

CLIENT ASSESSMENT REPORT

as part of the Disability Services Self Assessment System

for Welholme Ave Group Home
Acme Residential Services (“ARS”)

Facilitated & Written by Bendix
February 2002

CLIENT SELF-ASSESSMENT REPORT

NA - Not applicable

Room for Improvement - service does not fully meet the requirements of the indicator

Satisfactory - service meets the basic requirements of the indicator

Good - service is performing above the basic requirements of the indicator

STANDARD 1. SERVICE ACCESS

Each client seeking a service has access to a service on the basis of relative need and available resources.

INDICATOR	COMMENTS	SUGGESTIONS FOR IMPROVEMENT	LEVEL OF QUALITY
<i>1.1 Whether clients had any problems getting into this service and, if so, what those problems were.</i>	All clients had lived in the residence for a long time and this was not relevant.		NA
<i>1.2 Whether clients were given information about the service to assist in choosing the right service.</i>	As per 1. 1		NA
<i>1.3 Whether information provided was accessible.</i>	As per 1. 1		NA
<i>1.4 Ways of improving information provided.</i>	Despite the fact that for this group of clients this was not relevant, it would be appropriate for the service (eg. ARS) or the house to develop some accessible information on Group Home Accommodation in general, to assist prospective new clients.	That ARS develops some basic information on Group Homes in plain English formats.	Room for improvement

Standard 2. INDIVIDUAL NEEDS

Each client receives a service that is designed to meet, in the least restrictive way, his or her individual needs and personal goals.

INDICATOR	COMMENTS	SUGGESTIONS FOR IMPROVEMENT	Level of Quality
<p>2.1 Whether clients are consulted about what they want and need from this service.</p>	<p>Residents were not able to comment directly on how they were consulted about their needs. While acknowledging residents levels of impairment, it would appear that consultation could be greatly improved with both staff training and the introduction of resident communication systems (eg. photo boards to assist with choices).</p> <p>Good things noted:</p> <ul style="list-style-type: none"> • Staff prompted some residents verbally to encourage independence in basic tasks • Residents were given opportunity to assist with grocery shopping & basic household tasks • Some basic activities had been provided (games, puzzles, music, swing) • Regular group outings each weekend • Long-term staff member was caring and very familiar with what residents were wanting - <p>Concerns were in regard to:</p> <ul style="list-style-type: none"> • Lack of active focus on a least restrictive and developmental approaches • Lack of active promotion of skill development • Difficulties for residents in communicating their needs effectively • Difficulty for unfamiliar staff in understanding resident needs & preferences 	<p>a) To maximise resident involvement in decisions and choices that they are capable of, all staff should have training in facilitating communication with non-verbal clients.</p> <p>b) That all staff undertake training in relation to empowerment of people with disability, including relevant sessions on the basics principles of the least restrictive alternative, developmental focus and appropriate terminology.</p> <p>c) That in the review of resident IPP's their individual needs for leisure, skill development and daily meaningful activity are addressed.</p> <p>d) That communication would be improved within the house, if each resident had a personal communication process (eg. book of likes & dislikes; photo book; book about me) for staff to utilise in consulting them and involving them in decision-making.</p> <p>e) Refer also to 3.2</p>	<p>Room for Improvement</p>

	<ul style="list-style-type: none"> • Lack of leisure, social and community inclusion activities (see 5.1) • Staff perpetuation of childish view of residents & their abilities (see 6. 1) 		
2.2 <i>The extent to which the service provided is based on what they want and need.</i>	<p>Residents were not able to indicate clearly what they wanted from the service as a whole. Several did show preferences for music, pictures and attention. Several wandered around the house stopping to do something that they then were diverted from or following staff and touching them. It was apparent that these residents needed something meaningful to do. The only resident with an activity organised by staff, was a man who had had severe behaviour problems recently and the activity was part of his behaviour plan.</p> <p>Also refer to comments in 2. 1.</p>	<p>Meaningful activity - as per 5.1 & 2.1 c)</p> <p>Staff training as per 2.1 a) & b)</p> <p>Communication system development - 2.1 d)</p>	Room for Improvement
2.3 <i>The extent to which clients believe their needs are individually heard by staff</i>	<p>Refer to comments in 2. 1. Familiar staff were <i>obviously</i> better at responding to residents needs, as they were more likely to understand the meaning of resident behaviour and gestures. Therefore the use of casual staff would compound the communication issues.</p>	<p>That the minimum number of casual staff are utilised within the house and that casual staff be given a thorough orientation process prior to commencement.</p> <p>Staff training & communication systems as per 2.1</p>	<p><i>Client view -</i> Unable to ascertain <i>Overall -</i> Room for Improvement</p>
2.4 <i>The level of support provided by staff</i>	<p>The level of support appeared to be adequate for basic supervision and usual evening routine (eg. meals) if staff were <i>familiar</i> with the residents and the household.</p> <p>If however one resident as had happened the week previously had had an unexpected change in behaviour, then staffing would not be adequate. It was good that the previous week, extra staff had been bought in to 1: 1 the resident. Also good that extra staff provided on weekends to allow for activities.</p>	As per 2.3	<p><i>Basic Care -</i> Satisfactory</p> <p><i>Meaningful Activity -</i> Room for improvement</p>

<p><i>2.5 For services required to have individual planning processes, whether these reflect what clients identify as most important.</i></p>	<p>Refer to comments in 2.1 and 2.2. Also staff when asked about goals in residents IPP's, could only think of behaviour management strategies.</p>	<p>Meaningful & developmental activity in IPP as per 2.1 c)</p>	<p>Room for Improvement</p>
<p><i>2.6 How often individual plans are reviewed.</i></p>	<p>Unable to ascertain</p>		<p>Unable to ascertain</p>
<p><i>2.7 The extent to which clients are involved in reviewing plans.</i></p>	<p>The staff were not able to provide a clear picture of how clients were involved in IPP's and neither were residents able to comment. However given the issues raised in 2. 1, even if residents were physically present at a meeting they would not be able to have significant input into the process, due to communication impairments and behaviour. It would be far more effective that once all staff have training and each resident has a communication system in place, that their input into IPP's is gathered over time by familiar people.</p>	<p>Communication system as per 2.1 d) Staff training as per 2.1 a) & b) Once the strategies in 2.1 have been completed, that key workers for each resident (& other relevant staff) take note over time of their needs, likes, dislikes and preferences,, as input into the IPP process.</p>	<p>Room for Improvement</p>
<p><i>2.8 The extent to which planned actions are carried out.</i></p>	<p>Refer to comments in 2.1, 2.2 & 2.7. Not able to ascertain whether current goals in IPP's were carried out or not.</p>	<p>As per 2.1, 2.7</p>	<p>Unable to ascertain</p>
<p><i>2.9 The amount of control staff exercise over decisions in each client's life</i></p>	<p>Refer to comments in 2.1, 2.2, 2.7, 3.2, 5.1 & 6. 1. Although staff were nice people, there was an element of patronisation in the interaction and attitudes to residents. Add in the issues with lack of communication systems and the client mix, one is inclined to conclude that residents do not have much control over decisions that they are capable of making, even basic ones.</p>	<p>In order to change the cultures in the house, the range of strategies suggested (2.1, 2.2, 2.7, 3.2, 5.1 & 6. 1) in this report will need to be appropriately implemented over time.</p>	<p>Room for improvement</p>
<p><i>2.10 For all clients, including people from Koori and non-English-speaking backgrounds, the extent to which their cultural and religious needs are taken into account by the service.</i></p>	<p>There were no obvious issues</p>		<p>Satisfactory</p>

Standard 3. DECISION-MAKING & CHOICE *Each client has the opportunity to participate as much as possible in making decisions about the events and activities of his or her daily life in relation to the services he or she receives.*

INDICATOR	COMMENTS	SUGGESTIONS FOR IMPROVEMENT	Level of Quality
<p>3.1 <i>The extent to which clients have control over, or participate in, decision-making within the service. This includes day to day, service delivery & management.</i></p>	<p><i>Day to day</i> Refer to 2.1, 2.2, 3.2 & 3.4. Staff did give residents some basic verbal prompts to undertake activities. There was not active provision of choices and use of concrete prompts to assist with decisions.</p> <p><i>Organisational</i> Residents did not have any involvement in service delivery and management decisions.</p>	<p>Meaningful & developmental activity in IPP as per 2.1 c) & 5.1 Staff training as per 2.1 a) & b) Communication system development - 2.1 d)</p> <p>Client input into IPP - 2.7</p>	<p>Room for Improvement</p>
<p>3.2 <i>What, if anything, is there that stops or assists clients making decisions they are capable of making.</i></p>	<p>A range of things impede resident involvement in the choices & decisions that they are capable of. & Lack of individual communication systems (2. 1) o Lack of staff training with non-verbal clients o Lack of focus on active skill development * Culture of the house (intense, routine -6. 1) o Lack of continuity of staff In particular the inappropriateness of having all clients with challenging behaviour in the one house, thus making it an intense working environment for staff. Thus leaving staff no time for individual activity and responding to other than residents basic support needs.</p>	<p>That ARS in the future consider the implications of having CRU's where residents all have challenging behaviour, as being an undesirable client mix and restrictive of both clients and staff opportunities. Meaningful & developmental activity in IPP as per 2.1 c) & 5.1 Staff training as per 2.1 a) & b) Communication system development - 2.1 d)</p> <p>Client input into IPP - 2.7</p>	<p>Room for improvement</p>
<p>3.3 <i>How clients get relevant information about what is happening in the service, the accessibility and timeliness of that information.</i></p>	<p>Residents were not able to directly comment.</p>		<p>Unable to ascertain</p>

<p><i>3.4 Whether staff, through their work with clients, tend to empower or disempower clients. The extent to which this happens.</i></p>	<p>Overall (refer to comments in 2.1, 2.2, 3.2, 6. 1). Although staff were nice people, they did not really demonstrate an understanding of real empowerment of people with disability, especially as true empowerment comes from believing that people with disability have the same value and rights as any other citizen. Many of the things noted (4. 1, 6.1 etc.) indicate that staff do not have this underlying belief. Compounding this is the fact that they are busy just trying to keep on top of behaviour management, which leaves little time for giving residents the time necessary for them to make or learn to make, their own choices and providing them with developmental opportunities.</p>	<p>Staff training - 2.1 b) Impact of client mix - 3.2 Communication systems - 2.1 d)</p>	<p>Room for improvement</p>
<p><i>3.5 The extent to which staff are aware of, and address, power differences in their relationship with clients.</i></p>	<p>Refer mainly to comments in 3.4 and 6. 1.</p>	<p>As per 3.4</p>	<p>Room for improvement</p>

<p>3.6 Whether clients have received information about this service, their rights and responsibilities and how they can address problems with the service. Specific information required by the Vic. Standards for Disability Services includes:</p> <ul style="list-style-type: none"> • The mission statement, goals and target group for services. • The nature of the service to be provided to the client. • General conditions for service entry and exit. • All fees and charges currently applicable to those services. • The rights and responsibilities of clients and o management. <p>)}f</p> <ul style="list-style-type: none"> • The procedure for receiving and handling grievances. 	<p>Residents were not able to comment. Obviously this information is not available across any ARS Accommodation service in accessible formats.</p>	<p>That ARS develop a plain English and/or Compic version of the information required by this indicator (3.6) and it be kept in an accessible place in the house for residents and their families and advocates reference.</p>	<p>Room for improvement</p>
<p>3.7 Whether that information was accessible/understandable.</p>	<p>Refer to 3.6</p>	<p>Refer to 3.6</p>	<p>Room for improvement</p>
<p>3.8 Whether clients believe they have had enough involvement in decisions, and what could happen to improve this if they have not.</p>	<p>Refer to comments in 2.1 & 3.1</p>		<p>Room for improvement</p>
<p>3.9 How happy clients are with the current opportunities regarding client representation and participation in client controlled groups within the service.</p>	<p>There were no house meetings or other opportunities for client representation. Also refer to 6.2.</p>	<p>As per 6.2</p>	<p>Room for improvement</p>

Standard 4. PRIVACY, DIGNITY AND CONFIDENTIALITY

Each client's right to privacy, dignity and confidentiality in all aspects of his or her life is recognised and respected.

INDICATOR	COMMENTS	SUGGESTIONS FOR IMPROVEMENT	Level of Quality
Privacy			
<p><i>4.1 The extent to which staff respect client privacy, including examples of good and/or bad practice. This includes having private space and private time, as well as privacy regarding personal communications and activities.</i></p>	<p><i>Private space</i> The house had two lounges and each resident had their own room. There was also a backyard area.</p> <p><i>Privacy</i> Unable to ascertain directly from residents. Several things were noted.</p> <p>A residents behaviour plan & information was prominently located on a display board in the main lounge area near the front door. Any visitors to the house would have full view of it, which is inappropriate. ' Staff were not reluctant to show resident's bedrooms and even were willing to wake a resident up if the interviewer wanted. They did not seek permission or show active respect of residents right to privacy.</p>	<p>That staff be reminded of the fact that this is resident's home, and as such they should respect their privacy and confidentiality at all times.</p> <p>Confidentiality client information - 4.6</p>	<p><i>Private space</i> - Satisfactory</p> <p><i>Overall -</i> Room for Improvement</p>
<p><i>4.2 Whether clients are aware of anything they wish to change in relation to getting the privacy they need.</i></p>	<p>Refer to comments 4.1 Staff need to show more active respect of resident's privacy and private space.</p>		<p>Room for Improvement</p>

Dignity			
<i>4.3 How respectful and courteous staff are to clients. This should cover how clients are treated in general, how staff speak with clients and, as relevant, how they assist clients with personal needs.</i>	<p>Refer to comments on</p> <ul style="list-style-type: none"> o lack of respect of privacy in 4. 1; o childish terminology in 6.1 <p>* lack of least restrictive & developmental activities 2.1 & 5.1</p> <p>These things appeared to be symptoms of an overall lack of respect for and belief in the rights of people with disability to equality and citizenship. Staff were quite nice people working in a very intense situation, but they lacked these values and this was evident in the way they treated residents.</p>	As a priority the staff training suggested in 2.1 b), be provided to all staff.	Room for Improvement
<i>4.4 What clients like about how staff treat them.</i>	Residents were not able to directly nominate issues, but certainly having little meaningful activity and being disempowered by the dynamics of the house (3.2, 3.4) would not be welcome.		NA
<i>4.5 What clients do not like about how staff treat them.</i>	Refer to 3.2, 4.3 and 6.1		Room for Improvement
Confidentiality			
<i>4.6 The extent to which information known by staff, or kept on file, is kept confidential.</i>	The house had an office that was kept locked and obviously most client information was kept there. Only concern is noted in 4. 1.	That the residents behaviour management program information be relocated to a more appropriate location to maintain client dignity and confidentiality.	Overall - satisfactory
<i>4.7 Whether access to personal files is restricted to people agreed to by clients.</i>	Apart from comments in 4.6, not able to ascertain.		Unable to ascertain
<i>4.8 Whether clients are informed about what is put on any records or files kept by the service.</i>	Unable to ascertain		Unable to ascertain

Standard 5. PARTICIPATION AND INTEGRATION

Each client is supported and encouraged to participate and be involved in the life of the community.

INDICATOR	COMMENTS	SUGGESTIONS FOR IMPROVEMENT	Level of Quality
<i>5.1 How the service supports clients to participate in the community.</i>	Having the bus for own house use, the residents go out on weekends for drives, picnics and activities. The staff take residents to do the house grocery shopping. Staff also take two residents at a time to a restaurant for tea. Residents have little individual leisure activity.	That the house develops through the IPP process meaningful individual activities for each resident in community.	<i>Overall - Satisfactory Individual - Room for improvement</i>
<i>5.2 nether clients or their representative/advocate consider this support to be adequate, given the nature of the service. If not, what they would like to see happen.</i>	The staff support for group outings is very good (usually 3 staff on weekends). It is also a good initiative for the restaurant activity. It is acknowledged that it may be difficult to find appropriate activities, however the support for positive individual interaction in the community needs to be increased.	As per 5.1	<i>Overall - Satisfactory Individual - Room for improvement</i>
<i>5.3 How the service supports clients to have friends (other than staff) and to maintain contact with family. This is particularly relevant for residential services and ATSS's.</i>	Most residents have regular family contact and the house facilitates this as required. However none of the residents appeared to have people other than staff (ATSS & CRU) involved in their lives.	As for 5.4	<i>Overall - Satisfactory</i>
<i>5.4 Whether clients consider this support to be adequate, given the nature of the service. If not, what they would like to see happen.</i>	Support for family involvement is good. Where possible staff should be encouraged and supported to promote other friendships for residents.	That staff take every relevant opportunity to promote and provide support for friendship development between residents and non-staff.	Room for improvement
<i>5.5 nether the service is accessible to community services such as public transport, shops and community facilities.</i>	The house is not far from shops and a bus route.		Satisfactory

Standard 6. VALUED STATUS

Each client has the opportunity to develop and maintain skills and to participate in activities that enable him or her to achieve valued roles in the community.

INDICATOR	COMMENTS	SUGGESTIONS FOR IMPROVEMENT	Level of Quality
<p>6.1 <i>The extent to which the service publicly promotes the abilities, contribution and competence of people with a disability.</i></p>	<p><i>Good things noted</i></p> <ul style="list-style-type: none"> * normal 'Tarago' van * house suited the area & did not stand out <p><i>Concerns noted</i></p> <ul style="list-style-type: none"> • consistent references by one staff member to the men as 'boys' • staff readily showed resident bedrooms without asking the resident • the inside of the house was stark and needed painting <p>childish vocabulary eg. 'bad boy', 'read a story'</p> <p>several of residents were in pyjamas at 6.30pm & staff said most go to bed early</p> <p>overall lack of focus on developmental & least restrictive alternatives</p> <p>lack of meaningful activities including individual leisure and skill development</p>	<p>Changing House culture - 2.9</p> <p>Client mix - as per 3.2</p> <p>Staff training as per 2.1 a) & b);</p> <p>Meaningful activities - 2.1 c) & 5.1</p> <p>a) That management give priority to painting the inside of the house in a 'welcoming' (ie. not drab or too dark) colour.</p> <p>b) Acknowledging the behaviour problems, the house looks at what can be done to have some decorations securely attached to the walls, to make the house more 'homely'.</p>	<p>Room for improvement</p>
<p>6.2 <i>The extent to which clients get the opportunity to develop new skills they can use to participate in activities such as staff training, representing the organisation, or other activities that highlight the competence of people with a disability.</i></p>	<p>Comments in 2.1, 2.2, 3.2 and 3.4 outline the concerns about why residents are not gaining opportunities to develop new skills and participate in valued activities. It would be unrealistic at this point for residents to participate staff training etc. (ie. maybe a few could in future in basic ways)</p>	<p>That at this point initiatives suggested to provide residents with greater personal choices and involvement in decisions should be concentrated on as a foundation for other activities in the future.</p>	<p>Room for improvement</p>

Standard 7. COMPLAINTS AND DISPUTES

Each client is free to raise, and have resolved, any complaints or disputes he or she may have regarding the service provider or the service.

6.3 <i>The extent to which clients are involved in committees, advocacy groups or other empowering activities.</i>	Refer to comments in 3.4 and 6.2.	As per 6.2	Room for improvement
INDICATOR	COMMENTS	SUGGESTIONS FOR IMPROVEMENT	Level of Quality
<i>7.1 How familiar clients are with the service's complaints handling procedures. (How to raise a complaint, who to contact with a complaint).</i>	Residents did not have knowledge of these concepts. Given the level of impairment of most of the residents, where constructive involvement of family or others can be fostered, this would be of benefit to residents in the area of monitoring and follow through of concerns.	a) That the residents be supported with individual education, using pictorial prompts on what they should do if they are unhappy about something at the house. b) That when the ARS formal complaints process is finalised, that families and significant others be given information on this.	Unable to ascertain
<i>Whether clients are aware to get support to make a complaint, both within and outside the service.</i>	Residents were not able to comment.	As per 7.1	Unable to ascertain
<i>7.3 Whether clients know how to contact an advocate if they want one.</i>	Residents were not able to comment.	As per 7.1	Unable to ascertain
<i>7.4 The extent to which clients have confidence in the complaints procedure.</i>	Residents were not able to comment.	As per 7.1	Unable to ascertain
<i>7.5 nether clients ever experience retribution for making complaints.</i>	Residents were not able to comment.	As per 7.1	Unable to ascertain

Standard 8. SERVICE MANAGEMENT

Each service provider adopts sound management practices which maximise outcomes for clients.

INDICATOR	COMMENTS	SUGGESTIONS FOR IMPROVEMENT	Level of Quality
Skilled and Competent Staff			
<p><i>8.1 The level of understanding staff have of issues relating to the disability of clients.</i></p>	<p>Regular staff probably have adequate skills in working with people with intellectual disability and providing supervision and personal care. This house has very high demands on staff for high skills in behaviour management, empowerment and facilitating communication with non-verbal clients.</p> <p>Also regardless of skill, the house dynamics would not allow the time for staff 'to do the right thing', even if they wanted to. Refer to comments in 3.2 & 3.4.</p>	<p>Refer to 2.1 & 3.2</p>	<p><i>Overall - Satisfactory</i></p> <p><i>Communication & empowerment</i></p> <p>Room for improvement</p>
<p><i>8.2 Whether the qualities most prized by clients are reflected in the focus of staff training and staff selection criteria.</i></p>	<p>Residents were not able to directly outline qualities they like in staff. In terms of staff meeting clients basic physical, emotional, behavioural, social and developmental needs, some staff did not have the required attitude and skills in these areas.</p>	<p>Refer to 8.3</p>	<p>Room for improvement</p>
<p><i>8.3 What gaps, if any, clients identify in the skills of staff.</i></p>	<p>Although the following are gaps in the skills of some staff, it should also be noted that a major impact on staff ability to implement and use these skills if they have them, are the dynamics of the house - see 3.2 & 3.4 - (ie. all residents with significant challenging behaviour). Skills required:</p> <ul style="list-style-type: none"> • Empowerment of clients 2.1, 3.4, 6.1 • Planning and implementing least restrictive & developmental activities for clients • Facilitating effective communication with people who are non-verbal • Behaviour management 	<p>Staff training in empowerment - 2.1 b) Staff training in communication - 2.1 a)</p> <p>In addition to other training suggested (2.1 a/b), that staff be provided with training relevant to planning and implementing least restrictive and developmentally focused tasks and activities for clients with complex needs.</p>	<p>Room for improvement</p>

Client Finances			
<i>8.4 If a service is involved in the handling of client finances, the level of satisfaction that clients have with the support they receive in controlling and handling their own finances.</i>	Residents were not able to directly comment. None however had their own wallets or were encouraged as part of their IPP at the house to handle any part of purchases, eg. handing money over to shopkeeper. This was despite the fact that three residents apparently were known to have wallets and undertake basic money handling activities at their day placement.	That within IPP reviews, appropriate goals and strategies for each resident be developed in relation to learning basic money handling skills and where possible these are complimentary to any strategies utilised at day programs.	Room for improvement
<i>8.5 If a service is involved in the handling of client finances, whether clients believe their finances are appropriately handled by the staff</i>	Residents were not able to directly comment.		Unable to ascertain
Security			
<i>8.6 The level of safety and security felt by clients when using the service.</i>	Residents were not able to directly comment. There were no obvious environmental risks, but there was some cause for suspicion in regard to problems about safety between residents.		Unable to ascertain
Access			
<i>8.7 How accessible the service is. This includes physical accessibility for wheelchair users, people who are blind or have sight impairments and people with hearing impairments.</i>	The service has ramp at front and fully accessible bathroom. The house is not set up for people with sensory impairments, but this did not present any obvious issues for current residents.		Satisfactory <i>-for current residents</i>
Health			
<i>8.8 If a service is involved in client health care, the level of satisfaction of clients with this care.</i>	Residents were not able to directly comment.		Unable to ascertain
Food			
<i>8.9 The clients' opinion of the food that is provided.</i>	Residents were not able to directly comment. The house had a four week roster for food.		Unable to ascertain
<i>8.10 Whether the clients receive enough food.</i>	Residents were not able to directly comment.		Unable to ascertain

<p><i>8.11 What improvements could be made to the food.</i></p>	<p>Residents were not able to directly comment. It is hoped that the menu roster is changed regularly and that it contains sufficient variety.</p>		<p>Unable to ascertain</p>
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Standard 9. FREEDOM FROM ABUSE AND NEGLECT

Each client has the right to be free from physical, sexual, verbal and emotional abuse and neglect.

INDICATOR	COMMENTS	SUGGESTIONS FOR IMPROVEMENT	Level of Quality
<i>9.1 Whether clients have experienced abuse or neglect.</i>	There were no obvious evidence of abuse or neglect of physical needs. However there was some suspicion alluded to in 8.6 in regard to client interaction issues. Also, the lack of meaningful activity, staff time for active skill development and community access, is in a sense neglectful of resident's broader care needs.		Room for improvement
<i>9.2 Whether clients are aware of processes to deal with alleged abuse or neglect, particularly what they can do to report abuse or neglect.</i>	Comments made in 7.1 are relevant to this indicator also.	That information on processes for dealing with alleged abuse and neglect be included in complaints policies and information strategies suggested in 7. 1.	Room for improvement
<i>9.3 Whether clients are aware of personal supports provided by the service if they experience abuse or neglect.</i>	Comments made in 7.1 are relevant to this indicator also.		Room for improvement

SUMMARY SHEETS

Unfortunately while most staff appear to be endeavouring to do their best, the impact of the intensity of all residents having challenging behaviour colours all aspects of the houses operations. As a result the residents are not gaining the opportunities to develop and participate to their potential.

What from clients perspective the service does well.

having access to and the flexibility of own vehicle several nice staff who genuinely care about the residents and know them well extra staffing when required for one on one and for weekend outings regular outings to park, beach etc. getting a turn to go out for tea at restaurants

Areas where client experience shows that improvements could be made.

STANDARD AREA	Actions that clients suggest, or which the facilitator recommends, based on client feedback.
Standard 1 service information	That Northern ARS develops some basic information on Group Home in plain English formats.
Standard 2 client consultation re individual needs	To maximise resident involvement in decisions and choices that they are capable of, all staff should have training in facilitating communication with non-verbal clients and training.
response to individual needs	a) That all staff undertake training in relation to empowerment of people with disability, including relevant sessions on least restrictive alternative, developmental focus and appropriate terminology. b) That communication would be improved within the house, if each resident had a personal communication process (e.g. book of likes & dislikes; photo book; book about me) for staff to utilise in consulting them and involving them in decision-making.
individual client skill development	That in the review of resident IPP's their individual needs for leisure, skill development and daily meaningful activity are addressed.
staff support	That the minimum number of casual staff are utilised within the house and that casual staff be given a thorough orientation process.
IPP involvement	Once the strategies in 2.1 have been completed, that key workers for each resident (& other relevant staff) take note over time of their needs, likes, dislikes and preferences, as input into the IPP process.

- staff control over client's life	In order to change the cultures in the house, the range of strategies suggested (2.1, 2.2, 2.7, 3.2, 5.1 & 6. 1) in this report will need to be appropriately implemented over time.
Standard 3 - client involvement in decisions	That ARS in the future consider the implications of having Group Homes where residents all have challenging behaviour, as being an undesirable client mix and restrictive of both clients and staff opportunities.
- accessible information	That ARS develop a plain English and/or Compic version of the information required by this indicator (3.6) and it be kept in an accessible place in the house for residents and their advocates reference.
Standard 4 individual privacy	That staff be reminded of the fact that this is resident's home, and as such they should respect their privacy and confidentiality at all times.
staff treatment of clients	As a priority the staff training suggested in 2.1 b), be provided to all staff.
confidentiality of information	That the residents behaviour management program information be relocated to a more appropriate location to maintain client dignity and confidentiality.
Standard 5 community access	That the house develops through the IPP process meaningful individual activities for each resident in community.
support for friendships	That staff take every relevant opportunity to promote and provide support for friendship development between residents and non-staff.
Standard 6 - positive public image	a) That management give priority to painting the inside of the house in a 'welcoming' (ie. not drab or too dark) colour. b) Acknowledging the behaviour problems, the house looks at what can be done to have some decorations securely attached to the walls, to make the house more 'homely'.
Standard 7 - formal complaints education	a) That the residents be supported with individual education, using pictorial prompts on what they should do if they are unhappy about something at the house. b) That when the Departments formal complaints process is finalised, that families and significant others be given information on this.
Standard 8 - staff skills	In addition to other training suggested (2.1 a/b), that staff be provided with training relevant to planning and implementing least restrictive and developmentally focused tasks and activities for clients with complex needs. .
Standard 9 - awareness of processes for dealing with abuse and neglect	That information on processes for dealing with alleged abuse and neglect be included in complaints policies and information strategies suggested in 7. 1.

SUMMARY CONTINUED

Standard area	RECOMMENDATIONS TO MANAGEMENT	Person(s) to Notify
Standard 1 - service information	That ARS develops some basic information on Group Homes in plain English formats.	ARS Manager
Standard 2 - staff support	That the minimum number of casual staff are utilised within the house and that casual staff be given a thorough orientation process.	ARS Manager
Standard 3 - client involvement in decisions	That ARS in the future consider the implications of having Group Homes where residents all have challenging behaviour, as being an undesirable client mix and restrictive on both clients and staff opportunities.	ARS Manager
Standard 6 - positive public image	c) That management give priority to painting the inside of the house in a 'welcoming' (ie. not drab or too dark) colour. d) Acknowledging the behaviour problems, the house looks at what can be done to have some decorations securely attached to the walls, to make the house more 'homely'.	ARS Manager
All recommendations should also be provided to Cluster Manager.		Cluster Manager

Completed by..... **Signature**

(Independent Facilitator)

Approved by..... **Signature**

(Designated Client Rep.)

Accepted by..... **Signature**

(Service Manager/Coordinator)