Developmental Evaluation Report Summary

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

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| **Name of provider:** | Donaldson Residential Trust |
| **Number of locations visited by region** | 2 homes - Christchurch |
| **Date visit/s completed:** | 27th 28th Feb 2019 |
| **Name of Developmental Evaluation Agency:** | Enhancing Quality Services |

## General Overview

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| The Trust centred in Christchurch has 5 homes in the areas surrounding Burnside not far from the Central District and the airport. The service currently supports 26 people with an additional bed used by one family for respite. As a part of the evaluation two homes were visited, clients family, staff management the board and NASC coordinators were interviewed. Central systems, policies, minutes financial reports were reviewed. The ages of those in the homes visited ranged from xx to xx. In one home clients were able and went into the community a lot with the supervision. The other home people required more care and support and had additional medical conditionsTwo homes were visited as a part of the evaluation, The service obtained Certification under the HDS standards in Nov 2017. At the time of Certification seven requirements were made, from the current evaluation one area still required further work. While the others had all been addressedThe Donaldson Residential Trust was established in 1990 however opened its first home in 1989. The Donaldson Residential Trust has a close association with the Helen Anderson Trust (HAT) a day service in Christchurch. Following the need to separate residential from day services, HAT evolved from the Donaldson Residential Trust. The two trusts are separate with each having its own trustees and boards. Many of the clients, excepting those retired, continue to attend the day service for part of the week. The CEO of the Donaldson Residential Trust continues to have some oversight of HATSome of the clients came from Templeton Hospital when it closed. Many clients have been in the Trust for a long time Although those clients supported by the Trust initially were abler over time their profile has changed, with people ageing, and requiring more support. According to the CEO in all the homes there is evidence of people showing signs of early onset Dementia. People are well supported and feedback from families and the clients was positive. Daily notes are recorded electronically on ‘Webcare’ and are affirming of individuals. People have goals but the goals are often a list of activities which do not necessarily relate back to the goals in the lifestyle plans. They are also in a form that makes monitoring difficult, as they are not written in SMART notation. Staff turnover is low, however, according to the CEO, it is affected by staff from overseas who are unable to continue working if their visa expires. The staffing levels are good particularly in the home with the group requiring a lot of support, for their personal cares and daily living needs.The service has good links with other providers including the NASC who identified the clients are getting a good service. Information is provided to the NASC promptly when requested and according to the NASC gives a good overview of people living in the service their engagement in the community and links with family.The service has a board comprising people with good oversight of the operation and a complimentary set of skills, also with two family members on the board. There were issues identified surrounding processes, these were identified in the Ministry of Business and Innovation Standards separate to this report. The board does not have a business or strategic plan. Given the age of the current clients, there increasing support needs and changes in strategic direction for disability services, both the board and the CEO do recognise future challenges. |

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** The organization is client-focused people are well cared for and parents are satisfied with the service. Clients support is individualised and assessments reflect personal support and communication needsIn one home most go out of the home and experience a range of activities including paid work, volunteering attending external day services. For the others, who the majority are retired, activities are more home-based.Each person has a key worker All clients have Lifestyle plans, which are completed yearly. Goals are individualised and reflect people’s interests. Goals are reviewed three monthly. Family spoken made comments like “same old same old “, “go to it but not very well organized,” and “she doesn’t really need one”, “yes, but haven’t had any input, rarely go”. The format of the plans varied in that some include the minutes of the planning meeting, others just the goals with no mention of how they were arrived at. Some were carried over from previous years and few had a time frame.Both homes are rented, one from Housing New Zealand the. One of the homes was older and cramped when clients and staff were in the home at the same time. Two share a bedroom with a partition down the middle of the room, as a consequence personal space is small, privacy compromised and cluttered with all their possessions. By contrast, the other home is a large purpose build with wide corridors, large living area and bedrooms.The service has policies surrounding entry and exit to the service and there are clear policies and processes if someone wishes to enter or leave the service. Part of the process of entry is the completion of a risk assessment to ensure the person is compatible with the others living. The CEO noting a number of referrals today are for individuals who are young and robust and not necessarily compatible with others living in the service. Current NASC assessments are on each person’s file.  The Trust manages people’s personal finances, Each person has their own bank account access to accounts is determined by the trust. None of the people have Eftpos cards. $ 5 pocket money is given to them each week. Each house has a money box containing all clients’ money and the house float combined. Receipts are separated out after the money has been spent. Although there are checks and balances and the process is checked as a part of the end of year independent financial audit. It did mean sometimes large amounts of cash are held in the homes. **Autonomy**The roster varied according to need, in one home one staff member is on duty when the clients were at home, with the exception of one person others went to external day activities during the week. The other home, supporting people with high care needs two sometimes three staff are on duty. The staff interviewed were experienced with some working for the trust a number of years.Generally, clients are encouraged to help around the home. Although in one home this is very limited. In the home where people are abler, there is a roster for chores and cooking. All food is ordered centrally and delivered to the homes, people have limited involvement in choices and are not involved in shopping. A list is kept in the computer of what has been eaten previously. As menus are not planned there is no evidence to suggest that professional advice has been sought to ensure that clients are receiving the correct nutrition. Although the CEO reports some are on special diets and nutritional advice sought.People are able to personalise their bedrooms, all have a lot of possessions and have personal items of significance on display around their rooms. Clients personal privacy is respected people knock on the door before entering their room. In the home where two shared a bedroom each had limited space and their privacy was compromised. Information is maintained in Webcare. Clients have comprehensive daily care plans which had been recently updated. Information is recorded under relevant sections: medication, personal cares, showering, oral health, grooming, hands, feet, vision, hearing, communication and behaviour. Those on shift make daily notes into Webcare, the notes are detailed and provide a good overview of what people are doing during the day. In each of the homes, there is a computer and staff have their own password to, ensuring the confidentiality of information.**Affiliation** People have choices and access their own or their families GP, Most of the clients are registered with the local doctor, and use the hospital Dentist. The Trust is a member of the NZ Disability Support Network and receives information on developments in the sector. The service has a good relationship with the NASC and the NASC offered the information that the Trust is very responsive when requests are made for information, according to the information demonstrated that people are active and well supported.  Clients socialise with others, outside the service. In one of the homes, in particular, they are very social and meet others through Special Olympics going to discos and cinema at Delta. As such, there is little contact with neighbours. Although we were told that in other houses one person goes to a neighbour for coffee and another neighbour gives the residents a birthday card**Safeguards**Families spoken with are happy with the service, staff are friendly and welcoming. The service supports client families to remain involved. Families are invited to BBQs and social events, a mid-winter Christmas event is organised by the Trust. Views and opinions are sought through an annual family survey. The results are positive across all service indicators.  The service has a risk management policy and a risk register. The register identifies risks over a broad range of activities, client, systems finances etc. The policy identifies likely hood of the event occurring and its impact on the service. The register identifies controls to mitigate risk. Personal plans identify areas where individuals require more support and any associated risks. Although this does not extend to pre-planning for outings etc that may be out of the ordinary. The service has a Health and Safety policy. The staff are introduced to health and safety as a part of their induction. The person with the nominated responsibility for Health and Safety in the service is the CEO who also acts as the organisation's staff representative. Although topics on Health and Safety are discussed at staff meetings there is no active representation of staff. At the last Certification audit, the lack of a risk register was identified. The Trust risk policy requires audits to be undertaken six monthly. In one home a trip hazard from a frayed carpet was identified by the evaluators but this was not on the register.  Incidents and accidents are reported to the board however health and safety is not a standing item on the board agenda and does not always form a part of the CEO report to the board. Under the legislation, the board are required to exercise due diligence to ensure the service meets its requirements under the Act.The service has a no restraint policy. Staff undertake a ½ day course delivered by Explore, behaviour support service, on ‘positive practices’ how to avoid situations that might lead to challenging behaviour. The service is supportive of staff training. All staff undertake First Aid training, and their certificates are held on file. Staff are involved in Careerforce training, fifteen have achieved NZQA level 3 or above, two are in process of completing level 3, two are in the process of completing higher NZQA qualifications supported by the Trust. New staff are inducted into the service over ten days part off-site, revision, handouts and in-house where staff spend time working alongside other staff hands on. Staff when coming on duty are expected to read the client profiles and other information in Webcare. Webcare provides a good sense of what is happening day to day, particularly information on people’s health and care needs. Staff meetings are held weekly and minutes are kept on Google drive and accessible for all staff. Staff felt well supported by the service.Fire evacuations are conducted by an external company as part of the BWOF, staff spoken to had taken part in fire drills. The home has a Civil Defence Kit. When asked where the nearest Civil Defence Evacuation point was, one of the staff knew where it was the other staff did not. It is recommended, that as part of Civil Defence preparations that homes identify their nearest CD point. Medication information is kept with the Emergency Evacuation Kits. This is kept in the CD ‘grab bag’ should the home need to be evacuated. It would also be useful to have client profiles alongside the medication information. There were profiles in one home but these were in a separate file**Rights**Information on the Code of Rights and advocacy is kept in the homes. When a client enters the service family receive an information pack providing information on the Code of Rights. Some families remembered receiving information. No one said that there were any major concerns. When asked, parents generally said that they would talk to the staff first if they had a problem. The Health and Disability advocate visits the service and meets with clients. The service does not undertake separate client meetings.The service has a complaint policy consistent with the HDC Code of rights, although it mentions contacting the HDC and Disability advocate for support, the contact details are not contained in the policy, the policy would be enhanced by providing their contact details. Through the CEO report, all complaints are reported to the board. **Health and Wellness**As noted as a part of core training staff are trained in first aid, and certificates are held on staff files. Infection control policies and processes are in place and reviewed as part of Certification in Nov 2017. Where necessary an individual is referred to their GP if an infection is identified. A change in a client’s ability to manage or deteriorating health is discussed with the NASC, and they have been supportive in the past providing additional funding.  Medication, infection control form a part of staff induction. Regular medication is administered using blister packs. PRN medication is separately prescribed and individually labelled for each person as required and is not blister packed. There is a process for checking medication against the prescription when it comes into the home and current doctor’s scripts are held on file. In one home the side effects of medication are held in a separate file rather than integrated with the main medication file. Medication audits are undertaken by the Supervisors. Any medication errors are reported in the CEO report to the board.  The service has a policy on abuse and neglect. Clients and families interviewed stated they were happy with the service and were comfortable that clients were treated with respect. Staff were able to discuss the process should they suspect abuse or neglect happening within the serviceThe board meets quarterly and board members reflect a range of skills, two of the board have family members within the service. The board receives a comprehensive report from the CEO. The Trust has a broad range of policies covering most areas of operation. Policies cross reference the HDS standards some have review dates others not, or, are past their review date. Having a schedule when polices are for review would improve this. According to the CEO, they are currently reviewing Trust policies. The Trust is financially stable, depending on its contract from the Ministry of Health. The Trust’s preference is not to own property rather rent them, all the properties are rented from Housing New Zealand. The Trust recently had a substantial bequest of a house, it was deemed unsuitable for use for clients and sold and the money reinvested. The board keeps a very close eye on spending and monitoring the delivery of services. However, it does not have a business plan or strategic plan that looks beyond the immediate horizon. According to the Chair, the board recognises some of the challenges ahead having the plans would help the Trust to foresee and better cope with some of those challenges. Summary of the Strengths of this Service: * Positive feedback from families.
* The level of engagement with the community
* The quality of support
* Quality of recording in Webcare.
* Support for friendships outside of the service
* Involvement of family on the board
* The quality of information provided to the board and the degree of oversight by the board
* The positive relationship with other providers including the NASC.

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

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| 1. Goals are written in a form that allows monitoring.
2. Home agreements are brought up to date,
3. There is a review of the way Health and Safety is managed by the Trust.
4. Menus are planned and clients have a greater say in menu planning and shopping.
5. The board develop a business and strategic plan
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## Recommendations

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| 1. Should the opportunity arise the two people sharing a bedroom are offered their own bedroom
2. The information on the side effects of medication is integrated with the documentation main medication
3. Client profiles are available alongside information .client medication should the need occur to evacuate the home in a CD emergency. All homes have details of the nearest CD community centre.
4. When outings are arranged out of the ordinary, then a simple checklist is completed to ensure staff take sensible precautions.
5. Staff information is kept in one integrated file.
6. Clients have the opportunity to have house meetings.
7. Contact details of the HDC and HDC advocate are added to the Complaints policy
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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)