# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Hohepa Hawkes Bay |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 09/04/18 |
| **Name of Developmental Evaluation Agency:** | SAMS |

## General Overview

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| Hohepa Hawkes Bay is one of four other Hohepa communities associated with the national Hohepa Homes Trust. Hohepa is founded on the teachings of Rudolf Steiner and the model reflects a special character of anthroposophy and holistic care. The Evaluation Team is encouraged to see that Hohepa is striving to retain its philosophical beliefs while helping people participate in a range of activities.  Traditionally Hohepa Hawkes Bay has provided all services from a central hub, serving those who have come through the Hohepa School; however, in recent years there has begun an introduction of living options in the wider Hawkes Bay community. This house is a large home which is located on the semi-rural, xxxxxxx property which is considered to be the xxxxxxxxxx xxxxxx and includes the school, several homes for the children and other amenities such as a pool and housing for volunteers. This home has an extension which houses the House Leader and their family, several of whom work for Hohepa. Live-in staff is a common feature of many of Hohepa services.  Most of the people have used Hohepa services for a number of years. xxx of the women moved from the school environment over xx years ago, with a xxxxx joining the group nearly xx years ago. The youngest person shifted into the home at age xx, nearly xxxx years ago. With the exception of the odd person moving out, the stability of the home has been considerable. Trusting relationships have developed with the House Leader who has lived on the premises for 30+ years. The people attend different Hohepa day services including candles, farm and the ‘estate group’ which does gardening and odd tasks around the Hohepa hub. One person does volunteer work with xxxxx x Hawkes Bay which is a community volunteer programme. One person has additional support until 10:30am, enabling them to have a slower start to their day in accordance with specific health needs. |

## 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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| 1) IDENTITY  Hohepa has an Individual Developmental Plan (IDP) process which defines the person’s goals and the staff responsible for supporting the achievement of identified goals. The plans viewed identified goals closely linked with what the person needs help with instead of the person’s aspiration. When reviewing the plans, the service is encouraged to identify the overall aspiration of the person and clearly define them separately from other areas of daily living the person requires support with. The plans were up-to-date, regularly reviewed and monthly *Summary Reports* often described the progress being made towards achievement of goals.  There have been numerous staff changes in this house recently, and the current roster includes two staff members who joined in December and January. It is likely further changes to the staff team will be made in the near future. As mentioned, the House Leader has been associated with the house for 30+ years and an experienced staff member took on the role of Cluster Leader six months ago. There is indication that establishing a secure staff team will enhance the continuity experienced by the people.  The people have lived compatibly for some time, although changes have occurred which have raised questions about the degree of harmony currently being experienced by them. The staff advise, and comments in the Summary of Monthly Progress and Daily Notes indicate that there are altercations between two of the people. The Evaluation Team believes further investigation by Hohepa about this situation will ensure the home continues to be the most suitable option of the people involved.  The design of the home provides each person with a private bedroom which is tastefully decorated to reflect their interests. The open plan kitchen/lounge/dining style encourages interactions and bathroom/toilet facilities enable personal care to be easily provided to anyone with mobility challenges. The shared dining/kitchen space appears to be the hub of the home, and we observed people choosing to spend time here after coming home from day activities.  The *Residential Agreements* include the responsibilities of Hohepa and the individual; however, it is yet to state the portion of the WINZ benefit to be retained by the person. The service is encouraged to ensure all of the people have a current agreement which is in line with Ministry of Health Service Specifications.  The people access various Hohepa day services with some preferring the outdoor activities of the ‘estate group’, the farm and xxxxx x Hawkes Bay. One person stays home during the day, occasionally accessing activities of interest as and when they are able to. Mobility challenges make this difficult as the person requires two-person lifting. The newly acquired building in Napier which will see some vocational activities move off-site has generated considerable excitement. It is anticipated that this will provide the people with greater access to other community amenities, as well as draw in members of the wider community, thus increasing integration. The Evaluation Team agrees with other people interviewed that this initiative demonstrates a desire to move forward and is in keeping with increased community participation.  It is Hohepa’s aim to provide the people with lifestyles which emphasise positive outcomes, and the families shared a number of examples which reflect this aim. As described earlier, greater work is required to ensure all of the individuals experience a lifestyle of their choosing.  There is some evidence of Hohepa’s desire to involve the people and their families, eg, through IDP meetings, maintaining contact with the staff, visiting the service, attending Hohepa forums and festivals. A recent communication about this house unintentionally left families feeling ‘nervous’ and ‘worried’ that decisions were being made without consultation, when it was intended to be an introduction for further discussions. Hohepa is encouraged to be mindful of how it communicates its new direction, eg, new home, so that a positive stance and Hohepa’s values are portrayed. The families identified aspects which could have made the communication better.  The families spoken to were confident about advocating for their family member, although some said it was not always easy to get action.  The people make choices about how they spend their leisure time, and while some are semi-independent, most of the people require support to carry out daily living tasks and self-care.  The service has sought input from Behaviour Support Services and other professionals in an effort to address medical issue and mobility issues, albeit additional work is required to manage several situations. The service is encouraged to continue to work with health specialists to ensure sufficient support including the appropriate resources, eg, training, to support them.  There have been a number of staff changes associated with the home in the last year including a key staff member being on extended annual leave towards the end of 2017. It is uncertain to what degree these changes have impacted on the people; however, it is evident from the Daily Notes and Incident Reports that the environment in the home is unsettled. Issues relating to incompatibility have been raised with Hohepa. Hohepa is now working towards ensuring that incompatibility is not a barrier to people experiencing a good life.  The new staff demonstrate a willingness to learn, and support the concept of enablement as promoted by Hohepa, while long-standing staff seem resigned to an attitude of ‘that’s just the way it was’. Hohepa is developing strategies which provide opportunities for enablement principles to be demonstrated in day-to-day practice, eg, improve skill development as already observed in some staff, and mentoring of all staff associated with the home through role modelling.  While respect and dignity were demonstrated in many of the interactions we observed, evidence indicates there is further work to be done to ensure Hohepa promotes the person in the best possible light, regardless of the medical or behaviour conditions they exhibit.  2) AUTONOMY  The people vary in their ability to communicate with all having good receptive skills. Some people engage in simple conversations, and most require time and persuasion to express themselves.  The introduction of two new staff members will address the recent staff shortage to some degree; however, retaining sufficient skilled staff is likely to be an ongoing task for the service.  The reinstatement of staff meetings will provide an avenue for the staff to discuss issues on a regular basis. Cluster Leaders meet together weekly and hold a weekly meeting with the House Leaders.  A range of documents were viewed and it was noted that on several occasions comments were inconsistently linked with incident reports. Hohepa has set processes for reporting incidents which when used, ensure the issue is addressed and used to track associated trends. Evidence indicates an urgent review of the reporting of incidents in this home is necessary to ensure appropriate processes are followed, and the staff have clear expectations about when and how to report incidents. As is evident in other parts of Hohepa, such occurrences provide an opportunity to explore staff practice and ensure appropriate processes are being followed.  The life patterns of the people are similar to others – they attend community events, watch TV, listen to music and ride horses.  3) AFFILIATION  The people occasionally take part in activities in the wider community as well regular activities associated with Hohepa.  The people have access to doctors with an anthropological background if desired and alternative methods are used alongside other medical options. There is evidence of the involvement of Behaviour Support Specialists, physiotherapists, occupational therapists and mental health groups have been contacted in the past.  The people are known to others who are supported by the Hohepa community; however, the location of the home makes it more difficult for them to associate with their neighbours. Despite the close proximity of the children’s homes, interactions are rare.  4) SAFEGUARDS  As previously described, there is evidence to indicate improvement is required for all people to receive services which ensures Hohepa principal of providing a safe environment contributes to a good life.  In the *Orientation Manual,* related to the topic of the complaints process, it refers the reader back to Hohepa’s Policy and Procedure Manual. Including the process (or summary) more closely at hand, eg in the *Orientation Manual* could be of benefit. While there are avenues for the people as well as their families to make a complaint, the avenue for staff to raise grievances was less evident. Hohepa is encouraged to consider further developing the process so everyone has easy access to raising issues of concern.  *Risk Management Plans* are developed and as changes in some people’s circumstances occur these need to be updated to reflect the current support required by the person.  Training and support is offered to the staff and dispelling the belief that asking for help is a sign of weakness is an area the Cluster Leader and the Managers need to revisit so that debriefing is used as learning tool.  5) RIGHTS  The people’s rights are reinforced through training, staff meetings and various documents used by Hohepa. The families advise the staff ensure their family member is presented in a positive light at all times.  Hohepa has extensive procedures regarding *Restraint Minimisation*; however no one in this home requires the use of a restraint/enabler.  The philosophy of ‘least restrictive option’ is evident in this home.  6)HEALTH AND WELLNESS  Hohepa supports the people to keep good health through healthy eating and participation in light exercise. Therapies such as art, music and eurhythmy are also incorporated into the people’s lives and contribute to a healthy lifestyle. See Section 1, for further area requiring development.  Hohepa reviews policies with the staff to ensure established processes are followed to ensure the people have maximum protection should one person experience mistreatment from a fellow flatmate  In several instances we observed the staff using positive practices when interacting with the people, and discussions with the staff indicated positive approaches are used.  As previously described, the degree of continuity and security experienced by the people in this home is likely to increase when a more permanent staff team is established, and greater harmony in the home happens.  The service currently has an internal audit process used to self-monitor aspects of the service. Hohepa is encouraged to consider the effectiveness of the process with the aim of ensuring impartiality while capturing the desired outcome. |

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

**Requirement**

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| The service ensures all of the people have a current agreement which is in line with the Ministry of Health Service Specifications.  Hohepa immediately seek assistance so the person with mobility issues has the necessary support, as well as access to staff who have the appropriate resources, eg, training, to support them.  Hohepa conduct an urgent review of Incident Reporting in relation to this home to ensure appropriate processes are followed, and the staff have clear expectations about when and how to report incidents. |

It is noted that since the evaluation visit, Hohepa has undertaken considerable work to meet the Requirements and Recommendations in this report.

## Recommendations

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| Hohepa further investigates the compatibility of the people living in the home to ensure the home is the most suitable option of the people involved.  Hohepa to be mindful of communication with families, so that a positive stance and Hohepa’s values are portrayed.  Hohepa continues to work with health specialists to ensure the person receives sufficient support to maintain good health.  Hohepa develops strategies which provide opportunities for enablement principles to be demonstrated in day-to-day practice, eg, improve skill development as already observed in some staff, and mentoring of all staff associated with the home through role modelling.  Hohepa considers further developing the complaints process so everyone has easy access to raising issues of concern. This has the potential to create an improved process.  Hohepa considers the effectiveness of the internal audit process with the aim of ensuring impartiality while capturing the desired outcome. |

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)