# Developmental Evaluation Report Summary

Disability Support Services (DSS) in the Ministry of Social Development (MSD) contracted disability support providers are independently evaluated to ensure they are meeting their contractual requirements to deliver quality supports and improve outcomes for disabled people.

This document summarises a report for a developmental evaluation of a DSS contracted provider. It provides information about the quality and effectiveness of the service, and its progress towards making its services more accessible and inclusive, and giving disabled people more choice and control.

Summary reports are published on the DSS website. Identifiable and personal information is removed to protect individuals’ privacy. If you require the full report, please email OIA\_Request@msd.govt.nz and request it under the Official Information Act (OIA).

## General information

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| **Evaluation Information** | **Description** |
| Name of the service provider | Paulownia Trust |
| Date evaluation completed | 3-5 February 2025 |
| Type of evaluation  | Mid-Point |
| Service type | Community Residential |
| Region or city  | Christchurch |
| Brief description of the organisation providing the service being evaluated and their vision and approach to disability support | The organisation was established in 1997 and many of the People supported previously lived at Templeton Hospital. The aim of the Trust was to provide People with a home and support to enable them to lead a full and individual life in their community. Many of the People living at Paulownia have done so for decades and Paulownia aims to support them to age well in their own home. |
| Number of services/houses visited as part of this evaluation  | One home |
| The evaluation was done by | SAMS – Standards and Monitoring Services  |

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| --- | --- |
| **Number of people interviewed** | **12** |
| Disabled people | Families/Whānau | Staff | Management |
| **3** | **1** | **5** | **3** |

1. **Outcomes for disabled people**

This evaluation is based on the findings and information provided by disabled people, tāngata whaikaha Māori, their families/whānau, staff and management, review of documentation and through observations made by the Evaluation team. The outcomes evaluated below are based on the outcomes identified in the Outcome-Focused Evaluation Tool.

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| --- | --- |
| **Outcomes for disabled people** | **Rating\*** |
| My identity / Tuakiri | Good practice evident |
| My authority / Te Rangatiratanga | Development desirable |
| My connections / Te Ao Hurihuri | Good practice evident |
| My wellbeing / Hauora | Good practice evident |
| My contribution / Tāpaetanga | Good practice evident |
| My support / Taupua | Good practice evident |
| My resources / Nga Tūhonohono | Good practice evident |
| Organisational health | Good practice evident |
| Value for money | Good practice evident |
| Equity (including service responsiveness to te ao Māori) | Good practice evident |
| Enabling Good Lives | Good practice evident |
| **Overall rating**  | Good practice evident |

\* Rating guidance:

|  |  |
| --- | --- |
| Good practice evident | Many examples of good practice evident  |
| Development desirable | Some examples of good practice evident / further development desirable |
| Action required | Immediate and significant action required for at least one component |

1. **Is this service certified under** [**Ngā Paerewa**](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/services-standard/resources-nga-paerewa-health-and-disability-services-standard) **(Health and Disability Services Standard NZS 8134:2021)?**

Yes. The quoted information below is copied from the BSI Group NZ report for the certification audit conducted on June 15 and 16, 2023.

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| --- | --- | --- | --- |
| **Finding**  | **Action** | **Progress** | **Evidence** |
| “i). Internal audits have not been completed as per the audit schedule and policy requirements.ii). Corrective actions have not been identified as per policy. iii). There was no evidence of trending of quality data as per policy.” | “i). Ensure internal audits are held according to schedule.ii). Ensure corrective actions are identified and closed off when completed. iii). Ensure trending of quality data occurs.” | “Sufficient evidence provided on 22 August 2024. Copies of the internal audits schedule, corrective actions and quality data around incidents. Closed out 23 August 2024.” | Work continues and is reported to Board.Suggestion: Nil. |
| “Four of seven staff files reviewed had appraisals that were overdue for review.” | “Ensure staff appraisals are completed at defined intervals as per policy and legislative requirements.” | “Sufficient evidence provided on 15 December 2023. Attached copies of the three completed staff appraisals. Closed out 16 December 2023.” | Work continues, appraisal schedules in place.Suggestion: Consult with Board members with Human Resources background to simplify appraisal processes. Make use of staff quarterly individual external supervision to promote participation in reflection and goal setting. |
| “There were medications in the PRN folder which had expired.” | “Ensure all PRN medication is safe to use.” | “Sufficient evidence provided on 22 August 2024. Copies of fortnightly audits completed in 2024 year to date. Closed out 23 August 2024.” | Sighted PRN medications, all in date.Suggestion: Nil. |
| “Five of seven staff files reviewed had no current medication competencies in place.” | “Ensure staff who are responsible for administering medication have current medication competencies.” | “Sufficient evidence provided on 22 August 2024. Copies of five completed staff medication competencies. Closed out 23 August 2024.” | Training monitored and ongoing.Suggestion: Nil. |
| “Consistent restraint monitoring and documentation was not verified for one of the residents using bed rails.” | “Ensure documentation and monitoring is completed as per policy and legislative requirements.” | “Sufficient evidence provided on 15 December 2023. Attached copy of the annual restraint monitoring. Closed out on 18 December 2023.” | Appropriate documentation sighted.Suggestion: Nil. |
| “Annual restraint reviews are not completed by registered health professionals as per policy requirements.” | “Ensure annual restraint reviews are completed in a timely manner by registered health professionals.” | “Sufficient evidence provided on 23 September 2024. Attached copy of the restraint evaluations. Closed out on 23 September 2024.” | Appropriate documentation sighted.Suggestion: Nil. |

1. **Recommendations and requirements**
	1. **Recommendations for areas of development**
* Explore ways to support People to visit family and use technology to stay in touch.
* Explore why language choice matters with staff.
* Consolidate documentation and have one place and format for current plans and documents.
* Ensure all documents are dated so that they can be regularly reviewed and updated.
* Explore ways to encourage and support People’s participation in daily household tasks.
* Prepare for night-time emergencies by supporting People to get out of bed and evacuate the house.
* Plan for People to have engaging and stimulating experiences at home as well as in the community.
* Continue to advocate with Needs Assessment Service Coordination (NASC) for earlier reassessment and appropriate support for People as they age.
	1. **Requirements (contractually required)**

There are no requirements.

1. **Evaluator reflection on the provider’s strengths**
* The house is homely and welcoming.
* People’s rooms reflect their personal preferences, families and history.
* People, families and staff were positive about Paulownia Trust.
* People and families praised staff and the manager’s warm and helpful support.
* Staff feel well supported and praised training opportunities.
* People’s health is carefully supported and prioritised.
* Support is flexible and changes to meet People’s changing needs.
* Examples of effective support and good outcomes were shared.
* Support and advocacy for People experiencing a health crisis and hospital admissions.
* Thoughtful end-of-life support for People, their families and their flatmates.
* Easy Read documents provided including ‘My Health Passport’, ‘My Home Agreement’ and ‘My Person-Centred Plan’.
* Independent advocacy is sourced for People without consistent family support.
* Long-term planning to sustain Paulownia and to maintain a stable home for People.