# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Hohepa Homes Trust |
| **Number of locations visited by region** | 2 |
| **Date visit/s completed:** | 7th December 2017 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| This is a relatively new service to Kapiti. It currently provides two homes on one site.  The xxxxx men who live downstairs each have high to very high support needs. They appear to be able to co-habit in the home comfortably although behaviour can at times be an issue for other flatmates. One person has had a history of absconding very quickly from the home and for this reason the external doors are kept locked some of the time and one-to-one staffing is provided.  The service uses a practice of combining support plans and personal plans into Individual Development Plans (IDPs). These plans are very reminiscent of plans provided in the education sector and tend to focus on a series of specific headings concerned with personal and social development. They do not readily provide instruction to staff on day-to-day support needs but rather focus on some specific developmental or therapeutic goals. The developmental aspects of the plans also overshadow person-centred/directed aspirational planning.  The IDPs at this home are progressing while the staff and manager get to know each person. One person’s plan was in place and completed in October this year and another appears to have been completed recently according to the monthly reports (although it was not on the person’s file) and the third person had a plan last completed in 2015.  The men in this home spend time each week working in the gardens around the complex, visiting *The Shed* (a Men’s Shed that has evolved into a type of vocational service for many people) and participating in activities such as swimming, walking, RDA, Makaton training and ten pin bowling. While some activities take the men into the community, most activities are either in groups or exclusive to disabled people. The service reports they have had extra funding to provide for day-time options for some individuals  Family members (from both homes) were pleased to have their relatives living closer to them but there were mixed reviews of the service to date. For example, the families felt that the Kapiti manager has not been well supported. This view was not unique to just family members. The families were also concerned that they did not have sufficient communication regarding their relative and were not well informed regarding plans for the site.  The family members associated with this home were generally impressed with the staff and were very supportive of the manager of the service. They have been concerned, however, with plans to introduce a fourth person to the home, even though this person will be ‘semi-independent’ in the flat upstairs.  This home has three bedrooms downstairs and a bedroom plus bathroom for a volunteer, a separate meeting room and the office upstairs. The downstairs is heated and air-conditioned with heat pumps, but there are none upstairs (which can cause it to become oppressively hot or cold depending on the climate). There are plans to move the office and convert the upstairs rooms to a small flat for one more person.  The staff team have the benefit of a few very experienced support workers and one staff member has qualifications equivalent to level 4 in the New Zealand Certificate. Two others have completed level 2. The service does offer induction training and provides in-services in Makaton, first aid, medication competency, infection control and Team Teach (a behaviour support and violence intervention programme).  The support workers in this house were generally observed to work sensitively with the men in this home and have established a good rapport. The service has introduced key workers and these have been welcomed by family members. The staff team also meets monthly and uses some of this time to discuss each person. Staff meeting minutes are not well recorded.  The home itself is well furnished and maintained. There is a quiet lounge area next to the dining space and kitchen, and a separate ‘lounge/TV’ space halfway through the home. The home is not wheelchair accessible but is suitable for its current occupants. The bedrooms are personalised and the men in this home were proud to show off their hobbies, art/crafts, and family photographs.  There does not appear to be any restraint and/or behaviour/specialist support documentation concerning the use of environmental restraints. Furthermore, policy and procedure documents do not provide appropriate definitions for the different types of restraint and enablers that are possible.  *As noted there are mixed reviews from family members about their satisfaction with this service. However, all are pleased to have their relative living nearby and all are supportive of the current manager.* |

## 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 IDPs themselves appear to be heavily influenced by similar plans in the education sector. They contain a number of primarily developmental headings (for example, health and physical wellbeing, self-management, communication, and social skills) that are also common to typical support or care plans. The goals developed from these headings do indicate specific areas for support staff to focus their activities. These include improve emotional and physical health, review vision and hearing, communication and visual opportunities etc. Some of these goals are broken down into specific tasks and can be accompanied by reviews from people such as medical or behaviour specialists.  The IDPs are therefore a mix between a care or support plan on the one hand and a person-driven aspirational plan on the other. The plans seem to lack a systematic appraisal of each person’s day-to-day support needs (routines, where supervision is necessary and to what degree etc).  The manager of the service noted that the provision of IDPs was progressing slowly and this pace may be important while the staff and the manager are getting to know the people.  Each person has a key worker who is known to family members. Monthly reports are sporadic and, in some cases, have not been completed in some time. The content of the monthly reports tends to be repetitive and provides little detail of what has been attempted, what happened (precisely), what the barriers were (if any) and where to next. Family members indicated they would be happy to receive monthly updates of this type, rather than the manager attempting to contact family members each month (which has also been sporadic).  The xxxxx men living in this home appear to get on well with one another although it is noted that behavioural incidents can and do have an impact on other people in the home. There is some indication (noted through incident reports) that the frequency of these incidents is on the decline.  The home is in good repair, well-furnished and comfortable. The men each have their own bedroom and each person has personalised this space with photographs, posters, art works, and other personal items. The home has two toilets and one bathroom (downstairs), a lounge/dining area, a separate smaller lounge (with a television) and a separate kitchen. There are three rooms upstairs (two possible bedrooms) and one bathroom. The service plans to introduce a xxxxxx flatmate to the home who will live upstairs. The proposed living space needs to have air-conditioning and heating installed prior to any habitation as it is not well insulated and there can be extremes in temperature.  The house is located on a large piece of land at the end of a residential street. There is a large parking area immediately inside the gate and the house is behind this fenced-off area. The second house on the site is approximately 100 metres to the west. With the two houses, the property has a rural feel and does not stand out as unusual or ‘different’ in the local area.  There were no current home/residential agreements in the files or sighted by family members.  The men in this home are involved in a number of activities that appear to keep them busy. There are several opportunities each week to be involved with the upkeep of the gardens and the men have many walks along beaches, river tracks, in parks and around the local streets. More formal activities include Riding for the Disabled (RDA), attending a Makaton class with the staff once a week, swimming, ten pin bowling and visits to The Shed or the a local School (for some people) where they participate in woodwork, craft activities or drumming. Some activities are personalised but many will involve other people from this home or from both homes.  **AUTONOMY**  The men are encouraged to participate in meal preparation and some are involved in clearing and setting tables, loading and unloading the dishwasher, cleaning bedrooms and house windows, and so forth. The staff report knowing what each person likes to eat (and what they do not like) and meals appear well balanced.  The staff team is currently engaged in Makaton training directly aimed at assisting with the communication of some of the people living on-site. This has been welcomed by family members and has assisted with on-going communication. There has also been training in a behaviour support programme, medication competency, safe practices (infection control) and first aid.  Some staff have equivalency in the New Zealand Certificate in Health, Disability and Aged support to level 2 through 4. Senior staff are experienced in working in the sector.  **AFFILIATION**  The men do appear to participate in a number of activities that sees them in community spaces and at community amenities such as the pool and shops. However, there are limited occasions when the men are able to interact with members of the public. Part of the reason for this involves certain behaviours that may not be well received or welcomed. Over time it is hoped that this will improve for some people.  There is one individual who identifies as Māori in this home. The service reports that Māori is spoken in some cases in the home (naming objects and activities). This person has the benefit of having some Māori staff members working with him.  **SAFEGUARDS**  Personal files include all essential personal information and details regarding next of kin, medical professionals, and immediate risks (such as allergies, epilepsy).  Some of the men have current behaviour support plans developed by approved professionals (such as EXPLORE). The plans include review of possible triggers and consideration of how to reduce the likelihood of an issue (for example, improving methods of communication, reviewing medication, providing consistent staff who know the person etc), and methods to reduce the impact of certain behaviours (de-escalation techniques etc).  Medications were securely stored, and medication folders contained doctor’s prescription sheets, information on when medication reviews had occurred (up to six monthly depending on the type of medication), specimen signatures for each staff member, medication administration signing sheets and information about each medication.  The house is equipped with battery-operated smoke detectors that are in working order and fire equipment (blanket and extinguisher). Fire drills are practised, and the service has emergency plans in place. The Evaluation Team believes providing wired-in smoke detectors may reduce the likelihood of tampering.  Hazards are reported as needed and appear as a permanent item on staff meeting agendas. However, staff meeting minutes lack formality, can be poorly written and do not provide space for staff who were absent from the meetings to sign that they had read the minutes.  The policies and procedures documents for the organisation generally are detailed and provide information on behaviour support, medication administration, infection control, abuse and neglect, hazard and incident reporting. The staff are made familiar with the policies and procedures during induction and orientation. Beginning a process of reviewing key policies on a rotating basis at staff meetings may be a useful means of discussing practice and refreshing staff knowledge in these areas.  Incident reports are provided at the back of each person’s file if they are relevant to that person. Providing a systematic breakdown of each person’s trend in incidents may be useful for behaviour support purposes. Incidents are discussed at staff meetings and the reports appear to be followed through by the manager.  The house is equipped with civil defence items such as equipment, stored water and there is ample food in the pantry.  **RIGHTS**  The Code of Health and Disability Services Consumers’ Rights is made available to welfare guardians and family members. The service does not provide house meetings for the people living in this home due to the degree or type of disability experienced by each person.  Family members indicated they understood how to make a complaint and there is evidence that some families have exercised this right in the past.  There are environmental restraints used in the home. These take the form of locked, external doors to support an individual who is prone to absconding very quickly. There are several considerations that occur with regard to the use of this restraint. Firstly, there is no supporting restraint authorisation or behaviour support documents concerning this restraint. Secondly, because of this, there is no analysis of the impact of the use of this restraint on others in the home. Thirdly, there is no analysis of safety considerations such as a need for emergency evacuation. Finally, it would be helpful to consider other alternatives such as raising the height of the fence (perhaps only on one side of the home) and locking the gate.  There are some potential concerns regarding the authorisation of personal restraint (two person holds) that were discussed at length with the service.  **HEALTH AND WELLNESS**  Each person has his own doctor and there is evidence of both visits to doctors and other health professionals (such as dentists, podiatry etc). These occur as needed or as regular health screens/reviews.  Infection control policies are in place and each staff member is made familiar with safe practices at induction and orientation. Annual review of infection control policies and processes occur for all staff members.  The service provides clear policies and procedures regarding abuse and neglect. These include recognition of the signs of abuse and neglect. There was no evidence of either abuse or neglect in this home.  Reviewing abuse and neglect policies and processes with all support workers at regular intervals (at least annually) would be helpful. This could be easily achieved if the service introduces a ‘policy of the month’ at staff meetings.  The homes appear to be safe and secure.  There were no property inventories noted on the personal files. The people did appear to own their own bedroom furnishing and personal items, and these were treated respectfully by support workers.  There does not appear to be a localised strategic plan. Developing a strategic plan with stakeholders would be an important tool in developing a meaningful partnership with stakeholders |

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

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| 1. The service completes the process of providing up-to-date IDPs and considers the distinction between developmental care/support plans and aspirational plans. The service also considers redesigned monthly reports that can be used to provide detailed review goals for both the staff team and as a means to keep families informed. Training in aspiration-based planning may be beneficial for support workers. 2. The service provides home agreements. 3. The service reviews its behaviour support policies to include statements regarding positive behaviour support and non-aversive and least restrictive alternatives. The service also reviews its restraint policies and includes definitions of the various types of restraint and enablers possible. 4. The service provides appropriate documentation with regard to the use of environmental restraints for one person. At the same time the service could usefully review other alternatives, review safety considerations and the impact the use of the restraint has on other people. |

## Recommendations

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| 1. The service develops a localised strategic plan to keep all stakeholders informed and involved in the development of the site. 2. Providing formally written staff meeting minutes that include both set agenda items and a ‘policy of the month’ would be developmentally helpful for the staff team. Also, having absent staff sign that they have read the minutes would also be useful in ensuring staff are kept informed. Likewise, it would also be helpful to provide a register for staff to sign that they have read and understood each policy as it is reviewed. |

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)