improvements were also identified how information from incident forms is fed back to staff.With the exception of two homes visited, others were purpose built. All of the homes are of a high standard and specification and well maintained. There are large living areas, open plan kitchens and each person living in the houses has their own bedroom which they are able to personalise. The service has a strong board with board members having a lot of experience in managing organisations sitting on trust boards etc. However, some improvement in processes identified. Funds are managed efficiently and through a series of interlocking trusts and the organisation overall is in a strong financial position..  |

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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| **Identity** People living in the service are busy and linked to the community. In the week all go out to work, attend community centres or volunteer in some capacity. They are engaged in clubs and activities and generally encouraged to follow their interests. People are given opportunities to engage in their hobbies and this was noted on the day of the evaluation one man his paintings were on the wall in other homes involved in baking, photography and ceramics. People in the homes seem to get on well as flatmates and have established positive and caring relationships toward each other. Two homes visited had access on to the street the others were on the complex and there was a lot of socialising among the houses. The houses are distant from immediate shops, some catch buses going to work going shopping Malls the Library etc. In each case, the homes have access to a vehicle.People have a variety of interests reflected with a focus on independence. Generally, the goals were not very specific on how they might be achieved. How they were monitored and verified was hard to follow and information was not necessarily held in the same place. The CEO has recognised this and plans to invest in improving the way goal planning is undertaken in the service. The service has policies surrounding entry and exit if someone wishes to enter or leave the service which includes involving the NASC. The service reports a good relationship with the NASC and meet regularly to review client need.A policy is in place supporting consensual relationships the service is rolling out training for all staff. Some staff were able to discuss the training they have received. There was evidence of staff supporting relationships. The Trust manages people’s personal finances, each person has their own bank account and can access their funds when they wish. In the main the service or family managed individual finances, some had EFTPOS cards and there is the potential to extend this to others. All transactions are documented and receipts are held on file. Families spoken with are happy with the level of communication they receive and are able to give feedback when required. They stated they are happy with the service and clients interviewed were equally happy at the support they received.**Autonomy**In the homes visited all clients were able to communicate independently and have a discussion with the evaluators regarding the life they lead. They confirmed they were happy with the service and enjoyed the activities they were involved in. The focus is on increasing independence, in the main people are involved in daily living tasks. And, cooking and baking are popular. Some of the people their goals are to learn to cook independently. However, having to conform to a set menu, there are limitations placed on choices and the ability to plan. For some, there is the opportunity to move to Supported Independent Living with the need to plan, budget and shop important.Privacy is respected, and there are privacy locks on toilets and bathrooms. People have access to a phone and are able to take personal phone calls. A number have their own mobile phones. Staff knock on bedroom doors before entryPeople have choices and access their own GP’s, although several attend the same GP. People also have good access to community services, Physiotherapy, OT, Community Nursing the Dual Disability service. The service also employs a Psychologist who is able to develop behaviour support plans. **Safeguards**The service has a risk management policy which also includes a risk register. The policy describes the process for identifying and managing risk. The service has a Health and Safety policy, and the service has employed someone specifically to manage this. staff are introduced to the policy as a part of their induction. There are some gaps in health and safety processes. A generic hazard register is in place across the service and there is a systematic process of review. However, in discussion with the staff, they limited knowledge of the local hazard register and the hazard identification process. All staff have received First Aid and behaviour support training. The service has instituted manual handling training using a Physiotherapist as the trainer. Staff also undertake a safe driving course. Staff are supported and encouraged to undertake Careerforce training. All newer staff are required to undertake Careerforce training, level 2. 76 direct staff are enrolled or have obtained their certificate. Some of the older staff are reluctant to take up the option, with low staff turnover, between 1-2 %, it will take time before all the workforce is certificated. Incidents and accidents are recorded and analysed and trended by the reportable events committee for presentation to the board. There is a good understanding of incident management and the need to complete an incident form for untoward events. Staff, when interviewed, were able to discuss what events would lead to the completion of an incident form. It was noted however that section on the form detailing follow up action is not routinely completed by managers when returned to the house. Some completed incident forms were in one of the homes, beyond the time they should have gone to the office. The service has an Open Disclosure policy. A fire evacuation plan is held in the homes. Fire evacuations are held three monthly. Time to evacuate the homes visited was under a minute. All electrical equipment is tested annually.An audit of five staff files was conducted. The files sampled, all contained copies of signed contracts, job descriptions police vetting, references etc. There were gaps where people had not received an appraisal, according to the HR manager there are plans to bring in a new system and this is under discussion with the union. Those staff that had been with the service a long time their files were not as well ordered as the newer staff files and it was hard to find some of the documents. Bringing documentation online will help simplify the processThe service has a policy on abuse and neglect which covers physical abuse and what staff should do if suspecting abuse. Staff and residents spoken with were aware of what to do if they suspected any abuse. The psychologist trains staff on abuse and neglect and restraint minimisation protocols. Clients were vocal about their rights and what action they would take if they were unhappy with something**Rights**Information on the Code of Rights and advocacy are kept in the homes. When a client enters the service family receive an information pack providing information on the Code. People are able to speak for themselves and there are avenues to raise concerns. Client meetings are held monthly and meeting minutes are recorded. Meetings also take place across each site and a representative of clients sits on the quality assurance committee. Clients are involved in staff recruitment.Complaints are managed by the General Manager, Operations. There have been eight complaints in the two years since the last audit, these are captured on the complaints register. Letters have been responded to in the timeframe to meet the Code The policy gives staff good guidance with a flow chart of the process. Staff are empowered to address complaints that are presented to them and if they can’t deal with them they are forwarded to the team leader and senior management All complaints are reviewed by the board. No restraints or enablers are used in the homes visited. One person in the wider service does have a personal restraint and this is reviewed annually. The new restraint coordinator noticed some environmental locks that were not documented, so has undertaken a quality initiative to review all locks throughout the service and this project is currently underway with good documentation.There are electronic gates at the front of the property some of the clients have the code to the gates**Health and Wellness**All staff have current first aid certificates, this and fire training are mandatory. Staff are aware that when the needs of residents change a needs assessment is required to be undertaken by NASC. The service has appointed a Registered Nurse (RN) who has a background in disability. She is employed to implement and develop the Health and Wellness Programme. This includes oversight of complex medical conditions, liaison with GPs and hospitals when people are admitted. The RN has oversight of the infection control programme. Infection Control forms a topic at staff induction. The RN delivers training to staff and residents on infection control. There is a good process for medication management. Training is carried out as a part of staff induction, refreshers and retraining are undertaken in the event of a medication error occurs. Medication folders are well documented with clear annotations regarding allergies, sensitivities and how people like to take their medication. Medication is blister packed. Prescriptions included PRN instructions and protocols have been developed. Summary of the Strengths of this Service: * Leadership by the senior management team and the clarity surrounding the strategic plan.
* The introduction of quality systems and processes
* The commitment of senior staff to engage in quality improvement activities
* People supported to access the community
* A wide variety of interesting activities, work and training undertaken by people
* The quality of the home

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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 monitoring and tracking of lifestyle goals.
2. Increasing the involvement and knowledge of staff in hazard identification.
3. Feedback to staff on outcomes following submission and review of an incident form
4. Ensuring Home Agreements are consistent with the provider’s contract
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## Recommendations

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| 1. To review the organisational risk register with a view to show controls and review dates
2. To provide complaints forms in the homes readily accessible for families to use.
3. To review the resident's files to ensure that all plans and associated documentation are kept together.
4. To involve residents in the menu planning, shopping and cooking.
5. To ensure that medication audits are conducted consistent with the provider policy.
6. To Provide a pedestrian access gate to each site
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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)