# Developmental Evaluation Report Summary

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

|  |  |
| --- | --- |
| **Name of provider:** | Te Roopu Taurima O Manukau Trust |
| **No of houses (5 or more beds) visited# and locations - suburb and town only:** | 13 | Auckland – 5Northland – 3 (one a Respite service)Hamilton - 3Canterbury - 2 |
| **Date visit/s completed:** | 23 June – 26 August 2015 |
| **Name of Developmental Evaluation Agency:** | Margaret Wyllie and Associates |

## General Overview

|  |
| --- |
| 51 people live at the 13 houses (capacity 56). Te Roopu Taurima O Manukau Trust is contracted to the Ministry of Health for Regional Intellectual Disability Supported Accommodation Services (RIDSAS) and mainstream disability services in Northland, Auckland, Waikato and Christchurch districts. The RIDSAS services are in place to support people with high and complex needs who are subject to the Intellectual Disability Compulsory Care and Rehabilitation Act (IDCC&R) under the Mental Health Act or Civil (those who are not held under any act, but require higher levels of support due to risk and safety issues).The service commenced in Auckland as an intellectual disability service in 1999 and now has mainstream intellectual disability services in Northland, Waikato and Auckland and RIDSAS services in Northland, Waikato, Auckland and Christchurch, providing services to approximately 242 people and employing approximately 500 staff members.The Board of Trustees is comprised of seven people from a variety of backgrounds and skills. The Board of Trustees meets monthly to receive and discuss the CEO’s report, monitor the risks to the organisation, assess progress against plans, consider capital expenditure matters, approve policy and develop strategies. The Trustees provide an updated conflict of interest at every board meeting.The CEO has been in her position since 19 January 2015 and is supported by six Managers; Finance and Corporate Services Manager, Human Resource Manager, Service Operations Manager (Northern), Service Operations Manager (Southern), Care Services Support Manager and Community Lifestyle Manager. Also supporting the CEO is a Maori Development Advisor and Senior Advisor to CEO. The restructure has seen significant reviewing of how things are to work:* Rostering and national on-call Co-ordinator appointed
* Zero tolerance for poor behaviour or anything with a negative effect (ongoing review)
* Quality and Risk Advisor appointed
* All staff will have a qualification – introducing literacy assessments looking always to develop and have a satisfied workforce, introduction of Career Force
* Health Advisor appointed
* Full review of Behaviour Support and restraint practices
* Referrals and Exits Advisor appointed
* Learning and Development Co-ordinator appointed

These staff report directly to the Care Services Support Manager, who reports to the CEO. The two Operations Managers report directly to the CEO, as do the other Managers. Currently Te Roopu Taurima O Manukau is working off a policy manual reviewed in 2012 and next due in 2015, which has commenced. Introduced in August 2013 Te Kete Awhina consists of three manuals.It would be beneficial to Te Roopu Taurima O Manukau Trust if it was possible for the certification audits to be delayed, which would allow some time for the pressure of staffing issues across services to be resolved and adequate time for implementation of the requirements from the developmental evaluations to be effective.The CEO stated that she has three priorities for Te Roopu:* The houses
* The staff – leadership capabilities
* The culture

The CEO has set aside one day a week to visit two whare on that day. This has been a significant year for Te Roopu Taurima O Manukau, at Trust Board level and service leadership and delivery level. The CEO stated that they have been able to bring the finances back to surplus from the difficult situation that faced Te Roopu Taurima 18 months ago.* General comments made by family/whanau members across the services were that they were satisfied with the way their family member was cared for but improved communication would be beneficial.
 |

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

|  |
| --- |
| **1 – Identity** – All of the people in the houses had a Te Oranga Pumau (Lifestyle Plan) and in the RIDSAS services, they also had a Care and Rehabilitation Plan (CARP) and specialist assessments. The goal summaries were incomplete, unclear, duplicated and there were gaps in the information within the Te Oranga Pumau. It was unclear what contribution had been made towards achievement of individual goals and evidence of goal-related activities or there were no goals identified. There did not appear to be a consistent process around support staff hui and residents’ home-based meetings. A new format for support staff hui has recently been introduced. Systems, processes and documentation was not consistent across the services. In some cases resident incompatibility based on levels of need impacted on services (South Auckland and Rangiora/Woodend Road).**2 – Autonomy** – Where practicable, and based on the capabilities of the people, most houses had a chores list and the people in the houses were willing to participate in the running of the homes. There was a shortage of staff across all services. One of the houses, in particular, in Auckland faced difficulty in recruiting staff due to the needs of one person in the service. There were staff vacancies in Hamilton and Canterbury. Recruitment of appropriate support staff is an issue. There have been 30 staff dismissals since January 2015, with five more pending. Some dismissed staff have sabotaged Te Roopu, making progress difficult. Changing the culture and looking at capabilities is a priority for Te Roopu, as well as house leadership qualities. Whilst the Care Managers visited the RIDSAS services, they did not always document their visits and what was discussed. Care Managers are now fulfilling their role in documenting their visits. Across all of the services, there was a consistent theme in relation to maintenance not being completed. In some houses, the maintenance is Te Roopu’s responsibility, and in others’ it involved working with landlords to get the maintenance completed. Lapses in Health and safety, infection control and general cleanliness of the houses was also a common theme. Health and Safety meetings have not been consistently held and Health and Safety Checklists had not been completed in some houses. Hazard and incident reporting did not follow a consistent process. Some basic maintenance was listed as a hazard, which if fixed, would be eliminated.**3 – Affiliation** – Programmes and activities were available for people who could participate. In Northland, MINDZ Trust at Moerewa, in Auckland Framework Trust, Te Rito and computer suite at Head Office, in Hamilton, Kirikiriroa Marae, Enrich + and Active Learning Centre at Fairfield College and in Christchurch, either AJ Options or Kilmarnock. Four people across the services were in paid employment. Those with activities and day programmes from the houses were not always followed, due to staff shortages and capabilities; more particularly for those people with complex autistic needs. In one of the RIDSAS houses one client was non-compliant in undertaking his programme.All of the people in the houses had access to General Practitioners, hairdressers, opticians, dentists and were supported with their banking and financial needs. In each area support staff networked with a wide range of community linkages. Feedback from the NASCs and NIDCA was variable, but primarily positive.**4 – Safeguards** – Family/whanau were made welcome at the houses. Risk assessments and alerts are documented for each individual in Section 1, Nos 1, 7 and 8 Alerts and Allergies, Medical/Physical Risk Assessment and Prevention and Behaviour Management Risk Assessment and Prevention forms of the Te Oranga Pumau. Support staff participate in Behaviour Support training bi-annually. Orientation is not identified on the training records. By staff file sample and training records, there were significant gaps since April 2014, and performance appraisals were not up to date. Recently, training has commenced in relation to Medication Management and competency. New support staff recruited had orientation attendance records available.Due to the significant changes that have been made at Te Roopu Taurima O Manukau Trust in relation to structure and staffing, there is still some support staff who are complacent, appear to have lost confidence and lack trust in the organisation. This culture and attitude within the staff has had an impact on the ability to deliver consistent services. **5 – Rights** –The Code of Health and Disability Services Consumer’s (HDC) Rights were displayed in all houses, and those people living in the services that were capable of understanding, did know about their rights, as did their family/whanau. Complaints were not always evidenced as having been resolved. There is a contracted dedicated person to investigate all complaints. Unfortunately, some of the complaints have been in relation to support staff being abusive. In Canterbury, there were four support staff currently suspended in relation to abusive behaviour. **6 – Health and Wellness** – Families interviewed indicated they would like better communication. Attitudes and behaviours of some support staff demonstrate that there is still an abusive tendency evident, which is being dealt with. Documentation in relation to restraint approvals was not always completed. Leadership and team building with training opportunities for support staff to encourage job satisfaction and stability was not clearly evident in all houses. There were several houses without appointed House Leaders.  |

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

|  |
| --- |
| **DEVELOPMENTAL EVALUATIONS FINDINGS[[1]](#footnote-1)*** **Finding 1.1** – The goal summaries were not clear in relation to goal-related activities and where these are to be recorded. The Te Oranga Pumau was not being used as intended, there was duplication, gaps in the information, areas not filled in and information not relevant to the individual.
* **Finding 1.2 –** NASC and/or NIDCA assessments were not always evident, or in some cases, were overdue
* **Finding 1.3** – Home Agreements were not evident on all files
* **Finding 1**.**6 -** There was no evidence that support staff have had training in relation to sexuality and intimacy.
* **Finding 1.7** – Home based residents’ meetings have not been held
* **Finding 2.2** – Significant maintenance issues
* **Finding 2.3** –Personal records for each person, especially the use of the Te Oranga Pumau and goal achievements were not accurate and information was duplicated and incomplete. Consent forms were not always completed.
* **Finding 2.4 –** Electoral roll evidence not all files
* **Finding 4**.**2** –There was no documented process evident within the Medication Management policy to determine that support staff are competent to support people to take their medication in a safe manner. The Medication Management policy/procedure did not include a procedure for a person taking medication when on leave or on outings or to school or vocational services.

By staff file sample and training records, there were significant gaps, and no evidence that performance appraisals had taken place. * **Finding 5.1** – The Complaints policy/procedure does not follow the HDC Code of Rights Right 10 timeframes or provide a clear accountability for the management of complaints or include that a complainant has the right to pursue a grievance without fear of reprisal.
* **Finding 6.2** – The Abuse and Neglect policy does not comply with the definitions in the HDSS Standards 1.7 Relating to discrimination, coercion, harassment and sexual or other exploitation, as they do not all have definitions in the policy. Legislation is not fully covered in the policy.

**RIDSAS EVALUATIONS FINDINGS - Findings as per the Developmental Evaluations, including:*** **Finding 5.7** –There did not appear to be a policy and procedure that clearly outlines how accidents and incidents will be recorded, reported and where the documentation will be kept or what information will be on the person’s file and whether there will be an Accident/Incident Register at the whare.
* **Finding 8.3** –There was no format for the assessment of the effectiveness and acceptability of services provided through hui with the people receiving services at least monthly.
* There did not appear to be at least annually feedback from family/whanau that services are meeting the needs of the individual receiving services.

Requirements were made in relation to the above findings with varying dates for completion. Evidence of meeting these requirements is due to be sent to the developmental evaluation team by 18 September 2015 for the first three evaluations.  |

## Recommendations

|  |
| --- |
| Recommendations were made in relation to people who are moving services or between services have a Transition Plan in place, that all family members are made aware of the organisation’s Complaints process and are given copies of the Complaints policy/procedure and the HDC Code of Rights, that the time of day for fire drills be recorded, and different times of day for practices be implemented. |

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)