**Developmental Evaluation Report Summary – Founders Care Trust**

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

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| **Name of provider:** | Founders Care Trust | |
| **No of houses visited and location** | 2 | Whanganui |
| **Date visit/s completed:** | All house visits occurred between the 1st and 3rd February 2021 | |
| **Date report finalised:** | DRAFT emailed 12 February 2021  Report finalised | |
| **Name of Developmental Evaluation Agency:** | SAMS (Standards and Monitoring Services) | |

**Methodology:**

Individual service (house) reports were completed by a range of SAMS Evaluators using a standardised Developmental Evaluation process and evaluation framework.

The SAMS Developmental Evaluation approach primarily uses qualitative methods and a partnership model.

The methodology is consistent with:

* individualised focus
* partnership
* inclusion
* equity.

The approach enables both a process and outcome focus allowing the Evaluation Team to equitably represent the different views of defined groups and compare the outcomes for the differing groups.

Evaluations are conducted by teams and normally each team includes at least one consumer or family member as a full team member. Team leaders and team members receive comprehensive training.

Information can be gathered through:

* observation
* individual and group face-to-face interviews
* telephone interviews
* review of protocols and procedures.

Before departing a service, initial feedback is presented to those involved in the evaluation process. A draft report is prepared on the basis of evaluation team consensus and circulated. This draft is then negotiated with the provider to determine a final document, including recommendations for development.

Individual service (house) reports were then collated to identify themes. The primary method of analysis involved two senior SAMS Evaluators reading all of the reports for each region, summarising the key areas against the checklist specifications and providing a count of broad categories for each recommendation. The themes, drawn from the finalised individual service (house) reports, are the basis for this report.

Once summarised, the two overview reports were then read by an independent person for clarity and balance.

**To review the most recent developmental evaluation of the Founders Care Trust with regard to the above listed addresses please refer to the evaluation reports for each property.**

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| **Founders Care Trust Correction Action Report**  There was one “Corrective Action” previously agreed by the Founders Care Trust and their Designated Audit Agency (Health and Disability Auditing NZ – HDANZ).   1. The first corrective finding made the following description: 2. The medication policy and procedures do not include guidelines for the use of over the counter medications 3. Three medication charts reviewed did not have a reason stated for the “as required” medication charted.   The finding states:  A medicines management system is implemented to manage the safe and appropriate prescribing, administration, review, storage, disposal and medicine reconciliation in order to comply with legislation, protocols and guidelines (PA Moderate, 90 days, Criterion 1.3.12.1).  The Corrective Action states:   1. Establish documented policy for use of over the counter medications 2. Ensure all “as required” medication has a reason for giving documented   **Responses by Founders Care 28 December 2019**   1. The Medication policy 4.4.1 has been amended to note that over the counter medications can be used if the product has been charted by the GP. It will be charted in the PRN section of the form 2. The Medication procedure 4.4.1 has been updated to instruct staff to check with the pharmacist when purchasing OTC medications what practice to follow regarding the use of PRN 3. A letter has been sent to all family / whanau to inform the new practice of OTC medication 4. The staff have had a medication competency training update to inform them of the updated practice and a training questionnaire has been sent to all staff to endorse their understanding of the updated practice. 5. Each person has a dose pack instruction sheet from the pharmacy that specifically reflates to why the person requires the medication 6. At the next GP appointment for each person the GP has been requested to add the reason the medication has been given   The service followed point (vi) with the following comment: This is harder than you would imagine. (1) The GPs get frustrated at having to fill the form in the first place and (2) don’t like being told what to do  **The designated auditing agency response to these actions states:**  “Please briefly describe the action you have *actually* taken to rectify the issue and provide the supporting documented evidence (but no identifying personal information).” [emphasis existing]  **Responses by Founders Care 27 March 2020**   1. The plan for 2020 onwards is Policies will be reviewed on a monthly basis in line with the current training topic 2. Due to COVID 19 and the workplace being locked down policies have been reviewed according to importance of information being shared with staff. E.g. infection control 3. From March 2020 policies have and will be updated to reflect the 2008 HDSS standards 4. The policy review table is being reviewed monthly to reflect policy updates and training for staff.   **The designated auditing agency response to these actions states in a letter dated 4 August 2020 (re the progress report of 27 March 2020)**  “The condition of your certificate has been fulfilled noting that the full attachment is fully verified at your next audit”.  **Midpoint review of the corrective action noted above: 3rd February 2021 by SAMS**   1. We reviewed the completed medications policies and procedures documents and noted the relevant section 4.4.1 includes descriptions of the processes for using, charting and dispensing over the counter and as required over the counter medications. 2. We reviewed the doctors prescribing sheets regarding PRN (as required) medications including over the counter medications 3. The medication folders provided information about all medications including PRN and over the counter medications. This information contained information for drug use, side effects and drug interactions etc. 4. We reviewed the PRN signing sheets. 5. We reviewed the safe storage of medications 6. We reviewed medication use by dates were all current and procedures were in place to dispose of out of date medications 7. We reviewed staff training records with regard to new medication policies, the use of over the counter medications and annual medication refresher training (this was conducted by a RN)   **Conclusion**  SAMS is satisfied the service has fulfilled the conditions of the corrective action  **no further actions were indicated.** |