# 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.  Six women live in this home. They have been living together for some time and appear to get on well together. The atmosphere was calm and welcoming when the Evaluation Team came to visit.  Each woman has her own lifestyle plan that outlines both support or care plan goals and aspirational goals (what the person herself wants to achieve). These plans are clear, up-to-date and provide detailed progress notes. Aspirational goals included the desire to learn about Samoan culture or join a Kapa Haka group, and goals to have a holiday or attend concerts etc. The aspirational goals do appear to be reflective of what each person wants, but the Evaluation Team believes separating out support/care plans from aspirational/personal plans would allow greater focus on the elements unique to these two different types of plan.  The staff team in this home is stable and appears to work very well together. The team meetings are long as they include time for reflective practice with the assistance of a facilitator and time to discuss each person being supported.  The women in this home each have a variety of weekday and recreational/social activities. One person, for example, belongs to *Knitting without Borders*, a community group that provides knitted blankets and goods to charities overseas. Another woman works part-time at a business enterprise and two have voluntary roles at a child care service. Hip hop and drama is a popular Friday option for most of the women, and most also attend the Vocational Service during the week.  All of these women are supported to keep in contact with family members and friends and several are active members of their churches. As well as these social contacts, the women readily access the community generally and some belong to Special Olympics.  The staff in this home are of the view they are there to support each person in her own home. To this end, the women are each rostered to participate in household chores and in cooking evening meals. They are also involved in menu choices and household shopping.  *We spoke with all six of the women in this home independently. They were also keen to meet with us and talk about themselves and their home. All were very satisfied with their home, staff and housemates. Likewise, the family members were also very satisfied with the service and their contact with the staff and managers.* |

## 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**  Lifestyle plans provide details for both typical support/care plans and aspirational/personal plans. The combination of goals mean that it is possible for support plan goals to dominate the specific aspirations a person may wish to achieve or explore. It is suggested the service separates out the two types of plans and explores what aspirational planning means to the individual.  The plans sighted by the Evaluation Team were detailed, current and included information such as the person responsible for overseeing goal completion (typically the keyworker), timeframes, steps to achieve goals and progress notes. Progress on lifestyle planning goals was also discussed at staff meetings and there were indications that goals could and did change over time.  The staff team is able to meet monthly and spend part of this time discussing each person being supported, including how they are getting on in their day-to-day lives, health issues, incidents and progress on goals. The team has also been keeping journals on their own practice (reflective practice) as a means of increasing their intentional and one-to-one interactions with the people they support. This process is being facilitated by an external trainer.  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.  The women in this home have lived together for some time and appear to get along well with each other. One of the women in this home will soon be moving to one of the two new houses being opened by the service. This will create a vacancy in the current home. The service has good procedures for vetting and then introducing a potential new flatmate to the home. The women (and their families) are quite capable of making these decisions, but an introduction over a period of time is suggested before a final decision is made.  The home is well furnished and comfortable. The main lounge, kitchen and dining area are upstairs and there is another communal/workroom space and sunroom downstairs. Three women have bedrooms upstairs and three are downstairs. The design of the home means that people can have space when needed.  None of the people in this home have mobility needs. The home has two bathrooms – one upstairs and one downstairs. Neither is accessible for people with mobility issues.  The home is situated on a busy street but has sufficient off-street parking. The house appears similar to every other house in the neighbourhood. At present the staff are sleeping in the lounge for sleepovers on a fold out sofa-bed. There are plans, however, to move the organisation’s main office from a room downstairs to a more suitable location, and convert this space to a sleepover room and office for house staff. There is transportation provided by the service for the women in the home and some of the people are able to access the community independently either using buses, taxis or on foot.  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.  A favourite weekday activity is drama and hiphop classes run on Fridays. During the rest of the week, some of the women attend the Vocational Centre and participate in a range of activities including individual and group-based music therapy. One person has a paid position at a local business enterprise one day a week, and another has voluntary work with young children. The women also variously attend a Baptist group and a day programme for older people, visit family and participate in meals-on-wheels.  The service is diligent in assisting the people to keep in contact with friends and they attend a number of groups and activities that maintain contact with friends or provide opportunities to meet new people.  None of the women in this home are currently involved in an intimate relationship. The service provides avenues for people to form relationships and supports people who wish to meet up with boy or girl friends.  Support workers have not had training in sexuality and relationships for people with intellectual disabilities in some time.  All of the women in this home indicated they were very satisfied with the service and their home. The family members were likewise satisfied and stated the service worked hard to keep them informed.  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 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 support staff indicated to the Evaluation Team that the house was home to the women who live there and the staff were there to provide support.  The women 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 toward 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**  The women in this home are involved in the day-to-day running of their home. There is a chores roster and each person has a turn participating in meal preparation. The women are consulted with regard to the menu plan and participate in weekly grocery shopping (three people at a time). The women are also supported to maintain their own bedroom and do laundry.  There are a sufficient number of staff working in this home. Most staff in the organisation have just enrolled in the New Zealand Certificate to level 4. Some staff members have health degrees but do not yet have registration in New Zealand.  Personal files and related information are securely stored in locked cupboards in the communal area downstairs. Individuals and their family/guardians may have access to relevant files on request and the people in the home seemed familiar with them when the Evaluation Team visited.  All recorded information is clear, detailed (especially daily diary entries and progress notes on goals), and up-to-date.  **AFFILIATION**  Some of the women in this home are able to access the community independently and others are assisted through the service or family members to attend a wide range of services and events. Church is obviously an important focus for this Trust and many of the people who live in the homes are active members of their own church. The people are also assisted with personal shopping each week, have regular health and beauty appointments, and use services such as the local library.  One of the women is involved with Knitting without Borders, an international charity organisation that knits blankets and teddy bears for people in developing countries.  **SAFEGUARDS**  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 each person in this regard.  All staff have reported that 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 in the main living area of the home 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. The staff in this service have also requested mental health training such as *Hearing Voices* and/or the recovery model.  The home practises fire drills monthly and is in the process of replacing battery-operated smoke detectors with fired-in models connected to a central control panel. The women in this home were able to describe what they would need to do in the event of a fire or earthquake.  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.  The home has a civil defence kit and sufficient stores of food and water. These are checked monthly. There are sufficient supplies of personal health care items in the event of a civil emergency.  **RIGHTS**  The Code of Health and Disability Services Consumers’ Rights is displayed in the home. The women 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 women 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 include reference to restraint/enabler approval processes (through professional services), a minimisation/oversight committee (in this case, a review committee), and systems to constantly review them. Neither enablers nor restraints are used in this 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 indicated that referrals and processes can be slow. 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**  Each of the women has her own GP and all have access to other health professionals as the need arises. The service encourages regular check-ups (every three months) and appropriate health screening is made 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 appears safe and secure. Most of the people have lived in the home or the service for a long period of time and are confident in the service and its ability to provide support tailored to their individual needs.  Personal property inventories were noted in the 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. |

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)