# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Idea Services |
| **No of houses (5 or more beds) visited# and locations - suburb and town only:** | 158 Shaw Rd Oratia, Auckland  2a Ashby Place, Greenhithe, Auckland  75 Awatea Street, Ranui Heights Wellington |
| **Date visit/s completed:** | 12/11/2019 |
| **Name of Developmental Evaluation Agency:** | Enhancing Quality Services |

## General Overview

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| The service was evaluated against its contract with the Ministry of Health. The timing of the visit was at the mid-point of the organisation’s Certification against the Health and Disability Sector Standards. At Certification the service had met all the standards and no requirements were made rather, the service was commended on the level of planning and activities people were involved in.  The homes are part of national Regional Intellectual Disability Supported Accommodation Service (RIDSAS). The service provides community and secure assessment and rehabilitation beds as well as life skills services, within the framework of the Intellectual Disability Compulsory Care and Rehabilitation ID(CC&R) Act. Idea RIDSAS is divided into two geographical areas Auckland and Wellington. Four homes were visited, two in Auckland and two in Wellington. Of the 14 service users, known as Care Recipients, in the homes xxxxxxx.  Each person’s court order is overseen by the Forensic Services Coordination Intellectual Disability (FSCID) service. The service has the responsibility to ensure court orders are enacted. The service also controls admission to the service. All homes are capacity funded regardless of occupancy.  Each person has a nominated Care Manager, employed by Idea who takes responsibility for a developing a Care and Rehabilitation Plan (CARP), The CARP is a detailed document that sets out individual’s health welfare, risk level, level of supervision, lifestyle goals and sets genral expectations on the service.    Under the act people can be required to live in accommodation and attend courses and programmes. One home visited in Auckland was, ‘secure’ another could be made secure if need be, with gates and doors locked. In these cases service users are unable to leave the home voluntarily All Care Recipient were on some form of supervised order in some cases this required high levels of staffing - 1:1. Some were coming off their orders and restrictions were gradually being lifted. The service has a strong emphasis on rehabilitation. Some are required to attend special programmes during the week  All service users have active day programmes, some day based but mainly conducted in the community some had jobs and others were volunteering. Other courses offered involved included literacy and numeracy and social skills |

## 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**  Family/whanau are encouraged to maintain their involvement in the person’s life, as much as they wish, or otherwise as determined by the courts. The service has developed information packs for clients and families, describing contacts within the service, photos of the facility, HDC rights, complaints, confidentially, consent and privacy.  Each person has a Care Manager, separate to direct service delivery, they are responsible for developing individual goals and developing and overseeing the CARP. CARP plans are comprehensive and include a high level of detail, including diagnoses, reasons for a current court, risk management, early warning signs and crisis management. Plans are reviewed every six months. Detailed Service Plans are developed from the CARP and processes are in place to identify individual’s aspirations and interests. Goals are set and reviewed six monthly with input from the person and their family.  Some plans are in pictorial form to help the level of understanding. Goal planning is very clear and tracked in the online system using IHC ‘My Support’ software based on ‘iPLANiT’. Individuals are encouraged to manage their own money and most have EFT cards.  **2 - Autonomy**  The service places a strong emphasis on rehabilitation. In Wellington the service runs a Lifeskills programme including garden maintenance and lawn mowing, car grooming, recycling and volunteering. The service is also working in partnership with local food producers to provide work experience. Some have paid jobs while others volunteer. In Auckland, the day programme is run by a separate funded service which provides similar opportunities. In both cases the services support people to attend external literacy classes and also provide assistance with writing CVs. Both services have good links to the residential service and there is a good level of communication between the services including the ability to share information electronically.  Staff have access to a lot of training modules some of which are online. Core subjects include managing challenging behaviour (MAPPA) First Aid, Health and Safety. In some instances there is a need to catch up with training as well as providing specific training in line with the provider contract.  Staff work as a team, there are weekly meetings and those interviewed stated that they feel supported by their manager. Staffing levels are good and where there are gaps this is covered within the service to ensure continuity. Overall staff turnover is low however one mother interviewed using Wellington services did mention turnover among Care Managers.  Menus are discussed at client meetings and the menus on the walls appeared varied and nutritious. evening menus are recorded in the house diary. Examples of food on the menu included salads; beef stew, Maori bread, silverside, lasagne and curried chicken and takeaways. People have their set chores, in some instances these are displayed in pictorial form, and all are encouraged to participate in cleaning, cooking and general chores.  Privacy is respected, clients report that the staff knock on the door before entering their room. In some instances people can ask staff to lock their bedroom when they are away. Bedrooms reflect the individual and personalised, in some cases some service users be very hard on their environment and despite staff efforts individuals can break furniture and rip their clothes. In some of the homes particularly the secure home there had been a lot of damage  **3 – Affiliation.**  Approximately 30% of users of the RIDSAS service identify as xxxxx. There are effective cultural supports. Staff are encouraged to speak in Te Reo and practice Maori protocol. Each home has a cultural file which has a guide to a cultural understanding of 46 ethnic groups. It also contains a description of Te Whare Tapa Wha model, ACC guidelines for Maori cultural competencies for providers and a map of the location of iwi in New Zealand.  People live busy lives As well as the structured day service they are offered recreational choices including going to the library, going to the gym, doing Tai Chi, Special Olympics and attend church. The service tries to provide a lifestyle as near to the norm as possible.  Transfers between services are handled sensitively. Because the service cannot refuse referrals from FSCID to get the safe mix of people in the home sometimes people are required to transfer to other homes within the service. Also as people pass through the service and become more settled then they can transfer from secure to less secure homes. Staff are sometimes transferred with the individual to ensure continuity. There are careful processes when people exit the service with some moving through to mainstream services.  **4 – Safeguards.**    Risk management plans are comprehensive, involving identifying risks, triggers and early warning signs and developing proactive and reactive plans for dealing with them. Behavioural strategies and tools are well-utilised. Each person has an Emergency Profile providing essential information.  The service has comprehensive processes for recruiting and bringing new staff on board. References are sought and prospective staff applications are viewed centrally and references sought. Young people may enter the service from 17 years of age. Currently, there is an inconsistent practice between the regions the vetting of new staff under the section of the Crimes Act - Protection of Children & Vulnerable Adults. One region practice is to do and repeat the exercise every three years while the other does not.  All staff undertake Careerforce training most in the service are Levels 3 and 4, Induction includes introduction to key policies and procedures. As well as generic training, specific training is also undertaken when a new client enters the home or circumstances change surrounding an individual already in service.  Medication is stored in locked cabinets. Medication is received from the pharmacy and is checked against the doctor’s prescriptions and placed in Medication files. The files contain a laminated Quick Guide to Medication Administration. Included in the file are, PRN protocols, side effects of the medication, health appointment forms; and, weight records. Although in one home staff are required to weigh one of the service users but no weight charts were on file.  All incidents are captured in the electronic system and can be collated and trends identified across the year and across the days of the week. This has the potential to identify pressure points when incidents are likely to occur and put in place mitigation strategies. The system is new and there are teething issues surrounding access at the house level.  Each home has a health and safety representative and health and safety is a permanent agenda item in staff meetings. The service has an Area Health and Safety Committee which feeds into the Regional and National Committees. The service has a site-specific hazard list and routine checks are undertaken on the building and equipment. There were issues regarding some of the homes some from wear and tear but in one case a lack of heating.  **5 – Rights**  Copies of the Health and Disability Commissioners’ Code of Rights are in the homes, in Te Reo Maori and English. The Care Manager provides the information to individuals when first entering the service. Information is also provided to families although some interviewed could not remember receiving it.  The service has developed a one page ‘I’m Not Happy’ form for people to write down their concerns if they have any. Immediate management of a complaint is with the Area Manager and depending on the seriousness of the complaint can be elevated to higher levels of the organisation.  Any complaints are recorded electronically on a central complaints register which feeds into the provider quality and risk system and all complaints are tracked until closure.  **6 – Health and Wellness**  Health and support information is maintained in each person’s Support Plan and in their medication file which accompanies them to the hospital should they need to go there. Where possible people maintain contact with their own GP. They are also supported to access a range of primary and specialist health services,  No one in the homes is subject to a physical restraint. Any restraint has to go to through the IHC National Approval Group (NAG). Currently the service has made an application to the NAG for a protocol for the restraint for one man    Information is held electronically and in paper form. The main hard-copy files are held at the office, and a secondary file containing more recent and up-to-date relevant information is kept in the houses. Since July this year, there has been a move to bring all systems online  As well as community and specialist services people are supported to independently manage their own health needs. All staff have been trained in First Aid, and First Aid Kits are in the homes and cars, these are reviewed as a part of the general facility checklist  Fire evacuation plans are prominent in the homes, fire evacuations are practised although in some cases not consistent with the provider policy. In one home a smoke alarm was missing, both issues were quickly addressed by the service  As a part of Civil Defence preparations Emergency supplies are in the homes. Infection Control measures are included in staff orientation and general training. Procedures are checked as a part of the facility Health and Safety checks. |

## Outline of requirements and recommendations (not including those relevant to support for specific individuals)

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| **DEVELOPMENTAL EVALUATIONS FINDINGS[[1]](#footnote-1)**   * **Finding 2.2**. Maintenance issues, and the lack of heating in one of the homes, is addressed * **Finding 4.2** That the gaps in training are addressed. * **Finding 4.2**, Ensure that new staff are consistently vetted against the Protection of Children & Vulnerable Adults (CrimesAct) legislation. * **Finding -6.3**  As a part of health and safety house checks, alarms are checked they are in place, fire evacuations are conducted according to the provider police |

## Recommendations

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| * Systems are put in place to ensure families receive a comprehensive information pack when their family member first joins the service. * The service explores ways to allow individual completed incidents forms to be seen at the local level, other than by the staff member who enters the information into the System. |

1. 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)