Developmental Evaluation Report Summary

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

|  |  |
| --- | --- |
| **Name of provider:** | Te Apiti Trust |
| **Number of locations visited by region** | One (xxxxxxxx) |
| **Date visit/s completed:** | 1st -3rd May 2018 |
| **Name of Developmental Evaluation Agency:** | Enhancing Quality Services |

## General Overview

|  |
| --- |
| The service was founded in 1999 initially with one home and three clients. Situated in xxxx Auckland the trust is semi-rural, but not far from a range of community services. The first home was on a farmlet run by the trustees who established the service. The trust now owns three with xxxx residents living in each. In addition the service runs a day service which many living in the service attend, mostly part time.The service is outward looking and tries to ensure people are engaged with the community and also with their family. Some of the people supported by the service have high levels of funding reflecting the complexity of the support needed. The service receives good support from outside agencies in particular psychiatric services and the NASC.With only xxxx clients in each home the trust does not require certification under the Health and Disability Sector standards. In 2006, the Ministry of Health undertook a service evaluation, mainly based on its contract with the Ministry. At that time issues surrounding systems and process were identified as well as governance. Some of the issues surrounding process are similarly identified in the current evaluation. The trust however has worked hard to strengthen its governance with the appointment of external trustees and family representation on the board. The trust formal governance and good processes for business and strategic planning.Systems are in place to manage Health and Safety including identifying hazards in the home with mitigation strategies, Information is collected on incident forms and reports go to the board. It was noted in some of the home people are hard on their environment which showed in places. In two homes however there were issues regarding the absence of smoke detectors. Recommendations were also made in regard the presenting fire notices in pictorial form.The trust has a range of policies some are brief and do not provide insufficient guidance for staff. The service has developed a comprehensive quality plan 2017-2018, the plan describes it Mission, Values, Philosophy and goals. The plan draws information from a number of areas and describes different responsibilities from the board management and staff and the future direction for the service. Staff turnover is low and staff interviewed were knowledgeable and focussed on the support needs of the people they work with. Staff training is largely provided through Careerforce training and mostly in house. There are consistent processes for appointing staff that reflect good practice. Some of the staff have been working for the Trust over a number of years as there has been little staff turnover.The trust has also introduced a new client planning process, designed to capture goals, people’s likes and dislikes and support needs in one document. The system is new and developing and not always completed as intended. Currently information is stored on a number of files in the homes and there is the opportunity to integrate and archive some of the old information. There have also been changes in the way medication is managed but vary across the homes and do not necessarily reflect good practice. Families receive information on the Health and Disability Code of rights and families interviewed knew the complaint process. There is a complaints register in-place that is kept up-to-date by the Manager. The board makes an effort to keep families aware of developments in the service. Families and clients interviewed are positive about the level of support. .  |

Quality of Life Domains – evaluative comment on how well the service is contributing to people achieving the quality of life they seek

|  |
| --- |
| **Identity** Support is individualised and assessments reflect personal and communication needs. Goals reflect people’s interests and a large focus is placed on personal development. Goals are set annually, service users are involved in setting their goals with support from family and staff. All families are invited to attend planning meetings, and if they are not able to attend they are consulted on the goals. The families receive a copy of the plan. Personal plans are on the client’s bedroom walls. Goals include Job share opportunities with Workbridge, join the library, learn life skills, move into independent living, lose weight establish a budget save for holidays etc. People are active in the community, In some cases the homes are within walking distance of shops and cafes, in cases where this is not so the homes have access to vehicles, but on the whole people are encouraged to take public transport where they are able. The service has adopted a new form of planning called My life My Way’ which aims to bring all the information regarding an individual into one file. The system is new and yet to be fully operational, some information is on one file but the rest is contained in other files. Previously information on progress was captured in personal diaries, the service has moved away from this method. The files record goal progress although in some instances these are described as ‘ongoing’**Autonomy** Service users mainly socialise within the group, they do socialise with groups from other services from time to time. Some service users have been involved in the trust since its early days. In the main people get on well with each other, and the trust tries to match people with similar interests however the behaviours of some can impact on the others.All are encouraged to help around the home tidying and cleaning, some cook simple meals with assistance of staff. In the case of one couple they are learning a range of skills to enable them to move to a home in the community.People have their own bedroom which they personalise, some have a lot of possessions others are very few dependent on their circumstances. Privacy is respected; and staff knock on bedroom doors before entering. There is a monthly ‘pot luck’ dinner where they all get together and share a meal, this in turn provides an opportunity for service users to raise any concerns, quarterly the board hold a meeting with service users and this is minuted. People go on holiday, some with family others with the trust and approximately 2 to 3 years the trust organises a cruise for everyone to go on.**Affiliation** People have choices and access their own GP’s, which in some cases is also their family GP. Family are supported to remain engaged with their family member, by, attending LSP meetings invitations to social events, The board hosts a get together with families once a yearLinks are maintained with local service providers, including a local Kaupapa Maori provider and the NASC service. In the past the service was associated with an Auckland wide small provider group however the group have been superseded by a National group which the service is a part of. Mostly people didn’t appear to be members of community groups or clubs but instead tended to participate in community activities that are more of a one off experience, or with their flatmates. **Safeguards**. There are checking systems in place to allow administration systems and processes to be checked. The trust is in the process of appointing a new manager after the previous manager resigned. In the absence of the manager one of the trustees is filling the role. During the interregnum some of the routine systems have fallen away.Gaps in staff meeting minutes indicate meetings have not routinely taken place as per the policy. Staff are expected to discuss health and safety as part of the meeting but this is not a standing agenda item. The service has appointed a Health and Safety representative, a senior member of staff. Each home has a hazard list and part of the process is to check for hazards. There is a newly developed hazard reporting form which staff are using widely and appears to be an effective tool. In two homes however there were issues regarding the absence of smoke detectors. Recommendations were also made in regard the presenting Fire notices in pictorial form.The service has a comprehensive risk management policy which also includes a risk register. The policy describes the process for identifying and managing risk, risks are rated around its affect and likelihood of occurrence. The risk register is reviewed by the board at trustee meetings. Incidents and accidents are charted and trends can be analysed and shared with the board. A register of staff training is kept on computer. Staff have undertaken First Aid training, certificates are kept on file. Overall the level of training is good with people supported to undertake CareerForce training. One staff person had attended CPI training on three occasions, but it is unclear if this is the case for all staff as there is no training plan as such to ensure refreshers are undertaken. Elements of the service are audited, largely based on the requirements of the Health and Disability Sector standards. Processes include infection control emergency planning food storage etc. it is however not clear how the strands of the quality/risk system are brought together and how staff are engaged in the process. Staff files sampled reflected good employment practice, they contained copies of signed contracts and job descriptions. References were sighted on staff files as well police vetting forms. Staff undertake an induction when first joining the service. There is a policy on what constitutes abuse and staff responsibility to report abuse. The policy is narrow although it identifies physical abuse it doesn’t outline other forms of abuse e.g. verbal, financial, psychological withdrawal of services, nor does it provide guidance to staff should sexual abuse be suspected **Rights**Information on the Code of Rights and advocacy is kept in the homes. When a service user enters the service family receive an information pack providing information on the Code of Rights. Some families interviewed remember receiving this information. The Health and Disability advocate visits the service six monthly and meets with residents. Formal resident meetings are held every three months and meeting minutes are recorded. A board meeting facilitates the meetings with residents. One of the board members is also available as a resident’s advocate. People also have their own advocate**Health and Wellness** Observations and feedback from family and discussions with staff indicate that service users are well cared for, and treated with respect. As noted staff have first aid certificates and complete first aid kits are kept in the homes. People have a choice of GP, some use their family GP. All medication is locked away. Only some of the medication is administered through blister packs. Not all medications had a pharmacy computer generated medication signing sheet. In these instances staff have been developing handwritten medication sign off sheets which has resulted in staff transcribing medication prescribing information. There was issues identified surrounding checking medication when it came into the home, also redundant medication in the medication cupboard.  The trust has a strong board with a range of skills financial, operational, community and a family representative forms a part of the board, systems are in place to manage finances and assets. Although the trust spends money on maintenance issues were identified in some of the homes. The board undertakes business and strategic planning. Finances are independently audited.Summary of the Strengths of this Service: * Positive support provided to people living in the service
* The range of activities people are involved with
* Encouragement to be a part of the wider community
* Empathy shown by staff to the people living in the service.
* Support for relationships
* Clarity of the separation between governance and management including, business and strategic planning

Summary of Significant Findings:* Environmental audits not Identifying the absence of smoke detectors.
* Management and recording of Medication
* A lack of integration of personal planning documentation.
* Broadening the scope of the abuse and neglect

. |

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

|  |
| --- |
| 1. The introduction of systems to ensure fire detectors are in place.
2. That information is integrated and important information captured by the new recording system
3. Medication management including recording.
4. Increase the scope of the abuse and neglect policy
 |

## Recommendations

|  |
| --- |
| 1. Lifestyle plan goals are reviewed with fewer goals with time expressed as ongoing
2. The abuse policy is reviewed to cross reference the amendments to the Crimes Act identifying staff legal responsibility to report suspected abuse
3. That staff meetings occur monthly and formally includes discussion on health and safety and risk management
4. Some of the maintenance issues identified in the reports are addressed.
5. Fire notices provided in pictorial form.
 |

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)