

Putting people first

Recommendations

These recommendations were taken from the Putting People First quality review

- 1 Embrace good performance and actively promote this, by:
 - Clearly defining and communicating what constitutes good performance and expected outcomes – and monitor against these
 - Supporting and encouraging best practice – and how this can be achieved
 - Show-casing great examples – including how these were achieved.
- 2 Revitalise the culture of DSS, with the aim of re-focusing people's roles on the substance of the tasks they are there to complete. Ensure staff have the time and resources to enhance the systems and processes that safeguard the well-being of disabled people.
- 3 Restructure the roles of CRMs around regional responsibilities, with all general CRMs given regional oversight of residential and community-based disability services, including service access through the NASCs.

Retain specialist roles in areas where senior or specialist skills are required.
- 4 Review the role of CRMs to:
 - i) assess how they spend their time, with the aim of streamlining the role and re-focusing it on building and maintaining provider relationships, and
 - ii) ensure they are adequately resourced.
- 5 Encourage new providers of both residential services and other support options to enter the disability sector.
- 6 Support good practice by encouraging and supporting providers to take part in peer reviews and communities of practice – particularly where providers are isolated.
- 7 Do not award new contracts to providers who are in breach of their contract or who do not otherwise hold themselves accountable for achieving high standards of safety and performance.
- 8 Only contract with residential providers who support those with high and complex needs, if they have staff with the requisite skills and experience.
- 9 Support the development of more flexible support options to better meet the needs of disabled people with high and complex needs.
- 10 Attract, recruit, and retain appropriately skilled disabled people, and others with a high level of experience of disability and disability issues.
- 11 Identify what drives exceptional performance and design organisational and personal KPIs around this to support positive behaviours and outcomes.
- 12 Create a new support role, a group of people who build strong and trusted relationships with disabled people, and support them to stay safe and speak out when needed. These people may themselves be disabled, and the design and oversight of this role could be by a disabled people's organisation.
- 13 The Ministry of Health adopts a policy of having no tolerance for the abuse that is inflicted on disabled people.
- 14 Ensure those who cannot speak themselves – and their families – are fairly represented at forums that result in decisions affecting their future care needs and the future of the sector.

- 15 Ensure disabled people are safe after laying a complaint, by:
- i) removing the alleged perpetrator from contact with the disabled person if there is potential for that person to be re-harmed in any significant way, and
 - ii) provide supports that will enable them to overcome the effects of being abused.
- 16 Set up a Panel of Experts to provide expert advice and support to the Ministry. Membership on the panel should be based on the fit between the individual's specialist knowledge and expertise and the range of skills needed to respond to the serious incidents, complaints and issues that occur in the sector.
- 17 Conduct a timely, independent investigation into all serious complaints in a manner that is fair and equitable to all concerned. Those members of the Expert Panel who have the most appropriate skills undertake the investigation and report back to the Ministry.
- 18 Ensure the findings of the Panel are binding, so the Ministry has the power to effect change and hold providers to account for implementing the changes needed.
- 19 That the Ministry of Health work with the Ministry of Justice to ensure the legislation covering disabled people provides the necessary protection to keep disabled people safe from serious harm.
- 20 The Ministry of Health work with Police to ensure there are sufficient police officers with the requisite skills and knowledge to capture all of the evidence needed to prosecute valid cases of abuse.
- 21 Enhance current memorandums of understanding between the Ministries and agencies involved in providing supports to the disability sector. Ensure these include formal protocols and clear roles and responsibilities around sharing information, making joint decisions, and designing the processes to be followed when working jointly on a case.
- 22 Providers must report all significant risks and serious incidents to the Ministry within 24 hours of becoming aware such an issue exists.
- 23 Develop clear definitions of significant risks, issues, and critical incidents, and a clear pathway for reporting these to protect the safety of service users.
- 24 Include a clear escalation path in future contracts that allows for a staged approach to managing poor performance or non-compliance against contract.
- 25 Replace existing PMRs with a report that focuses on quality of life outcomes, as well as challenges experienced, and improvements being put in place by service providers.
- 26 Replace the current Certification audit and developmental evaluation with an enhanced developmental evaluation, which assesses all residences on average once every three years. This needs to be supplemented by the safety requirements in the Standards that relate to disabled people, including:
- Safe medication practices and procedures
 - Quality food and nutrition
 - Waste disposal and infection control
 - Safe facilities and environment
 - Emergency Planning
 - Restraint minimisation.
- This also needs to be supplemented by:
- An assessment of the extent to which the house provides a warm and homely environment.

27 The Ministry contract for the use of the best developmental evaluation tool and process available in the market place. It is recommended that this cover:

- Identity and autonomy
- Choice and control
- Relationship and partnership
- Belonging and personal networks
- Competence and support to contribute
- Customised supports
- Safety and respect.

28 Require evaluation agencies to demonstrate the quality and consistency of their evaluators and report outcomes – with agency choice based on the achievement of consistently high outcomes.

29 Conduct no-notice issues-based audits whenever there is sufficient concern that the safety or well-being of a disabled person is at risk.

30 Design and implement a complaints and issues resolution process, which is based on:

- clearly defined levels of risk
- key thresholds and escalation points
- who does what when, i.e., clear roles and responsibilities
- effective case management methodology.

31 Provide CRMs with training to equip them with best practice knowledge and skills relating to managing disability-related crises.

32 The Panel of Experts provides specialist knowledge, expertise and advice to support CRMs to resolve challenging or complex complaints and issues.

33 Implement a single electronic management system that brings together all information relating to providers and the disability sector – with urgency. The design must allow Ministry staff to gain a clear picture of providers over time, as well as risks, patterns and trends relating to providers in the sector.

34 The Ministry must act on the knowledge it has – and make the hard decisions including terminating provider contracts, where appropriate, in a timely way.

35 Ensure the role NASCs play supports the well-being of disabled people. In particular, ensure there is transparency and consistency in information and decision making, and disabled people are supported to choose those services or provider(s) that best meets their needs, personal goals and preferences.

36 Ensure providers offer a consistently high standard of care and support.