# Developmental Evaluation Report Summary

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

|  |  |
| --- | --- |
| **Name of provider:** | Hawksbury Trust |
| **Number of locations visited by region** | 2 |
| **Date visit/s completed:** | 3 April 2017 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

|  |
| --- |
| The six people living in this home have been together for some time and seem to get along together very well. This is aided somewhat by the modern and spacious design of this home on a flat section. The home is next door to another home run by the service, and there is a regular flow of visitors between the homes.  Each person in this home has his or her own weekly schedule that includes use of a variety of vocational services. There appears to be a real effort to have people participate in activities that appeal to them, and the use of a variety of vocational services means that flat/housemates are able to have some time away from each other.  There is also evidence that the service attempts to get people out and about on weekday evenings and weekends whenever possible, typically to places or events enjoyed by particular people. For example, various people enjoy eating out and the staff will find opportunities for this to happen, either individually or with others from the home.  The service uses a completely computerised record keeping and document storage system that is accessible by all support workers using a password system. More sensitive files are controlled by passwords at managerial level only.  Personal plans appear to reflect the interests and aspirations of each person. The service has a policy of ‘aiming high’ when it comes to ‘dreams and aspirations’, although there appears to be some confusion about what this means in terms of recording goals in plans. However, the electronic forms for personal plans provide a page for each goal and are designed in such a way that new goals can be added as desired, rather than waiting for the ‘planning meeting’ held annually. This style of planning makes it more realistic for individuals as it mimics what all of us do when we consider trying out new things or pursuing an interest or ambition.  Overall the Evaluation Team were impressed with the quality of the service provided to the people in this home. This report provides some recommendations about certain practices (documentation security, civil defence etc) and provides some discussion on points relating to personal planning, abuse and neglect policies, and restraint policies  *We spoke with five family members and one of the ladies living in the home and all were very satisfied with the service at the present time. Vocational services associated with the people in this home were also very satisfied with their association with the staff and managers of this home.* |

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

|  |
| --- |
| **IDENTITY**  The service has a completely computerised system for personal records. Support plans include all relevant sections concerned with the daily support requirements for each person, risks (in red), behaviour support needs (and plans as needed), health information, communication, likes and dislikes.  Personal plans consist of a page per aspiration with space to indicate how each aspiration can be broken down into achievable goals (steps). This system of recording goals is unique and some examples indicate the staff are still attempting to understand how or what to record. The value of the ‘one page per aspiration’ system is the ability to create new goals as they arise rather than wait for the annual planning meeting.  The recording of personal planning and support plan goals is noted under distinct headings in daily diary notes. These headings make it easy to track progress on specific goals simply by selecting a particular heading. The same type of headings are used for health appointments or events, incidents, behaviour support and so on. Keyworkers review progress at regular intervals and provide brief notes in the same diary record to inform other staff, especially if a goal has not been pursued for some time. Planning goals are also discussed in staff meeting minutes, either as a brief summary or as more in-depth discussions (carried out for each person in turn at specific intervals).  These systems of formulating and pursuing personal planning goals has resulted in consistent support for each person and noted progress on each goal.  It appears that the people do get on well and notes/incident reports suggest this is the case most of the time. The design of the home also allows the people to get away from one another as needed, even during cold/wet weather. There is a gap in the fence between the two homes that allows easy access for both the staff and the people living in each house. It was noted that at least two of the ladies from next door visit regularly but this was accepted without comment from the people at this home. Unusually this practice seems natural for this particular group and does not appear to cause any issues.  Each person has his or her own vocational plan and most do not attend the same day programme or service at the same time as their housemates. One older lady has a vocational programme based from home that includes membership to community clubs.  There appear to be clear lines of communication that are utilised and understood by both staff and families. Information about the service is located on their website. A newsletter is produced each season and is largely pictorial and provides a review of what both staff and people at the service have been doing. It was pleasing to see some people fulfilling or pursing their dreams and aspirations in these newsletters.  The policies and procedures documents at the service are available in printed form and are currently in the process of being updated. Some documents would be of interest to both families and the people using the service if produced in accessible formats. House meetings, for example, could be a time when some rights or policies can be discussed with individuals using accessible formats.  There was evidence that the staff treat the people with dignity and respect. This evidence included observation of staff practice, conversations with staff, interviews with families, people in the home and vocational providers, and the language and approaches used in personal records.  Individuals are able to express their own choices and several examples were noted in terms of decisions about vocational services or what to do during the day, when they wanted to have a snack, have a shower or go to bed etc.  Individuals are encouraged to explore their abilities and potential through participation in daily living tasks or exploring interests at the vocational services.  **AUTONONMY**  It was noted through observation and daily records that the people are encouraged to participate in the day-to-day running of their own home as much as possible. One person in particular likes to help the staff and all the people are assisted to maintain their own bedroom (making beds, dusting etc.).  Individuals are assisted in areas such as personal hygiene as much as needed and in line with their support plans.  Menus are provided by a dietician and take into account individual preferences, food allergies and special diets. The meals appear well balanced and any softened portions are kept distinct (i.e., not mixed together). Several people require assistance during meal times.  Each member of the staff team has completed or is in the process of completing the Certificate in Health, Disability and Aged Care to at least level two and in some cases level three. Most of the staff team has also completed an eight to ten session course in Hospice Care. Some have completed a mixed variety of in-service training courses such as epilepsy, communication and autism.  All staff are able to access any individual’s file and records regardless of where they live within the service through the electronic filing system. The system files can be accessed remotely (e.g., from an individual staff member’s home) and this increases the risk of access by other, unknown parties (for example, if a staff member is still logged on and has left a terminal for any reason). The service reports there is an exit process that will remove staff access from the system on the day a person ends their employment with the service. The Evaluation Team discussed issues concerning document security at the Feedback meeting with managers.    **AFFILIATION**  Access to the community occurs through vocational services or individualised vocational programmes, during weekends and the weekday evenings. Some people are more likely to experience meaningful integration (for example through mainstream clubs etc.) and general community participation (visiting cafes, shops, going to concerts) than others due to the availability of staff for one-to-one support. Family involvement also increases the likelihood of meaningful community involvement. The staff appear motivated to build in at least one outing during weekends and this may involve small groups or even one person at a time. This is greatly aided by the readiness of the staff in both homes to share supervision if some people go out and some people stay at home.  **SAFEGUARDS**  Most of the people in this home are connected with their families and several of these families live nearby.  Individual files are managed in the electronic system and provides details for next of kin, risk management and health needs, daily support needs (support plans), behaviour support (as needed), and so forth. Some documents are loaded directly onto the system and some are in pdf or jpg formats.  There are no hard copies of files available in the houses or the area office. The Evaluation Team discussed with the service the type of information that would be required in a civil emergency when the availability of regular staff may be compromised and the system may be down. In a worst case scenario whole household evacuations at short notice without essential support information may be a concern.  The staff are trained in behaviour support during their Certificate training but few have been involved in in-service or stand-alone courses in behaviour support. The service uses ABC recording sheets when an individual is in crisis and this is important in attempting to ascertain the function (cause or desired consequence) of a behaviour.  Each staff member has either a current first aid certificate (the majority) or is just coming due for refresher training. In the latter case refresher training is currently scheduled.  All of the staff have undertaken medication training and completed annual reviews. Medications are securely stored and procedures are followed.  Incident and accident reports are filed with each person associated with an incident. These forms provide space for manager’s responses and all incidents are discussed at staff meetings.  Hazard reporting is a standard agenda item in staff meetings. Staff are required to attend at least 75% of staff meetings annually.  The home is equipped with fire safety equipment, smoke detectors and sprinklers. The building Warrant of Fitness was cited and fire equipment is checked at regular intervals. The service reports fire drills are conducted either monthly or every two months. There are notes in the staff records that indicate when each staff member has been involved in a fire drill.    **RIGHTS**  The policies and procedures documents provide a complaints process. The service stated that an entry confirmation letter asks families to contact the Team Leader if they require a copy of the complaints policy, complaints form or open disclosure policy. It may be useful for the service to develop an entry pack for families / guardians that outlines the complaints (or compliments) procedures and provides a statement of consumer rights and advocacy services and other relevant information. All family members felt they could make a complaint if needed.  The staff to appear to understand the principle of ‘least restrictive alternatives’ and ‘non-aversive treatments’ with regards to behaviour support. These statements are made in policies and procedures documents, although not in one place.  The service provides access to and holds information about independent advocacy and informed the Evaluation Team that the people in the homes are visited by an independent advocate once a year  **HEALTH AND WELLNESS**  Each individual has regular check-ups with their own doctor that include health screens. The people have access to other health professionals such as podiatry, opticians, physiotherapy and speech therapy. The service closely monitors individuals for specific aliments and has individualised processes for managing specific conditions.  The staff have training in infection control procedures, safe lifting/handling, and health and safety.  The service has an abuse and neglect policy in draft form. This policy includes definitions of most potential forms of abuse that can be experienced by people in supported accommodation situations (physical abuse, sexual abuse, neglect). Adding a statement on financial abuse or exploitation would be advisable. Creating a system for all staff to indicate (sign) they have read and understood the abuse and neglect policy would naturally be part of the finalising process.  The service has policies and procedures concerning restraints and use of enablers. These include definitions of environmental, physical and chemical restraints, but currently do not provide a definition for restraints used in emergency situations. Including this definition in future reviews would be useful.  None of the people in this home have documentation relating to restraints but two people have documentation relating to enablers (to assist people in wheelchairs or use of bedrails to prevent falls etc.). |

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

|  |
| --- |
| Nil |

## Recommendations

|  |
| --- |
| 1. The service reviews the potential for breaches of privacy through inappropriate or poorly monitored use of the electronic file management system. 2. The serviceconsiders worst case civil emergency scenarios at health and safety committee meetings with the view to formulating clearly articulated plans for accessing essential personal information that are known to all stakeholders. |

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)