# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Hawksbury Trust |
| **Number of locations visited by region** | One |
| **Date visit/s completed:** | 6-7 April 2017 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services (SAMS) |

## General Overview

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| The people were pleased to tell us they would be moving into a new purpose built home following several moves. The families reported communication from the service had not been ideal regarding the ongoing moves and raised their concerns with the Management Team of the service. They commented favourably on the recent response they have received. Progress has included clearer communication with the families and meetings with the families of the people supported by service to the new build.  The families are pleased the service has brought together a staff team who will continue to support the people following their move to the new home, which is 18km away from the existing home. Collectively, the people, their families, the management and the staff of the service are positive about the move. They spoke of new opportunities in the community and of moving into a purpose-built home. The Evaluation Team was told the home will have its own computer which comes as a relief to the staff who have had to access handover notes and other information specific to their role from one of the provider’s adjacent homes.  Areas referenced for improvement during the evaluation include:  • information in the Service Agreements as the document does not reflect the Sector Standard  • personal planning  • acknowledgment of families’ requests linked to personal care support. |

## 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 Evaluation Team reviewed the Personal Plans, which were located on the service’s computer. The people we met were unsure what their current goals are and, in several cases, goals appeared to have been rolled over for some years despite having been achieved. We discussed ways in which to improve personal planning, including how the people direct planning and increase ownership of their plan. Ideas included a review on engaging with the person to explore their likes, dislikes and new experiences prior to the annual meeting.  The Support Agreements or Home Agreements sighted by the Evaluation Team include a letter to the person’s family/whānau or guardian with information on:  • Personal Support Plan  • consent  • rights  • the complaints process  • details of service delivery  • the name of the Team Leader and members of the Senior Management Team.  The service provider is required to update the existing Support Agreements to ensure the document includes information identified in the Ministry of Health Service Specification.  The people attend different day services four days a week and have one day at home. The vocational programmes are varied and include community participation and employment.  The Evaluation Team was told home based resident meetings no longer occur as the people did not enjoy the formal meetings and prefer to have a chat with the staff when they want to regarding their home. There does not appear to be a formal recording of these conversations with the staff other than in the Handover Notes. The conversations the people may choose to have with staff provide opportunities for service review and an assessment of patterns, trends or of underlining concerns a person may have.  **Autonomy**  The people share chores and are involved in the running of their home Two of the families interviewed were concerned they had requested personal care to be managed by female staff and that this was not occurring. We discussed this further with the senior management representatives who stated they are aware of the families’ requests. We recommend the families receive a confirmation of their request along with a statement from the service on their plan for management of the request.  The only service user records available were computer based. We queried access to important information in case of an emergency or a power outage. The Chief Executive stated the provider is aiming to be a paperless service and has concerns over some information not being kept current (multiple copies) or being appropriately archived.  We were advised the people and their family/guardians are able to access the information linked to Support Plans with agreement of the service’s management.  **Affiliation**  Many of the activities the people are currently involved in are within a segregated setting. The staff outlined networks they have already established in the area the new home is in and their focus to build on new and open community activities.  **Safeguards**  The people enjoy regular contact with their families.  The Evaluation Team is concerned about access to Risk Management and Crisis Management Plans in case of an emergency. We were advised there is an expectation that all support staff will have read and be familiar with the plans. We suggest this is discussed and reviewed in line with the Ministry of Health Sector Standard regarding Risk Management.  **Rights**  The people told us they were comfortable with making complaints, either directly to the staff or with their families. An incident reporting process is in place and used when required. The provider is reviewing the Complaints Process as it is aware the current process is not easy for all people to use.  **Health and Wellness**  The people are supported to have access to doctors and specialist health services as required.  We were pleased to learn from the Operations Manager that Health Passports (www.hdc.org.nz) are being prepared for each person in the service. |

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

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| * A review of the Support Agreement to ensure it reflects the Ministry of Health Service Specification. |

## Recommendations

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| * Review personal planning. * Acknowledge and define the provider’s position in regard to the personal care support request from the families. * Review access to relevant personal information (Risk Management, Alerts and Crisis Plans) in case of an emergency. |

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)