# Developmental Evaluation Report Summary

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

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| **Name of provider:** | G.I.F.T Centre |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 18 May 2017 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| This service began in 1973 to provide education in the Catholic Sacraments for children with intellectual disabilities. The programme found a permanent home at the present site in 1977 and was extended to provide its first residential house for adults in 1992. It is part of the Apostolate of the Roman Catholic Bishop of Auckland.  The service consists of two residential areas divided between a meeting room/classroom. Each residential area is described in this report as ‘house 1’ and ‘house 2’. House 1 was originally a convent and is an older brick building that is home to six people. House 2 has five residents and consists of an older wooden section and a newer addition. The buildings are joined together through a classroom space (two rooms) and the office.  The staff team appears to be cohesive and have embraced the modern practices supported by the Administrator. This has meant some considerable changes for the better over the past few years. In particular, the individuals are encouraged to seek out a variety of vocational options and this includes time spent at home if needed/desired.  The staff roster is shared between the two homes and includes one awake overnight staff member. The service appears overly concerned about night-time supervision and had installed cameras inside the homes to assist with monitoring. The Evaluation Team could see no purpose for these cameras given the ability of the people in these homes, and their inclusion raises concerns regarding privacy and autonomy.  Personal plans reflect the interests and desires of each person and are followed through with the support of keyworkers. Many of the goals in these plans revolve around more independent lifestyles and this is supported through involving/supporting the individuals in meal preparation, housework, budgeting, personal hygiene etc.  The service has Wellness Plans that highlight specific health-related needs but these do not provide a description of adaptive or life-skill needs that are commonly found in Support Plans. At the present time, the staff in this service know each person sufficiently well that they know how to provide this support without reference to a support plan. However, this may not always be the case and the Evaluation Team suggest that a support plan be developed for each person. Other documentation is up-to-date and orderly.  *We spoke with five family members and six individuals who live in both homes independently. All of these people were very satisfied with the service, staff and the Administrator.* |

## 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**  Personal plans are developed with each person over a period of time and finalised at a meeting that includes people invited by the person. The meeting allows each person to highlight their dreams/aspirations and provides a forum to discuss how each can be pursued through goals. Each person has a keyworker who is the main person responsible for overseeing the progression of each goal. Monthly progress reports are submitted by keyworkers and time is available in staff meetings to discuss progress.  Many of the people living in these homes are fully capable of articulating their hopes and dreams and being involved in goal development (achievable steps to realise dreams/aspirations). The service has a ‘can do’ attitude towards dreams and aspirations and is aware that many of them involve a desire to live more independent lifestyles.  The service has a cordial relationship with the local Needs Assessment and Area Coordination (NASC) service.  The mix of people in both homes appears to work well with few noted issues. The people in each home are very much ‘individuals’ and most spend a greater portion of their time at home in their own rooms. Both homes have a flat screen television (a huge one in house 2) in the lounge area and both lounges are comfortably furnished and welcoming.  The homes are situated at the end of a street that culminates in the parish church which is sided on both sides by the parish school or its related properties. The homes are very much part of this campus.  The buildings are functional although the external décor of at least one building will soon require maintenance/renovation.  Each person has his or her own bedroom and each house has at least two bathrooms. There is a wheelchair accessible bathroom at house 1.  The homes are close to the local shopping area and bus transportation. Most people are capable of accessing the community independently and make frequent use of public transport.  Each person has a home agreement that have recently been up-dated in line with contractual requirements.  The people in both of these homes utilise a variety of vocational programmes and work options. Several people work at two different business enterprises that are easily accessible (either on foot or public transport). A couple of these people indicated they might like to look for other work options and the Evaluation Team discussed the function of employment support services with these individuals and the Administrator. Other vocational options for people involved two different community participation providers and an art programme.  All of the people in these homes are supported to maintain and strengthen ties with friends. Some people belong to clubs or groups where there are opportunities to meet other people and several people have friendships that have developed through work or vocational options. Likewise, church attendance increases the likelihood of meeting new friends or acquaintances.  There appear to be clear lines of communication within this service that are known to all stakeholders (the individuals who use the service, their family/advocates, and staff). Family members are kept informed at the level they desire.  The people in each home have monthly house meetings and participate in an annual satisfaction survey that is supported by someone independent of the service.  It was clearly evident when visiting this service that the staff are respectful of the rights, values and dignity of each person they support.  **AUTONOMY**  The people in both homes participate in the daily up-keep of their home. A chores roster was noted at house 2 and the staff in that home actively supported a person in cooking the evening meal. It was noted that the staff are sensitive in encouraging the people to tidy their own bedrooms and maintain a good standard of personal hygiene.  Each household maintains its own menu that is developed with the cooperation of the people in each home.  The service currently has a full roster but has had issues with turnover due to immigration requirements for some people. There is a good range of staff working in these homes including representatives of New Zealand Māori and Europeans, Pacific Islanders and people from the Philippines. Some staff members have previous professional level qualifications in teaching and health care.  The homes are each laid out as typical homes with separate lounge and dining areas, functional kitchens and laundries and at least two bathrooms (including toilets) in each house. The people are able to entertain guests in the communal areas or their own bedrooms. There is also space to entertain guests in the classroom areas if needed.  When the service moved from two overnight staff to one, it installed cameras in the homes to monitor nocturnal movements. This addition was ill-informed and presents issues relating to privacy.  The service provides clear and current personal records that are available to the people in these homes at their request. All files are securely stored in locked cabinets in the staff room in each house. Daily diary entries are maintained for each person.  The majority of the people in these homes can independently access their community, attend vocational and work options, visit family members and friends, participate in clubs, visit shops and attend church services. Where necessary the service provides support for the individuals to access these places or events. The provision of one-to-one time with keyworkers further extends the individuals’ involvement in their communities.  **AFFILIATION**  There is a wide range of activities that involve the people in the general community. Two people belong to the Cruise Club and attend once or twice a week. For this to occur they utilise a taxi service to and from the club. Others independently, or are supported to, visit with family members, attend church, use the shopping centres, visit health professionals, have meals out, go to the raceway, attend choir practices and events, go to the library, swim, go to the gym and belong to Special Olympics teams  One person has Māori ancestry and has recently sought out and found members of her whanau.  **SAFEGUARDS**  Most people in this service are connected with family members and the service has made strides to broaden and strengthen those connections wherever possible. The service also has a policy to assist those people who do not have strong family connections to seek an advocate who can support them when needed.  All family members and the people who use this service indicated they understood how to make a complaint if one was needed.  Each individual’s personal file was orderly and included essential information in the opening pages.  Medications are securely stored and procedures are followed. Medication charts include signing sheets and information about each drug. PRN (as required medication) protocols are followed appropriately. Each staff member who handles medication has completed training in medication competency.  The service has a business risk management plan that includes strategies for civil emergencies, pandemics and other crisis situations. The service has carefully considered civil emergencies and each person has a “go” bag that includes a complete change of clothes and a blanket. The household “go” bag includes emergency food, essential information about each person and other emergency pack materials. This level of preparedness is unusual and a credit to the service.  Both homes are equipped with sprinklers, smoke detectors and essential fire safety equipment. This equipment is checked routinely by a fire safety company.  Incident and Accident Reports are completed appropriately, are discussed at staff meetings and followed up by the Administrator. The service maintains a hazard identification and building maintenance log.  **RIGHTS**  A Code of Health and Disability Services Consumers’ Rights poster was evident in the homes and the service provides time to discuss rights at house meetings. It was clear when talking with the people in the homes that they understood their rights and looked out for one another.  The policies documents indicated that the service understood the principle of ‘least restrictive alternatives’ and positive approaches to behaviour support.  The service is committed to a ‘non-restraint policy’ and outlines in policy documents the various definitions of restraints and enablers. The service understands the distinction between restraints and enablers.  **HEALTH AND WELLNESS**  Each person in this service has access to their own health professionals including doctors, dentists, podiatrists, opticians, psychiatrists etc. An annual health check is conducted for each person.  Infection control protocols are followed by staff and the staff are trained in infection control during induction and orientation.  The service has an abuse and neglect policy that includes all standard definitions and explanation of processes to follow should abuse or neglect be detected/suspected. All staff go over the abuse and neglect policy and other essential policy documents during induction. It is suggested the service includes a sheet that the staff must sign to state that they have read and fully understood these essential policies  Each person has a list of their own property noted in their file. These lists are up-to-date but do not note the age of the items listed or the estimated value. |

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

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| 1. The service immediately reviews the use of internal cameras in these homes. |

## Recommendations

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| 1. The service develops and extends the current Wellness Plans to include adaptive skills and support needs (often referred to as support plans). 2. As the service plans for a future rebuild, wide consultation is suggested with *all* stakeholders and with regard to a complete review of trends in the field.      1. The service ensures the staff sign a register that they have read and understood essential policies: notably, positive/non-aversive behaviour support, restraint minimisation, and abuse and neglect. |

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)