

Quality of Life Care NOT Minder Care

Key points from Department of Health & Human Services policy in their RSPM which support our (LISA Inc.) complaint focus that department management, above house supervisor, is failing to ensure the talk is walked - disconnect between service intention and service implementation.

Staff

1. **Resident engagement** in everyday activities at home
2. Staff **proactively planning** opportunities with residents
3. Staff identifying their responsibilities and **allocating time to support resident involvement in activities** – Ensure sufficient time is made available
4. Tasks and activities as opposed to **doing little, or nothing**
5. Develop independence and **skill levels**.
6. **Engage residents** in meaningful tasks and activities **at home**
7. PCAS has been implemented **across department managed residential services** to challenge **resident disengagement**
8. Bodies and minds by being more physically and **mentally active** *.
9. do tasks and **activities with residents**, not for them

Management/Supervisor

10. **Regularly sight** documentation that demonstrates **the PCAS approach is used**
11. **Monitor where** individual staff or teams are **not working** with **the required PCAS approach**
12. **Regularly ask staff** about the PCAS approach and how residents are being Supported and **develop strategies to address this**.

***Note:** The philosophy contained in the link, below, emphasises the need for consistent interactive and intellectual developmental activities / engagement for people with intellectual or multiple disabilities throughout their lives.

"The central concept in this new approach is brain plasticity, the brain's lifelong capacity to change and rewire itself in response to the stimulation of learning and experience"

http://www.creativitypost.com/science/to_boost_brain_health_and_performance_harness_neuroplasticity_the_right_way