**Developmental Evaluation Report Summary – IDEA Northern Region**

**At midpoint of certification cycle for community residential services – sensory, intellectual and physical disability**

|  |  |
| --- | --- |
| **Name of provider:** | IDEA Services (Northern) |
| **No of houses visited and location** | 12 |
| **Date visit/s completed:** | All house visits occurred between the 20th July and the 7th September 2016 |
| **Date report finalised:** | DRAFT emailed on 28 November 2016  Report finalised on 6 December 2016 |
| **Name of Developmental Evaluation Agency:** | SAMS (Standards and Monitoring Services) |

**Methodology:**

Individual service (house) reports were completed by a range of SAMS Evaluators using a standardised Developmental Evaluation process and evaluation framework.

The SAMS Developmental Evaluation approach primarily uses qualitative methods and a partnership model.

The methodology is consistent with:

* individualised focus
* partnership
* inclusion
* equity.

The approach enables both a process and outcome focus allowing the Evaluation Team to equitably represent the different views of defined groups and compare the outcomes for the differing groups.

Evaluations are conducted by teams and normally each team includes at least one consumer or family member as a full team member. Team leaders and team members receive comprehensive training.

Information can be gathered through:

* observation
* individual and group face-to-face interviews
* telephone interviews
* review of protocols and procedures.

Before departing a service, initial feedback is presented to those involved in the evaluation process. A draft report is prepared on the basis of evaluation team consensus and circulated. This draft is then negotiated with the provider to determine a final document, including recommendations for development.

Individual service (house) reports were then collated to identify themes. The primary method of analysis involved two senior SAMS Evaluators reading all of the reports for each region, summarising the key areas against the checklist specifications and providing a count of broad categories for each recommendation. The themes, drawn from the finalised individual service (house) reports, are the basis for this report.

Once summarised, the two overview reports were then read by an independent person for clarity and balance.

The two IDEA Overview Reports (i.e. Northern and Southern) vary slightly in

style. A variation in how the reports are presented does not represent a crucial difference in report content.

**General Overview:**

Twelve houses were the sample group, identified by the Ministry of Health, for this mid-point review of IDEA Northern region. There were 67 residents in these homes aged between 23 and 73 years. There were 38 women and 29 men. Thirty four percent identified as Māori and 60 percent NZ Pakeha/European.

Eleven of the twelve properties visited by the Evaluation Teams had one home of five or more people. Two of these properties also had a two bedroom flat with individuals supported either by the house staff or an independent staff team. One further property had a home for three people and five one-bedroom flats.

The twelve properties were situated throughout the mid to upper North Island. Ranging in locations from New Plymouth to the west and Gisborne to the east and northward to Auckland.

There were no “Corrective Actions” previously agreed between IDEA Northern and their Designated Audit Agency. Therefore, there are no “Corrective Actions” reviewed as part of this evaluation.

Of the twelve evaluation reports there were no requirements and 46 recommendations (with an average of 4 per report). The recommendations indicated a wide range of observations and areas for consideration/development. The most prevalent concerned personal planning (7 recommendations).

The seven personal planning recommendations were from four of the twelve reports and indicate areas for further development. Taken on a report by report basis this rate is similar to the 2013 midpoint summary report. Overall, the quality of personal planning is high and IDEA has worked hard to provide personnel, training and documentation procedures that have greatly assisted the processes involved.

The only other area that had a concentration of recommendations concerned a variety of seven safety/risk considerations, three of which concerned documented medication errors or procedural issues. None of these were sufficient to warrant a requirement. Other recommendations concentrated on the security of certain properties or access into or out of a property. Again, none of these were largely concerning.

Recommendations are designed to provide the service with ideas or areas to consider in the development of their service. They are designed to be helpful and in the majority of cases services treat them as such. The lack of requirements in the IDEA Northern reports and the vastly positive thrust of the reports suggest the service is working hard for the people it supports to provide the best possible service.

The greatest critics and advocates for IDEA services (or any service) are the people they support and their own advocates (typically family members). During these evaluations, the teams spoke directly with 41 family members and found that in all but a few cases, families were satisfied with the services provided and the communication they had with the staff/managers of the service. They also found that the majority of the people being supported by the service were generally satisfied and happy with the service provided (noted through talking with people, observation, and review of records).

During the evaluations, the teams interviewed 66 support workers and found that most were able to provide good descriptions of the people they supported, areas of strength and areas where they believe further development could be useful. This information from support workers is invaluable as front line staff are working day-to-day with the people they support and generally know them very well. It was noted in the twelve reports that some staff teams were so stable they had staff who had worked with people for many years (as many as 13 years in one case). Seven of the twelve reports indicate that the staff teams were mostly very stable, with very little turnover (all but one zero to 15%) and cohesive (all but one). Four reports provided recommendations on stabilising the staff team, filling vacancies or providing additional support.

**Areas of Strength**

* Excellent examples of person-centred personal planning in most IDEA branches with great progress and innovation indicated.
* Generally positive family and consumer support for services.
* Largely stable and cohesive staff teams comprising individual support workers who know people well.
* Good support in assisting people to maintain and strengthen friendships and family connections.
* Generally a good range of vocational and work (paid and voluntary) options available to people.
* Positive cooperation with allied providers, especially other vocational services and supported employment providers.
* Record keeping is generally good to excellent and privacy is carefully respected.
* House meetings are generally supported by an independent facilitator and provide opportunities to discuss issues, and explore rights.
* Community based activities are supported wherever possible, with the greater number of activities occurring from vocational centres/services.
* Cultural and spiritual activities are well supported in all branches.

**Areas of Suggested Development**

* Some branches seem to require additional support/work in personal planning (four reports).
* Maintenance and safety/security were areas for suggested development in some reports (three and four reports respectively).
* Medication errors are well documented and some branches are moving to implement re-training in this area where trends were noted (two reports and comments in a third).
* Staffing levels in some homes were identified as a limiting factor in assisting people to access their communities during evenings and weekends (four reports and comments in several more).
* Two report recommendations related to home agreements.

**Quality of Life Domains**

|  |
| --- |
| 1. **Identity:**     **People choose and realise personal goals**  IDEA services employ an Outcome Facilitator in most branches to support the development and monitoring of the personal planning process. It was noted in the reports that where Outcome Facilitators were employed the quality of the personal plans was generally high and progress/review notes were detailed. Excellent plans focused on the individual’s aspirations and interests (rather than what other people thought) or arrived at goals based on what people knew the person enjoyed in life (where people had severe and profound disabilities). Most plans had three to four central aspirations or goals that were then developed into smaller goals all focused on the main goal. These smaller goals are typically steps toward achieving a larger goal or a series of exploratory goals around the main goal. Done well, these plans focus staff and others on assisting a person to work toward achieving a goal (such as semi-independent living, finding work, joining a club or organisation), or to explore goals/interests (such as an interest in trains, motor racing, or sports).  Excellent planning would then provide time for staff teams to discuss progress with colleagues (typically at staff meetings), family and the individual, and would provide for detailed progress and review notes. IDEA services has developed a review process that provides for comment on what has been done to support a goal, what has worked well, what has not and where to next. Excellent planning allows for goals to change and evolve over time as new things are attempted. For the most part IDEA services has developed its planning toward excellence. Where there have been issues, these have typically arisen in areas without an Outcome Facilitator or where new facilitators have just begun to work.  **Related Extracts**  *“The two Outcome Facilitators in this branch are actively supporting staff through the personal planning process with impressive results. They have developed a handbook for the personal planning process for support staff to work with the people to articulate and record their own thoughts and aspirations...* *As a result of this personalised planning process, the staff get to know the people well and the people themselves have a clear vision of what they want to do and be. In most cases support staff from the day services also attend personal planning meetings”*  *“We were advised that the large geographic area, as well as an extensive backlog of plans requiring review at the time the Outcome Facilitator took up the position has resulted in a few people’s plans being reviewed after the desired 12-month timeframe... Each woman’s plan contains approximately 3-5 aspirations and a variety of goals, and is complete with steps supporting each goal. Documentation in the women’s personal plan files provides a range of information about the achievement of goals and some indicates specific steps have been achieved.”*  **People choose services**  In most places the evaluation teams report that IDEA has a good working relationship with the local Needs Assessment and Service Coordination (NASC) agency. Reviews are undertaken at appropriate intervals or as the need arises.  IDEA services is becoming more focused on supporting people to access a variety of other providers for services such as vocational support and supported employment. This widening of possibilities allows for greater individual choice and acknowledges that one service cannot be all things to all people.  **People choose where and with whom they live**  Many of the groups involved in this evaluation had lived with one another for a number of years and were, in general, very comfortable with each other. IDEA services provide a clear process for introducing prospective flat/housemates to a home and, for the most part, this appears to be followed. There were a couple of cases where a branch was in the process of up-grading or changing its housing stock resulting in moves (sometimes up to two moves) between properties. This process was met with some dissatisfaction on the part of families in the affected branch(es). In a few cases, families were also unhappy at the consultation process involved in selecting new flat/housemates. There were two reports that indicated compatibility issues.  **Related Extracts**  “*The men we spoke to said they liked living at Tide Close. The things they liked about the place included the location (close to the train and bus stops and the Panmure Basin), the garden and their flatmates…The Evaluation Team were at the house when everyone arrived home (at different times). There was a distinct feeling of ownership and relaxed comfort in the way they each came in, called out hi, dropped their bags and books in untidy heaps, and headed for the table for a chat or to the kitchen to make a cup of tea*.”  *“Four of the women in this home have lived together for some time and the fifth approximately six weeks prior to the evaluation. The service appeared to follow procedures in introducing this person to the home, including meeting the other residents (with her family) and sharing a meal with other people in the home. Other family members did not all have the opportunity to meet with the young woman and her family at that time. Since moving, there is every indication that this person is completely compatible with other members of the home and has brought with her positive energy and enthusiasm.”*  IDEA Services is in the process of considering the 2016 Service Specifications that highlight a shift in contractual requirements concerning home agreements. According to these specifications home agreements need to be up-dated annually. Procedurally this is important as the home agreements specify “how the residential subsidy portion of the Person’s MSD Work and Income benefit will be paid to the Provider, the amount that is left (which will be retained by the Person), and what goods and services are the Person’s responsibility to fund with that portion of their MSD Work and Income benefit” (6.9.1 (b))[[1]](#footnote-1). Two recommendations related to home agreements.    **People choose their place of work/day service**  It was evident that IDEA Services is working diligently to provide a range of vocational options for people. These include people being engaged with supported employment services, having part and full time employment, being enrolled in courses, running vocational programmes from home and utilising IDEA and allied vocational centres. What is most obvious is the variation within an individual’s weekly timetable including the use made of vocational centres for particular purposes (eg kapa haka and Te Reo, arts and craft, cooking, coffee groups, weekly outings etc), work and voluntary roles, education, gym memberships, church and recreational groups in the community and so on. This flexibility in individual timetables can be a challenge for many services as they need to ensure people can move between various options, but they are a vast improvement on being at one vocational centre for the whole week. What is also becoming evident is the number of people opting to stay at home one day a week, and increasingly people who are retired, physically frail or who require one-to-one support are cherry picking between a wide variety of options using home as their base.  Another factor noted in the reports is the cooperation between vocational and residential services in addressing personal planning goals. There also appears to be reasonable communication between the two services either through diaries that move between the two services or during handover when people are brought home at the end of the day.  **Related Extracts**  *“Five of the people access various IDEA day services. The number of days for each person varies and some attend two different places during the week, one also volunteers for the Salvation Army. Attempts are made to ensure the people’s activities are varied and spread out so they are not living and working together all the time. One person chooses to stay home one day a week and sometimes works as receptionist at the day service the other four days. Another woman chooses to access the community from home, and completes a paper run independently 2/3 days week. The two newer residents, who are still gaining confidence and improving their health, are not accessing day services at this stage; they are choosing to be at home mostly.”*  *“The information contributed by the vocational and residential staff in the people’s diaries reflects the activities they participate in, and suggest a reciprocal relationship exists between both groups of staff. For the most part they participate in activities in segregated settings with other disabled people. Occasionally the people are involved in activities in integrated settings, and in both the day and vocational setting 1:1 opportunities are experienced.”*  **People have friends**  All of the twelve reports indicated that IDEA is working to ensure people stay connected with friends. Many people are assisted to travel to visit friends, have them over for meal or meet together for coffee. For some people goals regarding keeping in contact with friends are written into personal plans. It was also noted the services in all branches arrange activities and events so that people can congregate and interact with friends and other peers. For example, one branch arranged an annual camp that is so popular that two camps are being offered this year; one for people who are more able and one for people who require more support. Many different homes have social events together, branches organise an annual ball that is very popular, and there are disco, pub, darts, and karaoke events held on a regular basis. As well as this people are involved in Special Olympics and people can be involved with the self-advocate groups such as *People First.*  **People have intimate relationships**  Of the 67 individuals who were living on the twelve properties, we are only aware of three people from two properties involved in an intimate relationship. One of these properties included a house of three people and five single dwelling flats for people who required less supervision. Two people from these flats were involved intimately or romantically with another person.  **People are satisfied with services**  Communication with families appears to be good in most branches and where this was lacking the most, families were reported to be less satisfied with the service.  **Related Extracts**  *“For the most part they expressed confidence they would be listened to and were not shy about seeking answers. The families contribute to the service by attending meetings and social gatherings and by speaking directly to the staff”.*  *“The men’s families have mixed experiences related to the effectiveness of communicating with the service. We heard of more than one instance where family requests were not followed up, families were given misinformation and/or information failed to be passed on to the families. This has caused some of the families to feel undervalued and to question the ability of the service to adequately support their family member....”*  House meetings are held in all homes on a monthly basis and for the most part these were facilitated by a person external to the house. Two branches have a self-advocate coordinator that assists with house meetings, one branch utilises a volunteer from the IHC Committee, another has staff from a different house facilitate the meetings. The use of an independent facilitator assists people to be open about their support. Only one report indicated a need to provide an independent facilitator in report recommendations and another suggested the service review the format of the house meetings.  It was noted that self-advocate groups are not widely used by people in the twelve houses under review, although one person does participate in a focus group organised and run by self-advocates in the branch. This person reports back to house meetings.  Family members and advocates can have formal involvement in IHC National through the local IHC Committee. It was noted that the IHC committees are actively involved in some branches through fund raising, assisting with house meetings, and running social groups.  **People are satisfied with their personal life situations**  In almost all of the twelve reports the Evaluation Teams were satisfied people were treated with consideration, respect and dignity by support workers. Only one report suggested in recommendations that staff maintain use of respectful and age appropriate language. One other report recommended the staff remain mindful of their own influence when others are making decisions.  Thirty four percent of people supported in the twelve homes identify as Māori, two more were South African and the remainder NZ Pakeha/European. Each house and branch has made concerted efforts to keep Māori involved with their family/whānau, and where possible foster connections with Hapu and Iwi through the local Marae. Some people have cultural goals, especially in relation to gaining/staying connected with whānau. In most cases individuals experience aspects of their culture through vocational centres with particular emphasis on kapa haka, Te Reo, waiata, and art. When at home individuals also enjoy Māori music, display cultural art works, use karakia (in one case), and attend Marae events.  **Related Extracts**  *“One of the women who is Māori has had little communication with her family until recently. The service has recognised that her whakapapa is very important to her and have developed a plan to take her to visit her family marae in the near future. For this she decided she wanted to purchase a new pounamu and korowai…she chose the necklace by feeling them all (this woman is sight impaired) and not letting go of the one she wanted to keep, and when the korowai was placed on her shoulders she wore it with a big smile on her face”.*  It also appears that IDEA Services is careful to support people to attend church services and related events, typically on an individual by individual basis. For this to occur there are a number of examples of congregation members stepping forward to provide support or transport for the individual during their attendance. It was noted that this support had ‘fallen over’ in one case and the person had yet to return to regular services. Fourteen people (21 percent) in the twelve homes were supported to attend either Sunday services or church related groups.  There were no concerns in any of the twelve reports relating to financial or money management. It was either the case that IDEA supported individuals to manage their own money or a family member/advocate/guardian took the bulk of the responsibility. IDEA Services has robust money management systems for individuals.   1. **Autonomy**     **People make decisions about their daily routine**  In all situations, people are encouraged to participate in the routines of the homes as much as they are able. People were involved in a variety of household duties typically based on their preferences and ability. In all cases, people were encouraged and supported to maintain their own bedrooms; or in the case of the nine people in flats, their entire flat.  The people living in the homes (and associated flats) were assisted to choose the weekly/fortnightly or evening meals. In some cases, these were planned in advance with other people from the home and, in others, an individual who is rostered to assist with cooking will choose the evening before. Regardless of the methods used people are involved in helping to choose and in many cases, assist with food preparation to varying degrees.  Meals are duly recorded in staff communication books and for the most part appear balanced. IDEA services has been successful in recent years in assisting some people to lose weight and maintain a healthy diet. In cases where special dietary needs are indicated services will enlist the aid of a dietitian. There were only two reports with recommendations concerning diets, one related to assisting people to make healthy food choices and the second to reviewing the household food budget.    In seven of the twelve homes the staff teams were reported to be very stable and cohesive with little or no turnover in the previous twelve months. Most of the remainder had generally low turnover rates (25%). There were two exceptions, one was with a flat on the same property as a five-bedroom home. This flat had no regular staff members and therefore was listed with a 100% turnover. In contrast the team in the main house were stable with no turnover. The second situation was a home with 50% staff turnover and related poor cohesion and stability.  There were four recommendations related to staffing levels and team cohesion. Two concerned two situations described above (ie stressing the need to stablise the staff team), a third also supported efforts to fill a vacant spot on the roster and the forth concerned providing additional support for a person with very high support needs.  As noted in the Executive Summary the homes generally had a sufficient roster of staff to provide for day to day support needs. However, there were situations where the roster was not sufficient to provide community based activities either for individuals or the whole group due to the support needs of particular individuals in the home (ie either choosing not to go out with others, or requiring extra staff to safely provide outings for others).  **People have time, opportunity and space for privacy**  All of the homes and flats involved in these evaluations were sufficient for the needs of the people, and each person had his/her own bedroom. Many homes were barrier free and included such things as wet area showers, accessible toilets, shower beds, hoist, ramps etc. One report suggested that a kitchen bench be lowered for people who use wheelchairs to be involved in cooking. It is not always the case that wheelchair accessible homes also have accessible kitchens.  The homes are generally spacious and most often provide outdoor seating areas and/or second lounge/living areas for entertaining friends and family.  Each person has a support plan that is reviewed annually or as required. Some people were also reported to have an intimate support checklist that provided a little more detail for support workers to assist them to provide focused support for each person.  **Related Extracts**  *“An intimate support checklist has been developed for some of the men. These are to help identify what aspects of personal care they require such as what parts of the body they need help with and in what way, if they prefer a bath or shower, what support they need for dressing etc*.  **People decide when to share personal information**  All personal information is securely stored and staff were diligent in respecting each person’s privacy. The quality of daily diary entries varied across services and between individual staff. Some diary entries were detailed and explained what people did, what they enjoyed, what they discovered and what didn’t work so well when out and about in the community or in their activities at home. Others provide minimal details and in some rare cases blank pages. There were three recommendations that focused on the quality and detail of record keeping generally.  **People live in integrated environments**  All of the homes involved in this review were in typical neighbourhoods and access to local shopping centres and services. Transportation was not generally an issue for any of the homes involved in this review. Most people enjoyed the rhythms of life similar to other people in the community; for example, attending week day activities/work.   1. **Affiliation**     **People participate in the life of the community and interact with members of the community**  Community participation varied depending on each person’s degree of independence, staffing levels, vocational activities and family involvement. In total, people enjoyed a wide range of activities in and around their communities. These included use of libraries, pools, parks, cinemas, cafes, shopping centres, pubs, gyms, racing venues (cars, horses, motorcycles), churches and watching sport. It was noted in several reports that it was often difficult for whole households to go out together if one or more people in the home did not want to go out or required extra assistance. It was also noted that in some situations, there were insufficient staff to take some people out on weekends if more than one staff member was needed to support people with mobility or behavioural issues.  **Related Extracts**  *“The service endeavours to seek and provide information regarding social and recreational activities in the community. Examples of this that we saw or heard about are discos, concerts, dances, trucks shows and sports matches, and the staff encourage the people to experience different people and places when planning outings”.*  *“…the women from this home have been involved in a variety of activities in the community, either on an individual basis or with their housemates. The service manages to juggle these various activities so that everyone can participate. For example, they will alternate Church attendance so that the people can attend their own church at least once a fortnight”.*  **People perform different social roles**  The people in these homes were involved in a number of socially valued activities and filled socially valued roles. These included such things as being a valued member of their own family/whānau, hapu and iwi, having work and student roles, being a volunteer, exhibiting and producing art works, being supported to vote, participating in sporting events, being engaged or in a steady relationship, having membership in a group such as a church congregation, gym, club or advocacy group and being a valued friend.   1. **Safeguards**     **People are connected to natural support networks**  As noted earlier there were a number of examples where people were actively supported to keep in contact with their family/whānau. Families in general were involved in the life of their relative and some were strong (vocal) advocates. The majority of families/whānau and advocates understood who to contact if they had concerns or questions.  **Related Extracts**  *“The service has worked hard to keep the people connected with family members and this has been built into personal planning where needed. The connections made with family have been sensitively managed and communication with the families is very good”.*  “*The people are supported to maintain contact with their families. It was encouraging to hear one family describe how the staff assist their family member to ring them by dialling the number for them. Some families described feeling welcome when visiting the home”.*  **People are safe**  Personal files in IDEA Services follow a clear format beginning with personal contact details and next of kin, alerts/risks (including allergies), behaviour support, informed consent, home agreements, personal plans, correspondence and incident reports. In most cases these documents were clear, up-to-date and sufficiently detailed.  Behaviour support plans were in place as required or the service was actively seeking behaviour support where needed. One report suggested a need to consider behaviour support further for one person and a second suggested providing additional behaviour support training.  Medication procedures in IDEA Services are clear and medication files contain information about each drug, evidence of three monthly reviews, appropriate protocols for PRN (as required) medications and signing sheets. Any errors relating to medications were usually documented in incident reports and followed-up by the service. Typically, errors involved missed or dropped medications (found later) or a failure to sign the signing sheet. Three reports provided recommendations concerning medication procedures. Two of these supported efforts to re-train/refresh staff and two highlighted the need to follow procedures correctly (both views were expressed in one of the recommendations). Another report sighted 14 medication errors since May but noted the service had instigated retraining once this trend become evident and no further action was indicated.  **Related Extracts**  *“The Service Manager informed us of a recent medications review that revealed inconsistencies in the recording of the administration of PRN medication on several occasions (for the same person). It seems incidents reports were not recorded for these. As a result the CSM will be scheduling in-house training for all staff in the near future. We would like to know either a) the planned date for this training or b) that all staff at this service have participated in this training”.*  Eight of the twelve reports indicated that everyone in the staff team had completed the National Certificate in Human Services (or the IDEA equivalent) to level  2. Three quarters of the staff in two more homes had completed this training. Half the homes had staff who had either completed level 3 training or were in the process of training. All staff in IDEA services (according to the twelve reports) undertake induction training prior to working with people in services and then will orientate with experienced staff members in a particular home. Induction will include training in IDEA’s vision and values, individual rights, infection control, health and safety, safe handling/back care and policies and procedures. Furthermore, IDEA offers a range of in-service training events, including autism, first aid, Crisis Prevention and Intervention (CPI), medication, epilepsy, dementia and positive aging, cultural/Treaty of Waitangi, total communication, personal planning, positive behaviour support, relationships and sexuality, and so on. Training such as medication competency, first aid and CPI were completed by all staff.  Incident and accident reports were completed appropriately and there was evidence incidents were discussed in staff meetings. Follow-up on incident reports occurred at management level and the local area and Quality and Safety Committees take note of trends. These committees also discuss trends in hazard reporting.  Fire and civil emergency equipment, practices and procedures were reviewed in all reports. IDEA services tend to practice fire drills quarterly in all its residential homes. Records are kept at the back of the staff communication book of evacuation times and any issues that may have arisen during practices. All fire equipment (smoke detectors and fire extinguishers) are checked at regular intervals. Homes with sprinklers also have regular reviews by approved fire services. One Evaluation Team suggested that fire drills be held at different times of the day so that all staff could become familiar with procedures.  **Related Extracts**  “The service is to be commended for its initiative of installing emergency backpacks (as an alternative to boxes or large bins) in each residential house containing all emergency supplies needed for each group of people living there. These sturdy and practical packs can be *grabbed* in a hurry and be worn by a staff member leaving their hands free to help in other ways*”.*   1. **Rights**     IDEA Services have comprehensive policies and procedures that outline the philosophy and values of the organisation, and individual rights.  **People exercise rights**  Rights are discussed with the people living in IDEA residential homes during house meetings and often at vocational services.  Family members/whānau, advocates and people using IDEA services were asked whether they understood how to make a complaint and/or who they would speak to if they had a concern or issue. In the majority of cases people understood how to make a complaint. There was one recommendation relating to empowering individuals to speak-up if they had concerns and to do so in a timely manner.  **Related Extracts**  “*The families were aware of their right to make a complaint and many stated the name of the person they would contact if required. Likewise, the people said they could talk to a staff member (usually naming which one) or the manager if they had something they needed to say. The people and their families gave the Evaluation Team the indication they were comfortable with making a complaint and were confident something would be done”.*  **People are respected and treated fairly**  Self-advocacy groups such as *People First* are active in a number of branches, although as noted earlier, no-one in these twelve properties were currently involved with this group. An independent advocate is available to individuals and families if needed and information about independent advocacy is provided in IDEA information documents and pamphlets. One report suggested the service seek advocates for two individuals who had no family members.  We note that IDEA Services has a clear understanding of the importance of the “least restrictive alternative’ and a non-aversive approach to behaviour support.   1. **Health and Wellness**     **People have the best possible health**  All twelve evaluation reports indicated that people had their own doctors, had ready access to other medical professionals and related services, undertook regular health reviews, participated in health screening and had regular dental appointments. All information relating to health appointments is located in individual files.  Staff are trained in infection control procedures during induction and orientation, and also through foundation training (level 2).  **Related Extracts**  *“The Evaluation Team heard about the way the service supports the man who has 3-weekly dialysis treatments, and the attention given to fluid intake and food which helps him manage diabetes.”*  *“… one woman spent time in hospital, the family and the service negotiated a joint arrangement to ensure she had adequate support during her stay. It is recognised some of the women require a general anaesthetic for some health treatments to occur so the service works with dentists and doctors to make appointments manageable.”*  **People are free from abuse and neglect**  Staff review abuse and neglect policies during induction and provide written confirmation they have understood. These policies are also reviewed during staff meetings and in-service training events and during foundation courses. There were no indications of either abuse or neglect in these services.    **People experience continuity and security**  Personal property inventories are completed for each person and in most cases these appear to be up-to-date.  All homes appear safe and in most cases security was not an issue. One property with multiple flats indicated potential risks associated with people coming onto the property and a recommendation was provided. One other house was considered an issue by family members who desired a secure fence-line. |

**Progress on meeting Corrective Actions**

|  |
| --- |
| **Not applicable** ie. There were no “Corrective Actions” associated with this process |

**Outline of Requirements and Recommendations contained in the twelve service reports**

|  |
| --- |
| **No Requirements**  **Recommendations** the 46 recommendations included the following trends (these do not add up to 46 as some were mixed with others):   * Seven from four reports related to personal planning, * Four related to fire drills, safety, security * Four related to staffing levels * Three related to maintenance * Three related to documentation * Two related to home understandings * Two related to house meetings * Two related to diet/budgets * Two related to compatibility issues * Two related to individuals requiring advocacy in the absence of family * Two related to medication * Two related to vocational services and activities * Twelve relating to training, self-advocacy, communication with families, respect and dignity (language), complaints processes, behaviour support, internet, and personal issues for certain individuals |

**Requirements and recommendations in the Summary Report**

**No requirements**

**No recommendations**

1. Disability Support Services: Tier Two Service Specifications, Community Residential Support Services (2016) [↑](#footnote-ref-1)