Developmental Evaluation Report Summary – The Ryder-Cheshire Foundation Manawatu

At midpoint of certification cycle for community residential services – sensory, intellectual and physical disability

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| Name of Provider: | The Ryder-Cheshire Foundation Manawatu |
| No of houses  | 1 house evaluated with five or more people.(4 houses were visited in total during this evaluation)   |
| Date visit/s completed: | 16-18 March 2021 |
| Name of Developmental Evaluation Agency: | SAMS (Standards and Monitoring Services) |

**Methodology**

Individual service (house) reports were completed by a range of SAMS Evaluators using a standardised developmental evaluation process and evaluation framework.

The SAMS Developmental Evaluation Approach primarily uses qualitative methods and a partnership model.

The methodology is consistent with:

* individualised focus
* partnership
* inclusion
* equity.

The approach enables both a process and outcome focus allowing the Evaluation Team to equitably represent the different views of the defined groups and compare the outcomes for the differing groups.

Evaluations are conducted by teams and normally each team includes at least one consumer or family member. Evaluation team leaders and team members receive comprehensive training.

Information can be gathered through:

* observation
* individual and group face-to-face interviews
* telephone interviews
* review of protocols and procedures.

Before departing a service, initial feedback is presented to those involved in the evaluation process. A draft report is prepared on the basis of evaluation team consensus and circulated. This draft is then negotiated with the provider to determine a final document, including recommendations for development.

Individual service (house) reports were then collated to identify themes. The primary method of analysis involved a senior SAMS Evaluator reading all of the reports, summarising the key areas against the checklist specifications and providing a count of broad categories for each recommendation. The themes, drawn from the finalised individual service (house) reports, are the basis for this report.

Once summarised, the overview report was read by an independent person for clarity and balance.

**General Overview**

There are nine homes (35 people) managed by Ryder-Cheshire Foundation Manawatu (Ryder) on the site at 114 Te Awe Awe Street in Palmerston North. The service provided includes personal support, life skills/social coaching, physical maintenance exercises, physical activities and activity programmes.

*<http://www.rydercheshiremanawatu.org.nz/>* .

The Ryder-Cheshire mission statement is: *A place to live: A home of one’s own.*

Acacia House (112 B Te Awe Awe Street, Hokowhitu) has a dedicated team of staff and a Team Leader. There is 24-hour site supervision, on-call staff and emergency call bell system. An additional shift person has been employed to work between Acacia and Camellia Houses.

The people have individualised programmes during their day, including a day programme which is based in the hall on the Ryder-Cheshire site and have a social coach who supports their activities and community participation. Community activities, include study, volunteer jobs and connecting with friends and family as part of their wider networks.

The management team spoke of their involvement in systems transformation and aligning the EGL Principles within the service. The current focus is on looking at their policies and procedures with an EGL lens.

The management team are also looking at reviewing the current paper-based *Care Plan* system with a view to changing to an online system. We encourage the service to revisit their processes around personal planning/goals and aspirations with the aim of increasing interest with the people Ryder-Cheshire supports.

**Areas of Service Strength**

* Varied and individualised day options including volunteer roles.
* A small supportive service where the people and staff know each other well.
* A planned review of some current paper-based systems to more automated options including care plans and medical systems.
* Family satisfaction levels are high.
* The environment is homelike with personalised rooms, pets and crafts.

**Areas of Suggested Development/Recommendations**

* Reviewing personal *goals and aspirations* with each person in a manner that fully explains how it can be beneficial to them personally and how the service will be responsive to supporting the development and implementation of goals.
* Addressing compatibility issues with a long-term plan.
* The service provides training to support workers in developing personal *goals and aspirations* and monitoring progress. A focus on personal planning in relation to EGL Principles is also suggested.
* Implementing specific training for staff in diabetes management including use of the glycogen pen.
* Reviewing of the *reportable events* process.
* Updating the civil defence packs and procedures in the home.

**1 – My Identity / Tuakiri**

Choices are made that are individual and reflect the personality of the people.

Within the wider residential service we heard of ways that the people are respected and supported (where necessary) to express their culture, sexuality, beliefs and preferences. The service is known to advocate on behalf of the people.

Ryder-Cheshire state in their policy as:

*The Ryder-Cheshire Foundation Manawatu recognise that every resident is an individual and as such has different needs in relation to ethnicity, spirituality, disability, gender, sexual orientation, social status and age.*

Culturally the service states:

*Ryder-Cheshire is committed to the principles of the Treaty of Waitangi through partnership, protection and participation of Maori for Maori by Maori.*

**2 – My Authority / Te Rangatiratanga**

The people have varied and individualised day options including volunteer roles in the community.

All the homes in the service have their grocery shopping bought through an online shopping service. They choose the groceries they need, and the Operations Manager is involved in placing the orders and managing the deliveries. Personal shopping is done by each person in the homes. The feedback we received was positive about this process although we note that grocery shopping is often an activity that the flatmates enjoy.

Some accessibility issues were identified in the home including the height of bathroom sinks and kitchen cupboard doors which makes movement and independence difficult for those who use wheelchairs. We were advised that the Operations Manager has oversight of maintenance in the homes and that these issues will be addressed via this route.

The Evaluation Team heard and noted that many of the people in the service had signed a waiver or declined *individual goal development* indicating they did not want to take part in individual goals/planning. The dates on these waivers were 2016 and 2018.

We heard that *many people choose not to have goals*; however, the management team talked of exploring topics with the people that included:

*What do you want to achieve from this service* and

*Have we supported you in what you want to do/desired outcome.*

The people have *social coaches* who are employed in the day programme and focus on *social outcomes* for the people. We note that the *social inputs desired outcomes* include statements such as:

*Follow any interests that arise in the community.*

We note that one of the women has a stated future desire to:

*Continue my level of independence and work towards going flatting in the community.*

We suggest that this could form the basis of a goal/aspiration with a clear focus on what this looks like and the process of achieving this.

We encourage the service to consider that a focus on individualised goals and aspirations would be beneficial and desirable for many of the people at Ryder Cheshire.

We commend the service on the support they are giving the people which includes a regular conversation with the Service Manager in addressing compatibility issues and encourage the implementation of an ongoing plan that might include support from an independent relationship counsellor.

The service is in the process of gaining council approval for building an additional four independent units on the Ryder-Cheshire site.

We note that many of the people had signed a waiver regarding personal inventories and suggest that this might be revisited with the women given that they have many items of value to them.

Home agreements are in place and are outlined in two documents – the Board agreement and an individual home agreement.

**3 – My Connections / Te Ao Hurihuri**

Some of the people attend activities during the week offered by other disability providers such as CCS Disability Action, Creative Journeys and Strive.

Most of the people have active lives which involve them in a wide variety of community activities.

The people use community services including doctors, dentists and hairdressers. There are a variety of community activities that the people attend through the week including weightlifting, gym classes, visiting the local mall and shopping centres, Christian fellowship, helping at the Salvation Army and volunteering at the Hospice.

Transport is either provided by the service or the people can call a taxi. Both are paid for by the people.

Personal shopping is done independently.

**4 – My Wellbeing / Hauora**

The service has six monthly fire drills and the current one is now due. The Fire Service Evacuation Report dated 30 July 2020 was sighted by the Evaluation Team.

A discussion with the Service Managers highlighted that each house does not have a civil defence pack. Although supplies and adequate water are held on site, they do not appear to be in each home. The service has plans to update their current supplies and procedures.

There is a bell system in the house for the people to use at night if they need a staff person. We heard that the bell might be used at any time staff assistance is required urgently. Staff also carry walkie talkies if they are working between the homes.

The service has a process of documenting incidents/ reportable events. However, the Evaluation Team noted that there were very few events reported and some confusion around what constitutes a *reportable event* and when these should be documented. We heard that some incidents are anecdotally reported. This makes positive interventions and reflections difficult, especially if there are ongoing issues and/or behaviours that need to be monitored and tracked to align with appropriate interventions. We encourage the service to revisit their processes around *reportable events.*

The service has access to community occupational therapists, a physiotherapist, psychologists, and a nurse consultant is available to the service.

Specialised equipment is accessed through A1 Wheelchair Services.

Medications are blister packed. The management indicated there is interest in implementing the Medimap system in the future.

Each person has a *daily living monitoring chart.*

The Evaluation Team suggest that staff would benefit from training in diabetes management from an endocrinologist which would include use of a glycogen pen that might be necessary when levels are low. We were advised that the Service Manager had arranged for this training to take place in May 2021.

Staff are trained in *Safe Handling, MAPA, Infection Control, Abuse and Neglect* and

*First Aid.* A nurse employed by Ryder-Cheshire provides training for staff.

One of the people living at Ryder-Cheshire is a representative on the Board of Trustees.

**5 – My Contribution / Tāpaetanga**

Some of the people do and have completed education/courses in the community.

Some of the people indicated they have to plan ahead if they intend to do something new on the weekend or through the week, especially if they require staff support and/or transport.

**6 – My Support / Taupua**

Each person’s *Care Plan* details their support needs. Care plans/contact notes are detailed and include information ranging from health (seizures, wellness, food intake etc) to daily activities and behaviour. These are completed at the end of each shift.

There is access to independent advocacy services in Palmerston North.

The Evaluation Team heard that resident meetings are held regularly; however, the records had gone missing for the home.

A complaints procedure is readily available and in a format that is easy to understand. The families understand how to make a complaint if they feel the need.

**7 – My Resources /Nga Tūhonohona**

Some of the people manage their own money and families are also involved in managing their family member’s funding.

Each person’s service authorisation is up-to-date.

**8- Organisational Health**

Measured against the Social Sector Accreditation Standards.

The Ryder-Cheshire Foundation Manawatu is certified to provide certain health care services pursuant to section 26 from the Director-General of Health. The notice of certification took effect on 27 September 2019 and expires on 27 September 2022.

A copy of the Health Certification authorisation was sighted during the on-site visit.

**9 – Value for Money**

Service agreements and plans are focused on improving the life circumstances of the people who are supported by this service. The service reports a positive relationship with the local Needs Assessment and Area Coordination (NASC) agency. Ryder-Cheshire has an FDS contract with MOH but none of the service users are currently on this contract. The management team discussed the future intent to offer this contract to service users.

**Progress on Meeting Corrective Actions**

**1) Corrective Action:**

(i) and (ii) Ensure that all medications are signed for when administered.

(iii) Ensure all medication administered are prescribed.

**2) Progress:**

Directives to all staff from the Service Manager. Medication Charts and Procedures (07/10/19), Medication Administration Procedure (07/10/19)

**3) Evidence:**

(i) and (ii) Directive has been issued to all staff regarding the policy requirements of signing administration chart immediately after witnessing medication taken.

(iii) Change in procedure. Staff to retain a copy of the prescription until doctor can enter the medication on the drug chart.

Medication systems and charts were viewed in the homes by the Evaluation Team.

**4) Suggestion:** None

**Outline of requirements and recommendations**

Number of Requirements made: 0

Number of Recommendations identified in Evaluation Reports: 6

See above