Developmental Evaluation Report Summary – LIFE Homes

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

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| Name of Provider: | LIFE Homes |
| No of houses (5 or more beds) visited # and location | # 4 xx |
| Date visit/s completed: | 12 – 14 February 2019 |
| Name of Developmental Evaluation Agency: | SAMS (Standards and Monitoring Services) |

General Overview:

Four LIFE Homes residential services were the subject of this mid-point review of LIFE Community under the trading name of Life Centre Trust and involved xx people aged between xx and xx years of age, living in homes in Warkworth and Orewa.

The people and their families talked positively about the support they were getting and the majority of those spoken to express a high degree of satisfaction with the service being provided. The management was well supported and there is a belief that the service strives to give the people a quality lifestyle which reflects their interests and depicts them in a positive light. For some, involvement through work/volunteer initiatives assist with the development of personal networks.

Areas for development were varied and in a few instances were ‘person/house specific’. Improvements related to reviewing home agreements, increasing community options, developing a format for resident meetings, becoming more active in household routines, reviewing personal planning and risk management processes.

**Areas of Service Strength**

* Cohesive staff team
* People experience improved lifestyles
* Support for management team

**Areas of Suggested Development**

* Home Agreements (completed)
* Increasing participation/networks through personal planning
* Review the format for staff meetings

**1 – Identity:**

The service develops an individual plan annually for each person. The plan is reviewed every four months and goals are revised or added as required. There is mention in all four reports about the achievement of goals. The families described the process as valuable and could see how their family member had increased their skill-base. The reports also suggested LIFE Homes explore ways for goal selection to be more aspirational, and in two reports this was included as a recommendation. Two reports also suggested goals be linked to the creation of increased opportunities to develop personal networks.

**Areas of Service Strength / Improvement Noted**

The people live comfortably in homes which meet their needs. They are personalised and provide additional areas for privacy. The homes are located near community services, and agency vehicles are available to transport people if required.

The people participate in a range of activities during the day including paid work, volunteer activities and recreational pursuits. Some of the activities are individualised and some are group based with their peers. Two reports mentioned someone’s desire to obtain paid or volunteer work and there is belief that the service will explore this with the person.

The people and their families understood the lines of communication and felt confident they could raise issues if required. In all reports the people and the families indicated they were happy with the service.

**Area of Service Strength / Improvement Noted**

Staff meetings are held and the minutes are circulated amongst all of the staff as some work across the various homes. The staff read the minutes of all homes and in two reports it was suggested that the staff and management explore this to determine whether it meets all desired outcomes.

**Area of Service Strength / Improvement Noted**

A detailed Home Agreement was mentioned in all reports and in some instances; it had been signed by the person or their family. The agreement has many aspects which are essential although it is yet to include the amount of the residential portion of the WINZ benefit which is to be retained by the person or be reviewed annually. In all four reports comments related to this being a requirement. *(Prior to finalising the Draft Report the service had met this requirement.)*

**Area of Service Strength / Improvement Noted**

The families are happy with the service and believe their family member is being supported in the best possible way. They actively participate in aspects of the service and feel their input is valued. The people are supported by staff who are known to them and an external advocate visits the homes regularly.

The people have opportunities to improve their lives and the provision of four hours regular 1:1 with a Key Worker supports the achievement of goals as well as enables personal preferences to be pursued. It was noted that the people have improved lifestyles, and in one instance this has resulted in a reduction of reportable events.

**Area of Service Strength / Improvement Noted**

**2 – Autonomy:**

The Evaluation reports describe the various ways people make decisions and choices. Some people are semi-independent and others require support from the staff team. For the most part, the people participate in household routines and manage their personal care according to their ability. One report suggested that the people be given additional opportunities to take part in running their house.

There are sufficient staff to support the people, with many staff having worked for the organisation for some time. The people are supported by experienced, competent staff who are well trained and hold a vision which is similar to that of LIFE Homes. In two reports comments were made about the staff’s willingness to work beyond their paid hours. The service is encouraged to remain mindful of setting a work ethic model that encourages work/life balance.

**3 – Affiliation:**

The people participate in a range of activities and interact with others within the LIFE Community as well as the wider community.

The people visit doctors and dentists and other health professionals when required.

The people hold a variety of roles such as son/daughter, sister/brother, aunt, uncle, cousin, church member, sports competitor, Christian, student, Scout leader and friend.

**4 – Safeguards:**

The people are encouraged to have close family/whānau relationships and in most cases they are their most consistent support network. The families are welcome to become involved in the service.

Client Risk Assessment Reports and Risk Management Plans were present in some people’s files and greater attention to ensuring these are aligned with staff practice was mentioned as a recommendation in one report.

The staff are trained to use valuing strategies when supporting people to manage challenges. Should it be required, the service seeks input from behaviour support specialist services, such as Explore.

Fire drills are practised regularly in the homes and hazards are identified.

In one report a ‘person specific’ recommendation related to providing the staff with information related to one person’s condition as a way to maximise their safety.

**5 – Rights:**

The people participate in regular meetings which are facilitated by an independent advocate. These are managed using methods relevant to the people, eg, visual formats.

The staff are familiar with the Code of Rights and the families/whānau told us the Manager is available to speak with them if they have concerns.

The people are treated with dignity and respect and reinforced through the Christian values of the service. As mentioned, positive approaches are used which support the philosophy of ‘least restrictive option’.

**6 – Health and Wellness:**

The service supports the people to enjoy healthy lifestyles, whether that is through exercise, healthy food choices or managing anxiety.

The comments in all reports indicate that the Management is strongly supported by the families and there is a belief that they will ‘do what’s right’. They have been known to be a ‘fair employer’ in the past. Some of the long-serving staff note the direction provided by the current management and believe it will see the organisation well into its future.

**Area of Service Strength / Improvement Noted**

**Progress on Meeting Corrective Actions**

**Finding 1.3.5.2: Planning *Resident’s care plans are mainly brief with some sections not completed and there is a lack of documented support/interventions to guide staff.***

**Action**: Provide documented evidence that: (i) all sections in the resident’s care plans are completed; (ii) care plans provide detailed information including support/interventions to guide staff.

**Progress:** Individual Care Plans have been developed for all people using the service, and all components are completed.

**Evidence:** Individual Care Plans include personal information, family significant people, background and support information on:

|  |  |  |
| --- | --- | --- |
| Communication  Sensory  Personal Care  Sexuality  Finances | Recreation and Leisure  Mobility  Health and wellbeing  Behaviour  Relationships | Spiritual/Culture  Food and nutrition  Overnight support  Environmental awareness  Participation in household tasks |

**Suggestion:** The service ensures information is reviewed and carried into other relevant documents as required.

**Finding 1.3.12: Medicine Management *There is no evidence that the resident who is*** ***self-administrating their own medicine is competent to do so. The resident’s care plan has no documentation relating to the self-administration of medicine.***

**Action:** Provide evidence that: (i) the resident who is self-administrating their own medicine is competent to do so; (ii) the resident’s care plan includes self-administration of medicines with support/interventions to guide.

**Progress:** Evidence supporting the man to self-administer his own medication has been provided by his doctor and is kept on his file.

**Evidence:** Appropriate documentation was sighted and the information is noted in his Individual Care Plan.

**Suggestion:** None required.

**Outline of requirements and recommendations:**

**Requirements:**

An opportunity for training about relationships/friendships is provided.

**Recommendations identified in Evaluation Reports:**

Home agreements, reducing use of agency staff, board membership, creating individualised lifestyles, seeking reviews from the NASC, and ensuring the views of families are recognised.