# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Nelson Marlborough Health |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 27/09/18 |
| **Name of Developmental Evaluation Agency:** | SAMS |

## General Overview

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| Disability Support Services (DSS) supports people with intellectual, physical, and high and complex disabilities to live in community houses scattered around the Nelson community. The DSS sits within the Nelson Marlborough Health (NMH) and is governed by many of its processes. We were advised that DSS strives to align itself with Enabling Good Lives (EGL) principles which focus on increased community integration, independence and autonomy. Comments made in the Nelson Marlborough Health Annual Report 2016/17 recognise this move in the disability sector. We were advised it can be more difficult to achieve these principles within a medical environment where its primary focus is supporting people when they are ill. The Evaluation Team believe despite the General Manager’s willingness to strongly advocate for DSS, the need to balance time with other parts of their role requires strong delegation and highly efficient Group Managers.  This home is one of a number which are part of the Physical Disability and High and Complex services. The x-bedroom home is linked by a footpath to a neighbouring DSS home which supports xxxx people. The people are independent in a number of ways and often access community activities of their choosing. The people are supported to manage a number of conditions. One person has several daytime interests including volunteer work and is known to community members. The other person prefers a more nocturnal life pattern, which requires them to catch up on sleep during the daytime.  |

## 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) IDENTITYDSS has a personal planning process which includes the involvement of the person’s family if desired. Goals are identified and progress towards goals is noted in the progress notes, on the Two-Monthly Review Sheet and during staff meetings. One person stated they did not wish to have a personal plan. The other person’s plan included the general aim to “gain more independence, enhance their quality of life by building on their strengths while encouraging healthy life choices”. Aspects of these goals are incorporated into their lifestyle as they benefit from support with healthy food options and realistic portions, and is encouraged to exercise. The Two-Monthly Review Sheet has provision to note progress being made towards goals. The staff meeting minutes also provide an opportunity to comment on the people’s progress. There was evidence of the past goal achievements of one person. We were advised that there has been a regular turnover of staff; however, of the staff interviewed xxx have worked within the service for over a year. With the exception of the new staff who was orientating to the service, the remaining staff on the roster provided to the Evaluation Team have worked in the home for xx months or more. The home provides a comfortable, home-like environment for the xxx people. The Evaluation Team queries how adequate the space would be should another person shift into the home as the modest-size lounge/kitchen/dining area could become crowded, thus increasing tension. The home is currently barrier free; however, there are measures being taken to minimise the access one person has to food when staff are not working and requires support with the quality and quantity of food they consume. This may require the service to investigate the parameters around environmental restraints used to keep the person safe. One person enjoys spending time socialising with others in the adjoining house who are also supported by DSS. We noted in the people’s file a *Home Agreement*. While one person had signed their agreement, the spaces for the banking details were yet to be filled in. We encourage the service to ensure xxxx people have a current agreement which includes information about their finances.The people vary in how they spend their time. One has a full and busy week. The other person prefers a more relaxed lifestyle. They are nocturnal by nature so prefers to sleep in most mornings. The people enjoy a lifestyle of their choosing. They are treated with dignity and respect and are viewed as individuals by those who support them rather than as having a ‘condition’. The people are being supported to realise their potential and the staff talked optimistically about their future2) AUTONOMYThe people communicate in different ways; both having good receptive skills. One person expresses themselves verbally while the other chooses to write messages on paper. The people are independent in many daily routines, including personal care; however, staff prompts and supervision for activities such as grocery shopping and meal preparation is required. The staff appear to be experienced and have opportunities for training. We heard about a new recruitment initiative which invites potential staff to attend an open forum where the work required is explained so potential staff can get a feel for what the job tasks may include. The staff interviewed worked as a team and meeting minutes indicated the ability for the staff to share their views and discuss areas which would strengthen their practice. The people have their own bedrooms and the bathroom facilities and are sufficient to meet their needs. The design of the home, albeit open-plan, is small and provides little space for the people’s families to visit privately. The Evaluation Team viewed a range of documents including the people’s files and staff meeting minutes. The files are kept in the adjoining house in a locked cupboard in the staff office. The people’s files are managed according to the *Privacy Act 1993* and we believe relevant information is reinforced through the *Code of Rights* topic in the orientation programme. The people enjoy life patterns similar to others in the wider community. They choose the activities and pursue the places and times they frequent these social activities, they participate in volunteer activities, use public transport and socialise with their families as desired. In many ways their lives reflect the lives of people without disability. 3) AFFILIATIONThe people interact with others in the wider community. They use public transport and independently walk to services and facilities. The person who volunteers has additional links to the wider community while the connections of the person who keeps night-time hours are less evident. The people access doctors and dentists as required and additional support through behaviour services is available if needed. 4) SAFEGUARDSThe people have regular contact with their families. They text, visit and speak to their families regularly. It was clear the family felt welcomed in the home.A Risk Management Plan and, if required, a Behaviour Management Plan is developed for the person. These outline risks and include ways they can be minimised, and most strategies use valuing techniques which support the people to learn how to self-manage their own behaviour. The Evaluation Team believes the service carefully balances their ‘duty of care’ responsibility while continuing to enable the people to experience ‘dignity of risk’. The person’s nocturnal habits are delicately monitored with the aim of ensuring they remain safe when engaging in their preferred activities.The staff training records indicate that staff training includes an overview in positive behaviour support as well as a three-day course in which xxx of the xxx staff members have participated. 5) RIGHTSThe people’s preferred lifestyles are respected and staff strive to enhance their image. The parameters developed around the person’s desire for ‘collecting’ helps ensure they are viewed by the public in a positive way. The staff work hard to deliver a service which supports a philosophy of ‘least restrictive option’; however, one person’s understanding of food quality and portion control means additional measures are being considered to ensure they remain safe when staff are not on duty. It is expected that appropriate environmental restraint processes will be followed with appropriate documentation included in the person’s file. We encourage the service to follow-through on strategies that will safeguard the people’s provisions when the staff are not on duty. 6)HEALTH AND WELLNESSThe people appear to maintain reasonable health. One family described working with health professionals to reduce their family member’s medication with the aim of increasing alertness. One person’s weight is being monitored to ensure their health is not compromised which potentially could have positive impact on their asthma. The people are encouraged to develop healthy eating patterns; however, we heard conflicting information about the amount of money allocated to the staff to purchase food items which support healthy eating. We encourage the service to revisit with the staff the amount of money available for provisions and cleaning supplies to ensure the people are able to purchase food which supports a healthy diet. We also heard about the cumbersome system the service has to use to purchase provisions. The Evaluation Team queried whether the staff and the management could work out a system which would more consistently ensure funds are available to purchase groceries so unnecessary delays are minimised. The initial staff orientation programme includes information about identifying abuse and neglect and how to safeguard the people using the service. Staff interactions demonstrate the use of valuing approaches when supporting the people, especially should they become anxious. The people demonstrate a sense of belonging in their home and appear to come and go as desired. We were encouraged to hear that the staff team were consistent in their approach and were willing to listen to each other’s ideas.   |

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

**Requirement**

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| No Requirements for this report  |

## Recommendations

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|  The service ensures that any change to the composition of the household ensures compatibility is retained, and follows the established transition process.The service ensures xxxx people have a current Home Agreement which includes information about their finances. The service continues to explore how the people’s lives can be further enhanced by expanding on current interests.The service follows-through on strategies that will safeguard the people’s provisions when the staff are not on duty.The service clarifies with the staff the amount of money available for provisions and cleaning supplies to ensure the people are able to purchase food which supports a healthy diet.  |

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)