EXECUTIVE REPORT FOR HOUSES 3 AND 13: August 2013

Brackenridge Respite Services. Maddisons Road, Templeton, Christchurch

Background:

Brackenridge Estate is a wholly owned subsidiary company of the Canterbury District Health Board. It was established in 1999 to provide residential accommodation primarily for residents who were being transferred from Templeton Centre as that institution was being closed.

Fourteen homes were built in a new subdivision in Maddisons Rd, Templeton. There are only Brackenridge owned homes on the estate. Currently, as well as the residences on the Brackenridge Estate, the service has a number of homes scattered throughout Christchurch. The lease on the Brackenridge properties will expire in 2019, and it is the aim of the agency by that date, to move from the current site into ordinary smaller homes in the community in keeping with their commitment to giving people lives of better quality.

The Respite care service is focussed on the houses at 3/150 Maddisons Road, and 13/150 Maddisons Road, although two other houses currently provide two respite care beds each. The two designated respite houses can cater for a total of 12 children/young people at any one time, the service has a waiting list for families who they currently do not have capacity to provide respite service for. The responsibility for increasing the number of respite beds available to families in Christchurch is out of the hands of Brackenridge.

The service's mission statement is: *Supporting People to Create Great Lives*. The Respite service is but one aspect of services provided by Brackenridge. It provides respite for children and young people with high health and physical support needs and for children and young people with high support needs. These services are provided on a rotating basis throughout the year.

Currently fifty two children and young people make use of the respite service that is provided by Brackenridge. It is important to note that the reports produced in this evaluation are focussed on the Respite Service and not about wider Brackenridge services. Although the Evaluation Team spent some time in two other residences that provide a total of four respite beds, the reports focus is on Respite care and we do not comment on other aspects of Brackenridge's services.

Significant Findings:

The Respite service provides service for children/young people in the Canterbury area. Respite services are also provided by Mary Moodie Respite and Chomondley Children's Services. Laura Fergusson Trust provides short term rehabilitation for young adults/adults with a variety of neurological conditions. Numerous families told us that the service was what enabled them and their children to survive. They were hugely grateful to have access to the service, and appreciated that numerous staff from the CEO downwards had worked exceptionally hard to make the service available. Some aspects of the service were particularly recognised. The fact that families can know up to six months in advance when they will be able to access respite was a real bonus.

They also appreciated the efforts staff made to make the children's groupings as compatible as possible. It is important to bear in mind these points when reading the reports.

Access to the service depends on the needs of the client and the availability of beds, so despite efforts to provide a stable environment there is a fairly regular change in the mix.

House 3

In House 3 the situation is complicated by the fact that two of the young people live during a week in up to three different homes - time with Mum, time elsewhere with Dad, and time with the respite service which itself will have routine staff changes.

The Evaluation Team believes that a service model which consists of taking up to six young people with challenging physical, behavioural or health issues at the one time makes it almost impossible to adequately meet the needs of the residents.

The residents are individuals with their own personalities and their own learned behaviours. In a situation where children have challenging behaviours it is essential that wherever they are – and this includes school where many spend considerable time, there is a very high level of consistency in managing their behaviours. With one child that can prove a challenge but to then expect staff who also change frequently, due to the roster, to be able to meet the needs of six different children at any one time and the needs of over twenty different children in any one month is understandably difficult.

With all these points in mind it was however disappointing for the team to hear that families had a number of major concerns that need to be addressed urgently.

Medication: Brackenridge has fairly standard protocols for the administration of medication to people who live in the service, but the current strategies in the respite service for ensuring the right medication is taken at the right time need reviewing. We were told of children returning home with their untaken medication, and of failures to give children with high health needs appropriate medication. Where children move between three living environments and attend schools/vocational placements it is difficult at present to ascertain who was responsible for the failures, but new protocols may need to be further developed for each individual to ensure their safety.

During our post-report meeting with Brackenridge management some of the possible reasons for children returning home with medication were discussed at length. We understand, at times, some children may arrive with no medication, others have blister packs labelled with days which do not match the days they are staying, e.g. Monday/Tuesday/Wednesday may be the days they are in respite and the medication packs are labelled Friday/Saturday/Sunday. It was also reported that not all families advise Brackenridge of changes to medication or increases/decreases in the dosage. Brackenridge assures us they communicate with the families involved to try to avoid/eliminate the same issues being repeated, sometimes successfully and occasionally without success.

Again the agency has taken steps to try and improve things –staff are encouraged to self-report any mistakes so that systems can be improved, but more work needs to be done.

Communication: The agency puts out regular newsletters and has annual Family Information Evenings (held in September) with guest speakers which has included families, and provides opportunity for a forum type discussion apparently without much success. Families acknowledged that because of the nature of respite care, they had limited opportunities to share information with staff. Although communication diaries exist, families reported that often there was little information in them or else the staff who received them failed to pass on the family's requests/information to other staff. Brackenridge also appreciate the information/comments sent to the respite houses by some families and would like to encourage other families to do the same if they wish. Several families in both Houses 3 and 13 have attended staff team meetings to discuss any issues/concerns they had and or to provide further information about their family member – these were always well received by staff and beneficial for families and staff.

Challenging Behaviour: We were shown incident reports covering the period of April to June.

The evaluation team was concerned at the number of incident reports associated with the service. In House 3 the number of these reports appeared to be high, even though we appreciate that there can be additional challenges associated with a range of people using the service.

SAMS does not have the ability to compare the volume of incident reports in this service with other similar services. However, at least two of the evaluation team are very experienced, and their impression is that the service has a greater number of incidents being reported that would be usually expected. The evaluation team notes that they were informed by families of two significant incidents, within this period, where there appeared to have been no report logged. However subsequent to our visit we have sighted both incident reports.

Clothing: It concerned the Evaluation Team that despite families' efforts, problems with clothing continued to be reported. Families reported good clothes going missing, and receiving clothes that did not belong to their child.

One family reported that they used to label all clothes meticulously but gave that up as it did not seem to have any effect. Another family had drawn up a very clear straightforward chart for clothes where staff simply had to tick off clothes as they put them in the bag to go home.

However, some of the families' other clothing concerns, like shrinkage, were not dissimilar to the concerns of parents associated with other service providers within the disability sector.

Staffing: The common factor in all these issues is that they all reflect how staff perform their duties. The agency may have documentation stating how medication should be checked, how clothing should be handled, and how important communication is, but unless this is all put into practice systematically the paper is in vain.

We were frequently told by a variety of people that the Respite homes were the most difficult homes in the whole service to staff and that staff – with some notable exceptions, were likely to remain there for shorter terms than elsewhere. We were also told that a good proportion of staff did not see their longer term future in this kind of work.

It was reported the service depended on a high percentage of casual staff and that when there were no casual staff to fall back on the agency sometimes had to call in Bureau staff to provide cover who would know nothing about clients before they arrived, and may not have any expertise in working with these challenging children.

The above information (in italics) was supplied by approximately 40% of the families and 5 staff – not all of whom work in the two designated respite houses. At our post-report meeting we were given the results of an in-depth analysis carried out by the CEO which does not support the statements. The Brackenridge staff turnover, across the whole organisation, in the last year is 10.01%. It appears a number of factors may be contributing to the perception of a 'changing staff team'. Two areas we identified with the management team were:

- The respite roster covers an eight day cycle and the staff roster in one home covers seven days whilst the other home utilises a five or six day staff roster. This exacerbates problems as staff have fewer opportunities to get to know the children involved.
- Staff who are also studying for formal qualifications. These staff often move on when they have gained their degree.
- Families may only meet some staff once or twice due to the differing roster periods for children and staff. (see bullet point 1)

The service has a pool of casual/relief staff identified as being 'respite care trained' who are the people used in the respite houses. Staff also work additional shifts or swap shifts with other staff members. It is not common for a Bureau person to be used.

Brackenridge offers all staff an excellent range of staff training opportunities, and we were able to examine the material used in short courses on behaviour management. It was straightforward and practical, and the agency has also invested a considerable sum of money in sending two senior staff to advanced training at the Institute of Applied Behaviour Analysis in California, and training three senior staff in Non Violent Crisis Intervention, as well as their on-going attendance at mandatory refresher training programmes.

Commendable as these steps are, it is still a challenge for the agency to effectively tackle the challenge of 52 young people – with diverse needs.

House 13

Medication:
There were less issues with medication in this house. Specific comments are included in the House 13 Evaluation report. The requirement relating to medication in House 3 Evaluation Report covers all Brackenridge residential services.

Clothing: One family told us how they pack the clothes for their child in separate bags labelled for each day their child was away. However during our visit we witnessed their young person come home without socks on a day when there was still some snow on the ground outside. Whilst this could have been determined as 'lack of responsibility' on the part of the Brackenridge staff, as the young person ended their stay in respite that morning, it could also have happened at school during the day.

Again with multiple venues/services being involved in the young people's lives it is unfair to attribute an incident to a single provider without due investigation. We encourage Brackenridge to continue to reaffirm with staff the need to be vigilant in caring for the clothes of the young person while they are in respite care.

Again some of the families' other clothing concerns, like shrinkage, good clothes going missing, and receiving clothes that did not belong to their young

person were not dissimilar to the concerns of parents associated with other service providers within the disability sector.

Staffing:

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- The respite roster covers an eight day cycle and the staff roster in one home covers seven days whilst the other home utilises a five or six day staff roster.
- Families may only meet some staff once or twice due to the differing roster periods for children and staff.

The service has a pool of casual/relief staff identified as being 'respite care trained' who are the people used in the respite houses. Staff also work additional shifts or swap shifts with other staff members to fill any unexpected vacancy. It is not common for a Bureau person to be used.

The Evaluation team therefore recommends:

1. **Medication**

The agency undertake a medication review. (see requirement in House 3 Evaluation report)

2. **Communication**

That steps are taken to teach all staff the importance of communication, of passing on information to other workers following them, and of reporting back to families.

3. **Clothing**

The agency develop robust models for ensuring proper handling of clothing and ensure that staff practise these procedures.

4. **Staffing**

The agency undertake a review of how this service is staffed, and of how the use of casual staff can be enhanced. The CEO reported he has already changed the roster to ensure there is a very senior staff person on at the weekends.

5. **Model Review**

The evaluation team notes that an Enabling Good Lives demonstration is planned for the Christchurch area. We also note Brackenridge's own aspiration for people with disabilities, and the Ministry's objectives in its "New Model", to see quality services that are beneficial to families and their disabled children. We urge the agency and the Ministry of Health to examine best practices in respite care and further develop approaches that are in keeping with the Enabling Good Lives principles.

We are encouraged by wider moves in the sector to develop an approach to "respite" that is more flexible and increases the choice and control individuals and families' experience. It is imperative that any change in the service does not deprive families of essential respite. We appreciate that families have a real and immediate need for respite options and services. Current services are fulfilling an immediate need. However, we support moves to transition towards an approach to "respite" that enables greater personalisation and choice for individuals and families.

Brackenridge fully supports the Enabling Good Lives demonstration and believes that respite provision for families in Christchurch can be provided in a number of ways. However before any change to the current models of service provision are made all families receiving respite services from Brackenridge have the right to be fully consulted as to the type of respite they see working best for them. There should be no changes to the current models of service provision until this exercise is completed.