Developmental Evaluation Report Summary

## For residential services – sensory, learning and physical disability

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| **Name of provider:** | Chequers Trust |
| **Number of locations visited by region** | One |
| **Date visit/s completed:** | 03/02/17 |
| **Name of Developmental Evaluation Agency:** | Enhancing Quality Services |

## General Overview

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| The Trust was developed 21 years ago by a group of parents to support their daughters, some of whom were living at home and others living with other providers. The home on the North Shore, Auckland accommodates six people. Some of the women have been living in the home since it started although others have since entered the service the group is very settled. The women are independent in as such they carry out the chores around the house including cooking their meals. One woman has her own flat and looks after herself with minimal oversight, going shopping and independently catching the bus. The women mainly go to work during the day although some are cutting down their hours and choosing to remain at home. As the women age they will increasingly need more support, something the trust is planning for.  Families are heavily engaged with the service forming the board, involved in all decisions affecting their daughters, receiving reports, planning and having them home for holidays. As parents age some of the family dynamic will change with siblings less likely to be involved to the same degree.  All lead a busy lives and the focus of the service is on promoting independence and community engagement. As well as work they participate in a range of activities based around their interests and mostly coordinated by the service. Activities include community events, movies, concerts, going to cafes as well as participating in Special Olympics.  All the women and four families were interviewed stated they are happy with the service. The service has formal systems, policies and reporting. There is a separation between the board and management and the board meets bi-monthly where the Manager provides a report across a series of measures. Areas of the service are audited for compliance by the Manager and a board member.  During the week one staff member is on duty prior to the women leaving for work and when the come home in the afternoon. Some of the women have pulled back from working five days a week. At the moment those that have are able to be left in the house without direct supervision. Most go to the family home at Christmas and the house closes, but this may also be changing. As a group they go on holiday but there is increasing recognition of the need to focus on smaller numbers, reflecting their interests rather than those of the whole group,  Staff work part time covering all the week and the sleepovers. The staffing is stable one of the staff having worked with the group for 11 years, the Manager six another staff member 9. All are experienced and well trained and have also worked for larger providers.  The board is made up from family members and has broad range of experience. With the changing needs of the service users and the home being on different levels this will present a challenge for the future as the women age.  Five requirements were identified and these surrounded; recording lifestyle goals, staff training records, archiving old records, prescriptions held on the medication file and maintenance. Four recommendations were made aimed at service improvement. |

## Quality of Life Domains – evaluative comment on how well the service is contributing to people achieving the quality of life they seek

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| **Identity**  The philosophy of the service is supporting people lead a normal life, this includes offering choices and involving them in the community. Families are engaged in all aspects of their daughter’s life as well as the running of the service. The group are active both at work and play and take an important part in the running of the home.  House meetings are held weekly and they have the opportunity to discuss their preferences and raise issues. The service works on the basis of informed consent and families support them in decision making.  Formal planning systems include lifestyle plans, each has a common goal shared with the others and a goal that reflects their interest, the latter often easily accomplished and at the moment there is no consideration as to a replacement goal, and the only opportunity to consider a substitute goal is at the annual planning meeting.  **Autonomy**  All have activities that aim to extend or maintain their skill levels. As far as possible the service uses mainstream service with a lot of interaction with the local community. The location of the home allows good access to the community, close to shops, cafes. One woman catches a bus and goes shopping when she wishes others require varying levels of support when in the community.  All are involved in the running of the home with a roster for cooking and cleaning. The person cooking gets to choose the menu for that night. A volunteer comes to the home to teach cooking. Each woman has their own bed room which they personalise with their furniture, family photos, Special Olympic medals and their art work.  The home is spacious and close to shops and amenities. It is rented from Housing New Zealand and reasonably maintained, past maintenance issues have been addressed although some minor issues remain. Being on three levels at least one of the woman is finding it increasingly difficult to manage the stairs to the upper level.  Staff and other flatmates respect each other’s privacy and knock before entering a bedroom. Personal information is kept private. There is the opportunity to afford more respect by fitting locks to bathrooms and toilets. Locks able to be opened from the outside in an emergency.  **Affiliation**  Family are supported to remain involved with their daughter, encouraged to drop into the home, receiving telephone calls and detailed month, reports on their daughter accomplishments medical appointments, finances etc. Siblings are being encouraged to become more involved as the parents age.  The women have a wide circle of friends who they meet at Special Olympics, social events and also at work. They are known in the community in cafes and shops.  **Safeguards**  As well as family the service has links with external bodies, information is available on ‘patient rights and the HDC advocate visits the home. Staffing is stable and the women were positive toward the staff and said they liked them. In the main, when asked who they would complain to if unhappy most said staff and then family. To date the service has not received any formal complaints.  The service has an abuse policy and staff are trained on the policy as a part of their induction. The service has good systems to vet new staff the file of the last staff member to be recruited to the service showed evidence of formal recruitment processes. Staff have access to good training opportunities all have or are taking Certificated training and in the past joined in with small provider training. Currently the service uses on-line training, although this is orientated to elderly services. Although there is a register of all staff training, some of it is out dated. The service is yet to develop a training calendar Identifying future training requirements.  Each person has a personal file containing all information about them, the files are bulky and contain information that would be best archived. There are a number of recording books used by staff and there is an opportunity to streamline documentation.  Following the last audit the service has moved to introduce packaged medication, one person self medicates. Practices are overall sound and there have been few incidents involving medication issues. Improvements were identified in the reconciliation of medication against the doctor’s prescription when the medication first enters the home.  The home is barrier free, the issue of the stairs leading to the bedrooms has been addressed in as much an additional hand rail has fitted and the women issued with instructions aimed at keeping them safe. Other than this there are no significant hazards around the home. The manager undertakes a monthly inspection of potential hazards and maintains a register.  **Rights**  Copies of the Code of Rights are available, and the entry policy identify families receive a copy on entry to the service. People are aware of the complaint process and the manager reports any complaints to the board as a part of her monthly report. The service has not received any complaints.  **Health and Wellness**  Mainly in the past there have been tensions within the group and this led to a level of anxiety where by professional assistance was required. By providing routine and structure the issue has mainly been addressed. All have their own GP and able to access a wide range of community services. Families are informed/involved of in any health issues affecting their daughter.  Three staff cover the shift with additional hours for the manager they are motivated and focused on meeting the needs of the people they support. Staffing is stable with few changes.  The board is made up of family and provides oversight of the service. There is a clear separation between management and the board, with the manager providing a report on key areas of the service at each meeting. Family are invited to attend the AGM where the audited accounts are presented Summary of the Strengths of this Service:  * An emphasis on maintaining people’s independence and offering choices * Positive views of users of the service. * Attitude of staff. * Engagement of families. * Location and layout of the home  Summary of Significant Findings:  * Medication management * Old information on personal files * Improvement to lifestyle goals   . |

## Outline of requirements and recommendations (not including those relevant to support for specific individuals)[[1]](#footnote-1)

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| 1. Goals have clear steps and timelines, the introduction of a further goal considered where the goal set is achieved at the early part of the year. 2. Redundant information from personal files is removed and archived. 3. Development of a staff training calendar. 4. Maintenance issues. 5. Multiple doctors’ prescriptions on file. |

## Recommendations

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| 1. Governance training for the board. 2. Update personal information to include spiritual and cultural interests. 3. Fitting of privacy locks. 4. Addition information incorporated into the Abuse and Neglect policy. |

1. Please see the [evaluation tool](http://www.health.govt.nz/our-work/disability-services/contracting-disability-support-services/developmental-evaluation-disability-support-services) for reference [↑](#footnote-ref-1)