# Developmental Evaluation Report Summary

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

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| **Name of provider:** | Agape Homes Trust |
| **Number of locations visited by region** | 1 |
| **Date visit/s completed:** | 27 September 2017 |
| **Name of Developmental Evaluation Agency:** | Standards and Monitoring Services |

## General Overview

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| This service was initially established by a group of families in 1992 and become registered as a Charitable Trust in 1994. The first home was opened in 1996 and the Trust has, until now, run three properties that are home to 18 people (six in each house). Over the past few months the service has come into possession of two more properties that have an additional six bedrooms in each. Some of the people from the present homes have opted to move into the new properties and this will result in vacancies in most or all of the homes run by the Trust. The Trust is in the process of meeting with potential new house members and has put in place a review process for both the service (generally) and for the people living in each of the homes where there will be prospective new flatmates. This environment of change is both exciting for many of the people and stressful, both for those who are moving to the new properties and for those who are remaining where they now live.  The people living in this home are all relatively young and independent. One person has recently moved into the home and two other people are planning on moving to the newly opening houses in the service.  The family members/guardians of most of these young people are very involved in their lives and individuals frequently go home for weekends and/or holiday periods. The families reported a good level of communication with staff in the home.  The Team Leader in this home is experienced and has a good understanding of supporting person-driven (rather than just person-centred) services. The people living in this home participate in staff meetings and feel that their views are heard.  The home is busy with people coming and going and everyone is involved in the day-to-day chores and participates in meal preparation and menu selection.  One person has full-time employment at or above the minimum wage and another is involved in voluntary work at a child care centre. Some people utilise the Vocational service for all or part of their week and one uses mental health day programmes. Favourite weekday activities include the drama and hip hop class on Fridays run by the *Interacting Theatre* in West Auckland.  The home has six bedrooms and a staff sleepover room but the main living area (lounge dining) and kitchen are rather small for so many people. The sixth bedroom was a recent addition through renovation of that part of the property. The home is comfortable and appears generally in good repair.  *Most of the family members/guardians we spoke with were very satisfied with the service and, despite the recent tension of people moving into and out of the home, the people in this house were very satisfied with their support staff.* |

## 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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| **IDENTITY**  Each person has a lifestyle plan that combines support/care plans and aspirational/personal plans. The lifestyle plans are sufficiently detailed, particularly with regard to support needs, but the goals tend towards support plan goals rather than aspirational goals. For example, setting the table, doing laundry properly, eating healthier, dress appropriately etc. Aspirational goals are goals that reflect what the person wants to do (rather than what other people want) and relate to what the person enjoys in life or what they want to achieve. Thus, goals such as finding a job or voluntary job, exploring an interest, keeping a pet (one person has guinea pigs), keeping in contact with friends or family members, joining a group or organisation, exhibiting art etc are all aspirational goals that can be broken down into achievable steps.  There is a general view in this service that the house is the home of the people who live there and the staff are present to offer support. This particular staff team allows the people living in the home to also attend staff meetings. These people will not be present when specific individuals are being discussed or other sensitive issues need to be considered.  The service reports a good working relationship with the local Needs Assessment and Service Coordination (NASC) agency. The Evaluation Team viewed the service agreements for each person and all are current.  Some people from all three homes are moving to the two new houses and vacancies in the current homes are occurring. The combination of the current support needs of the people living at the home and the sense that the home feels crowded with six people may provide a good opportunity for the service to rethink the number of people living at this property. It is also important to give people time to adjust to changes in their own lives.  The service does provide appropriate methods of reviewing and introducing potential new housemates, including having prospective candidates over for dinner and encouraging them to stay for a weekend. For some people, an even longer period of review and introduction may be needed.  The home appears to be a typical house in the street and has well-kept gardens at the front and back. In general, the house is well maintained, although the additional bedrooms have caused a crowding issue in the main living areas. The kitchen is relatively small and can accommodate no more than two people comfortably at a time. The lounge area is likewise small and has one two-seater sofa. Thus, bedsides the dining area table, there is very little space in the common area. If the people are forced to retreat to their rooms then the sense of home may be lost and they will live relatively separate lives.  There are two bathrooms in the home and two toilets. The home is multi-level and there are steps at both the back and front doors/entranceways.  The home is close to public transport and some of the people readily access the community independently. A vehicle is also provided for the home.  The service is in the process of reviewing home agreements with most up-to-date agreements being evident on the personal files. Some families/guardians were still in possession of the documents across the service (in the process of being signed and returned) but their existence was confirmed during the interviews.  One of the women in this home works five days a week at a paid job. Another person has a voluntary position at a pre-school each week. Four people from this home utilise the Vocational Service. Another person has day programmes provided through a mental health provider.  The people in this home have a number of friends who they keep in contact with by various means (including cell phones, social media and visiting etc). The service actively assists the people to maintain these contacts and internet is available in the home. Discussion of internet issues and assistance related to the internet is readily available by staff in the home. The service also assists the people to visit friends and family, and to entertain friends and family at home.  The people are able to keep in contact with friends at their various weekday activities, through Special Olympics, at churches, and at social gatherings both at home and elsewhere.  Some of the people in this home profess to having a boy- or girlfriend. The service assists the people to keep in contact with these people and offers advice as needed.  The service has very clear policies and procedures with regard to intimacy and sexuality and, as a Christian-based Trust, does not advocate sex before marriage.  Support workers have not had training in sexuality and relationships for people with intellectual disabilities in some time.  In general, communication between all stakeholders (individuals in the home, families, staff and managers) is reported to be very good. The service keeps documentation indicating when and to what degree family members wish to be informed about events in their relative’s life.  The service emphasises the right of the individual to make decisions in their own life, with support as needed, as much as this is possible. The service appears to understand supported decision-making processes and informed consent forms were noted on the personal files. Family members/guardians are also involved in important decisions as needed.  Two of the people from this home have recently decided to move to one of the two new homes being opened by the Trust.  The service clearly states it wants to provide person-centred services and works hard to achieve this objective. The people are encouraged to take as much responsibility for their own lives and the running of their home as possible.  The people in this home meet together once a month for a resident’s meeting. This is facilitated by a member of staff and minutes are kept. It may be useful to change the emphasis of the resident’s meetings to provide a forum for the people to discuss their rights.  This can be done through self-facilitation of the meetings or with the assistance of a non-staff volunteer. Further, representation on the Board of Trustee through fully supported membership (ie, with an assistant provided) or through a consumer representative reporting to the Board at set intervals may assist the service towards consumer-driven (rather than just person-centred) involvement. Currently the Board of Trustees has family member representation.  It was noted that the service is including selected representatives of the people intending to live in the new homes on staff selection interviews. These individuals are given training and are supported in their role.  **AUTONOMY**  Each person in this home participates in daily chores and takes turns with the evening meal. Rosters were evident in the home. Meals appear balanced and the individuals are given opportunities to assist with meal selection and grocery shopping.  There are a sufficient number of experienced staff members available in this home. Most staff in the organisation have just enrolled in the New Zealand Certificate to level 4 and one staff member in this home has completed the level 4 certificate. Some staff members have health degrees but do not yet have registration in New Zealand.  Files are securely stored in a locked cupboard in the staff sleepover room. The people in this home were familiar with the files and could get access to their own file if they wished. Family members/guardians also have access to these files if needed.  All recorded information is clear, detailed (especially daily diary entries and progress notes on goals), and up-to-date.  **AFFILIATION**  There are various ways the people utilise and access the community. This includes visits to local shopping centres, going to the movies, eating out, and using libraries and swimming pools. The people also visit medical and health professionals and hairdressers, podiatrists etc. There are also links to organisations such as the Diabetes Foundation. Some individuals hold mainstream jobs and have previously been involved in training courses. The people are also members of their local church or are supported to attend church by family members.  **SAFEGUARDS**  The people in this home have close contact with family members or advocates. Some go home for weekends and some go home for major holidays. The families all appear relatively satisfied with the service and receive monthly updates.  The personal files contain all necessary contact information and risk assessments/alerts. Behaviour support needs are listed in lifestyle plans (or separately) and the staff seem well aware of what is needed to assist most individuals in this regard. One person is still awaiting completion of a plan.  All staff have reported they complete medication competency training and infection control training annually. The Evaluation Team were able to sight infection control and medication competency training was completed in the last calendar year. There are few to nil medication errors or issues recorded in the incident reports.  Medications are securely stored and signing sheets appropriately completed. Each person has a medication review every three months. Doctors’ signing sheets are on each person’s medication file and drug information is readily available.  The staff have involvement in regular in-service training and all have current first aid certificates. Specific training in supporting people in community settings and person-driven approaches is forthcoming to some degree through recent enrolments in the New Zealand Certificate. The Evaluation Team have previously suggested in-service training in aspirational goal planning and sexuality and relationships for people with intellectual disabilities. One or more of the people in this home have complex behaviour and/or mental health support needs. The staff in this home are very interested in training in mental health and dual diagnosis.  All smoke detectors in this home are wired to a central control board. Fire extinguishers appear to have been checked last in 2016. The people in this home practise fire drills monthly and were able to explain to the Evaluation Team what they would do in the case of either a fire or earthquake.  Civil defence supplies and equipment are provided in the home.  Incident reports are completed appropriately and kept in a central register. The staff team will discuss incidents at staff meetings and incidents are appropriately followed-up by senior staff. Hazards are also reported at staff meetings and followed-up by managers.  **RIGHTS**  The Code of Health and Disability Services Consumers’ Rights is displayed in the home. The people in this home were able to talk about their rights and they were also able to name an independent advocate who visits them at least annually.  Both family members and the people in this home were able to explain how to make a complaint should the need arise and all were confident in this process within the service.  The service has a restraint and enablers policy and procedure that includes reference to restraint/enabler approval processes (through professional services), a minimisation/oversight committee (in this case, a review committee), and systems to constantly review these. The pantry in this home is locked on occasion and this may constitute an environmental restraint as it restricts access to everyone in the home.  The service understands the concept of ‘least restrictive’ environments and support. The behaviour support policy specifically states that the service will not use aversive approaches.  The service reports positive contact with behaviour support specialists, although they also indicate that referrals and processes can be slow. One person is still awaiting a plan after some months.  Behaviour support plans, when needed, are evident within the lifestyle plans (or placed separately in files) and are followed by support staff. The service has provided training in non-violent crisis intervention (NVCI) to the majority of the staff over the past twelve months.  **HEALTH AND WELLNESS**  All of the people in this home have their own GP and have access to medical and mental health professionals such as counsellors, psychologists/psychiatry, the mental health team, diabetes nurses, opticians, dentists etc. Individuals have regular health checks and health screening is available.  The service has access to a registered nurse who advises on infection control and provides training to staff in both infection control and medication competency. The service maintains an infection register and provides training to the people in the homes in hand washing etc.  The service provides a clearly articulated abuse and neglect policy and processes that the staff have recently reviewed. New staff are made aware of abuse and neglect policies during induction and orientation. There are no indications of either abuse or neglect in this home.  The home generally appears safe and secure, although consideration may be needed for the various levels and stairs with regard to people with sight impairments. Most of the people are confident in the service and its ability to provide support tailored to their individual needs.  Personal property inventories were noted in personal files. |

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

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| There were no requirements listed in this report |

## Recommendations

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| 1. The service considers separating support or care plans (including related goals) from personal plan or aspirational planning goals. The emphasis of aspirational planning goals are on the person and what he or she wants to achieve personally. 2. The service reviews the training needs with particular consideration to aspiration-based training, sexuality and relationships with regard to people with intellectual impairments, and mental health. 3. The service reviews the number of people living in this home relative to the size of the communal living area and the complexity of individual needs. 4. The service reviews the use of environmental restraints with specific focus on the use of a lock on the pantry door. |

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)